



The Regulation and
Quality Improvement
Authority

Age NI St Paul's Day Centre
RQIA ID: 11302
Ballinderry Road
Lisburn
BT28 1UD

Inspector: Lorraine Wilson
Inspection ID: IN023528

Tel: 02892678998
Email: margaret.carlisle@ageni.org

**Announced Care Inspection
of
Age NI St Paul's Day Centre**

**25 September 2015
and
Incorporating 'Age NI Aghalee Day Centre'
30 September 2015**

**The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk**

1. Summary of Inspection

An announced care inspection of Age NI St Paul's Day Centre took place on 25 September 2015 from 10.10 to 14.55 and of Aghalee Day Centre on 30 September 2015 from 12.20 to 14.45.

St Paul's centre was telephoned at 09.10 hours on the morning of inspection to advise of the inspection. Confirmation was provided that the manager of St Paul's was on unplanned leave and a registered manager from another AGE NI day care service was providing management support and cover and was due to be in attendance on the day of inspection.

Generally on both days of inspection the Day Care Settings were found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Settings Regulations (Northern Ireland) 2007, The Day Care Settings Minimum Standards 2012.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	3	11

The details of the QIP within this report were discussed with Mrs Myrtle Johnston, registered manager of AGE NI (Laurelhill), as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Age NI/Linda Robinson	Registered Manager: Mrs Margaret Carlisle
Person in Charge of the Day Care Setting at the Time of Inspection: Myrtle Johnston	Date Manager Registered: Registration Pending
Number of Service Users Accommodated on Day of Inspection: St Paul's - 12 Aghalee - 7	Number of Registered Places: 45

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

Standard 5: Care Plan - Where appropriate service users receive individual continence promotion and support.

Standard 8: Service Users' Involvement - Service users' views and comments shape the quality of services and facilities provided by the Day Care Setting

4. Methods/Process

Prior to inspection the following records were analysed:

- the previous care inspection report and returned Quality Improvement Plan (QIP)
- a review of notifiable events submitted since the previous care inspection
- written and verbal communication received since the previous care inspection

At the commencement of the inspection, a poster was displayed in the centre informing service users and their representatives that an inspection was taking place and inviting them to speak to the inspector to provide their views of the service.

Age NI regional manager for the service was in attendance at St Paul's for a short time at the commencement of the inspection.

Service users confirmed their preference to meet as a group and 16 service users met with the inspector during the two days of inspection.

Three staff met with the inspector individually and discussed the standards being inspected.

During the inspection the following records were examined:

- the statement of purpose
- the service user guide
- complaints recorded from March to September 2015
- samples of three monthly monitoring reports
- selected policies and procedures relevant to standard 5 and 8
- minutes of meetings of the service user group from March to September 2015
- file records for five service users
- staff duty rotas for weeks commencing 14 and 21 September 2015
- two staff training records
- staff supervisory history

Care delivery and care practices were observed during periods throughout the inspection and a review of the general environment of both day care services was undertaken.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the service was an announced estates inspection dated 23 March 2015. Confirmation was provided by the estates inspector that the QIP was returned and had been approved.

Areas for follow up included:

- A. Draught sealing of external doors
- B. Suitable seating for service users
- C. Additional usage of the halls
- D. Confirmation of compliance with statutory requirements relating to the premises
- E. Availability of current fire risk assessment

5.2 Review of Requirements and Recommendations from the Last Care Inspection

The previous care inspection was undertaken on 13 and 18 March 2015. The completed QIP was returned and approved by the care inspector on 4 June 2015.

Previous Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1 Ref: Regulation 14.1</p>	<p>The registered person must ensure the issue of space in Aghalee is addressed which is due to the increasing numbers on the one day of operation. The use of the large hall should be progressed as a matter of urgency or the numbers of service users using rolators and/or wheelchairs should be managed to ensure the use of the small group room and dining hall accommodates the service user numbers and needs.</p> <p>Ref: Follow up to previous issues</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>Confirmation was provided that there had been upgrading of the Aghalee premises, and the large hall had recently been repainted since the previous care inspection.</p> <p>The small hall was being used for activity provision on the day of inspection. This was assessed as suitable for the small number of service users attending the centre on the day of inspection. Service users were served lunch in the large hall.</p>	

<p>Requirement 2</p> <p>Ref: Regulation 19(2)(3)(a)(b)</p>	<p>The registered person must ensure that records as specified in Schedule 5, are maintained in the day centre, are kept up to date. These records must be available for inspection at all times.</p> <p>Ref: Theme 2</p> <p>Action taken as confirmed during the inspection:</p> <p>There was a noted improvement in the management of records, and the inspector can confirm that the sample of records requested in relation to the standards inspected during this inspection were accessible and available for inspection.</p>	<p>Met</p>
<p>Requirement 3</p> <p>Ref: Regulation 20(1)(a)(c)(i)(iii)(2)</p>	<p>The registered person must ensure that at all times staff competency has been assessed and records of evidence regarding the same are maintained, particularly for any staff who assumes responsibility in the manager's absence.</p> <p>All staff must receive supervision at least once every three months, be appropriately supervised by a suitable person, receive an annual appraisal, mandatory training and other training such as food hygiene training appropriate for the duties they perform.</p> <p>Records to evidence compliance in this regard must be available for future inspections.</p> <p>Ref: Theme 2</p> <p>Action taken as confirmed during the inspection:</p> <p>The inspector confirmed that records of staff competency were available, and evidence was presented that staff supervision had commenced and details of supervision and appraisal were in place.</p> <p>The inspector was informed that the manager had not commenced planned management training in September 2015 due to unplanned leave.</p> <p>Staff training records reviewed confirmed that three staff members attended fire training in June 2015. Staff advised the inspector that continence and first aid training was scheduled to be held in November 2015.</p>	<p>Partially Met</p>

