

Unannounced Care Inspection Report 28 June and 4 July 2018



Age NI Anna House incorporating 'Aghalee Day Centre'

Type of Service: Day Care Service

**Address: Dunmurry Office Park, 37a Upper Dunmurry Lane,
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Inspector: Marie McCann

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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 30 places that are situated across two sites. The main site is Anna House in which care and support is provided throughout Monday to Friday for up to 15 service users per day downstairs. The second floor of Anna House is used to provide care and support on Mondays, Tuesdays, Thursdays and Fridays for 15 service users per day. Aghalee Day Centre is the satellite centre for Anna House in which care and support is provided within the village hall on a Wednesday for up to 15 service users. The day care setting is used to provide care and day time activities for adults who are aged over 65; service users may also have a physical disability, be experiencing memory loss and/or have a diagnosis of dementia.

3.0 Service details

Organisation/Registered Provider: Age NI Responsible Individual(s): Ms Linda Robinson	Registered Manager: Ms Gillian Thompson
Person in charge at the time of inspection: Day 1 - Ms. Justine Lavery day care worker Day 2 - Ms. Gillian Thompson registered manager	Date manager registered: 14 December 2010
Number of registered places: 30	

4.0 Inspection summary

An unannounced inspection took place on 28 June 2018 from 09:00 to 16:30 in Anna House and 4 July 2018 from 09.00 to 12:40; initially in Aghalee day centre and then within Anna House.

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, the need for the induction programme to be compliant with the day care settings training guidelines; updating the adult safeguarding and whistleblowing policy; improving infection, prevention and control measures and fire evacuation requirements for service users; governance audits for journey times and timely collaboration with the multiprofessional team; specifically in regards to specialist assessment.

Service users' and relatives comments are reflected throughout the report.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	3	5

Details of the Quality Improvement Plan (QIP) were discussed with day care worker in charge on the 28 June 2018 and Ms Gillian Thompson, registered manager on 4 July 2018, 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 10 and 11 October 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 10 and 11 October 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 two incidents had been notified to RQIA since the last care inspection on 10 and 11 October 2017
- Unannounced care inspection report and Quality improvement plan from October 2017

On the first day of inspection in Anna House, Maire Marley senior inspector was present for part of the inspection. During the inspection inspectors met with the registered manager and three staff. The inspectors greeted and made introductions to 11 services users both individually and in small groups. More detailed discussions were had with four service users and a relative.

The following records were examined during the inspection:

- Five service users' care records
- Three staff personnel records
- A sample of service users' daily records
- The day centre's complaints/compliments record from October 2017 to 27 June 2018
- Staff roster information from 1 May 2018 to 6 July 2018
- Fire safety precautions
- Activities records for June 2018
- A sample of minutes of service users' meetings from October 2017 to June 2018
- A sample of minutes of staff meetings from November 2017 to April 2018
- The day centre's record of incidents and accidents since the last inspection
- A sample of monthly quality monitoring reports from October 2017 to May 2018

- Policy on Safeguarding Adults, April 2017
- Whistleblowing Policy, 2016
- The Statement of Purpose November 2017
- Service User Agreement (Service User 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; two responses were received.

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

The inspector requested that the day care worker 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 registered 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 or partially met.

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 10 and 11 October 2017

The most recent inspection of the establishment was an unannounced 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 10 and 11 October 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 20(1)(a) Stated: Third time	<p>The registered person shall make appropriate arrangements to assess the number of staff that is required to be in the setting to meet the needs of the service users. Once completed the rota must evidence the minimum staffing numbers are achieved.</p> <p>The assessment should assess the number and needs of service users, the size of the day care setting and ensure the number of staff in the setting is appropriate to meet the needs of the service users; and the purpose of day care setting and activities they undertake (statement of purpose).</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The inspector confirmed that an assessment and review of service users' needs and staffing levels had been undertaken following the last care inspection. A number of service users with higher dependency needs were assessed for alternative support services and no longer attend the day centre. The registered manager confirmed that the needs of the current service user group can be safely met with the staffing levels provided. This was confirmed in discussions with staff and from observations on the day of inspection.</p>	
Area for improvement 2 Ref: Regulation 26 (4) (f) Stated: First time	<p>The registered person shall improve the fire evacuation arrangements in Anna House and Aghalee, in particular:</p> <ul style="list-style-type: none"> • A fire drill evacuation must be undertaken in Aghalee. • service user personal evacuation plans following the fire risk assessment should be written to ensure service users safety if there is a fire in this setting. 	Met

