

Unannounced Care Inspection Report 22 March 2019



Dromore Day Care

Type of Service: Day Care Service
Address: 34-36 St. Dymphna's Road, Dromore, BT78 3JQ
Tel No: 028 82898914
Inspector: Angela Graham

www.rqia.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 is registered to provide care and day time activities for up to 25 service users for older people over the age of 65, who may be frail or living with a physical disability. The day care setting is open Tuesday, Thursday and Friday and is managed by the Western Health and Social Care Trust (WHSCT).

3.0 Service details

Organisation/Registered Provider: Western Health and Social Care Trust Responsible Individual: Dr Anne Kilgallen	Registered Manager: Sabrina Conwell (Acting Manager)
Person in charge at the time of inspection: Sabrina Conwell, Acting Manager	Date manager registered: Sabrina Conwell - 13 November 2018
Number of registered places: 25	

4.0 Inspection summary

An unannounced inspection took place on 22 March 2019 from 09.55 to 16.15.

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 determined 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, adult safeguarding, risk management and fire safety. Further areas of good practice were also noted in regard to audits and care reviews; communication between service users, staff and other key stakeholders; provision of care; and the culture and ethos of the day care setting.

Areas requiring improvement were identified regarding the environment, staff supervision and annual appraisal.

Service users' comments are included throughout the report.

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	3

Details of the Quality Improvement Plan (QIP) were discussed with Sabrina Conwell, 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 1 February 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 1 February 2018.

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
- Information and correspondence received by RQIA since the last inspection
- Incident notifications which highlighted that one incident had been notified to RQIA since the last care inspection on 1 February 2018
- Unannounced care inspection report and QIP from 1 February 2018.

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

The following records were examined during the inspection:

- Three service users' care records
- A sample of service users' daily records
- A sample of staff supervision and appraisal records
- A sample of competency and capability assessments
- Staff training information
- The day centre's complaints/compliments record since the last inspection
- Staff roster information for February and March 2019
- A sample of minutes of service users' meetings since the last inspection
- A sample of minutes of staff meetings since the last inspection
- The day centre's record of incidents and accidents since the last inspection
- A sample of monthly quality monitoring reports since the last inspection
- RQIA registration certificate
- A sample of audits
- Fire Safety Information.

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.

Ten service user and/or relatives' questionnaires were provided for distribution; one relative and six service users' questionnaires were returned to RQIA within the timeframe for inclusion in this report.

The inspector requested that the manager place a 'Have we missed you' card in a prominent position in the day centre to allow service users, relatives and staff 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 be displayed in the day care setting.

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

The findings of the inspection were provided to Sabrina Conwell, Manager, at the conclusion of the inspection.

The inspector would like to thank the manager, service users, relative 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 1 February 2018

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 1 February 2018

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"> • deep clean the stained tile grout in the identified bathroom • replace the cracked tile in the identified bathroom • address the uneven floor surface at the entrance to the day care setting 	Partially met
	Action taken as confirmed during the inspection: An inspection of the environment was undertaken and confirmed that the tile grout in the identified bathroom had been deep cleaned and the cracked tile had been	

	replaced. The uneven floor surface had not been addressed and will be stated for a second time in this report.	
Area for improvement 2 Ref: Regulation 17 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: 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 forwarded to RQIA with the returned QIP.	
Area for improvement 3 Ref: Regulation 28 (5) (a) Stated: Second time	The registered provider shall maintain a copy of the monthly monitoring report in the day care setting and make it available on request to the Regulation and Improvement Authority.	Met
	Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. The inspector reviewed a number of reports and confirmed that the monthly quality monitoring reports were available and up to date.	
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 1.2 Stated: First time	The registered person shall ensure the Dromore Day Centre Service Users' Guide is reviewed to include all matters listed Standard 1.2	Met
	Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. The Service Users Guide had been updated following the previous care inspection.	

