

# Unannounced Care Inspection Report 23 and 25 January 2019



## Lisnamallard Industries

**Type of Service: Day Care Service**  
**Address: 5b Woodside Avenue, Omagh, BT79 7BP**  
**Tel No: 02882252079**  
**Inspector: Angela Graham**

[www.rqia.org.uk](http://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 40 service users who have needs arising from mental health diagnosis. The day care setting is open Monday to Friday and is managed by the Western Health and Social Care Trust (WHSCT).

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Western Health and Social Care Trust  <b>Responsible Individual:</b> Anne Kilgallen	<b>Registered Manager:</b> James Byrne (Acting)
<b>Person in charge at the time of inspection:</b> James Byrne, Manager	<b>Date manager registered:</b> 24 January 2019
<b>Number of registered places:</b> 40	

### 4.0 Inspection summary

An unannounced inspection took place on 23 January 2019 from 10.20 to 16.05 and 25 January 2019 from 9.55 to 15.20.

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 previous 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 that promoted safe care. Regarding effective practice, examples of good practice were found in relation to audits, service user reviews and communication between service users, staff and other key stakeholders. Good practice was also 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. Finally, good practice was found in relation to governance arrangements and maintaining good working relationships supporting well led care in the setting.

One area requiring improvement was identified regarding the review of the provision of seating for service users within the day centre.

Service users were asked to provide their views regarding the day care setting. Examples of some of the comments made by service users are “without this place I don’t where I’d be, the staff are wonderful and they go above and beyond their duty”; “I feel very safe here as staff listen to me and advise me about my own safety” and “this centre is a lifeline to me”.

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>	0	1

Details of the Quality Improvement Plan (QIP) were discussed with James Byrne, 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 30 November 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 30 November 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
- Incident notifications that highlighted that no incidents had been notified to RQIA since the last care inspection on 30 November 2017
- The previous care inspection report and QIP
- Pre-inspection assessment audit.

During the inspection, the inspector met with the manager, two support workers and a visiting professional. Introductions were made to service users during the course of a walk around the setting; with individual interaction with ten service users.

The 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. Ten service users' 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 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 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 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 care 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 drill records
- Fire risk assessment findings dated 29 October 2018
- Staff training information
- Minutes of three staff meetings
- Minutes of three service user meetings
- Three monthly monitoring reports.

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

The inspector would like to thank the manager, service users, visiting professional and staff for their involvement in the inspection process.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 30 November 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 30 November 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
<b>Area for improvement 1</b>  <b>Ref: Regulation 20 (1) (a)</b>  <b>Stated: First time</b>  <b>To be completed by: 28 February 2018</b>	The registered person shall, having regard to the size of the day care setting, the statement of purpose and the number and needs of service users ensure that at all times suitably qualified, competent and experienced persons are working in the day care setting in such numbers as are appropriate for the care of service users.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. The staffing levels were reviewed following the previous care inspection and a service manager commenced post in September 2018.	
<b>Area for improvement 2</b>  <b>Ref: Regulation 17</b>  <b>Stated: First time</b>  <b>To be completed by: 28 February 2018</b>	The registered person shall complete the annual report which is compliant with Schedule 3 of the Day Care Setting Regulations (Northern Ireland) 2007. The report should be sent to RQIA with the QIP.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. A copy of the annual report was submitted to RQIA with the returned QIP.	
<b>Area for improvement 3</b>  <b>Ref: Regulation 26 (2) (d)</b>	Some of the high level, exterior paintwork was in poor condition. The registered person must ensure that all parts of the day care setting are kept reasonably decorated.	<b>Met</b>

<p><b>Stated: Third time</b></p> <p><b>To be completed by: 31 March 2018</b></p>	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. Inspection of the environment evidenced that this area for improvement had been satisfactorily addressed.</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: Standard 3.1</b></p> <p><b>Stated: First time</b></p> <p><b>To be completed by: 28 February 2018</b></p>	<p>The registered person should ensure each service user is provided with an individual written agreement, which, having regard to the assessment of need, confirms the day service is suitable and appropriate to his or her needs, and sets out any fees or charges payable, and the arrangements for payment of these and includes all matters listed in standard 3.1.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. Review of the three care records evidenced that this area for improvement had been satisfactorily addressed.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref: Standard 8.4 and 8.5</b></p> <p><b>Stated: First time</b></p> <p><b>To be completed by: 28 February 2018</b></p>	<p>The registered person should ensure that service users' views and opinions about the running of the service are sought on a formal basis at least once a year preferably by an organisation or person independent of the service and that a report is prepared that identifies the methods used to obtain the views and opinions of service users, which incorporates the comments made and issues raised by service users and any actions to be taken in response. A copy of this report is made available to service users.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. The manager confirmed that annual quality assurance questionnaires were completed in 2018 and a copy of the report was made available to the service users.</p>	<p><b>Met</b></p>

