



The Regulation and  
Quality Improvement  
Authority

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**Unannounced Care Inspection  
of  
Age NI, Ballyclare**

**5 May 2015**

The Regulation and Quality Improvement Authority  
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## 1. Summary of Inspection

An unannounced care inspection took place on 5 May 2015 from 10.30 to 16.30. Overall on the day of the inspection the Day Care Service was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Settings Regulations (Northern Ireland) 2007, The Day Care Settings Minimum Standards 2012.

### 1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/Enforcement Resulting from this Inspection

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

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	8	10

The following areas for improvement are detailed in the quality improvement plan (QIP):

- Return of the previous approved quality improvement plan
- Fire safety
- Formal staff supervision
- Staff annual appraisal
- Provision of mandatory and continence promotion training
- More robust monthly monitoring visits and reports
- Environment
- Service's annual quality review report
- Service user's care plans
- Service user's annual review of their day care placement
- Service user's annual quality assurance questionnaires
- Service user's meetings
- Review of Service Users Guide
- Choice of lunch meal
- Review of identified policies and procedures
- Central folder for accidents and incidents information

The details of the QIP within this report were discussed with the manager as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Age NI	<b>Registered Manager:</b> Ms Shan Horan (Acting)
<b>Person in Charge of the Day Care Setting at the Time of Inspection:</b> Ms Shan Horan	<b>Date Manager Registered:</b> The inspector advised the manager on 5 May 2015 to complete an RQIA Registered Manager application form.
<b>Number of Service Users Accommodated on Day of Inspection:</b> 6	<b>Number of Registered Places:</b> 10

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards with a theme have been met:

### Standard 5 Care plan:

**Where appropriate service users receive individual continence promotion and support.**

### Standard 8 Service users' involvement:

**Service users' views and comments shape the quality of services and facilities provided by the Day Care Setting**

## 4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed:

- notifiable events submitted since the previous care inspection
- the registration status of the service
- written and verbal communication received since the previous care inspection
- the previous care inspection report
- the pre-inspection assessment audit

During the inspection, I observed care delivery/care practices and undertook a review of the general environment of the day service. During the inspection the inspector met with six service users, one staff, three carers and the catering person providing lunches to service users.

The following records were examined during the inspection:

- Complaints (none recorded) and compliments
- Two accidents/untoward incidents
- Statement of Purpose
- Service user's guide
- Service user minutes of meetings
- Three service user care files
- One service user annual quality assurance questionnaire report
- Nine Age NI policies and procedures
- Staff training information

## **5. The Inspection**

### **5.1 Review of Requirements and Recommendations from Previous Inspection**

The previous inspection of the day service was an announced care inspection on 30 September 2014. Despite several telephone and email requests to Age NI Ballyclare day service, the completed quality improvement plan (QIP) signed by the registered persons was not returned to RQIA. Ms Horan, manager informed the inspector she had forwarded this to her line manager. A copy of this completed QIP signed only by the manager was given to the inspector on 5 May 2015. The registered person's signature was missing. A requirement is made for the registered person to return the completed and signed QIP by both the manager and registered person to RQIA.

The inspector expressed concern to the manager regarding the four areas to be restated for a second time in the QIP of the inspection on 5 May 2015. During the inspection the inspector was not fully assured that robust management and governance arrangements were in place in Age NI Ballyclare. These matters should have been acted on by the manager and followed up by her line manager via monthly monitoring visits and reports of same. From this inspection more robust monthly monitoring visits and reports are needed to ensure all identified areas in the QIP are actioned. A requirement is made about this in the QIP.

## 5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 19(2)	The registered person must ensure that a current record of the programme of events and activities is maintained as required by Regulation 19(2), in Schedule 5(16).	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspector confirmed a record of the programme of events and activities is now in place.	
<b>Requirement 2</b>  <b>Ref:</b> Regulation 7(a)	The registered manager must ensure that the statement of purpose and the service user's guide should be reviewed and revised to ensure accuracy and compliance with the detail of the regulations and the minimum standards.	<b>Partially Met</b>
	<b>Action taken as confirmed during the inspection:</b> The service's statement of purpose and service users' guide had been reviewed in November 2014. However the service users' guide needs to be further reviewed so that it fully reflects all of the matters stated in standard 1.2. This will be restated in the quality improvement plan.	
Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 18.3	The physical presentation of policies and procedures was not well organised, with large quantities of associated guidance documents making it difficult to access the Age NI policies and procedures. Indexing of the contents was not accurate. Improvement action should be taken.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The manager has established a new filing system for Age NI policies and procedures. This needs to be completed as several identified policies regarding standards 5 and 8 requested by the inspector were not available during this inspection.	

