

# Unannounced Care Inspection Report 16 March 2018



## Beragh Day Centre

**Type of Service: Day Care Setting**  
**Address: Corner Stone Centre, Beragh, BT79 7XE**  
**Tel No: 028 8075 7078**  
**Inspector: Angela Graham**

[www.rgia.org.uk](http://www.rgia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

**1.0 What we look for**



**2.0 Profile of service**

This is a day care setting that provides care and day time activities for up to twenty five service users. The day care setting is open Tuesday and Friday.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Western Health and Social Care Trust  <b>Responsible Individual(s):</b> Anne Kilgallen	<b>Registered Manager:</b> Evelyn Young
<b>Person in charge at the time of inspection:</b> Evelyn Young	<b>Date manager registered:</b> 21 October 2010
<b>Number of registered places:</b> 25	

### 4.0 Inspection summary

An unannounced inspection took place on 16 March 2018 from 09.50 to 16.10 hours.

This inspection was underpinned by the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the establishment was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff training, supervision and appraisal, knowledge regarding adult safeguarding and risk management that promoted safe care. Regarding effective practice, examples of good practice were found in relation to audits and reviews and communication between service users, staff and other key stakeholders. Good practice was found regarding compassionate care in relation to the culture and ethos of the day care setting, dignity and privacy, listening to and valuing service users and taking account of the views of service users. Finally, good practice was found in relation to governance arrangements, quality improvement and maintaining good working relationships supporting well led care in the setting.

Areas requiring improvement were identified regarding the environment, the centre's fire risk assessment and care records.

Service users were asked to provide their views regarding the day care setting. Examples of some of the comments made by service users are "this is a great place to come, I look forward to the days I'm at the centre", "staff are so kind and helpful" and "we get a great dinner and its value for money".

The findings of this report will provide the establishment with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

## 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	2

Details of the Quality Improvement Plan (QIP) were discussed with Evelyn Young, Registered Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

## 4.2 Action/enforcement taken following the most recent care inspection 3 February 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 3 February 2017.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- The registration details of the day centre
- Written and verbal communication received since the previous care inspection
- The previous care inspection report and Quality Improvement Plan (QIP)
- Pre-inspection assessment audit.

During the inspection, the inspector met with the registered manager, three care staff and ten service users. The registered manager was provided with ten questionnaires to distribute to service users/relatives for their completion. The questionnaires asked for service user and relatives' views regarding the service, and requested their return to RQIA. Three service users/relatives' questionnaires were returned to RQIA. The content of the questionnaires is discussed in the main body of the report.

A poster was provided for display to inform staff how they may comment and share their views on the service with RQIA via electronic survey monkey or by use of mobile telephone scan code. No responses were received within the timescale requested.

The following records were examined during the inspection:

- Complaints and compliments records
- Accident/untoward incident records
- Staff roster
- RQIA registration certificate
- Staff supervision and appraisal records
- Records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- Elements of three service users' care records
- Sample of policies and procedures

- Sample of quality assurance audits
- Fire safety risk assessment
- Fire drill records
- Staff training information
- Minutes of three staff meetings
- Minutes of three service user meetings
- Three monthly monitoring reports.

Nine areas for improvement were identified at the last care inspection. These were reviewed and assessment of compliance recorded as met for eight and partially met for one.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection 3 February 2017

The most recent inspection of the establishment was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

### 6.2 Review of areas for improvement from the last care inspection dated 3 February 2017

Areas for improvement from the last care inspection		Validation of compliance
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007		
<b>Area for improvement 1</b> <b>Ref: Regulation 26 (4) (a)</b>	The registered provider shall ensure that action is taken to address the recommendations made in fire risk assessment dated 24 January 2015 and audit dated 27 January 2017.  A record of the completion date should be recorded as indicated within the fire risk assessment.  Staff training in fire safety is required with a record of staff in attendance retained.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of training records confirmed fire safety training was provided on 14 November 2017.	

