

Unannounced Care Inspection Report 1 February 2018



Dromore Day Centre

Type of Service: Day Care Setting

Address: 34-36 St. Dympna's Road, Dromore, BT78 3JQ

Tel No: 02882898914

Inspector: Angela Graham

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 What we look for



2.0 Profile of service

This is a day care setting that cares for and supports up to 25 service users. They provide care, support and day time activities for older people. The day care setting is open Tuesday, Thursday and Friday.

3.0 Service details

Organisation/Registered Provider: Western Health and Social Care Trust Responsible Individual(s): Anne Kilgallen	Registered Manager: Ann Meehan
Person in charge at the time of inspection: Sabrina Conwell, Support Worker	Date manager registered: 29 October 2010
Number of registered places: DCS-I – 25	

4.0 Inspection summary

An unannounced inspection took place on 1 February 2018 from 09.25 to 15.35 hours.

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

The inspection sought to assess if the establishment was delivering safe, effective and compassionate care and if the service was well led.

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

Areas requiring improvement were identified regarding the environment, monthly monitoring arrangements, annual report, service users' guide and internet access.

Service users were asked to provide their views regarding the day care setting. Examples of some of the comments made by service users are "this is a good place", "everyone here is kind to me" and "dinner was nice".

The findings of this report will provide the day care setting 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	3	2

Details of the Quality Improvement Plan (QIP) were discussed with Sabrina Conwell, Support Worker 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 26 January 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 26 January 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 support worker in charge, two care staff and six service users. The support worker 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. One relative's questionnaire and five service users' questionnaires were returned to RQIA. The content of the questionnaires is discussed in the main body of the report.

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

The following records were examined during the inspection:

- complaints and compliments records
- accident/untoward incident records
- staff roster
- RQIA registration certificate
- staff supervision and appraisal records
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)

- elements of three service users' care records
- sample of policies and procedures
- sample of quality assurance audits
- fire safety risk assessment
- fire drill records
- staff training information
- minutes of three staff meetings
- minutes of three service user meetings
- three monthly monitoring reports

Eight areas for improvement were identified at the last care inspection. These were reviewed and assessment of compliance recorded as met for five areas, partially met for one and not met for one area.

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 26 January 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 26 January 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 4 (1) Stated: First time	The registered provider must submit a revised Statement of Purpose that includes all relevant information as specified in Schedule 1 of The Day Care Setting Regulations (Northern Ireland) 2007, along with a variation application for consideration.	Met
	Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the support worker confirmed that this area for improvement had been addressed. A revised copy of the statement of	

	purpose and a variation application was provided to RQIA.	
Area for improvement 2 Ref: Regulation 28 (5) (a) Stated: First time	<p>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.</p> <hr/> <p>Action taken as confirmed during the inspection: Discussion with the support worker confirmed that monthly monitoring visits had been undertaken on 5 December 2017 and 9 January 2018. However the reports for these visits were not available in the day care setting on the day of inspection.</p> <p>This area for improvement has not been addressed and has been stated for a second time in this report.</p>	Not Met
Area for improvement 3 Ref: Regulation 20 (1) (a) Stated: First time	<p>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 user 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.</p> <hr/> <p>Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the support worker confirmed that this area for improvement had been addressed. On the day of inspection three care staff were on duty and six service users were in attendance.</p>	Met

<p>Area for improvement 4</p> <p>Ref: Regulation 16 (1)</p> <p>Stated: First time</p>	<p>The registered person, where appropriate, shall ensure that a written care plan is prepared in consultation with the service user or the service user's representative as to how the service user's needs in respect of his/her day care are to be met.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The returned quality improvement plan and discussion with the support worker confirmed that this area for improvement had been addressed. The review of three care records evidenced that this area for improvement had been addressed.</p>		
<p>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</p>		<p style="text-align: center;">Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 8.3</p> <p>Stated: First time</p>	<p>The registered provider should ensure that the minutes of service users' meetings include:</p> <ul style="list-style-type: none"> • The names of those attending; • An agenda; • The outcomes of action taken since the previous meeting; • A summary of discussions; • The action to be taken on service users' comments and suggestions and the name/s of the person/s responsible for taking action on any matters arising. 	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The returned quality improvement plan and discussion with the support worker confirmed that this area for improvement had been addressed. A template for the minutes of service users' meetings had been developed to meet standard 8.3.</p>		
<p>Area for improvement 2</p> <p>Ref: Standard E7</p> <p>Stated: First time</p>	<p>The registered provider should undertake an environmental audit in relation to dementia care.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The returned quality improvement plan and discussion with the support worker confirmed that this area for improvement had been addressed. A dementia audit had been undertaken in March 2017.</p>		

Area for improvement 3 Ref: Standard 8.5 Stated: First time	<p>The registered provider should ensure 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>	Met
	<p>Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the support worker confirmed that this area for improvement had been addressed. A report was available on the day of inspection.</p>	
Area for improvement 4 Ref: Standard E39 Stated: Second time	<p>Should the Dromore Day Centre remain in operation in the long term, the provider should ensure that it is properly equipped with computer and internet access.</p>	Partially met
	<p>Action taken as confirmed during the inspection: A computer had been provided since the previous care inspection. Discussion with the support worker confirmed that internet access was not available in the day care setting at present. The provision of internet access is currently being addressed by the IT department.</p> <p>This area for improvement has not been fully addressed and has been stated for a third time in this report.</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.

