

# Unannounced Care Inspection Report 30 April 2018



## Bannvale Social Education Centre

**Type of Service: Day Care Setting**  
**Address: 10 Moyallen Road, Gilford, BT63 5JX**  
**Tel No: 028 38 831545**  
**Inspectors: Marie McCann and Maire Marley**

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

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

**1.0 What we look for**



**2.0 Profile of service**

This is a day care setting that is historically registered to provide care and day time activities for up to 90 service users with a learning disability and may have additional needs arising from physical disability and/or mental health diagnosis. The day care setting is open Monday to Friday and is managed by the Southern Health and Social Care Trust (SHSCT).

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Southern Health and Social Care Trust.	<b>Registered Manager:</b> No Registered Manager
<b>Responsible Individual(s):</b> Mr Shane Devlin – registration pending.	
<b>Person in charge at the time of inspection:</b> Mrs Stephanie Burrows, Day Care Worker	<b>Date manager registered:</b> Mr Melvyn Purdy, Manager covering for Registered Manager
<b>Number of registered places:</b> 90	

### 4.0 Inspection summary

An unannounced inspection took place on 30 April 2018 from 09.05 to 17.10.

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 Bannvale Social Education Centre was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to monitoring the professional registration of staff; management of accidents and incidents, the provision of person centred care and communication with the multiprofessional team.

Areas for improvement were identified in relation to fire safety, staff training and supervision, care records and policies/procedures.

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

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	6

Details of the Quality Improvement Plan (QIP) were discussed with Mr Melvyn Purdy, manager, and Maureen Killeen, deputy manager as part of the inspection process, as they were present for part of the inspection.

The timescales for completion commence from the date of inspection.

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

#### **4.2 Action/enforcement taken following the most recent care inspection dated 30 June 2017**

The most recent inspection of the day care setting was an unannounced care inspection undertaken on 30 June 2017. Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection.

### **5.0 How we inspect**

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- unannounced care inspection report dated 30 June 2017
- incident notifications which evidenced that two incidents had been notified to RQIA since the last care inspection on 30 June 2017
- information and correspondence received from the manager and the Southern Health and Social Care Trust (SHSCT)

During the inspection the inspector met with the manager, deputy manager, one day care worker, three day care support workers, three service users and a visiting staff member from the Behavioural Support Team.

The following records were examined during the inspection:

- Three service users' individual care records
- Two staff individual personnel records
- The day centre's complaints/compliments recorded from June 2017 to 29 April 2018
- Staff rota information for March 2018
- A sample of minutes of service users' meetings dated January 2018, February 2018 and April 2018
- A sample of minutes of staff meetings dated February 2018, March 2018 and April 2018
- A sample of incidents/accidents for March 2018
- Weekly fire safety checks from 02 January 2018 to 24 April 2018
- A sample of monthly quality monitoring visit reports from June 2017 to March 2018
- Whistleblowing Policy
- Complaints Policy
- Incident Management Policy
- The Statement of Purpose dated April 2018
- The Service Users Guide

At the request of the inspector, the day care worker 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; thirteen responses were received. As one of the staff questionnaires responded that they were unsatisfied with the care provided with all four

questionnaires, this information was shared with the deputy manager following the inspection for further consideration and action as appropriate.

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

Six areas for improvement identified at the last care inspection were reviewed and assessment of compliance was recorded as met for four of them and partially met for two areas of improvement.

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

**6.0 The inspection**

**6.1 Review of areas for improvement from the most recent inspection dated 30 June 2017**

The most recent inspection of the day care setting was an unannounced care inspection. The completed QIP was returned and approved by the care inspector and will be validated during this inspection.

**6.2 Review of areas for improvement from the last care inspection dated 30 June 2017**

<b>Areas for improvement from the last care inspection</b>		
<b>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 13.5 <b>Stated:</b> First time	The registered person shall ensure that one alleged safeguarding issue is retrospectively notified to RQIA  Ref: 6.4	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Notification to RQIA was completed following last inspection.	