	<p>The inspector reviewed the centre's fire risk assessment dated 12 January 2018 and the previous fire risk assessment dated 27 January 2017. Two recommendations made by the Trust's fire safety officer in 2017 had not been addressed and were stated for a second time in the fire risk assessment dated 12 January 2018.</p> <p>This area for improvement has not been fully addressed and has been stated for a second time in this report.</p>	
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 30 (1) (b) (3)</p>	<p>The registered provider shall give notification to RQIA when the registered manager is absent from the centre for a continuous period of 28 days or more, the registered provider shall give notice in writing of the absence. When the absence arises as a result of an emergency, the registered provider shall give notice within one week of its occurrence.</p> <p><u>Retrospective notification regarding this requirement is to be submitted to RQIA.</u></p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The returned quality improvement plan and discussion with the registered manager confirmed that this area for improvement had been addressed. RQIA Registration Department had received notification in this regard.</p>	<p><b>Met</b></p>
<p><b>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 18.1</p> <p><b>Stated:</b> Second time</p>	<p>The registered provider should ensure that the following policies and procedures, as detailed in Appendix 2 of the DHSSPS Day Care Settings Minimum Standards (2012) are developed or reviewed and made available in the day centre in respect of:</p> <ul style="list-style-type: none"> <li>• Listening and responding to service users' views</li> <li>• Service Users Meetings and Forums</li> <li>• Communications with carers and representatives</li> </ul> <p>The policy titled "Involvement of service users in the running of the day centre" requires further development.</p> <p><b>Action taken as confirmed during the inspection:</b></p>	<p><b>Met</b></p>

	The returned quality improvement plan and discussion with the registered manager confirmed that this area for improvement had been addressed. The identified policies had been developed and were awaiting ratification.	
<b>Area for improvement 2</b> <b>Ref: Standard 21.1</b>	The registered provider should ensure that a revised policy/procedure on adult safeguarding in keeping with DOH policy/procedure titled "Prevention, Protection in Partnership" (April 2015) is available to staff and that refresher training is provided in this regard.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The returned quality improvement plan and discussion with the registered manager confirmed that this area for improvement had been addressed. Review of training records confirmed adult safeguarding training was provided on 8 May 2017. The registered manager confirmed that a safeguarding policy and procedure in keeping with the Adult Safeguarding Prevention and Protection in Partnership, July 2015 guidance was available to all staff.	
<b>Area for improvement 3</b> <b>Ref: Standard 3.1</b>	The registered provider should ensure that the service user's agreement is reviewed and revised to reflect the criteria as stated within standard 3.1 of the day care settings minimum standards.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The returned quality improvement plan and discussion with the registered manager confirmed that this area for improvement had been addressed. The review of three care records evidenced that this area for improvement had been addressed.	
<b>Area for improvement 4</b> <b>Ref: Standard 18.3</b>	The registered provider should ensure that policies and procedures are centrally indexed within the policy manual.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The returned quality improvement plan and discussion with the registered manager confirmed that this area for improvement had been addressed. The policies and procedures	

	manuals were made available to the inspector and these were centrally indexed.	
<b>Area for improvement 5</b> Ref: Standard 17.9	The registered provider should ensure that an action plan is developed to address issues arising from the audit of care records.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The returned quality improvement plan and discussion with the registered manager confirmed that this area for improvement had been addressed. An action plan had been developed to address issues arising from care record audits.	
<b>Area for improvement 6</b> Ref: Standard 5.3	The registered person should review care plans to ensure that these are signed by the service user, staff member and manager. Where the service user is unable or chooses not to sign, this should be recorded and the basis of his/her agreement to participate noted.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The returned quality improvement plan and discussion with the registered manager confirmed that this area for improvement had been addressed. The review of three care records evidenced that this area for improvement had been addressed.	
<b>Area for improvement 7</b> Ref: Standard 21.3	The registered person should ensure that an audit of staff attendance at mandatory training is undertaken. A central matrix of training is recommended to provide ease of access for monitoring purposes by the manager.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The returned quality improvement plan and discussion with the registered manager confirmed that this area for improvement had been addressed. The registered manager confirmed that an audit of mandatory training had been undertaken. Evidence was provided in this regard. A staff training matrix was made available to the inspector.	



