

# Unannounced Care Inspection Report 27 June 2019



## Age NI Anna House

**Type of Service: Day Care Service**

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**Tel No: 02890 601177**

**Inspector: Marie McCann**

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Assurance, Challenge and Improvement in Health and Social Care

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

## 1.0 What we look for



## 2.0 Profile of service

Anna House is a Day Care Setting with a maximum of 30 places that provides care and day time activities for adults who are aged over 65 years; service users may also have a physical disability, be experiencing memory loss and/or a have a diagnosis of dementia.

The day centre is open for service users from Monday to Friday and is operated by Age NI.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Age NI  <b>Responsible Individual(s):</b> Ms Linda Robinson	<b>Registered Manager:</b> Mrs Gillian Thompson
<b>Person in charge at the time of inspection:</b> Mrs Gillian Thompson	<b>Date manager registered:</b> 14 December 2010
<b>Number of registered places:</b> 30	

### 4.0 Inspection summary

An unannounced inspection took place on 27 June 2019 from 09.00 to 16.30.

This inspection was underpinned by the Health and Personal Social Services (Quality Improvement and Regulation) (Northern Ireland) Order 2003, the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of day care settings, we are committed to ensuring that the rights of people who receive services are protected. This means we will be seeking assurances from providers that they take all reasonable steps to promote people's rights. Users of day care settings have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. All day care settings should safeguard and promote service user choices and freedoms as they relate to the range of services being provided.

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, knowledge of adult safeguarding and risk management. Further areas of good practice were also noted in relation to care records, communication between service users, staff and other key stakeholders, the culture and ethos of the day care setting, listening to and valuing service users and taking account of the views of service users. In addition, good practice was also observed in regard to governance arrangements, staff supervision and appraisal, compliments received, quality improvement and maintaining good working relationships.

Two areas for improvement were identified in regard to staff inductions. One of which is stated for a second time.

Service users' comments are included in 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
<b>Total number of areas for improvement</b>	0	2*

\*The total number of areas for improvement includes one area for improvement stated for a second time.

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

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

#### 4.2 Action/enforcement taken following the most recent care inspection dated 28 June 2018 and 4 July 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 28 June 2018 and 4 July 2018. The completed QIP was returned and approved by the care inspector.

#### 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 no incidents had been reported to RQIA since the last care inspection on 28 June and 4 July 2018
- unannounced care inspection report and QIP 28 June 2018 and 4 July 2018

During the inspection, the inspector met with the manager, a day care worker and a volunteer. Introductions were made to all service users while walking around the setting with individual interaction with 10 service users.

Ten service user and/or relatives' questionnaires were provided for distribution; 10 service users/relatives' questionnaires were returned to RQIA within the timeframe for inclusion in this report.

Of the 10 questionnaires received following the inspection, nine respondents indicated that very satisfied that the care being provided to service users was safe, effective, compassionate and well led. One questionnaire response was incomplete. Questionnaire comments included:

- “Staff excellent.”
- “My wife attends Anna House, looks forward to her twice weekly visits, is more than well treated by everyone and benefits greatly from this experience.”
- “I am very well cared for. The staff are great.”

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

The inspector requested that the manager place a ‘Have we missed you’ card in a prominent position in the day centre to allow service users, relatives and staff who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received.

An RQIA information leaflet ‘How can I raise a concern about an independent health and social care service’ was also provided to be displayed in the day care setting.

A range of documents relating to the service were reviewed during the inspection and are referred to within the body of the report.

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

**6.0 The inspection**

**6.1 Review of areas for improvement from the last care inspection dated 28 June 2018 and 4 July 2018**

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
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 20 (1) (c) (i)</p> <p><b>Stated:</b> First time</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—</p> <p>(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><b>Met</b></p>

	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector noted that the organisation's corporate induction programme had been updated since the previous inspection to include review of key policies in regard to adult safeguarding, complaints and whistleblowing.</p>	
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 26 (4) (d) (iii)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall make adequate arrangements -</p> <p>(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><b>Met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The manager confirmed that a review had been undertaken of service users with mobility aids who used the first floor, to ensure that they could safely use the stairs in the event of a fire. Fire evacuation arrangements remain under review and the service has had two evacuation drills since the last inspection.</p>	
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</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><b>Met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of the environment identified that improvements had been made in regard to infection, prevention and control measures identified at the previous inspection. The inspector noted that a further two rails had begun to rust in the downstairs toilets. The manager confirmed post inspection that the rails have been replaced.</p>	