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 28.1</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the fire risk assessment is reviewed with a report retained within the centre.</p> <p>Ref: 6.4</p> <p><b>Action taken as confirmed during the inspection:</b> A fire risk assessment was available on the day of inspection and the manager gave assurances that any recommendations were addressed.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 5.2</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure;</p> <ul style="list-style-type: none"> <li>• A review of care plans and needs assessments is undertaken to identify those which are unsigned and take appropriate action to ensure signatures are recorded. Where a 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.</li> <li>• When changes are made to a care plan; a new plan, showing dates, should be developed as opposed to recording over previous information</li> <li>• Staff avoid recording in pencil and blue ink</li> </ul> <p>Ref: 6.5</p> <p><b>Action taken as confirmed during the inspection:</b> From the sample of care records examined there was no evidence of staff recording in pencil or blue ink or making changes to care plans by recording over pervious information. However, it was noted that service users' signatures or an explanation as to why they had not provided a signature was not recorded on some documents.</p> <p>This area for improvement was partially met and is stated for a second time.</p>	<p><b>Partially met</b></p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 3.1</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that service user agreements are reviewed and revised to ensure all necessary information is included. Service user agreements should be signed by relevant parties. Where a service user is unable or chooses not to sign the document, this should be recorded and the basis of his or her agreement to participate noted.</p> <p>Ref 6.5</p>	<p><b>Partially met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of three service users' agreements provided evidence that they had been reviewed and revised to include all necessary information. It was noted that service users' signatures or an explanation as to why they had not provided a signature was not recorded on all agreements.</p> <p>This area for improvement has been partially met and is stated for a second time.</p>		
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 23.8</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that support workers are included in forthcoming staff meetings.</p> <p>Ref 6.7</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Minutes of staff meetings reviewed evidenced that support workers attended.</p>		
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 17.09</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the day centre's annual quality report for 2016/17 is completed with a copy forwarded to RQIA. (Reference to this report is reflected within Schedule 3 Regulation 17 (1) of The Day Care Setting Regulations.)</p> <p>Ref 6.7</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>An annual quality report for 2016/2017 was provided to RQIA post inspection.</p>		

### 6.3 Inspection findings

#### 6.4 Is care safe?

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

Discussion with the manager, the staff and review of the staff rota information for March 2018 confirmed that there were the right numbers of staff in terms of their roles and responsibilities and experience to meet the needs of service users. The day care worker advised that the staffing levels which were recorded on the rota were the assessed numbers that were necessary to provide a safe service. Staff described contingency arrangements were in place that would be followed if minimum staffing levels were not achieved. The duty rota information inspected was consistent with staffing levels described and detailed the full names of staff working in the centre, and which service users they were supporting daily. The person in charge of the setting was clearly displayed at the entrance desk to the centre but this was not recorded on the duty rota information. The inspector recommended that the duty rota should clearly record: the person in charge, the hours staff were anticipated to work/actually worked, and the designation of staff. An improved staff rota template was sent to RQIA following the inspection and this was noted to be satisfactory. The rota showed staffing levels were responsive to changes in service users' needs in order to ensure care provided to service users was safe.

The day care worker confirmed that staff employment records were held within the SHSCT human resources department and that all appointments were made in compliance with relevant legislative requirements and trust policy and procedures. The day care worker confirmed that an induction programme was available for newly appointed members of staff. A review of two staff induction programmes noted it included areas such as adult safeguarding, whistleblowing policy, courtesy and attitude, rights and responsibilities, confidentiality, health and safety, security and fire safety, infection prevention and control, Control of Substances Hazardous to Health (COSHH), environmental cleanliness and the role of the team and organisation.

Records examined established that competency and capability assessments had been completed for those left in charge of the centre in absence of the manager, demonstrating the staff were willing to act up and had the required skills.