<p><b>Recommendation 2</b></p> <p>Ref: Standard 5.3</p>	<p>The registered manager must ensure further efforts should be made to include consent and agreement signatures of service users or their representatives on care plans and other key documents, such as review records.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> The inspector randomly selected three service user's care files. These did not contain signatures of service users or their representatives, or include any consent or agreement statements. This recommendation will be restated.</p>	<p><b>Not Met</b></p>
<p><b>Recommendation 3</b></p> <p>Ref: Standard 22.2</p>	<p>The registered manager must ensure records of staff supervision are up to date and the registered person should ensure that the record keeping system in this regard is improved.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Discussions with the manager, one staff member and review of the staff member's supervision file showed formal supervision has not taken place since the previous inspection. This matter will be restated. An email from the manager on 12 May 2015 stated staff supervision was carried out on 11 May 2015</p>	<p><b>Not Met</b></p>
<p><b>Recommendation 4</b></p> <p>Ref: Standard 22.5</p>	<p>The registered manager must ensure that Annual staff appraisals should be kept up to date.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Discussions with the manager, one staff member and review of the staff member's file showed annual appraisal has not taken place since the previous inspection. This matter will be restated.</p>	<p><b>Not Met</b></p>
<p><b>Recommendation 5</b></p> <p>Ref: Standard 15.3</p>	<p>The registered manager must ensure that a review of each service user's care must be held at least annually.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Discussions with the manager and the inspector's review of three service user's care file concluded two service user's annual reviews had not been held in over a year. The documentation for a third identified service user's annual review was not retained in his/her file.</p>	<p><b>Partially Met</b></p>

	<p>This was discussed with the manager who was advised to establish a system to ensure the reviews of service user's day care placements take place on an annual basis. The manager emailed the inspector on 08 and 12 May 2015 to state the identified service user's annual review had taken place on 17 February 2015. A copy of the review information is now retained in the service user's care file. The other two identified service users are scheduled to have their annual review on 12 May 2015.</p>	
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### 5.3 Standard 5 Care plan: **Where appropriate service users receive individual continence promotion and support**

#### Is Care Safe? (Quality of Life)

The following corporate policies and procedures are in place regarding standard 5:

- Continenence Promotion
- Personal Protective Equipment (PPE)
- Recording and Reporting Care
- Personal Care
- Care Planning, Needs Assessment and Reviews

The top three policies and procedures were dated November 2011 and need to be reviewed. Standard 18.5 states policies and procedures are to be subject to a systematic three year review which is ratified by the registered person. The inspector assessed the service's Continenence Promotion policy as basic. A recommendation is made for this policy to be reviewed and updated in line with current practice and the document must contain a clear focus on continence promotion.

One staff completed an RQIA staff questionnaire stating he/she was '*very dissatisfied*' as he/she has not received training in the area of continence promotion. Part of the focus of the inspection concerned continence promotion, discussion with staff and review of three service user's care files showed improvements are needed to ensure the accuracy of recorded continence information in care files. The inspector has made a recommendation about continence promotion which includes the provision of training or information to staff about this.

Positive comments were shared with the manager about the continence information she had obtained from a recognised organisation who is involved in leading the field of continence in people with dementia. Following a discussion with the manager, she agreed to share a summary of this good practice information with staff

The service's statement of purpose was reviewed during this inspection and contains a section on how management and staff ensure the maintenance of service user's dignity and privacy. The inspector noted this positively.

The inspection evidenced staff give a safe level of attention to detail regarding service users' continence needs. Staff discussion showed they are not just responding to need but where possible encourage service users to be as independent as possible. For example: where appropriate, staff wait outside the door of the toilet until the service user indicates they need their support or assistance. This promotes service users' dignity and enables them to be involved in their own care.

Observation of staff interaction with service users showed staff were responsive to the service user's individual needs. They know the service users well and are familiar with their individual communication methods. Management and staff were observed to be discreet, patient and understanding when prompting or asking service users if they wished to use the bathroom.

The inspector's discussion with the manager confirmed staff base their assessment of continence need on information shared with them from the service user's carer. The carers obtain this information from discussions and an assessment completed by the continence professional based in the community.

The manager showed and discussed with the inspector where and how continence care is delivered. Continence products are stored in their packets on open shelving in a store. Individual service users' continence supplies are discreetly stored in closed storage in their preferred identified bathroom. Personal Protection Equipment (PPE) for staff are also stored in these bathrooms. Staff were aware of the importance of correct storage to prevent cross contamination and protect everyone's health and hygiene needs. The inspector was satisfied they were able to link their practice to appropriate infection control guidance.

