

Announced Care Inspection Report 6 September 2018



Drumhaw Day Centre

Type of Service: Day Care Service
Address: Drumhaw Park, Lisnaskea, BT92 0FT
Tel No: 02867721588
Inspector: Angela Graham

www.rqia.org.uk

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 is registered to provide care and day time activities for up to sixteen service users for older people over the age of 65, who may be frail, have dementia or have mental health needs. The day care setting is open Monday to Friday.

3.0 Service details

Organisation/Registered Provider: Western Health & Social Care Trust Responsible Individual(s): Anne Kilgallen	Registered Manager: Amanda Robinson
Person in charge at the time of inspection: Amanda Robinson	Date manager registered: 11/10/2011
Number of registered places: 16	

4.0 Inspection summary

An unannounced inspection took place on 6 September 2018 from 09.45 to 15.30.

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, knowledge regarding adult safeguarding, infection prevention and control 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 and maintaining good working relationships supporting well led care in the setting.

Areas requiring improvement were identified in two domains as outlined in the quality improvement plan (QIP). Please refer to section 7.0.

Service users were asked to provide their views regarding the day care setting. Examples of some of the comments made by service users are "I love coming here. I enjoy all the activities and the meals too", "staff spend time with you and listen to what you have to say", "great service", "I like the sing songs" and "staff treat me very well".

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
Total number of areas for improvement	1	1

Details of the Quality Improvement Plan (QIP) were discussed with Amanda Robinson, 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 dated 15 August 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 15 August 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 members, two ancillary staff members, two relatives and eight 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. Six questionnaires were returned to RQIA. The content of the questionnaires is discussed in the main body of the report.

At the request of the inspector, the registered manager was asked to display a poster within the day centre. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision. No responses were received within the timescale requested.

The inspector requested that the registered manager place a 'Have we missed you' card in a prominent position in the day care setting to allow service users and relatives who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received. An RQIA information leaflet 'how can I raise a concern about an independent health and social care service' was also provided to the registered manager to be displayed in the day care setting for service users.

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 Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC)
- Elements of three service users' care records
- Sample of policies and procedures
- Sample of quality assurance audits
- Service users financial records
- 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.

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

The findings of the inspection were provided to Amanda Robinson, Registered Manager at the conclusion of the inspection.

The inspector would like to thank the registered manager, service users, the visiting relatives and staff for their support and co-operation throughout the inspection process.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 15 August 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 15 August 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 26 (2) (d) Stated: First time	The registered person shall, having regard to the number and needs of the service users, ensure that all parts of the day care setting are kept clean and reasonably decorated. The following maintenance issues must be addressed:	

	<ul style="list-style-type: none"> • Replace the kitchen floor covering • Replace the reception area carpet • Make good the identified decorative door reveal surface. 	Partially met
	<p>Action taken as confirmed during the inspection: A tour of the day care setting confirmed that the kitchen floor covering and reception carpet had not been replaced. Discussion with the registered manager confirmed that funding had been approved for replacement floor coverings. The registered manager confirmed that work had been undertaken, since the previous care inspection, to make good the door reveal surface. However deterioration had occurred since the work had been undertaken. Therefore this area for improvement has not been fully met and has been stated for a second time.</p>	
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
<p>Ref: Standard 18</p> <p>Stated: First time</p>	<p>The registered provider should ensure that the full range of policies required by the Day Care Settings Minimum Standards, January 2012, Appendix 2 are in place. These policies and procedures should be dated when issued, reviewed or revised and ratified by the registered person following revision to or the introduction of new policies and procedures.</p>	Partially met
	<p>Action taken as confirmed during the inspection: Discussion with the registered manager confirmed that the policies and procedures had been reviewed following the previous care inspection. The registered manager also confirmed that the reviewed policies and procedures had been forwarded to senior personnel within the Western Health & Social Care Trust for ratification. Therefore this area for improvement has not been fully met and has been stated for a second time.</p>	

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.