Discussions with staff advised that they had access to a mandatory training programme to support them in meeting the roles and responsibilities of their job. A review of the staff mandatory training matrix evidenced that a number of training requirements were outstanding for some staff this included adult safeguarding and infection prevention and control training. An area for improvement was made in this regard.

The day care setting's governance arrangements in place that identify and manage risk were inspected. All incidents and accidents were recorded on an electronic system which was reviewed and audited by the manager and the SHSCT governance department. A sample of the incidents was inspected and this showed consideration was given to assessing the degree of risk, action taken on review, action plan required and lessons learnt. It was noted that one incident had not been reported using the RQIA web portal due to electronic difficulties;



however, the deputy manager confirmed that the service had been in contact with RQIA to discuss the notification at the time of the incident. The notification was subsequently submitted following the inspection.

Discussions with the manager and staff on the day of inspection revealed they were knowledgeable regarding their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns and maintain written records. There were no current adult safeguarding investigations within the day care setting at the time of the inspection however review of two recent adult safeguarding referrals made by the setting identified that they responded appropriately. The staff had promptly referred the allegations to relevant persons for investigation; in accordance with safeguarding procedures. A monthly audit of incidents and safeguarding referrals was being undertaken and this provided evidence that staff had liaised with relevant professionals to confirm the outcome of the adult safeguarding referrals. It was agreed that staff could improve mechanisms to obtain written outcomes from the Designated Adult Protection Officer (DAPO) for inclusion in service users' records.

The day care worker described the arrangements in place for management of service users' monies for lunch within the day care setting. A duplicate receipt book was used to record individual lunch monies received for service users and change was given daily and as necessary to service users or their representatives. However, the change given was not receipted. The inspector provided advice in relation to recording change on the receipt and that two staff signatures should be recorded to confirm money paid by service users.

Discussion with the manager and deputy manager confirmed that any restrictive practices were appropriately minimised, assessed, and documented in the service users' care plans and reviewed with the multi-professional team and when possible the service user and/or service user representative. There was evidence that the day care setting had maintained close working relationships with the Behavioural Support Team to ensure effective behavioural support strategies were in place that were in the best interests of service users.

Observation of the environment was undertaken during a walk around of the day care setting, it confirmed that the environment was warm, clean, fresh smelling and had suitable lighting. Fire exits and walk ways were clear and free from any obstructions. The discussion with the day care worker confirmed that furniture, aids and appliances were fit for purpose for the diverse needs of service users. Infection prevention and control measures were in place with a good standard of hygiene observed throughout the centre. Measures included the availability of hand sanitisers around the unit, "seven step" hand hygiene notices positioned at wash hand basins and supplies of liquid soap and hand towels mounted on the wall. Staff had effective access to gloves and aprons as required and records were maintained of regular legionnaire's disease checks and cleaning of equipment after each use, with a deep clean at the end of each week.

While observation of staff on the day of inspection evidenced that they adhered to safe fire practices it was noted during a walk around at the beginning of the day that the doorway to one store room was inappropriately wedged open with a large filled container labelled as bubble water. This was highlighted to the day care worker, and the need for staff to ensure that fire training is consistently embedded into practice and potentially harmful liquids must not be accessible to service users. The identified container was secured by the day care worker before the conclusion of the inspection and an area for improvement was made in this regard.

Records examined identified that a number of safety checks had been undertaken including fire safety drills to ensure service users could exit safely and weekly fire alarm tests. It was noted in the last full evacuation drill that two service users would not leave the centre and their care plans and fire risk assessment had been updated accordingly. A fire risk assessment was completed on 16 January 2018 and the manager confirmed the action plan was being addressed.

Discussion with staff and a visitor to the day care setting with regards to the provision of safe care revealed the following comments:

**Staff comments:**

- “Adult safeguarding is everyone’s business.”
- “Training opportunities are available to ensure we can best meet service users’ needs.”
- “We had time to get to know service users, read their assessments and care plans and shadow experienced staff during the induction....it was very good.”