## 6.3 Inspection findings

### 6.4 Is care safe?

#### **Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

The registered manager confirmed the planned daily staffing levels for the day care centre, and that these levels were subject to regular review to ensure the assessed needs of the service users were met. A review of the staffing roster for weeks commencing 26 February 2018 until 16 March 2018 evidenced that the planned staffing levels were adhered to. Staff who were consulted confirmed that staffing levels met the assessed needs of the service users.

Observation of the delivery of care at the time of inspection evidenced that service users' needs were met by the number of staff on duty.

The registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the centre for any period in the absence of the registered manager. Records of competency and capability assessments were retained and examined during the inspection.

Discussion with staff confirmed that mandatory training and other professional development training was provided. Review of a sample of staff training records concluded staff had received mandatory and other training relevant to their roles and responsibilities since the previous care inspection such as infection prevention and control, fire safety, first aid and adult safeguarding training.

Discussion with staff during inspection revealed staff regarded training as important as it guided and informed them how to care safely, effectively and compassionately. Staff stated they felt the training they had received was of good quality, relevant and provided them with the skills required to meet the needs of service users.

Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility.

Discussion with staff confirmed the importance of keeping service users safe in the setting and staff were aware of potential risks for each individual. Staff asserted that they had the right knowledge and information to prevent harm to the service users attending the setting.

The staff on duty on the day of inspection discussed the needs of the service users they were looking after. They gave a clear description of their needs and how those needs will be met. The staff stated their aim was for service users to enjoy their time in the day service by undertaking stimulating activities and for service users to feel comfortable and safe in the group environment. The staff confirmed that if they had any concerns regarding safe practice they would discuss this with their colleagues and/or the management team who they described as accessible and supportive. Staff confirmed service users are encouraged to give their views, opinions and preferences. In summary, the discussion with staff confirmed they were proactively promoting safe care for service users in this setting.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of care staff was appropriately managed in accordance with the Northern Ireland Social Care Council (NISCC).

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. Discussion with staff confirmed an adult safeguarding champion had been established. Discussion with staff also confirmed that they were aware of the regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available to staff within the day centre.

A review of the day centre's environment was undertaken and the day centre was found to be warm, fresh smelling and generally clean throughout. Further attention is required regarding high and low level dusting. The identified areas that require to be cleaned were discussed with the registered manager on the day of inspection. The registered manager informed the inspector that the landlord employed a cleaner to undertake these duties. This has been identified as an area for improvement under the standards.

There were no obvious hazards to the health and safety of service users, visitors or staff. Fire exits were observed to be clear of clutter and obstruction. The review of fire drill records confirmed that a fire drill had been undertaken on 19 December 2017. Discussion with staff confirmed they were aware of the evacuation procedure.

The centre's fire risk assessment dated 12 January 2018 and the previous fire risk assessment dated 27 January 2017 were discussed with the registered manager as two recommendations made by the Trust's fire safety officer in 2017 had not been addressed and were stated for a second time in the fire risk assessment dated 12 January 2018. This had been identified as an area for improvement at the last care inspection and has been stated for a second time.

The environment was observed during the inspection and there was evidence of infection prevention and control measures in place such as personal protection equipment which was available for staff, there was evidence that hand hygiene was promoted through notices, hand washing supplies and facilities. Notices promoting good hand hygiene were in both written and pictorial formats. An infection prevention and control policy and procedure was in place. Staff training records confirmed that staff had received training in infection prevention and control in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of infection prevention and control policies and procedures. Observation of staff practice evidenced that staff adhered to infection prevention and control procedures.

Three service users/relatives returned questionnaires to RQIA post-inspection. The respondents confirmed that they were very satisfied with the safe care in Beragh Day Centre. They stated that they are safe and protected from harm, they could talk to staff and the environment is suitable to meet their needs.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff training, supervision and appraisal, knowledge regarding adult safeguarding and risk management.

## Areas for improvement

One area for improvement was identified in relation to the environment.

One area for improvement under the regulations identified at the last care inspection has been stated for a second time. This area relates to the centre's fire risk assessment.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	1

### 6.5 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

Discussion with the registered manager established that staff in the day care setting responded appropriately to and met the assessed needs of the service users.