Discussion with the registered manager, staff and service users on the day of inspection confirmed that sufficiently competent and experienced persons were working in the centre to meet the assessed needs of service users. 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 23 July 2018 until 6 September 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 confirmed that staff employment records were held within the WHSCT human resources department and that all appointments were made in compliance with relevant legislative requirements and trust policy and procedures. The registered manager confirmed that an induction programme was available for newly appointed members of staff. A review of this induction programme noted that it was comprehensive and included areas such as privacy and dignity, confidentiality, risk management, complaints procedure, health and safety and adult safeguarding.

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.

Staff who were spoken with stated that their induction and training provided them with the skills and knowledge to fulfil their roles and responsibilities and that it was effective. Staff demonstrated a clear understanding of service users' needs and how those needs should be met. 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 information governance, complaints management and dementia awareness training.

Safeguarding procedures were understood by staff members who were interviewed and they confirmed that they had the confidence to report poor practice, should they identify it. However, all expressed the view that practice throughout the centre was of a high quality and that team members worked well together.

Discussion with the registered manager confirmed that there was a clear pathway for staff to follow in relation to referring any safeguarding concerns to appropriate professionals. The registered manager also confirmed that a copy of Adult Safeguarding Prevention and Protection in Partnership, July 2015 and the associated Operational Procedures September 2016 were available to all staff. The registered manager confirmed that the organisation has in place an identified Adult Safeguarding Champion (ASC).

The registered manager confirmed that no restrictive practices were undertaken within the day care setting and on the day of the inspection none were observed.

The day care setting's governance arrangements in place that identify and manage risk were inspected. The registered manager confirmed all incidents and accidents were recorded on an electronic system which was reviewed and audited by the registered manager and the WHSCT governance department. No incidents or accidents had occurred since the previous care inspection.

A review of the day centre's environment was undertaken and the day centre was found to be warm, fresh smelling and appropriately heated. 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. Records examined identified that a number of safety checks were undertaken including: fire safety drills to ensure service users can exit safely, monthly safety checks of fire doors; fire extinguishers; emergency lighting; water temperature and weekly fire alarm tests. The review of fire drill records confirmed that a fire drill had been undertaken on 18 December 2017. Discussion with staff confirmed they were aware of the evacuation procedure.

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. Staff training records confirmed that staff had received training in infection prevention and control in line with their roles and responsibilities. Observation of staff practice evidenced that staff adhered to infection prevention and control procedures.

A review of the environment identified a number of environmental issues: the reception area carpet presented with evidence of wear and was stained, the kitchen floor covering presented with evidence of wear and was torn at the edges, a door reveal paintwork was blistered and chipped. The registered manager confirmed that work had been undertaken, since the previous care inspection, to make good the door reveal surface. However deterioration had occurred since the work had been undertaken. These environmental issues had been identified as an area for improvement at the last inspection and have been stated for a second time.

Staff confirmed that they felt care was safe in this setting. Staff described how they give consideration to service users' holistic needs, for instance, they observe service users, noting any change in dependency, ability or behaviour and proactively take appropriate measures to promote and ensure the safety and wellbeing of the service user. Staff also demonstrated awareness of the need to continually risk assess to ensure that service users remain safe during outings or while engaging in activities within the setting. They recognised the importance of sharing relevant information with relatives and making referrals to other services/professionals as required.

Staff commented on the good working relationships which exist with community support services and how they can access such support for service users. In addition staff had received training in first aid and fire safety.

There were arrangements in place to ensure that staff are registered with the relevant regulatory bodies of the Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC) as appropriate. The registered manager stated that information regarding registration details and renewal dates are maintained by the WHSCT social care governance department who generate an email to the registered manager advising when a staff member's renewal date is pending. Upon receipt of this email the registered manager liaises with staff to ensure that they have taken appropriate action after which renewal details are verified and recorded by the organisation's governance department.