**Visitor comments:**

- “Staff are very competent, well trained and know what they are doing.”
- “There could always be more staff.”
- “The care is 100%, first class.”

Four relatives’ questionnaires were returned to RQIA. The responses indicated that they were satisfied that the care provided was safe. Of the thirteen staff questionnaires received, eleven responses indicated that they were very satisfied, one response indicated that they were satisfied and one response indicated that they were very unsatisfied that the care provided was safe.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff induction, staffing arrangements and staff competency, adult safeguarding and infection prevention and control.

**Areas for improvement**

Two areas for improvement were made in relation to fire safety practices and staff training.

	Regulations	Standards
<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 advised the day centre’s Statement of Purpose and Service User Guide should be reviewed following discussions with the manager which established that the day care setting was not providing day care to 90 service users, which was the registered number of day care

places. The inspector noted that given the change in complexity of service users' needs the service could not safely meet the needs of ninety service users within the setting based on the size of the setting and numbers of staff. Assurances were provided by the manager that the number of service users attending the day centre on any given day would not exceed 60. A review of registered places in the day care setting was underway taking into account the capacity of the day centre, staffing levels and service users' needs. The manager provided an updated Statement of Purpose following this inspection which reflected the current review of day care places and this will remain under review in consultation with RQIA. The manager has agreed to advise RQIA if any additional referrals or information is received regarding the review of day care within the SHSCT. The inspector also advised that the Service User Guide should be dated and a record maintained of when the guide was amended.

A review of three service users' individual care records confirmed that these were mostly maintained in line with legislation and standards. They included a service user agreement, an up to date assessment of needs, relevant risks assessments and care plans. From the sample of care records examined it was noted that service users' signatures or a commentary as to why they have not signed was not recorded on some documents, namely: service users' agreements, care plans, learning disability day care needs and risk identification records. Two areas for improvement under the standards were stated for a second time in this regard.

Discussion with staff revealed that they felt care provided to service users within the setting was effective. They were knowledgeable regarding service users' needs and care plans; they described how intervention with each service user was person centred depending on their individual needs. Staff also confirmed systems were in place to ensure any updates or changes in service users' needs were discussed and shared as necessary by the day care worker.

The discussions with staff and review of service user care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the day care setting. There was evidence that day care staff intervention when they made referrals to the multi-disciplinary team was proactive, timely and appropriate. Staff were also implementing the specific recommendations of a physiotherapist, speech and language therapist (SALT) and the behavioural support team to ensure the care received in the setting was safe and effective. The day care needs and risk identification record was noted to be comprehensive, there was a focus on short term and long term goals and strengths and unmet needs were recorded. A staff member spoke positively regarding an opportunity for further development and training which they had received and how the learning from this has been implemented into their working practices to benefit service users.

Systems were noted to be in place to review the service user's placements within the day care setting and ensure it was appropriate to meet their health and social care needs. In the absence of a review held by the community keyworker, the day centre undertook an annual review.

The day care setting's Statement of Purpose and Service User Guide provided information regarding: how to make a complaint, how to access advocacy support and the importance of ensuring service users' opinions and feedback is heard and acted upon. Within the setting an advocacy group called the "The Client/Bannvale Committee" whose motto was "Our Voice Counts" met on a monthly basis.

Discussion with staff regarding how they communicate/respond with service users who present with specific communication needs confirmed they were knowledgeable regarding person centred interventions that could assure service users were involved and communication opportunities were maximised.

Discussion with staff and a visitor to the day care setting with regards to the provision of effective care included the following comments:

**Staff comments:**

- “We are involved in the input from other professionals such as occupational therapist, physiotherapist and speech and language therapist... we all work together to ensure the service user is getting the best care.”
- “We sometimes notice changes in the service users before others do and we then advise the family and involve the multidisciplinary team.”