The support worker 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 2 January 2018 until 1

February 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.

A competency and capability assessment had been completed for the staff member who was in charge of the centre in the absence of the registered manager. Review of the competency and capability assessment confirmed that the staff member had received training and was assessed as competent to undertake their role and responsibilities. The assessment demonstrated that the support worker was competent; willing to undertake management tasks and had the knowledge to fulfil their role and responsibility in the absence of the registered manager. Discussions with the support worker confirmed that they were aware of the day care setting regulations and standards which they had used to guide practice.

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

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

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

The setting's accident and incident records were inspected; this revealed no incidents had been recorded since the last care inspection.

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

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

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

The support worker and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. The support worker stated that there were no current safeguarding concerns ongoing.

Discussion with staff also confirmed that they were aware of the regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available to staff within the day centre.

A review of the day centre's environment was undertaken and the day centre was found to be warm, fresh smelling and generally clean throughout. The inspector observed dark staining on tile grout and a cracked tile in an identified bathroom. The floor surface at the entrance of the day care setting was uneven. This was identified as an area for improvement under the regulations.

Fire exits were observed to be clear of clutter and obstruction. The review of fire drill records confirmed that a fire drill had been undertaken on 10 October 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. An infection prevention and control policy and procedure was in place. Staff training records confirmed that staff had received training in infection prevention and control in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of infection prevention and control policies and procedures. Observation of staff practice evidenced that staff adhered to infection prevention and control procedures.

Five service users returned questionnaires to RQIA post-inspection. The service users confirmed that they were very satisfied with the safe care in Dromore Day Centre.

One relative returned a questionnaire to RQIA post-inspection. The relative identified that they were very satisfied with the safe care in Dromore Day Centre. They stated 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, supervision and appraisal, knowledge regarding adult safeguarding, infection prevention and control and risk management.

Areas for improvement

One area for improvement was identified in relation 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 support worker established that staff in the day care setting responded appropriately to and met the assessed needs of the service users.

The inspector reviewed the service users' guide. The review confirmed that the service users' guide did not include all matters listed in standard 1.2. This was identified as an area for improvement under the standards.

The inspector reviewed elements of three service users' care files. The review reflected there are risk assessments and care plans in place. Records were stored safely and securely in line with data protection. Staff discussion confirmed they use these records to guide their practice and therefore recognised the importance of keeping records current and relevant.

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

Discussion with staff regarding implementation of the care 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 Dromore Day Centre.

Review of elements of three service users' care records confirmed annual reviews of the individual's day care placement had taken place in the previous year.

The support worker 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.

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

Discussion with the support worker and review of records evidenced that service user meetings were generally held monthly. The last meeting was held on 19 December 2017 and minutes were made available. There was information available to staff, service users and representatives in relation to advocacy arrangements.

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

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

Discussion with staff confirmed the centre was providing a good standard of care. Discussion with staff also confirmed they were knowledgeable regarding safeguarding service users in their care and confirmed if they had to escalate concerns they would speak to the registered manager or day care worker. Staff detailed the key worker and staff communication methods had ensured they provided safe and effective care, they knew what each service user needed and how best to meet the needs. Staff identified they were conscious of giving service users safe choices and encouraging independence. Staff confidently expressed their views and knowledge regarding safe and effective care and stated they would and have brought any concerns regarding the delivery of safe and effective care to the registered manager.

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

One relative returned a questionnaire to RQIA post-inspection. The relative confirmed that they were very satisfied with the effective care. They stated that their relative receives the right care, at the right time, in the right place. The relative commented "the team at Dromore Day Centre take care of my mother well".

Areas of good practice

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

Areas for improvement

One area for improvement was identified in relation to the service users' guide.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is care compassionate?

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

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

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

Discussions with staff regarding the activities they were delivering confirmed the activities were tailored to meet the needs of the service users, as well as promoting their strengths and providing choice. Service users were enabled and supported by staff to engage and participate in meaningful activities. Staff discussed the range of activities service users could take part in such as quizzes, reminiscences, games and social outings.

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

During the observation and discussions staff were observed checking service users were comfortable, that their needs and preferences were being met. If the staff identified someone needed additional support they sensitively and discretely got their attention and accompanied the service user to where they could get more individualised care and privacy. Overall staff were observed supporting service users in a compassionate way, encouraging service users to be involved in their care and promoting their independence.