<b>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 13.1  <b>Stated:</b> First time	<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>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>  A review of the organisation's adult safeguarding policy confirmed that it has been updated to include a procedure for staff to follow in the event of an adult safeguarding concern.</p>	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 21.8  <b>Stated:</b> First time	<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>	<b>Partially met</b>
	<p><b>Action taken as confirmed during the inspection:</b>  An induction record was noted to be maintained by the day centre for a newly recruited staff member. However, induction records were not available for bank staff or staff covering at short notice. The inspector advised that an induction checklist relating to Anna House should be developed for such staff to ensure they are familiar with the setting and the specific needs of the service user group.</p> <p>This area for improvement has been partially met and is stated for a second time.</p>	

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 4.1</p> <p><b>Stated:</b> First time</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><b>Action taken as confirmed during the inspection:</b> Discussion with the manager and review of the service user's care records confirmed that a specialised assessment had been completed as required following the last care inspection.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 17.7</p> <p><b>Stated:</b> First time</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><b>Action taken as confirmed during the inspection:</b> A review of the organisation's whistleblowing policy confirmed that it has been updated to include the recognised external bodies that staff can report concerns to.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 12.4</p> <p><b>Stated:</b> Second time</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><b>Action taken as confirmed during the inspection:</b> The inspector confirmed that the day care setting maintained a record of journey times for individual service users and the manager</p>	<p><b>Met</b></p>



	<p>advised that she completed an audit of these records. Records confirmed that service users were asked for feedback regarding transport during service users' meetings with no issues noted. The organisation's senior manager was also noted to have audited journey times during a monthly quality monitoring visit in June 2019 with no issues identified. In addition, a complaints log was also maintained for transport issues and none had been reported.</p>	
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## 6.2 Inspection findings

### 6.3 Is care safe?

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

The inspector reviewed the day care setting's systems in place to avoid and prevent harm to service users which included a review of staffing arrangements in place within the day centre.

The manager confirmed that staff employment records were held within the organisation's human resources department and that all staff appointments were made in compliance with relevant legislative requirements and trust policy and procedures.

Discussions with the manager confirmed that newly recruited staff had access to an in house induction programme. This included the opportunity for new staff to shadow experienced staff and attend a corporate induction event in addition to training in areas such as adult safeguarding, fire awareness, manual handling, equality and diversity and the General Data Protection Regulation (GDPR). Review of the induction record for a recently recruited staff member highlighted that while their induction had been completed, this was not achieved in a timely manner. This resulted in some elements of the induction programme not being completed until several months after they had commenced employment. In addition, the need to review the induction programme in order to ensure that it has regard to the Northern Ireland Social Care Council's (NISCC) Induction Standards for new workers in social care was highlighted. An area for improvement was made.

There were arrangements in place to ensure that staff are registered with NISCC. Information regarding registration details and renewal dates are maintained by the organisation's human resources department who generate an email to the manager advising when a staff member's renewal date is pending. The manager confirmed that upon receipt of this email they liaise with staff to ensure that they have taken appropriate action after which renewal details are verified and recorded by the organisation's governance department. The manager confirmed that all staff are currently registered with NISCC.

The manager described the staffing levels which have been assessed as necessary to provide a safe service in the setting. The manager advised that the assessed staffing numbers took into account the assessed needs of the service users, the size and layout of the premises, the number of service users accommodated, fire safety requirements and the statement of purpose. A review of a sample of the staffing roster evidenced that the planned staffing levels were adhered to. The inspector advised that the full names of staff are to be recorded on the staff roster. The manager agreed to action this.

On the day of inspection it was noted that a bank staff member and a manager from another Age NI service were provided to cover staff leave, thereby ensuring sufficient staffing levels. Observation of the delivery of care at the time of inspection evidenced that service users' needs were effectively met by the staff on duty. Discussions with a day care worker, a volunteer and service users confirmed that they felt there were sufficient staffing levels to ensure the safety of service users in the day centre.