**Visitor comments:**

- “The care is very person centred, the staff work around the needs of the service user and what they want to do.”

Four relatives’ questionnaires were returned to RQIA. The responses indicated that they were satisfied that the care provided was effective. One relative wrote “Bannvale management and staff could not be better in every aspect, 100%.” Of the thirteen staff questionnaires received, six responses indicated that they were very satisfied, six responses indicated that they were satisfied and one response indicated that they were very unsatisfied that the care provided was effective.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to risk management and communication between service users and/or their representatives, staff and other key stakeholders.

**Areas for improvement**

Two areas for improvement were stated for a second time in regards to care records.

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

**6.6 Is care compassionate?**

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

The inspection sought to assess the day care setting’s ability to treat service users with dignity, equality and respect, and to fully involve services users in decisions affecting their care and support.

Discussions with service users and staff and observation of care during the inspection showed that the promotion of values such as choice, dignity and respect were embedded in the culture and ethos of the day centre. Staff interactions with service users were observed to be cheerful, compassionate, caring and timely, with staff providing clear information, using appropriate language, demonstrating active listening skills, checking understanding and service users' expectations. The inspector observed on numerous occasions, staff offering service users' choice regarding the activity they wished to do or where they wished to go. Staff took time to find out what services users wanted when it was not always apparent. Staff were also observed responding sensitively and in a timely manner to the non-verbal cues of service users with limited verbal communication. Staff were noted to be busy attending to the needs of service users and they took time to listen and reassure services users as needed. It was apparent that service users were familiar with staff as they appeared relaxed and comfortable in their surroundings and interactions. There was genuine warmth in the engagement by staff with service users and staff spoken with were knowledgeable regarding service users likes, dislikes and individual preferences. Staff supported the inspector with interpreting some communication by service users; the inspector was able to clarify that the information provided was accurate by the service users' positive gestures and non-verbal cues.

The inspector confirmed that service users were enabled and supported to engage and participate in meaningful activities, which had been assessed as appropriate for each service user based on their needs and goals. In discussions with several service users, they were able to identify activities planned for the day based on what they were going to choose to do individually or what had been agreed as a group activity. Service users typically used a variety of notice boards with pictorial information to represent their activity programmes. The activities notice boards were unique for each service user group, with some service users having a person centred timetable based on their own assessed needs and daily goals.

It was positive to note the use of a "Communication – Dictionary Information Gathering Form", which was completed for service users with minimal or no verbal communication. This provided information regarding how a service user would typically communicate, relevant information about their needs, how they make a choice, preference or request attention; through body language, gestures or noises.

Staff described daily informal arrangements in place that ensure service users are consulted and their views and opinions sought. More formal arrangements to promote effective communication with service users and/or their representatives were facilitated through initial and annual care reviews and the monthly service user "Committee meeting". A sample of the minutes of these meetings were reviewed, the minutes were typed, with a user friendly format that included written and pictorial information. It was positive to note that services users were able to make decisions regarding how their money earned was spent and how they wished to celebrate occasions such as Valentine's Day and St Patrick's Day. Service users were also consulted on the furniture within the day care setting and what they would like to have around the building. The minutes of the service user meetings were displayed on the notice board in the foyer of the day care setting.

A service user and carer nutrition survey was undertaken in December 2017 to obtain feedback to evaluate food and drink provided in the day care setting; this resulted in an action plan being implemented.

Discussions with staff and observations identified that all service users, irrespective of their needs were supported and encouraged to have equal opportunity for access to meaningful

activities and engagement with others. It was positive to note that service users had access to information leaflets in easy read format such as “Human Rights for people with Learning Disability”, “How Advocacy Works” and “Equal Opportunities”. On the day of inspection these leaflets were displayed on the service user notice board.

Discussion with service users with regards to the provision of compassionate care included the following comments:

- “I like it here.”
- “I come here five days a week, it’s great... staff are kind.”