Discussion with service users and staff on the day of inspection revealed that they felt the care provided was safe. The following is a sample of comments made:

Service users' comments:

- "I am very safe here; the staff help me if I need any help."
- "There are plenty of staff to look after me when I am here."

Staff comments:

- "When I started in the centre I had a detailed induction and the manager and staff have been very supportive."
- "We consider the service users' safety at all times."
- "I have attended all the mandatory training and we are offered lots of additional training."

Six service users returned questionnaires to RQIA post inspection. The service users confirmed they were "very satisfied" regarding questions on "is care safe" in this setting. The service users confirmed there were enough staff to help them, they felt protected and free from harm, they could talk to staff if they had concerns and the environment was safe and clean.

The inspector met with two relatives on the day of inspection. The relatives confirmed that they were very satisfied with the safe care in this setting. Additional comments made by relatives included "excellent service", "my mother is always safe her and very well looked after" and "the staff are very good and ensure all my father's needs are met including keeping him safe".

On the day of the inspection Drumhew Day Centre was found to be delivering safe care. There was positive feedback from eight service users and two relatives about the delivery of safe care in the day centre. Observations of care practices showed there was a culture of ensuring service users were safe and protected from harm.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, knowledge regarding adult safeguarding, infection prevention and control and knowledge and competency in respect to safe care and risk management.

Areas for improvement

One area for improvement under the regulations identified at the last inspection has been stated for a second time. This area relates to the environment.

	Regulations	Standards
Total number of areas for improvement	1	0

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 inspection of the care records found they were maintained in line with the legislation, the assessments of need, risk assessments, care plans and records of health and well-being of the service users were current and had been reviewed.

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 records also reflected the multi-professional input into the service users' health and social care needs. A record was kept of each service user's involvement and progress at the centre and entries were made in proportion to the frequency of attendance of the individual. Dates and signatures were present in all of the files examined. Records of annual reviews for each person demonstrated that an evaluation of the overall suitability of the placement had been discussed in detail and agreed.

Discussions with staff regarding implementation of the care 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 Drumhew Day Centre.

Discussion with the registered manager and review of arrangements concerning the storage of confidential records confirmed that service users' records were stored safely and securely in compliance with legislative. Staff recognised the importance of maintaining accurate and contemporaneous records to guide their practice and ensure that care provided was safe, effective and timely.

There was evidence that service users were enabled and supported to engage and participate in a range of meaningful activities. Service users were observed being supported in a sing along. Art work which had previously been made was displayed around the centre and several service users enthusiastically engaged in conversation with the inspector describing their involvement in and enjoyment of the art work. Service users gave positive feedback regarding the activities and opportunities the day centre provided for them.

The day care setting's statement of purpose and service user guide provides information on how to make a complaint and the importance of ensuring that service users' opinions and feedback is heard and acted upon. Information is provided to service users regarding their right to advocacy support and the role of the patient client council.

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, fire safety, 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.

Discussions with staff confirmed they were knowledgeable regarding safeguarding service users in their care, they also confirmed if they had to escalate concerns they would speak to the registered manager or day care worker in charge. 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. Observation of practices evidenced that staff were able to communicate effectively with service users.

Discussion with service users and staff on the day of inspection evidenced that they felt the care provided was effective. The following is a sample of comments made:

Service users' comments:

- "I like playing bowls."
- "I am well cared for here in the centre; this place is five star."
- "I have my social worker visit me here and we talk about the care I get."
- "The food is as good as any hotel."
- "I am very happy. The staff are all very nice and pleasant."

Staff comments:

- "We are kept informed of any changes in the service users' care and I report any changes I see in the service user."
- "The staff work well as a team to ensure the service users' needs are met and they all have a good day."

Six service users returned questionnaires to RQIA post inspection. The service users confirmed they were "very satisfied" regarding questions on "is care effective" in this setting. The service users also confirmed that they had got the right care, at the right time in the right place, staff knew their care needs, they were aware of their care plan and the care met their expectations.