Observations of the environment did not identify any concerns regarding odour, location/ storage of PPE and continence products. The inspector concluded the quality of care provision in Age NI Ballyclare service is safe.

### **Is Care Effective? (Quality of Management)**

Service users in Age NI Ballyclare day service have a diagnosis of dementia and as such have some memory loss. During the inspection most individuals were able to verbally describe their wishes, feelings or thoughts. Those able to express their views stated they are very happy with the quality of care provision and receive support and assistance from staff with their personal care when they need this.

Service users' care files contained care information about the individual, assessments and care plans. Information on service users' care plans was completed under medical / nursing headings e.g. 'elimination.' The manager is asked to review the current care plan format to ensure the headings lend more to a social than a nursing environment. A recommendation is made in the QIP regarding this.

The inspection showed the day service has documentation and measures in place to meet service users' individual continence needs and promote improved outcomes for service users. However improvements are needed in service users' care plans regarding the quality and accuracy of this information. More detail is needed so that a new staff member would clearly know how best to approach, support and assist service users with their personal care needs. The information should state how the staff member supports the service user, whether prompts are needed; if staff wait outside the bathroom door, the type of continence product used and where these are located. A recommendation is made in the QIP about this.



The inspection evidenced there was appropriate supplies of continence products kept in the bathroom in closed storage. The inspector observed there were adequate supplies of and ease of access to Personal Protective Equipment (PPE) for staff when supporting service users with their personal care.

The inspector concludes effective care is provided in Age NI Ballyclare service, however the quality of care plan information could be improved. As such a recommendation is made in the QIP.

### **Is Care Compassionate? (Quality of Care)**

The inspection observed that care is compassionate in this setting, service users were treated with dignity and respect. The inspector also concluded after reading records, discussions with staff and three carers and observation of practice that service users are involved in decision making which affect their treatment, care and support.

Discussion with staff evidenced they present as knowledgeable and can reflect a person centred approach, underpinned by informed values which are required to deliver care and support in meeting individual continence promotion. A recommendation is made for staff to receive training in continence promotion.

Based on the inspector's discussions with service users and their representatives and discreet observations of care practices, the care is compassionate in Age NI Ballyclare service.

### **Areas for Improvement**

Three areas of improvement were identified in the areas of continence promotion and support:

1. The inspector recommends the manager makes appropriate arrangements for staff to receive information / training on continence care and promotion with emphasis on intimate care.
2. The inspector recommends the registered manager ensures service user's care plans contain sufficient information about the individual's continence needs and how staff fully support them to be as independent as possible. This should incorporate the core values of privacy, dignity, respect etc.
3. The inspector recommends the identified policies dated November 2011 are reviewed. The Continence Promotion policy should be reviewed and updated in line with current practice and the document must contain a clear focus on continence promotion.

<b>Number of Requirements</b>	0	<b>Number Recommendations:</b>	3
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#### **5.4 Standard 8 service users' involvement:**

**Service users' views and comments shape the quality of services and facilities provided by the Day Care setting**

## Is Care Safe? (Quality of Life)

The service had corporate policies regarding:

- Service Users Views
- Involvement of Service Users
- Involvement in Activities and Events
- Communication with Carers and Representatives (dated November 2011)

The above policies were brief and do not fully reflect all of the methods elicited to obtain service users views and opinions and how they are involved in the running of the service. The policies refer to the 'HPSS Day Care Minimum Standards 2011.' This is incorrect as the current minimum standards are dated January 2012. The Service User Views policy refers to the 'Regulation and Inspection Authority' where it should state The Regulation and Quality Improvement Authority.

The Involvement of Service User policy does not contain information about:

- service users meetings and the frequency of same;
- their views and opinions are sought on a daily basis in the centre;
- service user's annual review of their placement (minimum standard 15). The annual review report should contain information on the service user's or their representative's views and opinions of the day care placement.
- annual service user quality assurance questionnaires.

The Service Users Views policy only refers to the monitoring visits and annual quality assurance questionnaires. No other methods are identified of how service user's views and opinions are elicited for example: complaints and compliments records, service users meetings, daily discussions, annual review of their day care placement etc. A recommendation is made in the quality improvement plan for these policies to be reviewed and expanded upon so that they fully and accurately describe how service users are consulted and involved.

Discussions with the manager, staff and observations of interactions with service users conclude this day care service actively seeks service users' views and comments. These are used to shape the quality of services and facilities provided by the Age NI Ballyclare service and promote safety in this setting.