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

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

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

- "I have been coming here a long time and I wouldn't change a thing."
- "The staff treat me very well. They see to all my needs."

- “Dinner was very tasty.”
- “I enjoy the activities we do. I really like the quizzes.”

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

- “The ladies and gentlemen that come to the centre are always our priority.”
- “I have attended all the mandatory training and find the training very useful.”
- “In my opinion the care the service users get is excellent.”
- “We have regular team meetings and I feel we are very well supported by management”.
- “Care plans are regularly reviewed and kept up to date.”

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

One relative returned a questionnaire to RQIA post-inspection. The relative confirmed that they were very satisfied their relative was treated with dignity and respect and involved in decisions affecting their care.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

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

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

The discussions with staff revealed there was a range of policies and procedures in place that they can access to guide and inform staff practice, they identified staff training was consistent with the procedures they follow. The support worker informed the inspector that the organisation's policies and procedures were currently being reviewed.

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

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

Discussion with the support worker confirmed that staff meetings were held generally quarterly, and records verified this. The last meeting was held in 12 December 2017 and minutes were available. Previous staff meetings had been undertaken on 5 September 2017 and 11 May 2017. The records and commentary recorded evidenced staff discussions were focussed on service users' needs and improvement. The support worker confirmed that the minutes of staff meetings were made available for staff to consult.

The complaints record was reviewed. No complaints were recorded since the previous care inspection on 26 January 2017. Compliments records were recorded and maintained by staff.

The inspector discussed the monitoring arrangements under Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. The Regulation 28 monthly quality monitoring visits had been undertaken monthly by an independent monitoring officer. A quality monitoring visit had been undertaken on 9 January 2018 and 5 December 2017. However reports for these visits were not available in the day care setting. This had been identified as an area for improvement under the regulations at the last inspection and has been stated for a second time.

Three monitoring reports were reviewed from September to November 2017. The monitoring officer reported on the conduct of the day care setting.

The inspector discussed the annual report with the support worker. An annual report had not been developed in line with Regulation 17 (1), Schedule 3 of the Day Care Setting Regulations (Northern Ireland) 2007. The support worker was advised where guidance was available on the RQIA website and the matters that must be included in the report. This was identified as an area for improvement under the regulations.

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

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

One relative returned a questionnaire to RQIA post-inspection. The returned relative's questionnaire confirmed that they were very satisfied that the service was managed well and the staff and the manager are approachable, professional and caring.

Areas of good practice

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

Areas for improvement

One area for improvement was identified in relation to the annual report.

One area for improvement under the regulations identified at the last inspection has also been stated for a second time. This area relates to of monthly monitoring arrangements.

One area for improvement under the standards stated for a second time at the last inspection has also been stated for a third time. This area relates to internet access.

	Regulations	Standards
Total number of areas for improvement	2	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 Sabrina Conwell, Support Worker as part of the inspection process. The timescales commence from the date of inspection.

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

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

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

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

Quality Improvement Plan

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

<p>Area for improvement 1</p> <p>Ref: Regulation 26 (2) (d)</p> <p>Stated: First time</p> <p>To be completed by: 31 May 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"> • 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 <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Tile grout has been cleaned and broken tile replaced in the identified bathroom as recommended. A Minor Capital Work request has been submitted to Assistant Director for approval to address uneven floor surface at entrance to day centre and sent to the Business Services Manager for action. The Minor Capital Work form will be followed up by Day Centre Manager.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 17</p> <p>Stated: First time</p> <p>To be completed by: 30 April 2018</p>	<p>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.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: A completed annual report has now been forwarded to the prospective RQIA inspector. By request 2 further templates have been submitted to inspector for approval for future use by managers within day care.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 28 (5) (a)</p> <p>Stated: Second time</p> <p>To be completed by: Immediate from the time of the inspection</p>	<p>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.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: All service provider reports are up to date and on site for inspection, future reports will be printed off in a timely fashion and again on site for inspection.</p>

Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012	
Area for improvement 1 Ref: Standard 1.2 Stated: First time To be completed by: 31 March 2018	<p>The registered person shall ensure the Dromore Day Centre Service Users' Guide is reviewed to include all matters listed Standard 1.2</p> <p>Ref: 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: Service user guide has been forwarded for approval to RQIA. A new updated version has also been forwarded for approval by RQIA inspector . This new template has been agreed in line with standard 1 of the day centre minimum standards and has had input from all relevant day centre managers and we will await approval for new template for future use in day care.</p>
Area for improvement 2 Ref: Standard E39 Stated: Third time To be completed by: 31 March 2018	<p>Should the Dromore Day Centre remain in operation in the long term, the provider should ensure that it is properly equipped with internet access.</p> <p>Ref: 6.7</p> <hr/> <p>Response by registered person detailing the actions taken: Dromore Day Centre is now equipped with internet access, a laptop and printer are now connected and in use.</p>

Please ensure this document is completed in full and returned via Web Portal



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