Area for improvement 2 Ref: Standard 39 Stated: Third time	Should the Dromore Day Centre remain in operation in the long term, the provider should ensure that it is properly equipped with internet access.	Met
	Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. Internet access was available in the day centre.	

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 inspector reviewed the day care setting's systems in place to avoid and prevent harm to service users which included a review of staffing arrangements in place within the day centre.

The manager described the staffing levels which have been assessed as necessary to provide a safe service in the setting. Assurances were provided to the inspector by the manager that sufficiently qualified, competent and experienced persons are working at all times to meet the assessed needs of the service users, taking into account the size and layout of the premises, the number of service users accommodated, fire safety requirements and the statement of purpose. Discussions with the manager and observations during the inspection verified that there were sufficient numbers of staff to meet the needs of service users. Discussions with the staff, a relative and service users further verified that staffing levels were sufficient to meet the assessed needs of service users.

Observation and discussion with staff on duty on the of the inspection provided evidence that they were sufficiently experienced and trained to meet the assessed needs of the service users present, and were meeting those needs using the care plans and assessments to guide their approach. A review of the staffing roster for weeks commencing 4 February 2019 until 22 March 2019 evidenced that the planned staffing levels were adhered to.

The day centre has a human resources (HR) department which oversee the recruitment process, including the completion of appropriate pre-employment checks. The manager described the procedure for ensuring that staff are not provided for work until all necessary checks have been completed and confirmed that the outcome of these checks are retained by the HR department.

The manager confirmed that there has been a consistent staff team working in the day centre and that no new staff have been employed for a number of years. In addition, discussions with the manager confirmed that there was also an appropriate induction process in place for any new staff who may be employed.

A competency and capability assessment had been completed for the staff member who, on occasion, may be in charge of the centre in the absence of the manager. A review of the competency and capability assessment confirmed that the staff member was assessed as competent to undertake their role and responsibilities.

Observation of and discussion with staff on duty evidenced that staff were sufficiently trained, competent and experienced to meet the assessed needs of the service users present. 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 fire safety, dementia awareness, information governance, dysphagia awareness, food safety and first aid. Staff who were spoken with stated that their training provided them with the skills and knowledge to fulfil their roles and responsibilities and that it was of a good standard.

Review of governance records confirmed that an effective incident/accident reporting policy and system was in place. The records inspected showed when accidents or incidents occurred they were recorded fully. All incidents and accidents were recorded on an electronic system which are reviewed and audited by the manager and the WHSCT governance department. Any incidents and accidents were reviewed on a monthly basis by the monitoring officer as part of the monthly quality monitoring visits. Discussion with the manager evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Observation of and discussion with the manager and care assistants evidenced that staff were very knowledgeable regarding each service user and the support they required in order to ensure their safety. In addition, discussions evidenced that they had an understanding of the management of risk, and an ability to balance assessed risks with the wishes and human rights of individual service users. The manager described a transparent learning culture within the setting in which staff are supported and encouraged to engage in reflective practice; the manager stated that this approach allows staff to consider any lessons learnt and review how to improve the day care experience for service users.

Discussions with the manager and staff also confirmed that they were aware of their obligations in relation to raising concerns with respect to service users' wellbeing and poor practice, and were confident of an appropriate management response. The manager and staff were aware of the organisation's whistleblowing policy if they could not resolve their concerns locally but indicated that they would be unlikely to need this due to the transparent working relationships that existed within the team.

There were no recent or current adult safeguarding referrals or investigation records to examine. The manager confirmed that the WHSCT safeguarding practices are directed by the regional Adult Safeguarding Prevention and Protection in Partnership, July 2015 and its associated Operational Procedures, September 2016. Staff had received adult safeguarding training. Discussion with the manager and care assistants further established that they were aware of their roles and responsibilities in relation to reporting adult safeguarding concerns, maintaining factual records and there was a clear pathway for staff to follow in relation to referring safeguarding concerns to appropriate professionals.

