



# Unannounced Care Inspection Report

## 13 August 2018



## Age NI, Ballyclare

**Type of Service: Day Care Service**

**Address: Ballyclare Town Hall, The Square, Main Street, Ballyclare,  
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**Tel No: 02893354547**

**Inspector: Marie McCann**

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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 with 10 places that provides care and day time activities for people living with dementia. The day care setting is open Monday, Tuesday and Wednesday. The service is commissioned by the Northern Health and Social Care Trust (NHSCT).

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Age NI	<b>Registered Manager:</b> Mr George Smith – application not yet submitted
<b>Responsible Individual(s):</b> Ms Linda Robinson	
<b>Person in charge at the time of inspection:</b> Mr George Smith	<b>Date manager registered:</b> as above
<b>Number of registered places:</b> Ten	

### 4.0 Inspection summary

An unannounced inspection took place on 13 August 2018 from 09:15 to 15:15.

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the establishment was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to: staffing arrangements, the use/supervision of volunteers, the culture and ethos of the day care setting, service user consultation, staff supervision and appraisal, quality improvement and maintaining good working relationships.

Areas requiring improvement were identified in regards to: the availability of staff induction records, updating the adult safeguarding and whistleblowing policy.

The findings of this report will provide the establishment with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

### 4.1 Inspection outcome

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	3

Details of the Quality Improvement Plan (QIP) were discussed with George Smith, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

## 4.2 Action/enforcement taken following the most recent care inspection dated 25 September 2017.

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 25 September 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
- Information and correspondence received by RQIA since the last inspection
- Incident notifications which highlighted that one incident had been notified to RQIA since the last care inspection on 25 September 2017
- Unannounced care inspection report and quality improvement plan from 25 September 2017

During the inspection the inspector met with the manager, one staff member, a volunteer and a relative. The inspector greeted and made introductions to six service users in the group setting. More detailed discussions were had with two service users.

The following records were examined during the inspection:

- Three service users' care records.
- One staff personnel record.
- A sample of service users' daily records.
- The day centre's complaints/compliments record from September 2017 to 12 August 2018.
- Staff roster information from 4 June 2018 to 17 August 2018.
- Fire safety precautions.
- A sample of activities records for August 2018.
- A sample of minutes of service users' meetings from November 2017 to August 2018.
- A sample of minutes of staff meetings from January 2018 to May 2018.
- The day centre's record of incidents and accidents since the last inspection.
- A sample of monthly quality monitoring reports from September 2017 to August 2018.
- Policy on Safeguarding Adults, April 2016.
- Whistleblowing Policy, 2016.
- Management of Risks Policy, April 2016.
- Confidentiality Policy, April 2016.
- Complaints Policy, April 2016.
- The Statement of Purpose September 2017.
- Service User Guide 2017.

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

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

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

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

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

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

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 25 September 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 25 September 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007	Validation of compliance	
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 17(1) <b>Stated:</b> Second time	The registered person shall establish and maintain a system for monitoring the matters set out in Schedule 3, not less than annually.  Ref: 6.7	<b>Met</b>
<b>Action taken as confirmed during the inspection:</b> The inspector confirmed that the day care setting maintained a system for monitoring the matters set out in Schedule one, not less than		

	annually and this was evidenced upon review of the annual quality report completed in April 2018.	
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## 6.3 Inspection findings

### 6.4 Is care safe?

#### Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

Discussion with the manager, staff, several service users and a visiting relative confirmed that sufficiently competent and experienced persons were working in the centre to meet the assessed needs of service users. A review of the staffing roster for 4 June 2018 to 17 August 2018 evidenced that the planned staffing levels were adhered to. The manager and one day care worker are rostered to be present on a daily basis in the day care setting. If either of the permanent staff are absent from the service, bank staff are rostered. Records showed the number of staff working each day, the capacity in which they worked and clearly reflected who was in charge of the day centre each day. It was positive to note that the day care setting had several long term volunteers who offered support to service users in addition to the staff. The manager confirmed that several of the volunteers are also employed by the organisation as bank staff and this provided consistency for the service users if and when the day care setting had to utilise bank staff.

A competency and capability assessment had been completed for the person who was in charge of the day centre in the absence of the manager. However, this had not been reviewed within the identified timescales. The manager agreed to ensure this was addressed. Discussion with the manager confirmed that he had confirmed with the staff member that they were willing to assume responsibility as the person in charge of the setting in the manager's absence, that they had sufficient experience and were knowledgeable regarding relevant day care setting regulations and standards.