The staff had actively sought and interpreted service users views via their individual modes of communication which are documented in the service users individual records. Representatives had been encouraged to attend reviews and other meetings as well as complete annual satisfaction surveys which ensured that choices, issues of concern, complaints or risks had been recorded and acted on.

Based on the inspector's observations of care practices, discussions with service users, the manager, staff and review of selected documentation; the care in Age NI Ballyclare service is safe.

## Is Care Effective? (Quality of Management)

The day care service has a range of methods and processes where service users' and their representatives' views are sought and recorded, such as daily records, assessment and care plan documentation, annual questionnaires, informal meetings with service users; discussions with carers/representatives and monthly monitoring visits and their reports.

Overall the inspection evidenced there are effective measures in place for service users' views and comments to shape the quality of services and facilities provided in this day care setting. Specifically records examined showed service user and representative feedback had been used to ensure the care delivered is focused on the service user and improving outcomes. Discussions with service users and their representative showed their views and opinions had been used to influence decisions about the care and support individuals receive. It is recognised staff meet with service users in a group setting around the table on a daily basis seeking their views and opinions about what they would like to do, activities, outings etc. The inspector recommends further improvements are needed regarding service users meetings, minutes/records need to be made of these on at least a monthly basis. The minutes should contain:

- an agenda,
- who attended;
- the actions to be taken as a response to issues raised and include details of who is responsible;
- Subsequent minutes must reflect a summary of the follow up action taken from the previous meeting.

Service users' representative's views and opinions are sought on a formal basis by the organisation at least once per year by asking service users and their representatives to complete an annual survey. The most recent annual quality assurance questionnaires were distributed in April 2015, six have been returned so far. The questions within the questionnaire covered most areas of day care but did not include the quality of the lunch/meals and the environment. This was discussed with the manager and a recommendation is made in the QIP for the next quality assurance questionnaire to include these two areas.

The service evaluation service user annual satisfaction report for 2014 was provided for inspection. This included very positive comments regarding the activities, staff care and routines in the day care setting.

The service's evaluation report stated the following comments had been made by service users:

- *"...with the great care and attention I receive from all the staff, I am able to enjoy the pleasure of being able to stay in my own home and have dignity in the way I am cared for."*
- *"My meal is made, personal care provided, company all provided so I can remain in my own home."*
- *"I need the carers to help me have a normal life. They make the quality of my life great. It provides company for me and I really enjoy the activities."*

- *“People who are invalids benefit greatly, they provide physical and personal care. All the girls are very kind and helpful to me. I would not have my quality of life without them.”*
- *“It’s excellent to have carers to assist me, they are pleasant and friendly. The only people I see.”*

The service’s evaluation report stated the following comments had been made by carers / representatives:

- *“We, as a family are very happy with the service Age NI provide to my mother. We couldn’t do without the help as both my husband and I work and we know mum is getting looked after.”*
- *“It gives my father dignity and he can live at home.”*
- *“I value the service, because I know my mother is getting two organised days a week that cater for needs totally.”*
- *“The staff who regularly see my dad are caring and respectful to him. I can’t praise them enough. He enjoys the day centre as well.”*

The inspection included review of three individual service user’s records which evidenced the needs assessment, risk assessments and care plans are in place, kept under continual review and amended as changes occur. All three care plans had been signed by the manager but not the service user or where appropriate their carer/representative. A recommendation is made about this.

Discussions with the manager, staff and observation of staff interactions confirmed staff listen to and respond to service users. The inspection identified staff knowledge of service user’s individual modes of communication was key to ensuring care is effective, safe and compassionate.

### **Is Care Compassionate? (Quality of Care)**

The inspection evidenced service user’s views and comments are sought in a compassionate way to shape the quality of services and facilities and care in this setting by reviewing records, discussion with staff and observation of practice. The inspection concluded service users are listened and responded to by staff that are knowledgeable about the individual service users’ communication needs. Staff were observed integrating the philosophy of care and values into their practice, they presented as knowledgeable and can reflect a person centred approach, underpinned by informed values which are required to deliver care and support services.

Discussions with six service users and three carers concluded the manager and staff are very kind to them, respectful and caring. Many stated staff go out of their way to ensure their day care experience is meaningful and enjoyable. Several said they would be lost and lonely without the centre and that it’s more than a job for the manager and staff, it’s a vocation.

Based on the inspector’s observations of care practices, discussions with service users and their representatives, care is compassionate in the Age NI Ballyclare service.