An inspection of the environment was undertaken and confirmed that it was appropriately warm, had suitable lighting and furniture and generally clean throughout. Further attention is required regarding high and low level dusting. Also the internal aspect of the doorframe at the main entrance required to be deep cleaned as brown staining and cobwebs were present. The identified areas that require to be cleaned were discussed with the manager on the day of inspection. This has been identified as an area for improvement.

The uneven floor surface at the entrance to the day care setting had not been addressed as identified at the previous care inspection. This has been stated for a second time as an area for improvement.

Discussion with the manager and observation of the environment confirmed that furniture, aids and appliances were fit for purpose for the needs of the service users. Infection prevention and control measures were in place, which included the availability of supplies of liquid soap and hand towels mounted on the walls, foot pedal operated bins and seven step hand hygiene notices which were positioned at wash hand basins. Staff also had effective access to gloves and aprons as required. No obvious health and safety hazards were identified and fire exits were clear and free from obstruction.

The day centre's fire safety precaution records were reviewed. It was noted the last full evacuation drill was undertaken on 23 October 2018. Discussion with staff confirmed they were aware of the evacuation procedure. An updated fire risk assessment was completed on 31 August 2018 and the manager confirmed that the significant findings were addressed. 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.

There were arrangements in place to ensure that staff are registered with the Northern Ireland Social Care Council (NISCC). Information regarding registration details and renewal dates were maintained.

Discussion with service users, a relative and staff evidenced that they felt the care was safe. The following is a sample of comments made:

Service users' comments:

- "The centre is a great place and all is good here."
- "I am very safe here and there is plenty of staff to keep me safe."

Relative's comments:

- "Excellent care; I am confident that xxxx is safe in the centre."
- "Staff are very diligent and ensure all runs smoothly."

Staff comments:

- "I have attended first aid training and fire training and all leads to safe care."
- "We work hard as a team to ensure the service users are safe and well cared for in the centre."

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.

One relative returned a questionnaire to RQIA post inspection. The relative confirmed that they were “very satisfied” with the safe care in this setting. They confirmed that their relative is safe and protected from harm, they could talk to staff, and the environment is suitable to meet their relative’s needs.

Areas of good practice

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

Areas for improvement

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

One area for improvement identified at the last care inspection has been stated for a second time. This area relates to addressing the uneven floor surface at the entrance to the day care setting.

	Regulations	Standards
Total number of areas for improvement	1	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 setting’s 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 was outlined in the Statement of Purpose. Observations throughout the inspection confirmed that the day care setting was providing care in accordance with their Statement of Purpose.

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.

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.

Discussion with the manager and review of records confirmed there were systems in place to review service user's placements within the centre and ensure that they are appropriate to meet their health and social care needs. There was evidence of annual care reviews in partnership with service users and/or their relatives and community keyworkers; these provided positive feedback from service users and their representatives with regards to the day care service.

Discussion with staff provided evidence that they were knowledgeable regarding service users' individual needs. Discussion with staff during a walk around the setting evidenced awareness of the need for person centred interventions which facilitate engagement with service users and promote effective communication. They also identified service users whose independence and opportunities in the setting needed to be promoted and supported.

Discussions with the manager and care assistants described effective communication between service users, their relatives and the multi-disciplinary team. This was verified during discussion on the day of inspection with a service user's relative who provided highly positive feedback regarding communication from staff with respect to the health and wellbeing of the service user.

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 and appraisal and care records and evidenced that actions identified for improvement had been completed.

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

Service users' comments:

- "All my needs are met here; staff care for me very well."
- "The centre provides a very valuable service to me and I look forward to the days I attend."
- "The care and personal attention is second to none."

Relative's comments:

- "Xxxx is really well look after in the centre; I have no suggestions for improvement."
- "Staff keep me updated if there is any changes with Xxxx."

Staff comments:

- "The service users are treated with respect and as individuals."
- "Care reviews are undertaken and the care we provide to the service users is continually reviewed."