Observation and discussion with staff and volunteers on duty on the day of inspection provided evidence that they were sufficiently experienced to meet the assessed needs of the service users present. Staff demonstrated a clear understanding of service users' needs and how those needs should be met.

The manager advised that the recruitment of volunteers was undertaken by the organisation's volunteer co-coordinator and volunteers receive an induction and undergo Access NI checks before they are permitted to volunteer within the setting. This was confirmed in discussion with a volunteer. However, induction records were not available for the inspector to view and the manager advised that induction records were held in the organisation's head office. The manager was advised that all staff induction records should be available for inspection in the day care setting, including volunteers and bank staff who are employed on a temporary basis. An area for improvement was made in this regard.

The manager had a staff training plan in place which evidenced that staff had received mandatory training including additional training relevant to their roles and responsibilities. The review of a sample of staff training records confirmed this. Discussion with a staff member and a volunteer on the day of inspection confirmed that they had received sufficient training to enable them to fulfil the duties and responsibilities of their role.

Review of governance records confirmed that an effective incident/accident reporting policy and system was in place. These records evidenced that two accidents that occurred in the setting since the last inspection had been managed appropriately.

Discussion with the manager confirmed that no restrictive practices were required for service users. It was observed that the entrance door to the day centre can be opened from the inside by both staff and service users without restriction. The manager advised that those who attended the day centre were assessed as not being at risk of leaving the setting without support. In addition, the manager also stated that a staff member is always available in the day room to ensure that a service user is supported if they wish to leave the building.

The manager advised that there had been no recent or current adult safeguarding referrals or investigations. Staff were able to identify the organisations Adult Safeguarding Champion (ASC). Discussion with staff established that they were aware of their roles and responsibilities in relation to reporting adult safeguarding concerns and maintaining factual records. It was positive to note that all staff were up to date with their adult safeguarding training. A review of the day care setting's adult safeguarding policy found that it reflected information contained within the DHSSPS regional Adult Safeguarding Prevention and Protection in Partnership, July 2015 guidance. However, it was highlighted that the associated regional Safeguarding Operational Procedures, September 2016 should be included. An area for improvement was made in this regard.

The manager described the arrangements in place for management of service users' monies for lunch within the day care setting. A review of financial records detailing how the monies/transactions were managed highlighted that the records were limited. The inspector provided advice to help ensure that financial records were improved and clearly reflected the amount of money paid each day by service users and the monies returned to them, as applicable. Service user and staff signatures should also be recorded to confirm such transactions. The manager agreed to address this with immediate effect.

An inspection of the environment was undertaken and confirmed that it was appropriately warm, fresh smelling and had suitable lighting. There was one main room for the service users in which the furniture was used to define separate space, for activities. Adjoining the main room were a kitchen, two offices and toilets. The main room was spacious and had an open area that could be adapted for various uses. On the day of inspection the inspector observed service users playing seated basketball. No obvious health and safety hazards were identified and fire exits were clear and free from obstruction.

Discussion with the manager and observation of the environment confirmed that furniture, aids and appliances were fit for purpose for the needs of the service users. Infection prevention and control measures were in place, which included seven step hand hygiene notices positioned at wash hand basins, supplies of liquid soap and hand towels mounted on the wall and foot pedal operated bins. Staff training records confirmed that training had been undertaken with respect to infection prevention and control standards and Control of Substances Hazardous to Health (COSHH) regulations.

Records examined identified that a number of weekly safety checks had been undertaken including fire alarm tests and fire extinguisher and fire door checks. It was noted that the last full evacuation drill was undertaken on 9 January 2018. A review of the record identified that it needs to be improved to include; names of service users present, duration of fire evacuation, outcomes, action required (if applicable) with timescales, who is responsible and when achieved. The manager agreed to action this.

The fire risk assessment was not available to the inspector on the day of inspection. The manager confirmed post inspection that a fire risk assessment was completed on 11 September 2017, assurances were provided that the action plan was being addressed and that the manager liaises with the landlord regarding fire safety throughout the premises which other organisations also use.

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

#### Service users' comments:

- "We have no concerns, whatsoever."
- "The place is great."

#### Staff/Volunteer comments:

- "There is enough staff to keep clients safe and ensure they enjoy the activities."
- "I believe they [service users] receive a service that is safe, it's a nice comfortable environment and staff are experienced."
- "There are good opportunities for training. I have access to training over and above mandatory training."
- "You are supported to do the job, there is a lot of training and I remember having an induction at head office."