	<p>Action taken as confirmed during the inspection: Discussion with the registered manager and review of records confirmed that a fire drill evacuation was undertaken in Aghalee.</p> <p>The registered manager had adhered to requirements of fire risk assessment and there was evidence that service user personal evacuation plans had been written to promote service users' safety in the event of a fire in this setting.</p>	
<p>Area for improvement 3 Ref: Regulation 4 & 7 Stated: First time</p>	<p>The registered person shall improve the settings statement of purpose, it should describe:</p> <ul style="list-style-type: none"> • The facilities and services which are to be provided by the registered person for service users; • and a statement as to the matters listed in Schedule 1. • This should include clear admission criteria and a description of service users' needs that can be supported in this setting that is consistent with the settings registration with RQIA. <p>The amended statement of purpose should be submitted to RQIA with the QIP.</p> <p>Action taken as confirmed during the inspection: The inspector validated that the current Statement of Purpose for Anna House met the above requirements.</p>	Met
<p>Area for improvement 4 Ref: Regulation 28 Stated: First time</p>	<p>The registered person shall review the effectiveness of the Regulation 28 monthly quality monitoring visits. The visits should identify non-compliance and identify where matters have not been improved following an action plan being written and ensure improvements are acted upon.</p> <p>Action taken as confirmed during the inspection: The Inspector confirmed that the monthly quality monitoring reports were available and up to date. The reports also evidenced the range of measures being carried out by the</p>	Met

	responsible person to ensure effective quality assurance and service delivery improvement.	
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 21 Stated: First time	<p>The registered person shall ensure there is an annual training plan in place for staff employed to work in Anna House and Aghalee. Training delivered to staff should guide and inform them how to care for service users in a safe, effective and compassionate way. Training for volunteers should also be included in the plan.</p>	Met
	<p>Action taken as confirmed during the inspection: The inspector confirmed that the registered manager maintained an annual training plan for staff employed to work in Anna House and Aghalee. While volunteer training was not reflected within the training plan, the registered manager confirmed that volunteers were offered training with Age NI although they are not required to avail of this. The registered manager provided assurances that volunteers in the day centre are not permitted to undertake any role which they would require training for. It was agreed that any future training undertaken by volunteers should be reflected within the training plan.</p>	
Area for improvement 2 Ref: Standard 7 Stated: First time	<p>The registered person shall improve the service user's individual care records in Aghalee. Records must be current, relevant and based on the service users most recently assessed needs, preferences and choices to ensure service user's records enable staff to recognise service users' needs and respond to them effectively.</p>	Met
	<p>Action taken as confirmed during the inspection: Review of the care records in Aghalee confirmed that this area for improvement was met. However, other deficits were identified with respect to service users' care plans. This is discussed further within section 6.5.</p>	

Area for improvement 3 Ref: Standard 12.4 Stated: First time	The registered person shall review transport arrangements to and from the day care setting to reduce, where possible, journeys that exceed 45 minutes.	Partially met
	Action taken as confirmed during the inspection: The inspector confirmed that the day care setting was maintaining a record of journey times for individual service users each day but there was no evidence that these records were being audited and actions being taken as appropriate. This area for improvement has been partially met and is being stated for a second time.	

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 registered manager, staff and service users confirmed that a sufficient number of experienced persons were working in the centre to meet the assessed needs of service users. The registered manager confirmed that the number of staff that is required to be in the setting to meet the needs of the service users was reviewed following the last care inspection. A number of service users with high dependency care needs were reviewed and alternative support services were identified and they are no longer attending the day care setting. The daily staffing levels for the day care setting in Anna House has been assessed as requiring two staff to support service users on the second floor and two staff to support service users downstairs. There are also two staff to support service users in Aghalee on a Wednesday. A review of the staff roster from 1 May 2018 to 6 July 2018 evidenced that the planned staffing levels were adhered to. Staff who were consulted confirmed that staffing levels met the assessed needs of the service users. Observations of the delivery of care at the time of inspection evidenced that service users' needs were met by the staff on duty. The staffing arrangements continued to include the registered manager in the staffing compliment. The registered manager was able to describe how she managed her day to ensure that she was available to support service users and then undertake her management role prior to service users arriving and upon leaving the day care setting.

