

Unannounced Day Care Setting Inspection Report 20 and 22 February 2017



Anna House

Type of service: Day Care Service

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Anna House (incorporating Agahalee) took place in Anna House on 20 February 2017 from 10.00 to 16.30 and in Aghalee on 22 February 2017 from 09.30 to 12.30 (hours).

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the day care setting was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

The inspection staff records; duty rotas, training records; observations of the settings; discussions with service users and staff; and observations of care evidenced the care delivered was supporting individuals to maintain independence, engage with each other in a social setting and take part in activities.

Overall the inspection of “is care safe” concluded the minimum standards inspected were met. One area for improvement was identified for the second time regarding the assessment of staffing arrangements which must be undertaken to ensure there is an adequate number of staff working in this day care setting for the size of the day care setting, the needs of the service users.

Is care effective?

The inspection of service users individual care records, discussion with the service users and staff concluded care was being delivered at the right time, in the right place, and with the best outcome. Individual care needs had been assessed and plans were in place to meet assessed needs.

Overall the inspection of “is care effective” concluded the minimum standards inspected were met. No areas for improvement were identified during this inspection.

Is care compassionate?

The inspection of records, observations of practice and discussions with staff and service users revealed that service users were being treated with dignity and respect. They were encouraged by staff to be involved in their day care and staff were observed communicating with service users in an appropriate manner.

Overall the inspection of “is care compassionate” concluded the minimum standards inspected were met. No areas for improvement were identified during this inspection.

Is the service well led?

The discussion with staff revealed staff were clear regarding their roles and responsibilities and who they were managed by. Documents and records such as incident recording, complaints recording, evidence of staff support and supervision meetings were in place and aimed to promote quality improvement in the setting.

Overall the inspection of “Is the service well led?” identified two areas for improvement which should be attended to ensure the minimum standards inspected are fully met. These were completion of the annual report and improving staff team meetings.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Gillian Thompson, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 28 September 2015.

2.0 Service details

Registered organisation/registered person: Age NI/Linda Robinson	Registered manager: Ms Gillian Thompson
Person in charge of the service at the time of inspection: Gillian Thompson	Date manager registered: 14 December 2010

3.0 Methods/processes

Prior to inspection we analysed the following records:

- The registration details of the day centre
- Information and correspondence received from the registered manager and Age Northern Ireland
- Incident notifications which revealed one incidents had been notified to RQIA since the last care inspections in September 2015
- Unannounced care inspection report for Age NI Anna House on 28 September 2015,
- Unannounced care inspection of Age NI St Pauls Day Centre incorporating Age NI Aghalee Day Centre on 25 & 30 September 2015

- Announced premises inspection of Age NI St Pauls Day Centre incorporating Age NI Aghalee Day Centre on 12 February 2016.

During the inspection the inspector met with:

- Registered manager
- two care workers
- Sixteen service users.

Questionnaires were given to the staff on duty to distribute between service users, representatives and staff. Two questionnaires were returned by service users, four were returned by staff and three were returned from relatives.

The following records were examined during the inspection:

- Six service users care files
- A sample of service users' daily records
- Eight complaints/issue of dissatisfaction recorded from 01 April 2015 to February 2017
- The incidents and accidents records from September 2015 to February 2016
- The staff rota from November 2016 to February 2017
- Four individual staff files
- The minutes of four service user meetings (October, November 2016 & January, February 2017)
- Staff meetings held in July, October 2016 and January 2017
- Staff supervision dates for 2016
- Monthly monitoring reports from November 2016 to February 2016
- Staff training information for 2016
- A sample of policies and procedures relevant to safe, effective, compassionate and well led care.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspections dated 28 September 2015 and 12 February 2016

The most recent inspection of the services were an unannounced care inspection of Anna House and an announced premises inspection of Age NI St Pauls Day Centre incorporating Age NI Aghalee Day Centre. This was prior to the services merging under the registration of Anna House in 2016. The completed QIPs were returned and approved by the specialist inspectors. This QIP will be validated by the care inspector at the next inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 28 September 2015 (Anna House)