#### Relatives' comments:

- "I know xxxx is safe when they are here."
- Staff seem very experienced, they care for xxxx very well, I couldn't cope without it."

Five service users and/or relatives returned questionnaires to RQIA. All responses indicated that they were very satisfied that the care provided to service users was safe. One such response from a relative included: "Age NI Ballyclare is an exceptional establishment for elderly people. It should be seen as a place where other centres of care should follow their example. Should be more centres like this one over the country, 10 out of 10."

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff training and management of accidents/incidents.

### **Areas for improvement**

Two areas for improvement were identified during the inspection in regards to the availability of staff induction records for inspection and updating the adult safeguarding policy.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	2

## 6.5 Is care effective?

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

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

Three service users' individual files were inspected. They contained referral information; service user agreements; day care setting assessments; individualised care plans with activity plans; handling and falls risk assessments; nutritional risk assessments, continence and transport assessments and multi-disciplinary assessment information, such as Speech and Language Therapy (SALT) assessments, as applicable. Care plans were noted to be comprehensive, and person centred, and they clearly and concisely described service users' needs. The inspector advised that the care plans should be further developed to specifically include the individual service user's objectives and expected outcomes from attendance at the day centre. It was noted that although service user agreements were signed initially by service users and/or their relatives, amendments to the service users' agreements such as changes to their days of attendance, were not signed. The inspector advised the need to ensure that changes to service users' agreements are signed by the service user and/or their relative to evidence consultation and agreement with the changes.

It was positive to note that the day care setting use a document 'helping us to get to know you' with service users which supports service users to provide information relating to their family history, special memories, interests and hobbies and likes/dislikes. The inspector advised that this document should be updated to include the date of completion and each individual service user's signature. The document was identified as helpful in developing activity plans for service users and assisting with reminiscence activities. The use of this person centred document is commended.

There were systems in place to review service users' placements within the setting to ensure it was appropriate to meet their health and social care needs. There was also evidence of initial and annual care reviews in partnership with the service user and/or their relative and NHSCT representative. The individual care records sampled in one service user's file identified that an annual care review was overdue. The manager confirmed that this had also been highlighted within a recent monthly quality monitoring report; he had begun the process of organising this review and will update the service user care plan as applicable. It was positive to note that in addition to the care review, service users had been supported to be involved in the annual review process by staff who helped them to complete a questionnaire in preparation for the review.

Daily care recording had been maintained in the three care records inspected. Staff discussed the importance of knowing the content of individual service user's assessments and care plans to inform and guide their practice.

They also discussed the importance of ensuring that care recording was accurate and timely to ensure care and support provided was safe and effective. Staff stated that they effectively communicate with each other and service users' relatives, and that any change in a service user's needs or concerns was reported in a timely manner. In addition, staff demonstrated knowledge of how to escalate concerns to service users' NHSCT representatives.

Service user care records were noted to be well organised and stored safely and securely in line with data protection requirements. It was positive to note that file audits of a number of care records had been undertaken.

Discussion with staff evidenced that they were knowledgeable regarding service users' individual needs. Through discussion staff further demonstrated awareness of the need for person centred interventions which facilitate engagement with service users and promote effective communication and social engagement. Observations of staff practice on the day of inspection evidenced that they were confident and effective in their communication with service users and adapted their communication methods as necessary, with individual service users depending on their assessed needs and emotional state. Staff were observed to be vigilant in responding to nonverbal cues as well as verbal communications. The inspector observed interventions that were proactive and timely.

The day care setting's Statement of Purpose and Service User Guide provides information on how to make a complaint and the importance of ensuring that service user' opinions and feedback is heard and acted upon. Information is provided to service users regarding their right to advocacy support.

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

#### Staff/Volunteer comments:

- "We have great relationships with clients' families and we always contact family to keep them updated if they are any issues."
- "We know the clients well, and would notice even slight changes in their mood, appetite, wellbeing and would let family know."
- "We maintain links with relevant professionals as needed regarding the clients care needs."

#### Relatives' comments:

- "They know xxxx well and notice any changes and will always tell me, if there is something positive that has happened they tell me that too and that is very important for me to hear."
- "If there is a day xxxx didn't eat well, I would be told immediately."
- "I have never had to make a complaint but would have no problem talking to staff if I needed to."

Five service users and/or relatives returned questionnaires to RQIA. All responses indicated that they were very satisfied that the care provided was effective. One such response from a relative included: "At present I feel xxxx is well looked after at the day centre. I am very happy."