It was positive to note that the registered manager had commenced a supervision programme with the volunteers who worked within Anna House. The registered manager advised that the recruitment of volunteers was undertaken by the organisation's volunteer co-coordinator. A review of records from head office confirmed that the volunteers had undergone Access NI checks before they were permitted to volunteer within the setting.

A review of records confirmed that a competency and capability assessment had been completed for the staff who could be in charge of the day care setting in the absence of the registered manager. These were last reviewed in April 2018. One record evidenced that some updated training was required for one staff member, which the registered manager was in the process of organising.

The registered manager advised that staff received a corporate induction from Age NI. However, induction records were not available for the inspector to view and the registered manager advised that these records were held in the organisation's head office. The inspector advised that staff induction records should be available for inspection in the day care setting. A record should also be retained of specific induction provided to the day care setting for bank staff. An area for improvement was made in this regard.

A review of the registered manager's training plan evidenced that staff had received training in areas such as adult safeguarding, dementia training and challenging behaviours. The registered manager advised that she was also in the process of sourcing further refresher training for staff in some areas of mandatory training. The registered manager stated that staff training in regards to complaints management, management of records and supervision and appraisal would be covered in the corporate induction programme. Following the inspection, the registered manager provided an overview of the induction programme completed by the most recently appointed member of staff. It was identified that a number of areas which are required to be covered within the induction process, as per the day care setting training guidelines, were not evidenced, namely: adult safeguarding, fire safety, management of records, safe and healthy work practices and medicines management. The organisation must review their induction programme to ensure it is compliant with the day care setting's training guidance as outlined in the Day Care setting Regulations. An area for improvement was made in this regard.

There were no recent or current adult safeguarding referrals or investigations since the last care inspection. Staff spoken with during the inspection established that they were aware of their roles and responsibilities in relation to reporting adult safeguarding concerns and maintaining safeguarding records and they were aware of the organisation's Adult Safeguarding Champion (ASC). It was also 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 noted that it was based on the regional Adult Safeguarding Prevention and Protection in Partnership, July 2015 guidance. However, it was found that this policy made no reference to reporting arrangements specifically within the day care setting and only referred to domiciliary care standards. It was highlighted that the associated regional Safeguarding Operational Procedures, September 2016 should be included. An area for improvement was made in this regard.

All staff providing care and support to service users in the day care setting are required to be registered with the Northern Ireland Social Care Council (NISCC) or other regulatory body as appropriate. The registered manager confirmed that information regarding registration and renewal dates was maintained by the organisation's head office, which generate an email to the staff member and registered manager advising when a renewal date is pending. The registered manager confirmed that all staff are aware that they are not permitted to work if their NISCC registration has lapsed.

The registered manager confirmed that there were no restrictive practices in place within the day care setting and that service users who attended the day centre were assessed as not being at risk of wandering or leaving the setting without support.

Observation of and discussion with staff on the day of inspection evidenced that they promoted service users' independence as appropriate, while being aware of the importance of keeping service users safe. Service users were asked if they felt safe in the setting and feedback was positive from all service users. The day care setting maintained a record of incidents/ accidents and they were noted to have been reported to RQIA as necessary.

A review of the day centre's environment was undertaken. It was positive to see service users looking relaxed in the environment and moving freely around the setting. A notice board for each service user group was available and displayed the names of staff on duty, the person in charge, the menu choices for the day and the activities planned. Observation of lunch being served upstairs within Anna House identified that the food provided appeared appetising, and service users were offered choices of drinks and staff wore protective clothing to prepare and serve food. However, a review of the kitchen areas and bathrooms within Anna House on the first day of inspection highlighted the need for improvements with respect to the setting's infection prevention and control (IPC) measures. Toilets upstairs were noted to require deep clean and additional items in the toilet areas such as furniture, free standing soap, hand cream and artificial flowers should be removed. A urinal bottle stored within one toilet area should be exchanged for single use urinal bottles. Bins should also be changed to foot pedal control bins in line with infection prevention control guidance. Support rails within downstairs toilets were noted to be rusted and pose a significant infection control risk. The registered manager reported the replacement of toilet rails was pending and was requested to forward confirmation that the rails had been replaced. A review of the kitchen areas further identified the need to remove items taped to cupboard doors and a mop was observed to be inappropriately stored and sitting in used water. In addition storage of items such as files, mop buckets and toilets rolls in the downstairs kitchen area should be reviewed so that these items are relocated and stored appropriately. An area for improvement was made in this regard.