Last care inspection statutory requirements		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulation 20(1)(a)</p> <p>Stated: First time</p>	<p>The responsible person must 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> <p>Action taken as confirmed during the inspection: Inspector was informed by the manager the assessment of staffing needs had not been completed. With the merging of the two settings the structure and staffing arrangements of Anna House had changed again and it was noted staffing was low. This requirement is restated.</p>	Not Met
<p>Requirement 2</p> <p>Ref: Regulation 20(1)(c)(i)</p> <p>Stated: First time</p>	<p>The registered persons ensure the staff receive infection control training or supplement training without delay. Future infection control training should be delivered in compliance with RQIA guidance on mandatory training for providers of care in regulated services. That is two yearly after induction with supplement training such as DVD in between.</p> <p>Action taken as confirmed during the inspection: Inspector confirmed this training need had been met and the delivery of staff training had been improved.</p>	Met
<p>Requirement 3</p> <p>Ref: Regulation 18</p> <p>Stated: First time</p>	<p>The responsible person to improve the environment in this setting to meet the service users' needs who have dementia. Specifically the signage to the toilets should be improved, the toilet seat could be replaced by a coloured toilet seat, preferably red and the toilet roll should be</p>	Met

	fixed to the wall for ease of use.	
	Action taken as confirmed during the inspection: Inspector confirmed the above actions had been completed.	
Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 5.1 Stated: First time	The registered persons should improve the continence assessment and care planning process in this setting by following a person centred approach that encourages continence promotion. The information should ensure the care delivered is safe, responsive to need, based on service users' preferences and takes into account measures to protect dignity and preference.	Met
	Action taken as confirmed during the inspection: Inspector confirmed the assessment and planning processes had been improved.	

Review of requirements and recommendations from the last care inspection dated 25 and 30 September 2015 (St Pauls Day Centre incorporating Aghalee Day Centre.

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 20(1)(a)(c)(i)(iii)(2) Stated: Second time	The registered person must ensure that at all times staff receive mandatory training and other training such as food hygiene training appropriate for the duties they perform. Records to evidence compliance in this regard must be available for future inspections. Ref 5.2 (Requirement 3)	Met
	Action taken as confirmed during the inspection: Inspector confirmed the training records for St Paul's staff were being incorporated into the Anna House records. Training was being prioritised and arrangements were up to date at the time of inspection.	
Requirement 2 Ref: Regulation 19(1)(a)	The registered person must ensure that a recent photograph is maintained of all service users in the day care setting, and where a service user declines to provide consent for a photograph, this	Met

<p>Stated: First time</p>	<p>information is recorded on the service user file. Ref 5.3</p>	
	<p>Action taken as confirmed during the inspection: Inspector confirmed with the manager that all files have a photograph or if a service user declined this was recorded. A sample of six files inspected confirmed this was in place.</p>	
<p>Requirement 3 Ref: Regulation 26(2)(a) Stated: First time</p>	<p>The registered person must ensure that steps are taken in consultation with the Landlord to ensure that any additional usage of the halls, does not adversely affect the provision of service within the day centre. Ref Additional Information 5.5.3</p>	Met
	<p>Action taken as confirmed during the inspection: Since the last inspection St Pauls had moved to Anna House. This requirement was not relevant for this inspection.</p>	
Last care inspection recommendations		Validation of compliance
<p>Recommendation 1 Ref: Standard 15.2 Stated: Third time</p>	<p>The registered person should make arrangements for staff to attend training regarding reviews; the inspector would encourage the organisation to consider person centred training for key staff involved in the reviewing process.</p> <p>This is stated for the third time. Ref 5.2 (Recommendation 2)</p>	Met
	<p>Action taken as confirmed during the inspection: The inspection of training records and discussion with the manager confirmed the manager undertakes the reviews and all staff had attended PCP training at the time of inspection.</p>	
<p>Recommendation 2 Ref: Standard 25.2 Stated: Second time</p>	<p>The registered person should ensure that in areas occupied by service users, the temperature is monitored during opening hours in both centres and is maintained between 19-22 degrees centigrade. Ref 5.2 (Recommendation 8)</p>	Met
	<p>Action taken as confirmed during the inspection: The temperature in the new premises (Anna House) was kept at a comfortable temperature for service users at the time of inspection.</p>	