The inspector reviewed elements of three service users' care files. The care records for one service user did not comprehensively address a number of assessed needs. A care and support plan to meet the service users mobility needs and nutritional needs lacked detail to adequately guide and support staff to deliver safe and effective care. The service user's needs assessment had not been reviewed to accurately reflect the change in the service user's mobility needs and nutritional needs. Areas for improvement have been made under the regulations and standards.

The registered manager confirmed that the individual written agreement had been reviewed following the last care inspection.

Records were stored safely and securely in line with data protection. Staff discussion confirmed they use these records to guide their practice and therefore recognised the importance of keeping records current and relevant. Overall the inspection found the settings management of service user records enabled staff to recognise service users' needs and respond to them effectively.

Care recording for every five attendances was being maintained in the three care records inspected. The review confirmed that service users and/or their representatives were encouraged and enabled to be involved in the review process, where appropriate. Discussion with staff confirmed that a person centred approach underpinned practice.

Discussion with staff regarding implementation of the care and support plans provided assurance they knew each individual's needs. Discussion with service users about what they were doing in the centre provided assurances they knew what activity they were going to take part in, who would help them and they were happy that their choices and needs were being met in Beragh Day Centre.

Review of elements of three service users' care records confirmed annual reviews of the individual's day care placement had taken place in the previous year. Each review meeting record inspected provided evidence that service user/representative involvement was sought and documented, systems were in place to review each service user's placement within the centre and ensure attending the day care setting was appropriate to meet the service users health and social care needs.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users at appropriate intervals.

Records were made available for inspection concerning audits of the environment, staff training, supervision and appraisal and care records and evidenced that actions identified for improvement had been completed.

Evidence was provided to verify systems were in place to ensure effective communication with service users, their representatives and key stakeholders. These included pre-admission information, care reviews, service users and staff meetings.

Staff detailed the communication methods that support their work and professional development such as team meetings, supervision, training and informal team discussions. Overall it was clear the staff work together to support the service users in the most person centred way that is safe, effective and meets their needs within an open and transparent culture.

Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the day care setting. Staff stated that there was effective teamwork and each staff member knew their role, function and responsibilities. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other health care professionals.

Discussion with the registered manager and review of records evidenced that service user meetings were generally held quarterly. The last meeting was held on 23 February 2018 and minutes were made available. There was information available to staff, service users and representatives in relation to advocacy arrangements.

Observation of practices evidenced that staff were able to communicate effectively with service users.

Service users spoken with expressed their confidence in raising concerns with the day centre's staff/management. Service users knew the registered manager.

Discussion with staff confirmed the centre was providing a good standard of care. Discussion with staff also confirmed they were knowledgeable regarding safeguarding service users in their care and confirmed if they had to escalate concerns they would speak to the registered manager.

Staff detailed the key worker and staff communication methods had ensured they provided safe and effective care, they knew what each service user needed and how best to meet the needs. Staff identified they were conscious of giving service users safe choices and encouraging independence. Staff confidently expressed their views and knowledge regarding safe and effective care and stated they would and have brought any concerns regarding the delivery of safe and effective care to the registered manager.

Three service users/relatives returned questionnaires to RQIA post-inspection. The respondents confirmed they were very satisfied with the effective care. They stated that they receive the right care, at the right time, in the right place; the staff know their care needs; they are kept aware of their care plans; and the care meets their expectations.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to care reviews, audits and reviews and communication between service users, staff and other key stakeholders.

## Areas for improvement

Two areas for improvement were identified in relation to care and support plans and needs assessment.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	1

### 6.6 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

The registered manager confirmed that staff in the day care setting promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of the service users.

Discussion with staff and observation of activities and communication found examples of service users being treated with dignity and respect while promoting and maintaining their independence.

Discussions with staff regarding the activities they were delivering confirmed the activities were tailored to meet the needs of the service users, as well as promoting their strengths and providing choice. Service users were enabled and supported by staff to engage and participate in meaningful activities. They discussed the range of activities they could take part in such as arts and crafts, bingo, moving to music and games.