On the day of inspection in Anna House and Aghalee, fire exits and walk ways were clear and free from any obstructions. A review of fire safety precaution measures in Anna House identified that staff were required to undertake weekly fire checks to include fire alarms/detectors, fire equipment and emergency lighting. A review of a sample of records from the last date of inspection to 25 June 2018 evidenced that weekly fire checks had been carried out downstairs. However, similar weekly records were not consistently maintained upstairs during October 2017 and December 2017. This was highlighted to the day care worker on the first day of inspection and she agreed to ensure this was addressed. The registered manager provided evidence that a current fire risk assessment was completed in regards to Anna House on 25 October 2017 and assurances were provided that all recommendations contained within the risk assessment had been addressed. The registered manager confirmed that she liaises with the landlord regarding fire safety practices throughout the premises in which other commercial businesses are also located. In addition the registered manager confirmed that there was a current fire risk assessment in the Aghalee premises.

The registered manager reported that a number of service users participated in a stimulated fire evacuation on 17 May 2018 within Anna House. However, it was noted that some service users have not participated in this type of fire drill, as they don't attend the day centre on the day of the week the fire evacuation took place. The necessity of ensuring that the needs of all service users, in the event of a fire evacuation, specifically those who require the use of mobility aids

and are situated upstairs, have been thoroughly assessed was stressed. An area for improvement was made in this regard.

A review of the record of the most recent fire evacuation in Aghalee also identified that the record 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 registered manager agreed to action this.

The day care worker 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 such monies/transactions are managed highlighted that they were limited and it was also observed that monies collected were not secured in a safe place. The inspector provided advice to help ensure that financial records clearly reflected the amount of money paid each day by service users and the monies returned to service users as applicable. The service user and staff signatures should be recorded to confirm such transactions. The money obtained for lunches should be maintained in the identified secure place.

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 both feel very safe here, staff couldn't do enough for you."
- "Staff are great, couldn't do better."
- "You are well fed; you eat meals that you would never make for yourself."
- "The place is brilliant, I feel safe here, it's very homely."

Staff comments:

- "We could always benefit from another staff member to free the registered manager each day to complete her management tasks, but the safety of the service users is not affected the registered manager undertakes her management role during times direct contact with service users is not needed."
- "The training is good, it is so important, some update training has been delayed due to staffing issues but new dates are being organised."

Relatives' comments:

- "I walk out of the day centre, after leaving xxxx there and a weight is lifted of my shoulders as I know they are safe."

Three service users and/or relatives returned questionnaires to RQIA. Two respondents indicated that they were very satisfied that the care provided to service users was safe while one respondent indicated they were satisfied. One response from a relative commented: "Anna House is a wonderful environment with caring and friendly staff. I know my mother enjoys her time there and I am happy she is in a safe and loving environment." One returned staff questionnaire indicated that the respondent was very satisfied that care provided was safe, while the other staff respondent indicated that they were satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing arrangements and the use/supervision of volunteers.

Areas for improvement

Five areas for improvement were identified in this domain in regards to: the availability of staff induction records for inspection, ensuring that the induction programme is compliant with the day care settings training guidelines; updating the adult safeguarding policy; improving infection prevention and control measures; and fire evacuation requirements for service users.

	Regulations	Standards
Total number of areas for improvement	3	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 and Service User Agreement/Service User Guide. Observations throughout the inspection confirmed that the day care setting was providing care in accordance with their Statement of Purpose and Service User Agreement/Service User Guide. However, it was identified that the day care setting had an individual Statement of Purpose for both Anna House and Aghalee. The same arrangement was noted in regards to the Service User Guide and Annual Quality Report. As Anna House is currently registered as a day centre incorporating Aghalee, only one Statement of Purpose, Service User Guide and Annual report is required; the contents of which should reference Aghalee, as appropriate. The registered manager agreed to amalgamate these documents.