Six service users returned questionnaires to RQIA post inspection. The service users confirmed that they were "very satisfied" regarding questions on "is care effective" in this setting. The service users stated that they receive the right care, at the right time, in the right place.

One relative returned a questionnaire to RQIA post inspection. The relative confirmed that they were “very satisfied” regarding questions on “is care effective” in this setting. They stated that their relative receives the right care, at the right time, in the right place.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, 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
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.

There was evidence that service users were enabled and supported to engage and participate in a range of meaningful activities. The day centre provides a range of activities including: games, boccia, creative crafts, armchair exercises, bingo and reminiscence.

Discussion with staff found they were informed regarding the ethos of the day care setting which promoted choice and ensured service users had access to a friendly, caring and stimulating atmosphere. Staff also discussed how they support and encourage service users to remain active and independent in the setting by ensuring they are able to access activities that they can engage in and the space they use facilitates their independence.

Staff described there was also informal arrangements in place that ensured service users were consulted and their views and opinions were sought on a daily basis. Consultation with service users and when appropriate their relatives was recorded in service users individual records and were used to inform the assessment, care planning and review process.

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. Condiments were available for service users’ use if required. 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.

Staff approaches and responses to services users were noted to be caring, cheerful and compassionate. Discussions with the day care worker established that they were aware of their responsibilities and requirements to ensure service users' confidentiality and consent. It was acknowledged that service users require varying degrees of support with their care needs, and that service user independence should be promoted in a discreet manner. The inspector observed staff discreetly responding to service users who required such assistance.

The manager confirmed that service user meetings are held generally monthly. A review of minutes of meetings since the last inspection verified this. A review of a sample of minutes for meetings in February 2019, January 2019 and December 2018 evidenced service user feedback being sought in regards to transport, meals and activities.

Discussions with service users confirmed that their views and opinions are taken into account in all matters affecting them. Service users advised they were consulted at service user meetings, care reviews and informally through daily discussions with staff.

Discussion with service users, a relative and staff evidenced that they felt the care was compassionate. The following is a sample of comments made:

Service users' comments:

- "We are offered choice every day regarding what activities we want to do and what we want for dinner."
- "The service and staff are outstanding; staff are always kind and attentive."
- "I am always made feel very welcome in the centre and encouraged to make decisions about what I'd like to do when I am here."

Relative's comments:

- "Xxxx is very well cared for when he is in the centre; staff are very kind and caring."

Staff comments:

- "I feel the service we deliver promotes independence and is person centred."
- "We treat the service users with kindness and respect."

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.

One relative returned a questionnaire to RQIA post inspection. The relative confirmed that they were "very satisfied" regarding questions on "is care compassionate" in this setting.

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, listening to and valuing service users and taking account of the views of service users.

Areas for improvement

No areas for improvement were identified in this domain 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 inspector sought to assess the day centre's leadership, management and governance arrangements to meet the assessed needs of service users.

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 registration certificate was up to date and displayed appropriately.

The Statement of Purpose for the day care service was reviewed and updated in January 2019. 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.

The manager and staff advised there were a range of policies and procedures in place to guide and inform staff. They are easily accessible to staff via paper copy or in electronic format.

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 induction, training, supervision and appraisal process. 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.

The inspector noted that the day care setting collects equality information in relation to service users, during the referral and assessment process. The manager confirmed that this data is used for the purpose of developing person centred care plans and risk assessments.

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

- effective communication
- service user involvement
- advocacy
- equity of care and support
- individualised person centred care
- individualised risk assessment
- disability awareness

A review of the supervision schedule for three care staff identified that supervision had not been undertaken on a quarterly basis in line with Standard 22.2 of the Day Care Settings Minimum Standards January 2012 for one care staff member. This has been identified for an area for improvement.