The manager confirmed that there was an ongoing programme of mandatory training for staff, relevant to their roles and responsibilities, which will ensure staff know how to keep service users safe. There was evidence that compliance with completing mandatory training was routinely monitored by the manager. Feedback from the manager highlighted that she is in the process of sourcing Infection Prevention and Control update training. The manager also confirmed that staff had completed food hygiene training following the inspection. In addition, the manager agreed to review the training opportunities for staff in regard to human rights training.

The manager confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the day centre for any period of time in the absence of the manager. The inspector noted that a competency and capability assessment was in the process of being finalised for a day care worker; confirmation was provided to the inspector post inspection that this had been completed.

The day care setting's governance arrangements in place to highlight and promote the identification of and management of risk were inspected. An incident policy is in place and records are maintained of all incidents and accidents. A review of records evidenced that one accident had occurred since the previous inspection and this had been appropriately managed. Incidents and accidents are also audited monthly by a senior manager as part of the monthly quality monitoring visit.

Discussion with the manager established that there had not been any suspected or alleged incidents of abuse since the previous care inspection. The manager and day care worker spoken with confirmed that there was an established pathway for staff to follow in regard to referring any safeguarding concerns to appropriate professionals. They were aware of their roles and responsibilities in relation to reporting adult safeguarding concerns and maintaining safeguarding records. A safeguarding position report was available for the period April 2018 to March 2019 and manager confirmed that such a report will be completed on an annual basis.

Discussions with the day care worker and volunteer also confirmed that they were aware of their obligations in relation to raising concerns with respect to service users' wellbeing and poor practice and were confident of an appropriate management response. They were aware of how to escalate their concerns, if they could not resolve this locally. However, staff indicated that they would be unlikely to need this due to the transparent working relationships that existed within the team.

The manager reported that there were no restrictive practices in place within the setting. The manager demonstrated knowledge and understanding that the use of such interventions requires referral to the multi-disciplinary team to ensure that any restriction is appropriately minimised, assessed in partnership with all relevant parties, documented and reviewed as required.

Discussions with the day care worker and the manager evidenced that they had an effective understanding of the management of risk, and an ability to balance assessed risks with the wishes and human rights of individual service users.

A review of the day care setting's fire safety arrangements established that the day centre staff complete a number of weekly fire safety checks of smoke detectors and firefighting equipment. A review of the environment noted that fire exits were unobstructed. There was evidence of two fire evacuation drills undertaken since the last inspection and the fire risk assessment had been completed on 8 October 2018 and is due review on the 8 December 2019.

The inspector noted that the day centre had no records of weekly fire alarm checks. The manager advised that as the day care setting is located in the same building as a number of other organisations, weekly fire alarm checks were not conducted by the day centre. This issue was discussed with the RQIA estates inspector following the inspection. Further communications were then undertaken with the manager and assurances subsequently received that the landlord for the building undertakes weekly fire alarm checks and records are maintained of these checks. The manager confirmed that the day centre now has access to these records and the manager has met with the landlord to seek assurances that the actions from the fire risk assessment not pertaining to the day centre are also being addressed. The manager will continue to liaise with the landlord to seek assurances that the necessary fire safety measures are being maintained for the building.

Discussion with service users, a day care worker and a volunteer evidenced that they felt the care was safe.

Service users' comments included:

- "The place saved my life, coming here has really helped me."
- "It's a great place."
- "We have fire drills; they are very safety conscious here."
- "The staff are all great."
- "The staff can't do enough for you."

Staff and volunteer comments included:

- "I love coming to work."
- "Making them (service users) smile is so important."
- "It's a good staff team; we work well together and ensure we provide the best service."

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staffing arrangements, knowledge of adult safeguarding and risk management.

## Areas for improvement

One new area for improvement was identified in regard to the staff induction programme.

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

### 6.4 Is care effective?

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

The inspector reviewed the day care setting's arrangements for appropriately responding to and meeting the needs of people who use the service.

Information relating to the nature and range of services provided was outlined in the Statement of Purpose. Observations throughout the inspection confirmed that the day care setting was providing care in accordance with their Statement of Purpose.