A sample of service users' care records were reviewed and were noted to contain: referral information; service user agreements; a day care setting assessment; individualised care plans with activity plan; moving and handling assessments; continence and transport assessments. One care plan record in Anna House had been reviewed at three/four monthly intervals but was still in process of being updated using the new care plan templates. The day care worker confirmed that this process was nearly completed for all care plan records. The new care plans reviewed were noted to be comprehensive in regards to the identification of service users' holistic needs. The inspector advised that the care plans should be further developed to specifically include, the individual service user's objectives and the expected outcomes from attendance at the day centre. In addition, staff signatures on records should be legible.

It was positive to note that service users in the day care setting had a person centred "getting to know you" assessment which contained a wide range of additional information about them. The inspector advised that this document should be updated to include the date and individual service user's signature. Care recording by staff for every five attendances by the service user was evidenced within records reviewed. There was evidence of regular reviews undertaken in consultation with the service user, their relative and a Health and Social Care Trust (HSCT)

representative, with records reflecting service users' views and opinions. It was positive to note that file audits of a number of care records had been undertaken.

Discussions with the registered manager and staff confirmed that a person centred approach underpinned practice and that staff demonstrated good knowledge of individual service user's needs and behaviours. Staff confirmed the importance which is placed on giving service users choices. This was also reflected in feedback from service users. However, discussion with one service user highlighted the need for the day care setting to request a specialist assessment to assess the service user's safety in the setting and promote independence. An area for improvement was made in this regard.

Discussion with the day care worker and review of arrangements concerning the storage of confidential records confirmed that service users' records were stored safely and securely in compliance with legislative requirements.

Discussion with staff and review of records confirmed that service users had access to a variety of activities to suit individual needs. The staff also organised regular outings to areas of interest and the registered manager established and maintained links with commercial companies to support the day care setting in planning and funding activities. Service users gave positive feedback regarding the activities and opportunities the day centre provided for them.

Observations of practice during the inspection evidenced staff were confident and effective in their communication with service users and interactions were proactive and timely. 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:

Service users' comments:

- "I love it here, the activities are great, we have been to the Civic centre in Lisburn, Oxford Island, and have BBQ's."
- "I would have no problem talking to staff if I had any worries or problems."
- "You get very lonely on your own, its great company here. I always look forward to coming here."

Staff comments:

- "I would happy if I attended here or if my relative did."

Relatives' comments:

- "They (staff) do great activities."
- "It would nearly make you cry, the place is that great."

Three service users and/or relatives returned questionnaires to RQIA. Two respondents indicated that they were very satisfied that the care provided was effective while one respondent indicated they were satisfied. One returned staff questionnaire indicated that the respondent was very satisfied that care provided was effective, while the other staff respondent indicated that they were satisfied.

Areas of good practice

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

Areas for improvement

One area for improvement was identified with regards to appropriate and timely collaboration with the multiprofessional team, specifically in regards to specialist assessment.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is care compassionate?

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

The inspection sought to assess the day care setting’s ability to treat service users with dignity, equality and respect and to fully involve service users in decisions affecting their care and support. Service users were informed regarding the RQIA inspector visiting the day care setting and staff encouraged them to engage with the inspector.

Discussions with service users and staff and observations made during the inspection indicated that the promotion of values such as choice, consent, equality, dignity and respect were embedded in the culture and ethos of the day care setting. The atmosphere in both settings was noted to be relaxed and cheerful with service users and staff relating enthusiastically and positively to one another. Discussions with staff also established that they were aware of their responsibilities and requirements to ensure service user confidentiality and consent.

There were a range of systems in place to promote effective engagement with service users and/or their relatives; they included an open door policy for service users to discuss any issues with staff or the registered manager, care review meetings, monthly quality monitoring visits, service user meetings and annual service user questionnaires.

The day care worker confirmed that service user group meetings are held monthly. There were monthly meeting minutes available for inspection since October 2017. A review of a sample of minutes for June 2018 noted consultation with service users with respect to options for outings, activities, crafts and theme days; feedback was also sought regarding transport to the day centre and number of days of attendance. The inspector recommended that the minutes of the service user group meetings should be amended to clearly reflect actions planned, who is responsible and within what timeframe. This will enable actions and outcomes to be more clearly reviewed at future meetings; the day care worker agreed to action this.