## **Areas of good practice**

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

## **Areas for improvement**

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

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

### **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.**

Observations of staff interactions with service users were observed to be compassionate, caring and timely. A notice board was maintained that informed the service users which staff/volunteers were on duty, the available menu and activities for the day. The room was noted to have service users' craft work on display. Service users were observed being afforded choice, dignity and respect during the inspection process. Staff spoken with reflected the ethos of the day care setting which promoted choice and ensured service users had access to a friendly, caring and stimulating atmosphere which aimed to support and encourage service users to remain active and independent.

On the day of inspection, a variety of different activities were planned including: a quiz, seated basketball, and a word game. It was positive to note that when service users initiated an impromptu sing along, this was supported by staff and was enjoyed by all the service users. Observations of service users evidenced that those present participated enthusiastically in the activities provided. A review of the day care activities programme evidenced a varied programme, which included outings to the local library, Carnlough and Antrim Castle Gardens.

Service users were greeted on arrival to the day centre with a cup of tea and toast. Fresh drinking water and juice was available to service users on the group table. Service users can choose to bring a packed lunch or purchase lunch from a local café which is then served by the day care staff. Those purchasing lunch from the local café were offered a choice from two options and this is varied on a daily basis. Observation of lunch on the day of inspection identified that the food provided appeared appetising, and service users were offered choices of drinks. Staff also ensured the SALT recommendations for one service user were adhered to during the provision of a two course lunch.

The inspector observed service users approaching staff freely, communicating their needs and making requests; staff responses were noted to be cheerful and appropriate. Service users who engaged with the inspector spoke positively about the staff. Staff described informal arrangements in place that ensured service users were consulted and their views and opinions were sought on a daily basis. Consultation with service users and when appropriate, their relatives was evidenced in the records of initial visits undertaken prior to commencement of placement and records relating to the assessment, care planning and review process. In addition, governance arrangements to promote effective communication with service users

and/or their relatives included monthly service user meetings and an annual quality satisfaction questionnaire. Samples of minutes from service user meetings were reviewed for November 2017, June 2018 and August 2018. The minutes reflected service users being consulted about activities, transport and meals with positive feedback provided. It was positive to note that in the meeting held on 1 August 2018 the manager reiterated to service users their right to raise any complaints. The inspector suggested that the minutes of the service user group meetings should be amended to clearly reflect any action identified, who is responsible and within what timeframe. Actions from previous meetings should also be reviewed at each subsequent meeting. The manager agreed to action this.

Results from the annual service user/relative quality assurance survey evidenced that all respondents gave positive feedback. The responses confirmed that the programmes of activities were rated as excellent, attendance at the centre was considered a benefit to service users and respondents would recommend the service to others.

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

Service users' comments:

- “Transport is very good, drops you straight to the door, no problems.”

Staff/Volunteer comments:

- “They have an active day with good support; you know they have had a good experience because they go home happy.”

Relatives' comments:

- It's a very comfortable environment for them.”
- “I think it's a wonderful place.”

Five service users and/or relatives returned questionnaires to RQIA. All responses indicated that they were very satisfied that the care provided was compassionate.

### **Areas of good practice**

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

### **Areas for improvement**

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

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

## 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

The day care setting has a newly appointed manager, with application for registered manager planned. The Statement of Purpose for the day care service was reviewed and updated by the provider following inspection to include the details of the newly appointed manager, updates on staff qualifications and the organisational structure. A copy was forwarded to RQIA following the inspection and was found to be satisfactory. The document clearly describes the nature and range of the service to be provided and addresses all of the matters required by Regulation 4(1) of The Day Care Setting Regulations (NI) 2007.

The registration certificate was up to date and displayed appropriately.

On the day of inspection the certificate of public liability insurance displayed was out of date. The manager confirmed following the inspection that the current certificate which is valid until 5 July 2019 was now displayed.

Staff demonstrated awareness of their roles, responsibilities and accountability. Discussion with the manager/staff confirmed that they had a good understanding of their role and responsibilities under the legislation.

A review of governance records evidenced that staff typically received individual, formal supervision at least quarterly and an annual appraisal. Staff confirmed that there were systems in place to ensure they received support and guidance from the manager and senior management, as needed. It was positive to note the volunteers also received regular supervision.

Staff gave positive feedback in respect of leadership and good team working. Staff stated that this is achieved through effective communication, supervision, staff meetings and the open door approach provided by the manager and senior management team.