<p>Recommendation 3</p> <p>Ref: Standard 21.4</p> <p>Stated: Second time</p>	<p>The registered person must ensure that :</p> <ul style="list-style-type: none"> there is a written training and development plan which is reviewed and updated annually. <p>Ref 5.2 (Recommendation 9)</p> <hr/> <p>Action taken as confirmed during the inspection: The discussion with the manager and inspection of training and development plan for staff in Anna House confirmed this will be updated annually.</p>	<p>Met</p>
<p>Recommendation 4</p> <p>Ref: Standard 18</p> <p>Stated: First time</p>	<p>The registered person should ensure that the continence policy due for review in November 2015 is revised and updated to incorporate evidence based guidance in continence management.</p> <p>Ref 5.3</p> <hr/> <p>Action taken as confirmed during the inspection: The continence policy was updated and available at the time of inspection.</p>	<p>Met</p>
<p>Recommendation 5</p> <p>Ref: Standard 17</p> <p>Stated: First time</p>	<p>The registered person should ensure that in view of comments made by service users and staff, systems to ensure services are delivered effectively in the day care setting are implemented, with good professional relationships and improved communication between management, staff and service users.</p> <p>RQIA should be informed how this has been effectively demonstrated by Age NI as an organisation.</p> <p>Ref 5.3</p> <hr/> <p>Action taken as confirmed during the inspection: Service User Meetings had been held monthly and annual questionnaires had been promoted by staff furthermore service users had been encouraged to give their feedback at any time. Issues brought up by service users during this inspection were responded to by the manager on the same day.</p>	<p>Met</p>
<p>Recommendation 6</p> <p>Ref: Standard 23.2</p> <p>Stated: First time</p>	<p>The registered person should ensure that the staffing arrangements are reviewed to ensure that sufficient numbers of management and care staff are consistently on duty at all times in both centres to meet the needs of service users.</p> <p>Ref 5.4</p>	<p>Not Met</p>

	<p>Action taken as confirmed during the inspection: The staffing numbers were identified as a concern during this inspection. This is stated in the QIP as a requirement for the second time with reference to Anna House.</p>	
<p>Recommendation 7 Ref: Standard 17.11 Stated: First time</p>	<p>The registered person should ensure that when undertaking the annual evaluation of the service, the report format is reviewed so that the report template includes all matters referred to in The Day Care Setting Regulations (Northern Ireland) 2007, regulation 17 (1) schedule 3. Ref 5.4</p> <p>Action taken as confirmed during the inspection: The content of the annual Report was not compliant with Schedule 3. This is stated in the QIP as a requirement for the first time</p>	Not Met
<p>Recommendation 8 Ref: Standard 17.5 Stated: First time</p>	<p>The registered person should ensure that correspondence outlining the management arrangements for the day care service for St Paul's and Aghalee is submitted to RQIA for approval. Ref Additional Information 5.5.1</p> <p>Action taken as confirmed during the inspection: This had been completed prior to St Pauls & Aghalee moving into Anna House under their registration</p>	Met
<p>Recommendation 9 Ref: Standard 17.10 Stated: First time</p>	<p>The registered person should ensure that during monthly monitoring, service user unique identification is recorded to ensure a range of service users views are evidenced.</p> <p>Details of staffing arrangements and staff training should be included during monthly monitoring, with evidence recorded that the organisation is being managed in accordance with minimum standards in these specific areas. Ref Additional Information 5.5.1</p> <p>Action taken as confirmed during the inspection: The monthly monitoring records had been improved in this regard.</p>	Met

<p>Recommendation 10</p> <p>Ref: Standard 17.12</p> <p>Stated: First time</p>	<p>The registered person should ensure that the registration certificate for the service is displayed and is available for inspection at all times.</p> <p>Ref Additional Information 5.5.1</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The certificate was displayed and available for inspection.</p>	<p>Met</p>	
<p>Recommendation 11</p> <p>Ref: Standard 14.6</p> <p>Stated: First time</p>		<p>The registered person should ensure that complaint records are developed to include advice to service users on who to contact if they remain dissatisfied or require support services, including advocacy services.</p> <p>Ref Additional Information 5.5.2</p>
<p>Action taken as confirmed during the inspection:</p> <p>No further concerns were identified regarding the complaint records.</p>		

4.3 Is care safe?

The review of the staff rota recorded for November and December 2016 and January and February 2017 provided evidence the record detailed the staff and volunteers working daily. The record revealed there was a significant variation in the daily staffing numbers which was a concern given the size of this service and the low staff numbers recorded. Since the St Pauls service had merged with Anna House one staff member had left and had not been replaced furthermore, the manager of St Pauls was not working as manager therefore the registered manager of Anna House had absorbed the management tasks for St Pauls and Agahlee. One staff member in Anna House had given notice and no plans were in place to replace her. On the day of the inspection one staff member was on leave and no cover was provided. Overall the observation of care during the inspection, discussions with staff and inspection of staffing arrangements which is described above revealed the staffing arrangements on the day of inspection were only safe because the manager spent the day in the caring role. This resulted in the manager neglecting her management responsibilities. It was noted that staff absences should be covered to enable staff to undertake their roles and responsibilities. The assessment of staffing arrangements must be undertaken to ensure there is an adequate number of staff working in this day care setting for the size of the day care setting, the needs of the service users and ensure consistency with the settings statement of purpose. This is stated for the second time.