Observations of service users taking part in activities showed participation was good. Furthermore those service user's assessed to need staff support, received this in a timely manner so they were involved in the activity.

An observation of the lunch time meal confirmed that service users were given a choice in regards to where they preferred to dine, food and fluid choices and the level of help and support requested. Staff treated service users with dignity and respect affording adequate time for service users to make decisions and choices and offered reassurance and assistance appropriately. The food appeared nutritious and appetising. Staff wore appropriate aprons when serving the lunch time meal. Staff interactions with service users were observed to be compassionate, caring and timely. During discussion staff presented as knowledgeable and informed regarding each service user's dietary needs and preferences. All service users spoken with confirmed that they were satisfied with the choice of meals served and that individual preferences were catered for if requested.

During the observation and discussions staff were observed checking service users were comfortable, that their needs and preferences were being met. If the staff identified someone needed additional support they sensitively and discretely got their attention and accompanied

the service user to where they could get more individualised care and privacy. Overall staff were observed supporting service users in a compassionate way, encouraging service users to be involved in their care and promoting their independence.

Staff were aware of each service user’s individual needs and were observed to respond positively and warmly. During discussion, staff presented as knowledgeable and informed regarding each service user’s needs.

The staff described they consult with service users informally when they are in the day care setting regarding their needs, preferences and choices. Service users are consulted on a formal basis via service users’ meetings and the annual review of their day care placement.

Service users spoken with during the inspection commented positively regarding the care they received. Examples of some of the comments made by service users are listed below:

- “I really like doing the arts and crafts. We are doing Easter artwork at present.”
- “The centre is always warm, clean and very comfortable.”
- “The girls in the centre work hard to ensure we have a good day.”
- “We get a cup of tea and toast on arrival and dinner is always hot and tasty.”
- “I enjoy all the activities particularly the bingo.”
- “I can’t suggest anything that would improve the service.”

During the inspection the inspector met with the registered manager and three care staff. Some comments received are listed below:

- “We work hard to ensure the service users have the best care possible.”
- “I have access to all the policies and procedures including safeguarding. I am aware of the reporting procedures regarding safeguarding concerns.”
- “I have been on all the mandatory training and feel we are offered very good training.”
- “We have regular staff meetings; I also have supervision and appraisal undertaken.”
- “We work well as a team.”

Three service users/relatives returned questionnaires to RQIA post-inspection. The respondents confirmed they were very satisfied that staff treat them with compassion, staff treated them with kindness, staff ensure they were respected and their privacy and dignity was maintained, staff informed them about their care and staff supported them to make decisions about their care.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the day care setting, dignity and privacy, listening to and valuing service users and taking account of the views of service users.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

## 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

The certificate of registration issued by RQIA was displayed in a prominent position in the day care setting.

The registered manager confirmed that there were management and governance systems in place to meet the needs of service users.

The registered manager and staff advised that there was a range of policies and procedures in place to guide and inform staff practice. Policies were centrally indexed, retained in a manner which is easily accessible by staff. The inspector reviewed a sample of policies and procedures. Staff confirmed that they had access to the day centre's policies and procedures.

Discussion with staff confirmed that they knew how to respond to a range of situations such as responding to issues of dissatisfaction or an adult safeguarding concern. The staff confirmed that there is good communication across the team and clear working together practices. They described the management team as supportive and they knew they could speak to them for guidance or advice. All grades of staff were clear who they report to and what to do if they had a concern about a staff member or service user. Discussions with staff also confirmed that management were responsive to any suggestions or concerns raised.

Discussion with the registered manager and staff confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. A review of supervision records confirmed that supervisions were completed for staff on a quarterly basis, or more frequently, and staff appraisals were completed annually. Discussion with staff confirmed that they had received supervision and appraisal accordingly.

Discussion with the registered manager confirmed that staff meetings were held generally quarterly, and records verified this. The last meeting was held on 12 December 2017 and minutes were available. The previous staff meeting had been undertaken on 12 September 2017. The registered manager confirmed that the minutes of staff meetings were made available for staff to consult.