There was evidence that staff meetings were held on a three monthly basis and records were maintained. The records included the date of the meeting, names of those in attendance, updates from the previous meeting, a record of discussion and any agreed actions. The inspector recommended to the manager that staff meetings should include a quality improvement focus, including items such as a review/discussion of applicable Age NI policies, increasing staff awareness of day care setting regulations and standards and/or recent relevant research/publications. The manager agreed to action this.

A complaints and compliments record was maintained in the day centre. There had been no complaints recorded since the previous inspection. Samples of compliments were available for review and evidenced a high level of satisfaction with the service provided. Service users are advised of what they can do if they are not happy with the service within the Service User Guide and the Statement of Purpose. An annual and monthly audit of the complaints and compliments record had been undertaken by a senior manager of the service.

The inspector discussed the monitoring arrangements in compliance with regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. Monthly and annual quality monitoring reports were completed by the service and were available for inspection. These records demonstrated that at appropriate intervals the effectiveness and quality of care delivery was monitored, audited and reviewed in order to identify and act upon any improvements required. The monthly quality monitoring reports since the previous inspection were all unannounced and available for review. Samples of reports were reviewed for June 2018, July 2018 and August 2018. The reports adhered to RQIA guidelines and evidenced engagement with service users, staff and professionals, with positive feedback recorded. Action plans were identified and carried forward and reviewed as part of each subsequent monthly monitoring visit. The inspector advised that a record of the service users and relatives consulted during such visits should be evidenced, with names anonymised in the reports through use of a unique identifier code, ensuring that information recorded is traceable.

The manager and staff advised there were a range of policies and procedures in place to guide and inform staff. Policies were maintained in an organised manner that was easily accessible by staff in the office. The inspector reviewed a sample of policies and procedures. A review of the day care setting's Whistleblowing policy identified that the policy did not include the recognised bodies that concerns can be reported such as RQIA and NISCC. An area for improvement was made in this regard.

The inspector was advised that staff training is being planned with regards to the General Data Protection Regulation (GDPR) to help them understand and be aware of recent changes in this area. The inspector advised the manager to review guidance available on the RQIA website and to liaise with the HSCT regarding their GDPR responsibilities accordingly.

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

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

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

- Effective communication
- Service user involvement
- Adult Safeguarding
- Advocacy
- Equity of care and support
- Individualised person centred care
- Individualised risk assessment
- Disability awareness

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

Staff comments:

- “I can just lift the phone to senior managers if I had any concerns.”

Relatives' comments:

- “I have no concerns about the place.”

Five service users and/or relatives returned questionnaires to RQIA. All responses indicated that they were very satisfied that the care provided was well led.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff supervision and appraisal, quality improvement and maintaining good working relationships.

### **Areas for improvement**

An area for improvement was identified with regards to the whistleblowing policy.

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

## **7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr George Smith, manager, as part of the inspection process. The timescales commence from the date of inspection.

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

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

## **7.1 Areas for improvement**

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

## 7.2 Actions to be taken by the service

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

## Quality Improvement Plan

<b>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 21.1 and 21.8  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	<p>The registered person shall ensure that a record is kept in the day care setting of all training, including induction, and professional development activities undertaken by staff.</p> <p>This relates to the inductions records of all staff being maintained in the day centre. This includes a record of induction given to bank staff to the particular setting.</p> <p>Ref: 6.4</p>
	<b>Response by registered person detailing the actions taken:</b> this is now completed.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 13.1  <b>Stated:</b> First time  <b>To be completed by:</b> 8 October 2018	<p>The registered person shall ensure that the written procedures for safeguarding vulnerable adults are in accordance with legislation, DHSSPS guidance, regional protocols and local processes developed by the HSC Board and HSC Trusts.</p> <p>This relates to the day care settings adult safeguarding policy being updated to include a procedure for staff to follow in the event of an adult safeguarding concern referencing the regional operational procedures September 2016.</p> <p>Ref: 6.4</p>
	<b>Response by registered person detailing the actions taken:</b> this has been completed.
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 17.7  <b>Stated:</b> First time  <b>To be completed by:</b> 8 October 2018	<p>The registered person shall ensure there is a written policy on “whistle blowing” and written procedures that identify to whom staff report concerns about poor practice.</p> <p>This relates to the inclusion in the day care settings whistleblowing policy of the recognised bodies to report concerns to if internal reporting arrangements have been exhausted and concern has not been taken seriously, such as RQIA and NISCC.</p> <p>Ref: 6.7</p>
	<b>Response by registered person detailing the actions taken:</b> this has been completed.

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



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