The inspector reviewed elements of three service users' care files; they contained referral information, service user agreements, transport assessments, service users handling and falls assessments, continence assessments, general assessment and care plans. Care plans were comprehensive, person centred, holistic and concisely reflected the needs of the service users, including communication needs. It was positive to note that care plans were regularly reviewed and were signed by the service users to evidence consultation and agreement with arrangements in place.

Care records also reflected the multi-professional input into the service users' health and social care needs, when applicable.

The manager and day care worker confirmed they use these records to guide their practice and therefore recognised the importance of keeping records current and relevant.

Review of records confirmed there were systems in place to review service users' placements within the centre and ensure that they are appropriate to meet their health and social care needs, including initial reviews and annual reviews. Review records selected for inspection provided positive feedback from service users and their representatives with regard to the day care service.

A record was kept of each service user's involvement and progress at the centre and entries were made in proportion to the frequency of attendance of the individual. Dates and signatures were present in all of the files examined.

Records were noted to be well organised and stored safely and securely in line with data protection requirements.

Observations of staff interactions with service users evidenced awareness of the need for person centred interventions which facilitate engagement with service users and promoted effective communication. The day care worker spoken with demonstrated the knowledge, skills and experience necessary to fulfil their roles and responsibilities. They were

knowledgeable about the centre's philosophy of care, promotion of human rights and risk management.

The manager also described how staff know service users well and are observant of any change in dependency or mood and proactively take appropriate measures to promote/ensure the safety and wellbeing of the service user.

Discussions with service users provided assurances that staff had responded to service users' needs, wishes, feelings and opinions with the aim of ensuring they were experiencing the most effective day care in this setting.

Service users confirmed that they were empowered to express their views routinely on a day to day basis. Service users indicated that they could freely communicate with staff and the manager and were confident that the staff would respond appropriately to any issues raised. This feedback demonstrates that service users are valued as individuals and are listened to and what is important to them is viewed as important to the service. In addition, it supports the protection and promotion of individualised and person centred care and support for service users.

Discussion with service users, a day care worker and a volunteer evidenced that they felt the care was effective.

#### **Service users' comments included:**

- "The place is brilliant; I would recommend it to anyone."
- "The staff are very knowledgeable"
- "You could talk to staff if you are worried about anything."

#### **Staff and volunteer comments included:**

- "The care plans and assessments give us the information to know how to support everyone, as everyone is different."

#### **Areas of good practice**

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

#### **Areas for improvement**

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

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

## 6.5 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.**

On the day of inspection the inspector found that the approach of both the manager and staff reflected the day centre's ethos of dignity and respect, independence, rights, equality and diversity.

Service users were keen to share with the inspector how much they enjoyed attending the day centre and the positive relationships they have with staff. Service users also reflected on the friendships they had developed as a result of attending the day centre with other service users and how this impacted positively on their emotional wellbeing and mental health.

Staff were observed encouraging service users to discuss their preferences and engaging with them to maintain and develop their cognitive and social skills through discussion and activities.

Interactions between service users and staff were friendly, relaxed and spontaneous. There was genuine warmth in the engagement of staff with service users as they shared stories and jokes with each other throughout the day. The manager and day care worker spoken with were knowledgeable regarding service users' likes, dislikes and individual preferences.

Discussion with service users and a review of the day centre's daily activity log evidenced that service users were enabled and supported by staff to engage and participate in meaningful activities. It was positive to note that staff from a local bank visited service users and gave a talk on bogus callers after which they provided a question and answer session.

Observations of care showed staff were vigilant in responding to verbal and nonverbal cues with staff interventions being proactive and timely. Staff were also noted to be observant of service users whose independence and opportunities in the setting need additional support.

Discussions with staff established that they were aware of their responsibilities and requirements to ensure service user confidentiality and consent. They recognised that giving and obtaining consent is an ongoing process, not a one off event

The manager and service users advised that service user meetings are typically held monthly and review of records verified this. A review of a sample of minutes from the meetings in April 2019 and May 2019 evidenced service users being consulted regarding outings and transport arrangements in addition to receiving a fire awareness session. The inspector recommended that the actions identified at the meetings should be carried over to the following meeting and reviewed to reflect if they have achieved or remain on the action plan with updated timescales. The manager agreed to include this information in the minutes for future meetings.

Discussion with service users, a day care worker and a volunteer evidenced that they felt the care was compassionate.