## Areas for Improvement

Three areas of improvement were identified in the areas of service user involvement:

1. The inspector recommends the manager ensure regular (at least monthly) service users meetings. Records must be retained of these.
2. With regards to the annual quality assurance of service users views and opinions and that of their carers/representatives; the registered persons should ensure:
  - (a) the 2015 evaluation report completed contains a summary of the follow up action taken by the organisation as a result of the April 2014 quality assurance;
  - (b) The 2015 evaluation report should contain an action plan with time scales from the April 2015 questionnaires;
  - (c) The next service users' quality assurance questionnaires should cover all areas of day care provision and include the quality of lunch/meals and quality of the environment.
3. The registered manager must ensure service user's annual quality review reports concerning the review of their day care placement contain all of the information (where appropriate) which is specified in minimum standard 15.5.

<b>Number of Requirements</b>	0	<b>Number Recommendations:</b>	3
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## 5.5 Additional Areas Examined

### 5.5.1 Service User's Views and Opinions

The inspector met with six service users during this inspection. The service user's preferred to chat with her as a group around the table. They all expressed their satisfaction with the quality of the day service and their relationship with staff.

Some of the comments made included statements such as:

- *"I get friendship from here. I enjoy the company and we are treated very well."*
- *"I love coming here, I'm treated very well or I wouldn't come. My folks know I love it. I like knitting."*
- *"It's great here, you get a bit of a laugh. I love to sing."*
- *"Sure, I love coming here. It gets me out of the house. The staff treat me well and help me. The lunch is ok."*

### 5.5.2 Carers/Representatives Views and Opinions

The inspector met with the relatives/carers of three service users. All spoke very positively about the quality of day service. No concerns were raised. The following comments were made:

- *“The service is excellent, the staff are very kind to mum. They are all flexible and the girls are great. The staff are very good at keeping me informed. They are friendly and accommodating. I feel they treat her with respect and dignity. They listen to her and they care.”*
- *“I am very happy with the quality of care. I wouldn’t send my husband if I wasn’t. I would love it if the service was open five days a week so it could benefit more people.”*
- *“The centre is excellent. My husband comes one day a week and I feel he’d really benefit from another day. The staff are very kind and caring and this morning provided an umbrella to protect us from the awful rain this morning.”*

### 5.5.3 RQIA Questionnaires

As part of the inspection process RQIA questionnaires were issued to staff and service users.

Questionnaire’s issued to	Number issued	Number returned
Staff	8	01
Service Users	8	02 (completed by carers)

All comments on the returned questionnaires were positive. Some comments received are detailed below:

#### Service users or their representatives

- *“The staff in Ballyclare are absolutely brilliant. I don’t know how I would cope without the day care for my mother. I would like to say how much I appreciate all the help.”*

#### Staff

- *“As I had said, I haven’t been given up to date training by head office.”*

### 5.5.4 Complaints record

The complaints record was reviewed by the inspector. This showed there have been no areas of dissatisfaction, concern or complaints recorded since the previous inspection. Discussions with the manager conclude she is fully aware of the Age NI complaints policy. Assurances were given to the inspector records would be made in the complaints record should these be raised.

### **5.5.5 Monitoring reports**

Three monthly monitoring reporting reports for the period from February 2015 until March 2015 were inspected. The inspector's review of these reports conclude they are informative, however they are brief in content. They do not reflect how line management effectively monitored and took appropriate follow up action on the following areas: formal supervision of staff; annual appraisal of staff; the provision of mandatory training etc. Improvements are needed in the organisation's governance arrangements via monthly monitoring visits. Monthly monitoring reports must address and follow up on any identified areas of shortfall. A requirement is made in the QIP regarding this.

### **5.5.6 Incidents and accident record**

Records were inspected from the date of the last inspection to the day of the inspection and this did not reveal any concerns. Records of accidents and incidents are retained in the respective service user's care file. A copy of this is forwarded to the manager's line manager.

The manager was advised to retain a summary of information about service user's accidents and incidents in a central folder. This is for the purpose of monitoring, noting patterns and for inspection. A recommendation had been made about this in 2013 and is restated.

### **5.5.7 Mandatory training**

Discussions with the manager, staff and review of the service's staff training record showed significant gaps in the provision of mandatory training for example: protection of vulnerable adult training; behaviour challenging to others, infection prevention and control and moving and handling.

Records showed first aid, fire safety training and protection of vulnerable adult training have lapsed. The manager informed the inspector the protection of vulnerable adult training; behaviour challenging to others, infection prevention and control and moving and handling are due to be provided to staff on 21 May 2015. The inspector expressed concern to the manager that a lot of mandatory training is being provided in one day and was asked to discuss this with her line manager. A requirement is made in the QIP about mandatory training.