It was positive to note that Age NI advocacy service details and Age NI information leaflets were readily available for service users to access within the day care setting.

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:

- “You are consulted about everything.”

Staff comments:

- “It’s so important to try to make a difference in someone’s life and that’s what we try to do here.”
- “We have good craic with the service users.”

Relatives' comments:

- “Everyone’s treated the same; nothing is a bother to the staff.”
- “The friendliness and atmosphere is always good, you are greeted by a smile every morning.”

Three service users and/or relatives returned questionnaires to RQIA. Three responses indicated that they were very satisfied that the care provided was compassionate. One response from a service user commented: “I enjoy the centre as they have a kind, listening ear, which I value.” One returned staff questionnaire indicated that the respondent was very satisfied that care provided was compassionate, while the other staff respondent indicated that they were satisfied.

Areas of good practice

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

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

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

The inspector assessed the setting’s leadership, management and governance arrangements to determine if they were meeting the needs of service users. Anna House and Aghalee is managed on a day to day basis by the registered manager and three day care workers with the

support of Age NI volunteers. The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed.

The statement of purpose for the day care service was reviewed and updated by the provider following the inspection to incorporate the details of Anna House and Aghalee in the one document. The amended document sent to RQIA post inspection was noted 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.

There was a clear organisational structure and staff who were spoken to demonstrated awareness of their roles, responsibilities and accountability. Discussion with the registered manager identified that she had good understanding of her role and responsibilities under the legislation.

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 registered manager. Service users are advised of what they can do if they are not happy with the service within the Statement of Purpose and Service User Guide. Review of the complaints record confirmed that no complaints had been received since the previous care inspection.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately and records maintained. A review of the incidents/accidents record confirmed that two incidents have been recorded since the last inspection and RQIA had been informed of both incidents.

The inspector confirmed that the day care setting maintained a record of journey times for individual service users each day although there was no evidence that these records had been audited with corresponding actions being taken, as appropriate. A sample of records viewed for 20 March 2018 identified that one service user was on the bus for 90 minutes. This was discussed with the registered manager who advised this was not a typical journey time. The registered manager agreed to ensure that a monthly audit of bus journey times would be undertaken and that discussions/actions taken in consultation with the service user should be recorded. This area for improvement has been stated for a second time.

The registered manager and staff confirmed that three monthly staff meetings were held. A review of a sample of records evidenced that meetings focused on service user issues and activity planning. The inspector recommended to the registered 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 or recent relevant research/publications. The registered manager agreed to address this.

The inspector was advised that staff training has been 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 day care worker to review guidance available on the RQIA website and to liaise with the HSCT regarding their GDPR responsibilities accordingly.

Discussions with the registered manager and staff confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. The registered manager confirmed that staff have an annual appraisal and recorded individual, formal supervision at least every three months. A review of a sample of records verified this.

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

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 any weaknesses and, where necessary, drive improvements. The day care setting's annual report was available for April 2017 to March 2018. The regulation 28 monthly quality monitoring visit reports were available for examination since the last inspection. Quality monitoring reports were reviewed for November 2017, December 2017, April 2018 and May 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 the next 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.

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

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 day care worker confirmed that this was addressed with staff through their training, supervision and appraisal process. It was positive to note that staff had recently received equality and diversity training. In addition, the day care worker 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:

Service users' comments:

- "The manager is great, she knows what she is doing."

Staff comments:

- "You can raise issues and feel it would be listened to, if not we can go to the head of care, but the manager is fantastic."
- "The manager is always there if you need support or you need to check something."

Relatives' comments:

- "I would feel comfortable talking to any staff or Gillian the manager."
- "I'm delighted to get opportunity to tell someone how great the place is, it's marvellous, and it's like home from home."

Three service users and/or relatives returned questionnaires to RQIA. Three responses indicated that they were very satisfied that the care provided was well led. One returned staff questionnaire indicated that the respondent was very satisfied that care provided was well led, while the other staff respondent indicated that they were satisfied.

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

Two areas for improvement were identified with to regards to governance audits and the whistleblowing policy.