The inspector met with two relatives on the day of inspection. The relatives confirmed that they were very satisfied regarding the delivery of care. Additional comments made by relatives included “the care is excellent and all my mother’s needs are met”, and “the care here is great”.

The evidence indicates that the care provided in Drumhew Day Centre is effective in terms of promoting each service user’s involvement, development, enjoyment and wellbeing.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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 inspection sought to assess the day care setting’s ability to treat service users with dignity, equality and respect and to fully involve service users in decisions affecting their care and support. Service users were informed regarding the RQIA inspector visiting the day care setting and staff encouraged them to engage with the inspector.

Discussions with service users and staff and observation of care during the inspection showed that the promotion of values such as choice, dignity and respect were embedded in the culture and ethos of the day centre.

Staff interactions with service users were observed to be cheerful, compassionate, caring and timely, with staff providing clear information, using appropriate language, demonstrating active listening skills, checking understanding and service users’ expectations. The inspector observed on numerous occasions, staff offering service users’ choice regarding the activity they wished to do or where they wished to go. Staff were noted to be busy attending to the needs of service users and they took time to listen and reassure services users as needed. It was apparent that service users were familiar with staff as they appeared relaxed and comfortable in their surroundings and interactions. There was genuine warmth in the engagement by staff with service users and staff spoken with were knowledgeable regarding service users likes, dislikes and individual preferences.

Staff were aware of what was important for each service user and their specific interests and organised meaningful activities to support this. 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 quizzes, sing alongs, bowling and arts and crafts.

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.

The minutes of the three most recent service users meetings were reviewed during this inspection. The meetings had taken place on: 2 July 2018; 22 March 2018 and 18 December 2017. The minutes of meetings reflected service users' views and opinions were sought and form the basis of all discussions.

Discussion with service users and staff on the day of inspection revealed that they felt the care provided was compassionate. The following is a sample of comments made:

Service users' comments:

- "Staff are always kind and patient."
- "If I was worried about something I could talk to any of the staff."

Staff comments:

- "We always take time to listen to the ladies and gentlemen."
- "It is very important to offer the service users choice in their day."

Six service users returned questionnaires to RQIA post inspection. The service users confirmed that they were "very satisfied" regarding questions on "is care compassionate" in this setting. The service users also confirmed that they were treated with kindness, respected and their dignity was maintained, staff informed them about their care and supported them to make decisions about their care.

Discussion with two relatives confirmed that they were very satisfied with the compassionate care in Drumhew Day Centre. Additional comments made by relatives included "staff are warm and friendly at all times" and "you could not get better staff".

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of service users.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 registration certificate was up to date and displayed appropriately.

There was a clear organisational structure and this information was outlined in the day care settings statement of purpose. Staff demonstrated awareness of their roles, responsibilities and accountability. Discussion with the registered manager confirmed that they had a good understanding of their role and responsibilities under the legislation.

The Statement of Purpose for the day care service was reviewed (and updated) by the provider on 3 May 2018. The document described the nature and range of the service to be provided and addresses all of the matters required by Regulation 4(1) of The Day Care Setting Regulations (NI) 2007.

The registered manager and staff advised there were a range of policies and procedures in place to guide and inform staff. Discussion with the registered manager confirmed that the policies and procedures had been reviewed following the previous care inspection. The registered manager also confirmed that the reviewed policies and procedures had been forwarded to senior personnel within the Western Health & Social Care Trust for ratification. This had been identified as an area for improvement at the last inspection and has been stated for a second time.

During discussions with staff they demonstrated awareness of their roles, responsibilities and accountability. Positive feedback was provided by staff in respect of leadership they received from the registered manager and effective team working. Staff confirmed that if they had any concerns or suggestions they could raise these with the management team. Staff discussed they were aware of the whistleblowing policy if they could not resolve their concerns locally, however they would be unlikely to need this due to the transparent working relationships that exist within the team.