### **5.5.8 Annual Quality Review Report**

The manager was asked for the day service's most recent annual quality review report. The manager was not able to provide this to the inspector. The registered person must ensure an annual review of the service's quality of care report is completed on a yearly basis for the Age NI Ballyclare day service. The report must contain information as per schedule 3 in the day care legislation.

### 5.5.9 Provision of lunch

The inspector met with the owner/manager of a nearby restaurant who has a contract with Age NI, Ballyclare service to provide lunch and dessert to service users in Age NI Ballyclare. He stated he enjoys meeting the service users each day and said many of them would have been regular customers to his business over the years. Positive comments were expressed to the business owner by service users about the quality of his meals, many said it was great to get a home cooked lunch and for some it was their only hot meal of the day. There were photographs of the meal to be provided displayed in the group room.

The inspector noted there is only one meal and dessert provided to service users on a daily basis. A discussion took place about minimum standard 10.2 which states:

*“Where meals are provided in the day service, the menu offers a choice of meal to service users, including those on therapeutic or specific diets. Full account is taken of relevant guidance documents or guidance provided by dieticians and other professionals and disciplines.”*

A recommendation is made in the QIP for a choice of lunch and dessert to be offered to service users. Photographs of the choices should be shown to those service users who are not able to verbalise their informed choice so this can aid their communication. Staff should record which choice each service user makes for lunch and dessert to avoid any confusion if service users do not remember their choice when it comes to lunch time.

The inspector noted fresh drinking water is available to service users in the day service. This is situated on a table behind a pillar and is only visible when service users are using one side of the group room. A discussion took place about the need to relocate fresh drinking water so that service users can see and avail of this with or without staff support.

### 5.5.10 Environment

The inspector's tour of the environment concluded the day service was appropriately heated, clean, tidy and decorated to an acceptable standard. Positive comments were made by the inspector on the colourful paintings, art and craft work displayed in the group room.

A fire door was observed to be wedged open in the door of the kitchen. This was discussed with the manager; fire doors must never be wedged open. A requirement is made about this in the QIP.

A previous care inspection had highlighted a need for the flooring in the group room to be cleaned or replaced because bad staining was observed in several identified areas. The carpet tiles had been cleaned, however this made no change. The inspector also noted there were uneven areas in the floor of the group room at the entrance/exit door of the service. This could cause a trip or a fall particularly in service users whose mobility is poor or those who use mobility aids. A requirement is made in the QIP for the registered persons to ensure:

- (a) the area of uneven floor at the inside entrance of the main room used by service users is made even and good;
- (b) the flooring is replaced in the main group room.



## 6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Shan Horan, manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

### 6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Day Care Settings Regulations (Northern Ireland) 2007.

### 6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Day Care Settings Minimum Standards 2012. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

### 6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [day.care@rqia.org.uk](mailto:day.care@rqia.org.uk)/RQIA's office (non- paperlite) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the service.

## Quality Improvement Plan

Statutory Requirements	
<p><b>Requirement 1</b></p> <p>Ref: Regulation 26(4)(b)</p> <p>Stated: First time</p> <p>To be Completed by: Immediate and ongoing</p>	<p>The registered persons must ensure fire doors are never wedged open. The completed returned QIP must state the arrangements in place to prevent a reoccurrence of this and how this will be monitored.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b>  <b>All the wedges have been removed from the Age NI premises in Ballyclare Staff have been spoken to again by the acting manager regarding that fire doors are never wedged open and have signed that they understand this rule and will adhere to this. A request has been made to headoffice for a fire door retainer (dogard).</b></p>
<p><b>Requirement 2</b></p> <p>Ref: Regulation 20(2)</p> <p>Stated: Second time</p> <p>To be Completed by: Immediate and ongoing</p>	<p>The registered persons must ensure persons working in the day care setting are formally supervised and records are retained of same. The returned completed quality improvement plan must state the systems in place to ensure this systematically occurs on at least a three monthly basis and how the completion of this is monitored by the organisation.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b>  Staff supervision was completed on the 11/5/2015. Dates have been written in the Age NI diary. Supervision will be completed every three months. After each supervision the line manager will be emailed. A copy of the supervision will be placed in the staff member's personal file..</p>
<p><b>Requirement 3</b></p> <p>Ref: Regulation 20(1)(c)(i)</p> <p>Stated: Second time</p> <p>To be Completed by: before 31 March 2016</p>	<p>The registered persons must ensure persons employed to work in the day care setting receive annual appraisal and records are retained of same. The returned completed improvement plan must state when this is scheduled to take place and how the ongoing completion of this will be monitored by the organisation.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b>  The acting manager is awaiting Appraisal training. Once this is done staff appraisal will be carried out. After the appraisal the line manager will be emailed..</p>
<p><b>Requirement 4</b></p> <p>Ref: Regulation 20(1)(c)(i)</p> <p>Stated: First time</p> <p>To be Completed by: before 6 August 2015</p>	<p>The registered persons must ensure all persons employed to work in the day care setting receive mandatory training and other training appropriate to the work they are to perform. All identified mandatory training must be provided and records retained of same in accordance with standard 21.8. The returned completed quality improvement plan must contain a schedule of training dates and details of how this will be monitored by the organisation.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b>  Discussion as requested by the inspector about the mandatory training has</p>