	Regulations	Standards
Total number of areas for improvement	0	2

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with the day care worker in charge on the 28 June 2018 and Ms Gillian Thompson, registered manager on 4 July 2018, as part of the inspection process. The timescales commence from the date of inspection.

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

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

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

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

Quality Improvement Plan

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

<p>Area for improvement 1</p> <p>Ref: Regulation 20 (1) (c) (i)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall, having regard to the size of the day care setting, the statement of purpose and the number and needs of service users—</p> <p>(c) ensure that the persons employed to work in the day care setting— (i) receive appraisal, mandatory training and other training appropriate to the work they are to perform.</p> <p>This relates to the day care setting ensuring that their induction programme is compliant with the day care setting training guidance.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: All staff at Anna House and Aghalee day centres receive appraisal, Mandatory training and 3 monthly supervision. Although induction is carried out for all new staff at the day centres, the inspection flagged up additional requirements within the corporate induction. I have been in contact with our Human Resources department and they will add complaints and whistleblowing to their agenda.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 26 (4) (d) (iii)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall make adequate arrangements - (iii) for the evacuation, in the event of fire, of all persons in the day care setting and safe placement of service users.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Evacuations have been carried out Monday-Friday to ensure that everyone attending Anna House and Aghalee are familiar with a fire evacuation. Aghalee Day Centre has now got a new, more detailed format which now illustrates service users names and comments and time of evacuations. The Peeps file has been in operation to ensure all staff are familiar with each individual's fire escape plan/needs.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: 1 August 2018</p>	<p>The registered person shall make suitable arrangements to minimise the risk of infection and toxic conditions and the spread of infection in the day care setting.</p> <p>The registered person must ensure that the infection, prevention and control deficits identified in this report have been satisfactorily addressed.</p> <p>Ref: 6.4</p>

	<p>Response by registered person detailing the actions taken: To minimise the risk of infection at the day centre we have removed all flowers from the bathrooms and all furniture has been removed to maximise space. The photographs have been removed from all kitchen units and a deep clean has been carried out on them. The mops are kept out of the mop bucket when not in use and now stored in the store room. New handrails have been ordered for both toilets and we are awaiting completion.</p>
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012	
<p>Area for improvement 1</p> <p>Ref: Standard 13.1</p> <p>Stated: First time</p> <p>To be completed by: 26 September 2018</p>	<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.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The safeguarding policy has been updated and now includes a procedure for staff to follow should they have any adult safeguarding issues or concerns.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 21.8</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<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> <p>Response by registered person detailing the actions taken: All new staff/bank staff and volunteers will have an induction file. staff will also attend Age Ni head office for corporate induction.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 4.1</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure service users are encouraged and enabled to participate in the person-centred assessment process, but when a service user is unable or chooses not to this is recorded. The assessment process should involve other relevant professionals and disciplines and, where safe and appropriate, the views of others who have an interest in the service user's well-being.</p> <p>This specifically relates to the need for a specialist assessment with respect to an individual service user.</p> <p>Ref:6.5</p>

	<p>Response by registered person detailing the actions taken: The day centre will continue to liaise with other professionals to enable the service users to participate in the person centred assessment process. since the inspection one of the service users has been assessed by the Physio team from the Lagan Valley Hospital. This service user has stated on the day of inspection that he would like to walk at the day centre. The result from this was that the Physiotherapist reported that the man was not safe to mobilise and was at risk of falling. He has now been referred for a self propelling wheelchair to enable him to be as independent as possible at the day centre</p>
<p>Area for improvement 4 Ref: Standard 17.7 Stated: First time To be completed by: 26 September 2018</p>	<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.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: The Whistleblowing policy has been updated to contain the other bodies to enable staff to report concerns. The other bodies are NISCC, older peoples commission and RQIA.</p>
<p>Area for improvement 5 Ref: Standard 12.4 Stated: Second time To be completed by: With immediate effect</p>	<p>The registered person shall review transport arrangements to and from the day care setting to reduce, where possible, journeys that exceed 45 minutes.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: A travel time audit is in full operation at the Day centres and the pickup times and drop offs are recorded on a daily basis. A complaints/comment file has now been set up to enable bus users to report all issues or concerns they may have.</p>

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



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