A review of appraisal records for three care staff identified an annual appraisal had not been undertaken in line with Standard 22.5 of the Day Care Settings Minimum Standards January 2012 for one care staff member. This has been identified for an area for improvement. Staff confirmed that there were systems in place to ensure they received support and guidance from the manager.

A review of staff meetings since the last inspection evidenced that they were held quarterly. The meetings held in December, September and June 2018 identified a focus on staffing arrangements, day to day management of the centre and staff access to staff training opportunities.

A complaints and compliments record was maintained in the day centre. Review of the complaints record evidenced that no complaints had been recorded since the previous inspection. Discussion with staff confirmed that they knew how to receive and deal with complaints and ensure that the manager was made aware of any complaints. The complaints procedure was displayed in areas throughout the day centre. Samples of compliments were available for review and evidenced a high level of satisfaction with the service provided.

The inspector discussed the monitoring arrangements in compliance with Regulation 28 of The Day Care Settings Regulations (Northern Ireland) 2007. The Regulation 28 quality monitoring visits had been undertaken monthly by an independent monitoring officer within the organisation who demonstrated a good understanding of the setting. A sample of reports viewed from December 2018 to February 2019 provided evidence that the visits were a mix of announced and unannounced visits and the format of the reports adhered to RQIA guidelines, evidenced engagement with service users, staff and relatives, with positive feedback recorded.

Discussion with service users, a relative and staff evidenced that they felt the service was well led. The following is a sample of comments made:

Service users' comments:

- "I know how to make a complaint but I have nothing to complain about; the centre is a great place to come and I thoroughly enjoy my day here."
- "The centre is well run and I don't see any problems here."

Relative's comments:

- "Great centre and it is well run."
- "Staff are always helpful, warm and welcoming."

Staff comments:

- "We have regular staff meetings and the manager is always available to discuss any issues you might have."
- "There is a small team here and we all work well together."
- "I have access to all the policies and procedures and I am aware of what to do if there is a safeguarding concern."

Six 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.

One relative returned a questionnaire to RQIA post inspection. The relative confirmed that they were “very satisfied” regarding questions on “is care well led/managed” in this setting. The relatives confirmed that the service was managed well 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 and maintaining good working relationships.

Areas for improvement

Two areas for improvement were identified in this domain in relation to staff supervision and annual appraisal.

	Regulations	Standards
Total number of areas for improvement	0	2

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Sabrina Conwell, 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	
Area for improvement 1 Ref: Regulation 26 (2) (d) Stated: Second time To be completed by: 31 July 2019	<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 issue must be addressed:</p> <ul style="list-style-type: none"> • address the uneven floor surface at the entrance to the day care setting <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Buisnes Case has been forwarded to Estates Services to replace and address uneven flooring, awaiting approval for work to be completed by Landlord.</p>
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012	
Area for improvement 1 Ref: Standard 27.1 Stated: First time To be completed by: 30 April 2019	<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. The following issues must be addressed:</p> <ul style="list-style-type: none"> • address the issue of high and low level dusting identified on the day of inspection • ensure the identified doorframe is deep cleaned. <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: A request has been forwarded to the Trust's Estate Services Department. On-going discussions with Trust and Landlord to employ and fund cleaner for the days day centre is operational. The Trust has advised they will provide funding awaiting response from Landlord.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 22.2</p> <p>Stated: First time</p>	<p>The registered person should ensure that staff have recorded individual, formal supervision sessions according to the day care setting's procedures and no less than every three months.</p> <p>Ref: 6.7</p>
<p>To be completed by: 30 April 2019</p>	<p>Response by registered person detailing the actions taken: All staff supervisions have been completed and are scheduled every 3 months. Acting managers supervision scheduled for 29-40-2019.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 22.5</p> <p>Stated: First time</p> <p>To be completed by: 30 April 2019</p>	<p>The registered person should ensure that staff have a recorded annual appraisal with their line manager to review their performance against their job description, and to agree personal development plans.</p> <p>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken: All staff appraisals have been completed and scheduled for 2020.</p>



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