<p><b>Area for improvement 3</b></p> <p><b>Ref: Standard 5.3</b></p> <p><b>Stated: First time</b></p> <p><b>To be completed by: 31 January 2018</b></p>	<p>The registered manager should ensure service users' care plans are dated, signed by the service user, the member of staff completing it and the registered manager.</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. Review of the three care records evidenced that this area for improvement had been satisfactorily addressed.</p>		
<p><b>Area for improvement 4</b></p> <p><b>Ref: Standard 17.9</b></p> <p><b>Stated: First time</b></p> <p><b>To be completed by: 28 February 2018</b></p>	<p>The registered person shall ensure working practices are systematically audited to ensure they are consistent with the day care setting's documented policies and procedures, and action is taken when necessary.</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. A care plan audit tool had been developed and evidence was provided of care plan audits undertaken.</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 manager, staff and service users on the days of inspection confirmed that sufficiently competent and experienced persons were working in the centre to meet the assessed needs of service users. The manager was able to describe contingency measures that would be taken to ensure the safety of the service users if staffing levels could not be provided on any given day. A review of the staffing roster for weeks commencing 17 December 2018 until 25 January 2019 evidenced that the planned staffing levels were adhered to. Records showed the numbers of staff working each day and the capacity in which they worked. No concerns were raised regarding staffing levels during discussion with service users and staff.



The inspector also sought the opinion of service users on staffing via questionnaires. Ten questionnaires were returned. The service users indicated that they were either satisfied or very satisfied with the staffing arrangements. One service user indicated that they were satisfied included a written comment; "I don't feel there are enough staff". The comment was discussed with the manager prior to issuing the report.

The manager confirmed that staff employment records were held within WHSCT human resources department and that all appointments were made in compliance with relevant legislative requirements and the organisation's policy and procedures. The 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 manager 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 manager. Records of competency and capability assessments were retained and examined during the inspection. These were noted to be satisfactory.

Observation of and discussion with staff on duty demonstrated a clear understanding of service users' needs and how those needs should be met. They described the training they received as effective and of a good quality. Discussion with staff and review of a sample of staff training records concluded staff had received mandatory since the previous care inspection such as first aid, moving and handling and fire safety training. It was positive to note that staff received training in addition to the mandatory training requirements such as: equality, good relations and human rights; deaf awareness and information governance.

The manager advised that staff have access to a rolling mandatory training programme; this was confirmed during discussion with staff, who advised that they had access to training to support them in meeting the roles and responsibilities of their job.

The manager advised there had been no recent safeguarding referrals in the setting and that any suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; and that written records would be retained. In addition discussion with staff established that they were aware of the roles and responsibilities in relation to reporting adult safeguarding concerns and maintaining safeguarding records.

The manager confirmed that adult safeguarding practices are directed by the regional Adult Safeguarding Prevention to Protection in Partnership, July 2015 and its associated Operational Procedures, September 2016. An Adult Safeguarding Champion (ASC) was identified for the service. Discussion with the manager further confirmed that there was a clear pathway for staff to follow in relation to referring any safeguarding concerns to appropriate professionals.

Staff demonstrated knowledge of how to escalate any concerns and how to liaise with the multi-disciplinary team as needed. In addition, discussions with staff confirmed that they were aware of their obligations in relation to raising concerns with respect to poor practice, and were confident of an appropriate management response. Staff confirmed that they were aware of the setting's whistleblowing policy and were able to access it. However, all expressed the view that practice throughout the centre was of a high quality and that team members worked well together.

Observation of the environment confirmed that the setting was warm, clean, odour free and had suitable lighting. 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, safety checks of fire doors; fire extinguishers and weekly fire alarm tests. The review of fire drill records confirmed that a fire drill had been undertaken on 29 October 2018. Discussion with staff confirmed they were aware of the evacuation procedure.

A fire risk assessment was completed on 29 October 2018. No significant findings were recorded.