Four relatives’ questionnaires were returned to RQIA. The responses indicated that they were satisfied that the care provided was compassionate. Of the thirteen staff questionnaires received, eleven responses indicated that they were very satisfied, one response indicated that they were satisfied and one response indicated that they were very unsatisfied 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 during the inspection within this domain.

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

**6.7 Is the service well led?**

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

The inspector assessed the setting’s leadership, management and governance arrangements in place to assure they are meeting the needs of service users. The day centre was managed on a day to day basis by a manager and two deputy managers, who also manage two other day care centres, with the support of day care workers, and day care support workers. One of the deputy managers was based in Bannvale Social Education Centre. There was a clear organisational structure and this information was outlined in the setting’s Statement of Purpose.

During discussions with staff they demonstrated awareness of their roles, responsibilities and accountability. Positive feedback was provided by staff in respect of leadership they received from the day care worker, deputy managers and manager and effective team working. Staff confirmed that if they had any concerns or suggestions they could raise these with the management team. Staff discussed they were aware of the whistleblowing policy if they could not resolve their concerns locally, however they would be unlikely to need this due to the

transparent working relationships that exist within the team. Staff spoken with confirmed that they enjoyed working in the day care setting and with their colleagues. All grades of staff consulted demonstrated during the inspection the ability to communicate effectively with their colleagues and other multi-disciplinary teams in the best interests of the service users.

Discussion with the manager and deputy manager confirmed that they had a good understanding of their role and responsibilities under the legislation. The registration certificate was up to date and displayed appropriately.

The day care setting had a range of policies and procedures in place to guide and inform staff, which were available to staff electronically. However a sample of policies and procedures reviewed on the day of inspection revealed that they had not been reviewed within the timescales outlined in the minimum standards. An area for improvement was made in this regard.

A review of staff supervision records identified that a small number of staff had not received formal supervision on a quarterly basis. An area of improvement was made in this regard.

The complaints records maintained by the day care setting evidenced that there had been two complaints and nine compliments since the last inspection. There was evidence that the two complaints had been resolved and appropriate action taken. Discussion with staff confirmed that they knew how to receive and respond to complaints sensitively and were aware of their responsibility to report all complaints to the manager.

There was evidence that staff meetings were held on a monthly basis and records were maintained. The records included who was in attendance and agenda items. Relevant information was discussed regarding the needs of service users and governance arrangements to ensure delivery of safe and effective care. Action plans were developed as needed and identified the specific roles and responsibilities of staff to ensure action plans were followed up. Discussion with the manager and deputy manager concluded a more robust system could be put in place to ensure all staff read the minutes of staff meetings, and staff could be emailed the minutes.

The inspector discussed arrangements in place in relation to the equality of opportunity for service users and the importance of staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The manager discussed the ways in which staff development and training enabled staff to engage with a diverse range of service users. The manager confirmed that no issues regarding equality had been raised by service users to date.

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

- effective communication
- service user involvement
- advocacy
- equal care and support
- individual person centred care
- individual risk assessment

The day centre had collected equality data on service users such as; age, gender, race, disability, marital status via the commissioning trust's referral information.

There were arrangements in place to ensure that staff were registered with the relevant regulatory bodies of the Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC) as appropriate. Information regarding registration details and renewal dates were maintained by the SHSCT governance department who had generated an email to the manager to advise when a staff member's renewal date was pending. This enabled appropriate action to be taken; renewal details were then verified and recorded by the governance department. The manager confirmed that staff were aware that any lapse in their registration would result in the staff member being sent home.