### **Service users' comments included:**

- "I really love coming here; it keeps your mood up."
- "I love the bingo and quizzes."

- “Great outings and activities, staff always ask what activities or where you would like to go.”
- “We have great fun and you always get a laugh.”
- “Everyone is treated the same, there is no difference made.”
- “We have a good laugh, I really enjoy coming here.”

Staff and volunteer comments included:

- “Activities are led by what they (service users) would like to do.”

**Areas of good practice**

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

**Areas for improvement**

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

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

**6.6 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 inspection assessed the agency’s arrangements and governance systems in place to meet the needs of service users and drive quality improvement.

The service is managed on a day to day basis by the manager with the support of three day care workers. The day care worker and volunteer who spoke with the inspector during the inspection could clearly describe their roles, responsibilities and lines of accountability.

There was a clear organisational structure and the registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was also current and displayed.

The inspector confirmed that there are a range of policies and procedures in place to guide and inform staff. The day care worker confirmed they were aware of the policies and they were easily accessible by staff.

Discussions with the manager and day care worker confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. This included the availability of continuous update training alongside supervision/appraisal processes, an open door policy for discussions with the manager and senior manager and observation of staff practice. A review of a sample of records verified that staff received three monthly supervision

sessions and an annual appraisal is undertaken. The day care worker viewed supervision as a useful part of their accountability feedback system and of their individual development.

The complaints record was reviewed and evidenced that no complaints had been received since the last inspection. The manager confidently described the procedure in place for recording and managing informal and formal complaints. The inspector noted a number of thank you cards received by the day centre, evidencing a high level of appreciation of staff attitude and values.

The inspector verified that staff meetings were typically held three monthly. It was positive to note in the minutes of the June 2019 meeting that staff discussed the Human Rights Act and potential impact of practices which are deemed restrictive on service users' human rights. The inspector discussed the development of the NISCC website learning zone which may be beneficial for promoting staff development and training opportunities for use within team meetings in the day centre. The manager advised that they would review this resource and share with the staff team.

The inspector sampled regulation 28 monthly quality monitoring visit reports from April 2019 to June 2019. The reports evidenced a review of the conduct of the day care setting and engagement with service users, service users' next of kin and staff and the development of action plans for follow up at subsequent visits. It was positive to note that the senior manager sought consent from service users to contact their next of kin as part of the consultation process.

The annual report which provided a review of the quality of care for 2018/2019 was reviewed. This contained all elements as required in Schedule 3 of The Day Care Settings Regulations (NI) 2007.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The manager confirmed that this was addressed with staff through their training, supervision and appraisal process.

The inspector noted that the day care setting collects equality information in relation to service users, during the referral and assessment process. The manager confirmed that this data is used for the purpose of providing person centred care. Some of the areas of equality awareness identified during the inspection include:

- effective communication
- service user involvement
- advocacy
- equity of care and support
- individualised person centred care
- disability awareness

Discussion with service users, a day care worker and a volunteer evidenced that they felt the service was well led.

**Service users' comments included:**

- "You couldn't ask for better than the manager."



- “We missed the manager, when she was off.”

Staff and volunteer comments included:

- “The manager is so enthusiastic, always trying to do the best for the service users.”
- “Could talk to the manager or senior manager about anything.”

### Areas of good practice

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

### Areas for improvement

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

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

## 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 manager, as part of the inspection process. The timescales commence from the date of inspection.

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

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

## 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Day Care 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 Settings Minimum Standards, 2012

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 21.8</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> Immediate and ongoing from the date of inspection</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: 6.1</p>
	<p><b>Response by registered person detailing the actions taken:</b> A record is held in the centre of all induction and training undertaken by all staff. A record of induction given to bank staff in the centre is in place.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 21.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure staff who are newly appointed, agency staff and students are required to complete structured orientation and induction. For social care staff this will mean having regard to NISCC's Induction Standards for new workers in social care, to ensure that they are competent to carry out the duties for their job, in line with the setting's policies and procedures.</p> <p>Ref: 6.3</p>
	<p><b>Response by registered person detailing the actions taken:</b> Induction programme for all staff has been updated and includes a competency assessment and NISCC induction standards.</p>

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



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