The complaints record was inspected and revealed two complaints were recorded since the previous care inspection on 3 February 2017, responded to, investigated, the outcome had been recorded regarding the satisfaction of the complainant. The process was consistent with the settings policy and procedure furthermore; the issues reported did not reveal any concerns regarding safe, effective, compassionate or well led care. Compliments records were recorded and maintained by staff.

The inspector discussed the monitoring arrangements under Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. The Regulation 28 monthly quality monitoring visits had been undertaken monthly by an independent monitoring officer. A monitoring visit had been undertaken on 28 February 2018. Three monitoring reports were reviewed from December 2017 to February 2018. The monitoring officer reported on the conduct of the day care setting.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Three service users/ relatives returned questionnaires to RQIA post-inspection. The respondents confirmed they were very satisfied care was well led in the setting. They confirmed that they knew who was in charge of the setting at any time, the service was well managed, their views were sought about their care and quality of service and they knew how to make a complaint.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, quality improvement and maintaining good working relationships supporting well led care in the setting.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Evelyn Young, Registered Manager as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the day care setting. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.



## **7.2 Actions to be taken by the service**

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

## Quality Improvement Plan

### Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 26 (4) (a)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 31 May 2018</p>	<p>The registered provider shall ensure that action is taken to address the recommendations made in fire risk assessment dated 27 January 2017 and dated 12 January 2018.</p> <p>A record of the completion date should be recorded as indicated within the fire risk assessment.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The Acting Head of Service and Manager have pursued all elements relating to the 2 outstanding recommendations within the centre's Fire Risk Assessment. The responsible community group has to date not provided the necessary paperwork despite follow up e-mails and requests. Both staff will continue to have ongoing communications with associated group to ensure compliance with the above recommendation. At the last meeting held on 29<sup>th</sup> May 2018 a representative from the Development Committee gave reassurances these issues would be actioned. Discussions are continuing with Beragh Day Centre and the Development Committee members to address the outstanding issues with regard to the Fire Risk Assessment and they are aware of their requirements to varnish ceiling to ensure that it has a fire retardant cover, however, had informed the Trust that fundraising will be required to be undertaken by them in order to raise the costs which are in excess of £3,000. They anticipate it will be December before this will be completed and the Trust's Fire Officer has been informed.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 16 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate from the time of the inspection</p>	<p>The registered person, where appropriate, shall ensure that a written care plan is prepared in consultation with the service user or the service user's representative as to how the service user's needs in respect of his day care are to be met.</p> <p>Ref: 6.5</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>All care plans within the centre are discussed with the service user and their representative at the 4/6 week initial review. The registered person will ensure that the service users needs in respect of all elements of Day Care and activities of daily living will be met in individual care plans. After the 6 week review if there are any changes to be made before the yearly review these will be updated and discussed with the service user and their representative.</p>
<h3>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</h3>	
<p><b>Area for improvement 1</b></p>	<p>The registered provider should ensure that assessments are kept under continual review, amended as changes occur and kept up to</p>

<p><b>Ref:</b> Standard 4.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate from the time of the inspection</p>	<p>date to accurately reflect at all times the needs of the service user.</p> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> The Registered Provider going forward shall ensure all assessments annually or where appropriate if changes occur shall be updated and will be reflected on the service users individual care plan.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 27.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 April 2018</p>	<p>The registered provider should review and develop an established system to assure compliance with best practice in infection prevention and control within the day care setting. Address the issue of high and low level dusting identified on the day of inspection.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> This has been addressed with the community group regarding the standard of cleanliness within the centre. A list of requirements was submitted on 20<sup>th</sup> April 2018 to ensure compliance and infection control prevention in high and low dusting. Acting Head of Service has addressed the issue with the Assistant Director of Primary Care &amp; Older People's Services to source funding out of current budget to avail of additional cleaning services.</p>



The **Regulation** and  
**Quality Improvement**  
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

**Tel** 028 9051 7500

**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)

**Web** [www.rqia.org.uk](http://www.rqia.org.uk)

 [@RQIANews](https://twitter.com/RQIANews)