The inspector confirmed there were arrangements and evidence in place to monitor, audit and review the effectiveness and quality of care delivered to service users at appropriate intervals. The day care settings annual report was available for April 2016 to March 2017 and the current annual report was in the process of being collated. This will be forwarded to RQIA once completed. The Regulation 28 monthly quality monitoring visit reports were available to inspect; these included both announced and unannounced visits. Three quality monitoring reports were sampled from July 2017 to March 2018 and found to be satisfactory. The reports adhered to RQIA guidelines and evidenced engagement with service users, staff and professionals, with positive feedback recorded. Issues and actions were brought forward from previous monthly quality monitoring reports.

Four relatives' questionnaires were returned to RQIA. The responses indicated that they were satisfied that the care provided was well led. Of the thirteen staff questionnaires received, four responses indicated that they were very satisfied, eight responses indicated that they were satisfied and one response indicated that they were very unsatisfied that the care provided was well led.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints, quality improvement and maintaining good working relationships.

### Areas for improvement

Two areas of improvement were made in relation to the day care setting's policies and procedures and staff supervision.

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

## 7.0 Quality improvement plan

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

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



that all areas for improvement identified within the QIP are addressed within the specified timescales.

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

### **7.1 Areas for improvement**

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

### **7.2 Actions to be taken by the service**

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

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 3.2</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 11 June 2018</p>	<p>The registered person shall ensure service users' agreements should be signed by relevant parties. Where a service user is unable or chooses not to sign the document, this should be recorded and the basis of his or her agreement to participate noted.</p> <p>Ref :6.2 &amp; 6.5</p>
	<p><b>Response by registered person detailing the actions taken:</b> On behalf of the registered person the assistant manager has instructed all DCW staff to ensure that service users' agreements are signed by all parties and where a service user is unable or chooses not to sign this is recorded on the document with the reason. This will be checked as part of service users file audits carried out by the management team.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 4.3 and 5.3</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 11 June 2018</p>	<p>The registered person shall ensure that a review of care plans and needs assessments is undertaken to identify those which are unsigned and take appropriate action to ensure signatures are recorded. Where a 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>Ref: 6.2 &amp; 6.5</p>
	<p><b>Response by registered person detailing the actions taken:</b> DCW staff have identified the service user assessments and care plans which are unsigned. Registered manager has agreed a revised format for communicating with service user, carer and case manager about the service users day care assessments and care plan prior to the annual review to enable signatures to be recorded at the review.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 28</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure fire precautions are in place specifically no doors should be wedged open.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> Assistant manager has liaised with contractors who was completing services check of the fire exit door signs on the day of the inspection reminding them not to wedge doors open and contractors have agreed to same.</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 21.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that mandatory training requirements are met within specified timescales as per the day care minimum standards.</p> <p>Ref: 6.4</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 18.5</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p><b>Response by registered person detailing the actions taken:</b> Assistant manager who audits training in the centre has secured training dates specifically for face to face Infection Prevention and Control with the Trust's ELD department. An up-to-date audit has been completed and any out of date training of staff will be highlighted by supervisor at formal supervision. Any problems in obtaining training requirements and timescales will be brought to the attention of senior staff in the ELD or social care training department.</p> <p>The registered person shall ensure that the settings policies and procedures are subject to a systematic three yearly review, and the registered person ratifies any revision to/introduction of new policies and procedures.</p> <p>Ref: 6.7</p> <p><b>Response by registered person detailing the actions taken:</b> The registered person will ensure that all internal procedures within the day care setting will be reviewed and revised [if required] on a three year basis. The registered person has advised his head of service that the setting policies and procedures of the Trust require to be reviewed on a three yearly basis and any revision or amendments are ratified, communicated and made available via the Trust's intranet.</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 22.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that staff have recorded individual, formal supervision sessions according to the day care setting's procedures and no less than every three months.</p> <p>Ref: 6.7</p> <p><b>Response by registered person detailing the actions taken:</b> The registered person will ensure that all supervisors carrying out formal supervision will record sessions in the centre's Supervision file. They will also ensure that the reason for lack of supervision for example maternity leave or long term sickness absence is also recorded.</p>

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



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