The staffing arrangements were discussed with the staff on duty. They described roles and responsibilities were discussed before the service users arrived in Anna House to ensure safe delivery of care. If the manager was absent from Anna House or was not present in Aghalee an identified member of staff assumed responsibility for managing the setting in her absence. Discussion with the manager and staff confirmed they were aware of service users individuals needs in the setting on the days of the inspection. Observation of care revealed the staff were safely responding to the group and individual needs between them.

The manager had recently completed the QCF level 5 qualification, this is to be commended because she was a manager of the setting before the setting was registered, and therefore she was registered under the transitional arrangements. The manager and staff records detailed they were experienced in the caring role.

The incident and accident records were inspected. The records received by RQIA were cross referenced with a sample of the centres records. This did not identify any incidents which had not been reported to RQIA or any gaps in planning to prevent reoccurrence.

There was a range of systems in place to ensure that unnecessary risks to the health, welfare and safety of service users were identified, managed and where possible eliminated. For example the centre had been kept clean and tidy; hygiene was promoted using notices and resources. The available space in the day care setting was accessible for all service users including those using mobility aids.

Service users were observed communicating with staff freely, they said they could talk to the staff and they liked being the centre as it got them out of the house. However a small number of service users who moved to Anna House from St Pauls, whilst praising the staff, raised concerns about having to change the location of their day care. They raised the financial and travelling implications as areas of dissatisfaction. These issues were passed to the manager who agreed to address this directly with the service users to explore if Age NI or the trust could attempt to resolve their areas of dissatisfaction.

Two service users returned questionnaires to RQIA regarding this inspection. They stated they were satisfied with the safety in the day centre. They felt safe in the setting; they could talk to staff if they were unhappy, the setting was comfortable, and they could tell someone if they were worried about someone being treated badly. Two respondents did write concerns regarding the fire evacuation procedure, this was been passed to the manager to provide them with information to assure them the planned evacuation arrangements were safe and will meet the service user's needs.

Three relatives returned questionnaires, they identified they were very satisfied with the safe care of their relative in the setting. They stated their relative is safe and protected from harm, they could talk to staff, the environment is suitable to meet their relative's needs and they would report concerns to the manager.

Staff discussed what makes care safe in this setting. They expressed concerns regarding the number of staff on duty however, they assured they had provided safe care because they communicated clearly with their colleagues what needed to be done and during the day. They checked with each other they were clear regarding their roles and responsibilities and how they planned to meet the needs of the service users in their care. During the inspection the staff were observed in all locations identifying and responding to who needed assistance. Care was delivered by staff in a safe and dignified way.

Four staff returned questionnaires to RQIA post inspection. They stated they were satisfied care was safe in the setting. They identified the care was safe because there are risk assessments and care plans in place for service users, they would report bad practice and they receive support to fulfil their roles and responsibilities.

Areas for improvement

One area of improvement was identified regarding safe care. The assessment of staffing arrangements must be undertaken to ensure there is an adequate number of staff working in this day care setting for the size of the day care setting, the needs of the service users and be consistent with the settings statement of purpose. This was stated for the second time.

Number of requirements	1	Number of recommendations	0
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4.4 Is care effective?

The inspection of six service users individual care records provided evidence that the manager was effectively assessing and planning to meet the assessed needs of the service users. Observation of care showed service user care plans were being put into place by the staff in a gentle, encouraging way. Staff were subtly communicating with each other and the service users to protect the dignity and safety of each individual service user. For example staff anticipated and subtly assisted service users with personal care needs and to take part in the activities.

Discussion with service users provided assurance they were taking part in activities of their choice. Observation revealed the activities undertaken were encouraging each service user to use their own personal skills and abilities. Staff assisted service user's involvement by providing one to one care when necessary. The care plans inspected described the service user's needs for personal care and detailed how their needs should be met in the day care setting, including the service users preferences. One service user said in discussion about the setting: they knew what was in their care plan; they had recently attended their review in the day centre and felt this was a positive meeting about them.