Discussion with three service users raised an issue regarding the provision of comfortable chairs in the day centre. The service users discussed how they would benefit from the provision of armchairs to promote their comfort. The manager should undertake a review, in consultation with the service users, of the current seating provided to ensure the seating meets the service users' needs. An area for improvement was made in this regard.

Infection prevention and control measures were in place. Measures included the availability of hand sanitiser around the setting, hand hygiene notices, supplies of liquid soap and hand towels mounted on the wall. Staff had effective access to gloves and aprons as required. 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.

Staff confirmed that they felt care was safe in this setting. Discussion with both staff and service users confirmed that service users have had access to a consistent staff team who have developed a holistic and effective understanding of service users' needs. 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.

There were arrangements in place to ensure that staff are registered with the Northern Ireland Social Care Council (NISCC).

Discussion with service users regarding is care safe revealed they knew that staff were around to help them and they were confident if they asked for help they would get the best care.

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

Service users' comments:

- "Staff ensure we are safe when we are here and when we are out and about at the leisure centre or the shops."
- "I would know what to do if the fire alarm went off."
- "I feel very safe here."

- “We could benefit from soft comfortable chairs as the seats on some of the chairs are wooden and are very hard.”

Staff comments:

- “I feel we work hard to ensure the care is safe in the centre. Risk assessments are in place for any identified risks.”
- “We have very good training and this supports us in delivering safe care.”

Professional’s comments:

- “It is my view the service users are safe in this setting. There is very good communication from staff to relevant health professionals.”

Ten service users returned questionnaires to RQIA. The service users confirmed they were either “very satisfied” or “satisfied” regarding questions on “is care safe” in this setting. The service users confirmed they felt protected and free from harm, they could talk to staff if they had concerns and the environment was safe and clean.

On the days of the inspection Lisnamallard Industries was found to be delivering safe care. There was positive feedback from ten service users, a visiting professional and three staff 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.

**Areas for improvement**

One area for improvement was identified regarding the review of the provision of seating for service users within the day centre.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

**6.5 Is care effective?**

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

The inspector reviewed the day care settings arrangements for appropriately responding to and meeting the needs of people who use the service. Information relating to the nature and range of services provided is outlined within the Statement of Purpose. Observations throughout the inspection confirmed that the day care setting was providing care in accordance with their Statement of Purpose.

Discussion with the 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. Review reflected there were assessments of needs, risk assessments, care plans and records of health and well-being of the service users were current and had been reviewed. There was recorded evidence of multi-professional collaboration. The manager confirmed that a review of all care files was being undertaken to ensure that the care files are in line with the Day Care Settings Minimum Standards, 2012.

Discussions with staff regarding implementation of the care plans provided assurance they knew each individual's needs. Staff discussion confirmed they use these records to guide their practice and therefore recognised the importance of keeping records current and relevant. Staff described care practices that were focused on providing the right support safely and effectively. Staff described they effectively communicate with each other, service users' and relatives, and that any change in a service user's needs or concerns are discussed or reported in a timely manner. Overall the inspection found the settings management of service user records enabled staff to recognise service users' needs and respond to them effectively.

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 and agreed.

Discussion with the 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.

Service users confirmed that they would be comfortable speaking with staff or management if they had any concerns or complaints. 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 those service users' opinions and feedback is heard and acted upon. Information is provided to service user's regarding their right to advocacy support and the role of the Patient and Client Council (PCC).

The 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, 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.

Discussion with, and observation of service users and staff confirmed that service users had access to a variety of activities to suit individual needs. Staff also supports service user's involvement in activities within the wider community, including outings to local restaurants.

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

Service users' comments:

- "I really enjoy the aqua aerobics and ladies keep fit class that I go to in the leisure centre."
- "We have regular meetings in the centre and we talk about activities, outings and how the centre is run. Staff have always time to listen if you need a chat."
- "Xxxx (staff member) has talked about my care here and I've seen my care plan and signed it."

Staff comments:

- "The ladies and gentlemen are very much part of the running of the centre. We promote their involvement and independence at all times."
- "I feel the care and support the service users get here is very good. We involve them at every opportunity."

Ten service users returned questionnaires to RQIA. The service users confirmed they were either "very satisfied" or "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 evidence indicates that the care provided in Lisnamallard Industries 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 audits, service user reviews and communication between service users, staff and other key stakeholders.

### Areas for improvement

No areas for improvement were identified in this domain during the inspection.