	<p>taken place.between the acting manager and the line manager The outcome was that the mandatory training will now take place over a number of days during the week starting on the 13<sup>th</sup> of July.. The line manager is organising this.and will informed us about these dates. Fire training took place on the 10/6/2015. All Ballyclare staff attended.</p>
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<p><b>Requirement 5</b></p> <p><b>Ref:</b> Regulation 17(1)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> before 31 March 2016</p>	<p>The registered persons must ensure an annual review of the service's quality of care report is completed on a yearly basis for the Age NI Ballyclare day service. The report must contain information as per schedule 3 and be made available for inspection purposes.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Will be completed before the 31<sup>st</sup> of March 2016</p>
<p><b>Requirement 6</b></p> <p><b>Ref:</b> Regulation 26(2)(b)</p> <p><b>Stated:</b> Second time</p> <p><b>To be Completed by:</b> before 10 August 2015</p>	<p>The registered persons must ensure:</p> <p>(c) the area of uneven floor at the inside entrance of the main room used by service users is made even and good;</p> <p>(d) the flooring is replaced in the main group room.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Further communication with the Antrim &amp; Newtownabbey Council [landlord] has taken place. The maintainace team have assessed the uneven flooring and are in the process planning how to sort it out. The fitter has been out to measure for the flooring to be repalced..They both have been made aware of the urgency of the situation.</p>
<p><b>Requirement 7</b></p> <p><b>Ref:</b> Regulation 36</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 15 June 2015</p>	<p>The registered person must return the Age NI Ballyclare service's quality improvement plan from the authorised email address or signed copies regarding the announced inspection of the service on 30 September 2014. This must be signed by both the manager and the registered person.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> This has been completed.</p>
<p><b>Requirement 8</b></p> <p><b>Ref:</b> Regulation 28(4)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> Immediate and ongoing</p>	<p>The registered person must ensure more robust monthly monitoring visits and reports are completed in the Age NI Ballyclare service. This is to monitor and confirm all of the requirements and recommendations stated in the quality improvement plan have been effectively actioned.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> The line manager has been informed and is aware of the above.</p>

<b>Recommendations</b>	
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 21.4</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 6 July 2015</p>	<p>The registered manager should make appropriate arrangements to improve staff awareness, competence and confidence regarding continence care and promotion, specifically intimate care and continence promotion. The returned quality improvement plan must detail arrangements in place to address this improvement.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> The continence information that had been obtained from a recognised organisation who are involved in leading the field of continence in people with dementia had been passed on to staff prior to the inspection. This will be redone and documented for written evidence. Continence promotion training date is been actively researched as told to the inspector.</p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 5.2</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 6 July 2015</p>	<p>The registered manager must ensure service user's care plans contain sufficient accurate information about the individual's continence needs. This must detail how staff support, assist and enable the service user to be as independent as possible and which adheres to the core values of privacy, dignity, respect etc.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b></p> <p>A new care plan is being drawn up that takes into account the above and careplans will be updated in this format.</p>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 5.3</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 6 July 2015</p>	<p>The registered manager:</p> <p>(a) must ensure service user care plans are signed and dated by the service user, the member of staff responsible for completing it and the registered manager. Where the service user is unable or chooses not to sign any document, this should be recorded and the basis of his or her agreement to participate noted.</p> <p>(b) The care plan format is reviewed to ensure the headings lend more to a social than a nursing environment.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> This is in the process of being done. A new care plan is been drawn up and it takes into account the above. The careplans are in the process of being updated. and signatures obtained</p>
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 8.5</p> <p><b>Stated:</b> First time</p>	<p>With regards to the service users and their representatives annual quality assurance process, the registered persons should ensure:</p> <p>(a) the 2015 evaluation report completed contains a summary of the action taken by the organisation as a result of the April 2014 quality assurance;</p>