Staff spoken with confirmed that they enjoyed working in the day care setting and with their colleagues. All grades of staff consulted demonstrated during the inspection the ability to communicate effectively with their colleagues and other multi-disciplinary teams in the best interests of the service users.

The staff who met with the inspector appeared well informed on all aspects of the centre’s operations and proved very capable in responding to all of the RQIA requirements for this inspection.

A review of governance records evidenced that staff received individual, formal supervision at least quarterly and an annual appraisal. Staff confirmed that there were systems in place to ensure they received support and guidance from the registered manager.

A complaints and compliments record was maintained in the day centre. There had been no complaints recorded since the previous inspection.

Discussions with staff confirmed that a robust complaints management process is in place within the setting which is overseen by the WHSCT complaints department. Service users are advised of what they can do if they are not happy with the service within the service user guide and the statement of purpose.

Discussion with the registered manager confirmed that staff meetings were held quarterly, and records verified this. The last meeting was held on 3 July 2018 and minutes were available. Previous staff meetings had been undertaken on 10 April and 17 December 2017. The records included the date of the meeting, names of those in attendance and agenda items. Relevant information was discussed regarding the needs of service users and governance arrangements to ensure delivery of safe and effective care. The registered manager confirmed that the minutes of the meetings were made available for staff to consult.

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. Three quality monitoring reports were examined from June 2018 to August 2018 and found to be satisfactory. The reports adhered to RQIA guidelines and evidenced engagement with service users and staff, with positive feedback recorded.

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

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The registered manager confirmed that this was addressed with staff through their training, supervision and appraisal process. In addition the registered manager confirmed that the day care setting had not received any complaints with respect to equality issues from service users and/or their representatives.

The inspector noted that the day care setting collects equality information in relation to service users, during the referral and assessment process. The data is used effectively and with individual service user involvement when a person centred care plan is developed.

Some of the areas of equality awareness identified during the inspection include:

- Effective communication
- Service user involvement
- Safeguarding
- Advocacy
- Individual person centred care
- Individual risk assessment
- Disability awareness.

Discussion with service users and staff on the day of inspection revealed that they felt the service was well led. The following is a sample of comments made:

Service users' comments:

- "I know all the staff including the manager."
- "This is a great centre, I'd be lost without coming here."

Staff comments:

- "We work well as a team."
- "The manager is very approachable and I would feel comfortable approaching her at any time."

Six service users returned questionnaires to RQIA post inspection. The service users confirmed they were "very satisfied" regarding questions on "is care well led/managed" in this 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.

Discussion with two relatives confirmed that they were very satisfied that the care is well led/managed. Additional comments made by relatives included "the centre is well organised and well run" and "I feel the centre is well managed".

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements and quality improvement.

Areas for improvement

One area for improvement under the standards identified at the last inspection has been stated for a second time. This area relates to policies and procedures.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

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

The registered provider/registered 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>Area for improvement 1</p> <p>Ref: Regulation 26 (2) (d)</p> <p>Stated: Second time</p> <p>To be completed by: 31 December 2018</p>	<p>The registered person shall, having regard to the number and needs of the service users, ensure that all parts of the day care setting are kept clean and reasonably decorated. The following maintenance issues must be addressed:</p> <ul style="list-style-type: none"> • Replace the kitchen floor covering • Replace the reception area carpet • Make good the identified decorative door reveal surface. <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Work on door surface reveal has been completed, approval has been given for replacement of floor coverings, work to be completed within next four weeks.</p>

Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012

<p>Area for improvement 1</p> <p>Ref: Standard 18</p> <p>Stated: Second time</p> <p>To be completed by: 31 December 2018</p>	<p>The registered provider should ensure that the full range of policies required by the Day Care Settings Minimum Standards, January 2012, Appendix 2 are in place. These policies and procedures should be dated when issued, reviewed or revised and ratified by the registered person following revision to or the introduction of new policies and procedures.</p> <p>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken: 15 policies were sent off in February 2018 for ratification and approval by Trust Policy group, to be completed by March 2019.</p>



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