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

Discussion with and observation of service users and staff interactions demonstrated that service users were treated with dignity and respect while promoting and maintaining their independence. Service users related positively to staff and each other. The atmosphere was relaxed and service users were observed engaging spontaneously and enthusiastically with staff.

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 them 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 knitting, health promotion classes, yoga bowling, aqua aerobics and creative crafts.

Service users meetings also take place within the day care setting. The manager confirmed that service user meetings were held approximately monthly. The minutes of the three most recent service users' meetings were reviewed during this inspection. The meetings had taken place on: 14 January 2019, 3 December and 6 November 2018. The minutes of meetings reflected service users' views and opinions were sought and form the basis of all discussions. The inspector noted some of the areas recently discussed during meetings included activities, outings and college courses.

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

Service users' comments:

- "I feel that the staff do a first class job in Lisnamallard, only for the help and support that I receive here I honestly don't think I would get through each day."

- “We have meetings and talk about how we want to spend our day. Staff always ask my view and are very respectful to me.”

Staff comments:

- “We work hard in the centre to ensure the ladies and gentlemen have an enjoyable day.”
- “The service users come first and we encourage them to feel free to express what they want to do when they are here.”

Ten service users returned questionnaires to RQIA. The service users confirmed that they were either “very satisfied” or “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.

### 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 in this domain during the inspection.

	Regulations	Standards
<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 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 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 manager in December 2018. The document describes 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 (Northern Ireland) 2007. Evidence gathered at this inspection indicates that the service is currently operating in keeping with its Statement of Purpose.

Positive feedback was provided by staff in respect of leadership they received from the manager and effective team working. Staff stated that this is achieved through effective communication, supervision, staff meetings and the open door approach provided by the manager.

Staff confirmed that if they had any concerns or suggestions they could raise these with the management 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 manager and staff advised there were a range of policies and procedures in place to guide and inform staff. Policies and procedures were maintained in a manner that was easily accessible by staff.

Discussions with the manager and staff confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. The manager confirmed that staff have an annual appraisal, recorded individual, formal supervision at least every three months. A review of a sample of records verified this.

Discussion with the manager confirmed that staff meetings were generally held quarterly, and records verified this. The last meeting was held on 23 January 2019 and minutes were available. Previous staff meetings had been undertaken on 21 November and 6 June 2018. 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 manager confirmed that the minutes of the meetings were made available for staff to consult.

Discussion with the manager confirmed daily staff briefing meetings are undertaken. This practice is commendable.

A complaints and compliments record was maintained in the day centre. Review of the complaints record evidenced that there had been no complaints recorded since the previous inspection. Discussion with staff confirmed that they knew how to receive and deal with complaints and ensure that the registered manager was made aware of any complaints. The complaints procedure was displayed in areas throughout the day centre.

The inspector discussed the monitoring arrangements under regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. The regulation 28 quality monitoring visits had been undertaken monthly by an independent monitoring officer. Three quality monitoring reports were examined from November 2018 to January 2019 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 manager confirmed that this was addressed with staff through their training, supervision and appraisal process. In



In addition the manager confirmed that the day care setting had not received any complaints with respect to equality issues from service users and/or their representatives.

Discussions with service users, staff and the manager highlighted evidence that supports service user equal opportunities, regardless of their abilities, their background or their lifestyle. 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, staff and a visiting professional on the days of inspection revealed that they felt the service was well led. The following is a sample of comments made: Service users' comments:

- "This place runs like clockwork and I have no complaints."
- "The manager and the staff are very good and you just have to ask if you want anything."

Staff comments:

- "The manager is always available and if I had something I wanted to talk about and I would have no hesitation in approaching the manager."
- "I have access to all the policies and procedures. Safeguarding information is also available in the office."

Professional's comments:

- "The day centre is very well run and staff are very committed to providing the best care and support possible. Staff have a good rapport with the service users."

Ten service users returned questionnaires to RQIA. The service users confirmed they were "very satisfied" or "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.

**Areas for improvement**

No areas for improvement were identified in this domain during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<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 James Byrne, 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 25.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 April 2019</p>	<p>The registered person shall ensure that the furniture, fittings and any equipment or mobility aids in areas accessed by service users are positioned to take into account the mobility and overall needs of the service users, including those with sensory impairments.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> Soft furnishing has been put in place and funding for further improvement in this area has been secured.</p>



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