The care records inspected had been maintained in line with the legislation and minimum standards. There was evidence care records had been updated and reviewed by the manager recently. In particular the manager had reviewed the St Pauls records to ensure she was fully informed regarding needs, preferences and outcomes that should be achieved. The service users individual care records included risk assessment information and planning documents which detailed how the health and well-being needs of the service users should be met.

Discussion with staff regarding implementation of the care plans provided assurance they knew each individual's needs and plan. They were aware of individual risks, changing needs in the group; and had agreed between the staff how best to meet them together.

Review of the arrangements in place to monitor and review the effectiveness and quality of care delivered to service users revealed the monthly monitoring visits, service user reviews, and team meetings were the processes in place that had reviewed was care effective. These processes had not identified any concerns regarding effective care in this setting.

The staff discussed they work together to ensure information the manager maintains can be updated and current. They described taking part in mandatory training and training relevant to the service users' needs. One staff member said she felt the service was excellent. The safety and wellbeing of service users was their priority and they were satisfied the attention to detail they give to meeting service users' needs made the care effective.

Two service users' questionnaires stated they were satisfied regarding the effective care in this setting. They were getting the right care at the right time. They identified staff communicate well with them, their choices are listened to, they choose the activities they take part in and have been involved in the annual review of their day centre placement.

Four staff questionnaires were returned to RQIA identified they were satisfied the care in this setting was effective. They identified care plans informed the care provided, monitoring of quality was in place and that staff respond to service users in a timely manner.

The three relative questionnaires identified they were very satisfied the care was effective in this setting. They identified their relative gets the right care, at the right time, in the right place. They also identified they were satisfied with communication with staff, their awareness of their relative's needs, preferences and choices and that these were incorporated into the care they receive and that they were involved in their relative's annual review. One relative wrote "we are very pleased with the care and attention given to my (relatives) needs (relative) is very well treated and encouraged to be self-dependent".

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.5 Is care compassionate?

This day centre meets the needs of service users who are older people and may have a diagnosis of dementia. Some service users were observed requiring more intensive staff support than others. In spite of the range of needs and support required staff were observed encouraging all service users to remain active, they safely promoted service users independence, they encouraged them to enjoy the activities on offer and encouraged service users to express their choices and preferences. Staff were observed communicating warmly and respectfully with the service users to promote involvement. When service users chose to do something else or observe the activity, this was facilitated by staff. The staff presented as familiar with their role in the activity and they gently sought service user feedback to ensure they were enjoying the activity and were getting the right level of support. These examples provided evidence the staff were promoting the values of dignity and respect, independence, choice and consent when supporting service users in this day care setting.

Discussion with staff and review of records confirmed the staff met with service users on average monthly for a service users meeting. The minutes revealed they had discussed what they had done in the setting and service users' opinions regarding food and activities. The service users and representatives/relatives had taken part in a survey in 2015 / 2016 regarding their views about the care they had received. This did not generate any concerns or complaints. The findings were incorporated an action plan that will be used to improve day care in the future.

Staff detailed they meet the service users' needs compassionately by finding out what service users want to do and incorporating this into the day care activity schedule. They detailed beauty treatments, outings including evening outings and music sessions as examples of special events they had held that were in response to service uses feedback. The feedback had been gathered during the service user meetings.

Observation of service users taking part in activities concluded their participation was good. Service users received support in a timely manner which supported their involvement in the activity. Observation concluded the small size of the service user groups in the two areas of Anna House and Aghalee, with the staffs caring approach and their knowledge of each service user promoted the service users participation.

Discussions with service users revealed they felt positive about coming to day care. They said they enjoyed the social aspect of attending, however the St Pauls group discussed they were still adjusting to their new location. Some service users said they liked the new surroundings better because it was not a shared space, others did not feel the move was necessary. Nevertheless, they agreed the staff were doing what they could to help them settle in.

Two service users' questionnaires identified they were treated with respect and were involved in decisions affecting them, the staff were kind and caring, their privacy was respected; they had choices and were involved in decisions.

The three relative questionnaires reported they were very satisfied regarding the compassionate care in the setting. They identified their relative was treated with dignity and respect and involved in decisions affecting their care. Their relative was treated well and they were consulted regarding decisions. One relative wrote "They could not be treated any better".