<b>To be Completed by:</b> 10 May 2016	<p>(b) The 2015 evaluation report should contain an action plan with time scales from the April 2015 questionnaires;</p> <p>(c) The next service users' quality assurance questionnaires should cover all areas of day care provision and include the quality of lunch/meals and quality of the environment.</p>
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> The line manager has been informed by email of the above. At present the 2015 report is being written at head office

<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 1.2</p> <p><b>Stated:</b> Second time</p> <p><b>To be Completed by:</b> 6 May 2015</p>	<p>The registered manager must ensure the Service Users' Guide fully meets all of the identified matters stated in minimum standard 1.2. A copy of this must be forwarded to RQIA with the completed QIP.</p> <hr/> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> The Service User Guide has been revised as requested.. A copy will be forwarded to the RQIA with this completed QIP.</p>
<p><b>Recommendation 6</b></p> <p><b>Ref:</b> Standard 15.5</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 2015</p>	<p>The registered manager must ensure service user's annual quality review reports concerning the review of their day care placement contain all of the information (where appropriate) specified in minimum standard 15.5.</p> <hr/> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> All reviews are up to date</p>
<p><b>Recommendation 7</b></p> <p><b>Ref:</b> Standard 18</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 6 August 2015</p>	<p>The registered person will:</p> <p>(a) make appropriate arrangements for the two policies regarding 'Service Users Views' and 'Involvement of Service Users' to be improved as identified during this inspection. They need to specifically reflect service users' involvement in activities and events. The documents should also reflect current minimum standards and good practice.</p> <p>(b) Ensure the following policies dated November 2011 are systematically reviewed and ratified by the registered person:</p> <ul style="list-style-type: none"> <li>• Contenance Promotion</li> <li>• Personal Protective Equipment (PPE)</li> <li>• Recording and Reporting Care</li> <li>• Communication with Carers and Representatives</li> </ul> <p>Review and update the Contenance Promotion policy in line with current practice. The document must contain a clear focus on continence promotion.</p> <hr/> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> The above has been forwarded by email to the line manager for her completion. The line manager has stated that there is a new continence promotion policy being drawn up. A request for the reviewed policies has been made to her.</p>

<p><b>Recommendation 8</b></p> <p><b>Ref:</b> Standard 10.2</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 13 May 2015</p>	<p>The registered manager will ensure:</p> <p>(a) where meals are provided in the day service, the menu offers a choice of meal to service users, including those on therapeutic or specific diets. This includes dessert. Full account is taken of relevant guidance documents or guidance provided by dietitians and other professionals and disciplines;</p> <p>(b) Fresh drinking water is available to service users on the group table.</p> <p>The returned quality improvement plan must state the action taken regarding these matters.</p>
<p><b>Recommendation 9</b></p> <p><b>Ref:</b> Standard 8.2 and 8.3</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> Immediate and ongoing</p>	<p>The registered manager must ensure regular (at least monthly) service user meetings occur. Minutes / records must be retained of these; the actions to be taken as a response to issues raised and include details of who is responsible. Subsequent minutes must reflect a summary of the follow up action taken from the previous meeting.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> A choice of menu is now offered daily. This has been organised after a meeting with our food provider. The choices are kept in a folder</p> <p>A jug of fresh drinking water is placed on the group table instead of a side table. It has been our practice at our daycentre to prompt and offer frequent drinks throughout the clients stay at the centre. as some people with dementia may not recognize that they are thirsty.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Regular service user meetings are being set up with minutes being retained</p>
<p><b>Recommendation 10</b></p> <p><b>Ref:</b> Standard 17</p> <p><b>Stated:</b> Second time</p> <p><b>To be Completed by:</b> Immediate and ongoing</p>	<p>The registered manager must retain a central folder containing a summary of all accidents and incidents occurring with service users</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> One specific Folder is now in place following the above recommendation by the Inspector. Previously the documents were kept in a locked filing drawer available to staff as required.</p>

<b>Registered Manager Completing QIP</b>	Shan Horan	<b>Date Completed</b>	26/06/2015
<b>Registered Person Approving QIP</b>	Linda Robinson	<b>Date Approved</b>	01/07/2015
<b>RQIA Inspector Assessing Response</b>	<b>Louise McCabe</b>	<b>Date Approved</b>	Email to manager



IN22585

			<p>on 14 July 2015 requesting further information by 31 July 2015.</p> <p>Additional information received by email on 30 July 2015. QIP now approved.</p>
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*\*Please ensure the QIP is completed in full and returned to [day.care@rgja.org.uk](mailto:day.care@rgja.org.uk) from the authorised email address\**