Four staff questionnaires identified they were satisfied service users are cared for compassionately. They stated the service users are treated with dignity and respect, encouraged to be independent; and their views were sought and acted upon at a level that they can be.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

The inspection of arrangements in the day care setting provided evidence that effective leadership and management arrangements were in place to deliver care. For example the staff training records evidenced staff had received mandatory training and training specific to the needs of the service users in this setting. Discussion with staff confirmed they have regular staff meetings, access to policies and procedures and receive quarterly staff support such as supervision meetings.

The review of the staff policies and procedure file revealed the policies had been updated to ensure they provided staff with guidance and statements that promoted safe, effective and compassionate care; and ensured service users' needs were met in the day care setting. The policies and procedures were kept in a file in the setting that was accessible to staff.

The complaints record revealed there had been eight complaints/issue of dissatisfaction recorded from 01 April 2015 to February 2017. The complaint records described the investigation, outcome and detailed that service users were satisfied with the outcomes achieved. The processes used were consistent with the settings policy and procedure. No outstanding issues or concerns were identified.

The inspection of well led care sought evidence of governance arrangements that were in place which evidenced the delivery of care was safe, effective and compassionate. There should have been audits in place that documented care was being reviewed or audited, and that the audits were focussed on promoting effective and safe care of the service users attending the setting. Other than the monitoring reports and individual service user reviews there was no evidence of other audits such as file audits, environmental audits or audits of infection prevention and control were being completed by the organisation. However the manager discussed measures she had put in place to assist her in ensuring a consistent approach to files, recording and management of the environment. Furthermore the monitoring officer, prior to this inspection and in response to other Age NI inspections had reported to the inspector that she was going to implement audit practices across all of the Age NI settings to assure the organisation practice is effective and safe.

The annual report was available for inspection however the content was not compliant with Regulation 17 and Schedule 3. A requirement is made for this annual report to be completed for 2016 /2017 in a format that is consistent with this schedule.

The working relationships between the staff, volunteers and management were reviewed through discussions, review of the minutes of staff/team meetings and analysis of questionnaires. This revealed there was arrangements in place for staff to get support from the manager such as supervision, open door access to management as required, and morning discussion/ team meetings. The feedback and observations confirmed the registered manager was effectively responding to staff support needs. The staff meeting minutes recorded the discussion that took place however, the minutes were very general. The staff meetings should be used to improve the care provided in this setting and outcomes for service users. Therefore a recommendation is made for staff to record staff meetings in terms of safe, effective, compassionate and well led care. Actions agreed should be clearly recorded with who is responsible for the action and the time frame.

Four staff questionnaires identified they were satisfied the service was well led. They responded the service was managed well, monitored, and communication between the staff and management was effective.

Two service users' questionnaires identified the service was well led; they knew who the manager was and could talk to them if they had any concerns. Staff respond well to them and they were asked what they would like to do in the setting.

Three relatives questionnaires stated they were very satisfied the service was well led. They identified the service was managed well; staff and the manager were approachable, professional and caring. They were informed about the complaints process and they had a copy of the service user's guide. One respondent wrote "more than satisfied with staff if felt need to raise concerns that they would be dealt with in a professional manner", and two questionnaires commented there was good communication with staff.

Areas for improvement

Two areas of improvement were identified regarding completion of the annual report and improving the staff meetings.

No areas for improvement were identified during the inspection.

Number of requirements	1	Number of recommendations	1
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Gillian Thompson, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Day Care Setting Regulations (Northern Ireland) 2007.

5.2 Recommendations

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

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to day.care@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

Requirement 1

Ref: Regulation 20(1)(a)

Stated: Second time

To be completed by:
19 April 2017

The responsible person must 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.

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).

Response by registered provider detailing the actions taken:

Age NI are currently undertaking a review of staffing levels across all centres, part of this review is looking at the number and needs of the service users who attend the centre.

Requirement 2

Ref: Regulation 17 & Schedule 3

Stated: First time

To be completed by:
19 April 2017

The registered provider must improve the content of the annual report which must be compliant with Regulation 17 and Schedule 3.

Response by registered provider detailing the actions taken:

Content of annual report has been improved in line with Regulation 17 and Schedule 3

Recommendations

Recommendation 1

Ref: Standard 23.8

Stated: First time

To be completed by:
19 April 2017

The registered provider should put arrangements in place for staff to improve the recording of staff meetings. The minutes should demonstrate how practice is promoting safe, effective, compassionate and well led care. Actions agreed should be clearly recorded with who is responsible for the action and the time frame.

Response by registered provider detailing the actions taken:

Staff have been referred to standard 23.8 and minutes of meetings will be audited to ensure compliance



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