	The training records of two support staff evidenced that apart from fire training held in June 2015, there had been no other mandatory training updates since 2012. There was no evidence that food hygiene training had been provided as required during the previous care inspection. The part of this requirement regarding training will be stated for a second time.	
Requirement 4 Ref: Regulation 28(2)(c), (3), (4)(a)(b)(c),5(a)(b)	<p>(a) The registered person must ensure that monthly monitoring visits are undertaken and a report of the visit is maintained in the centre and is available for inspection at all times.</p> <p>(b) The registered person should also ensure there is an effective policy and procedure regarding the regulation 28 visit which outlines the purpose, content and process of the regulation 28 announced and unannounced visits and incorporates arrangements to ensure staff are aware of the process of the visits and have access to the reports and any subsequent action plans.</p> <p>Ref: Theme 2</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The inspector evidenced that monthly monitoring reports were available for inspection.</p> <p>A policy and procedure was also available.</p>	
Requirement 5 Ref: Regulation 24(8)	<p>The registered person must supply a statement to RQIA by return, of the complaints made during 1 January 2013 to December 31 2013.</p> <p>Ref: Additional areas examined</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The information requested was made available following the previous care inspection.</p>	

Previous Inspection Recommendations		Validation of Compliance
<p>Recommendation 1</p> <p>Ref: Standard 12</p>	<p>Carried forward for review at next inspection.</p> <p>The registered person in Age NI must urgently address the issues regarding transportation of service users to and from the day care settings with the South Eastern Trust, specifically the following issues must be addressed to ensure the safety and comfort of service users:</p> <ul style="list-style-type: none"> • The journey times should be reduced in compliance with criterion 12.4 • The rolators carried on the bus must be secure • The use of the tail lift should be reviewed to ensure arrangements in place are safe • The leaving of service users on the bus whilst service users are collected from their homes must be compliant with criterion 12.8. <p>Ref: Follow up to previous issues</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>The inspector discussed transport arrangements with the manager in charge of the centre on the day of inspection. Staff and service users were also consulted.</p> <p>The majority of service users attending St Paul's and Aghalee are transported by staff employed by the South Eastern Health and Social Care Trust, for which the registered persons of Age NI have no direct management responsibility.</p> <p>This has been generally satisfactory unless trust transport staff are absent, for example on leave or ill.</p> <p>Management and staff confirmed that during periods of absence by regular drivers the trust transport staff made reasonable interim arrangements. Taxis were authorised and funded to bring service users to and from the day centre.</p> <p>Service users acknowledged that whilst they received short notice in compliance with the transport standard, that trust transport was not available, they had concerns taxi arrangements were</p>	

	<p>unsatisfactory. Examples were provided of occasions when taxis sent had not waited for service users to exit their premises or had not turned up.</p> <p>The manager attending the inspection confirmed that she was aware of the issues identified by service users, and had raised these with the trust transport manager.</p> <p>Confirmation was also provided by the manager that systems to secure rotators were in place, and that she had observed no safety concerns when transport staff used the tail lift.</p>	
<p>Recommendation 2</p> <p>Ref: Standard 15.2</p>	<p>The registered manager should revise the process of preparing for a review to evidence the referral agent's involvement in the review process.</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>Ref: Follow up to previous issues</p> <p>Action taken as confirmed during the inspection:</p> <p>The sample of reviews examined confirmed that the review was attended by the manager and service user.</p> <p>The manager in charge on the day of inspection confirmed that due to some service users' changing needs, reviews were being arranged whereby the care manager and nominated representative were being invited.</p> <p>There was no recorded evidence that person centred training had been provided for staff involved in the review process. This part of the recommendation will be stated for a third time.</p>	<p>Partially Met</p>

<p>Recommendation 3 Ref: Standard 15.4</p>	<p>The registered manager should ensure appropriate arrangements are in place to ensure service users views are recorded regarding their view of the care they receive for the review and preferably prior to the review, for example a questionnaire or a summary of their time in the centre.</p> <p>Ref: Follow up to previous issues</p> <p>Action taken as confirmed during the inspection:</p> <p>In the reviews sampled there was evidence of compliance as questionnaires had been completed by individual service users.</p>	<p>Met</p>
<p>Recommendation 4 Ref: Standard 15.5</p>	<p>The registered manager should revise the review reports format to ensure compliance with this standard.</p> <p>Ref: Follow up to previous issues</p> <p>Action taken as confirmed during the inspection:</p> <p>There was evidence of improvement in addressing this recommendation. It was discussed with the manager in charge on the day of inspection that the review reports could be developed further to address all aspects of day care in compliance with Standard 15, Criterion 15.5. This recommendation will not be stated again.</p>	<p>Met</p>
<p>Recommendation 5 Ref: Standard 7.3</p>	<p>The registered person should ensure a record is maintained of requests for access to service user records and the outcomes of requests are recorded in individual records.</p> <p>Ref: 7.3.</p> <p>Action taken as confirmed during the inspection:</p> <p>Confirmation was provided that when a request was made for access to service user records, details would be recorded on the contact sheet for each service user.</p>	<p>Met</p>

<p>Recommendation 6</p> <p>Ref: Standard 15.3</p>	<p>The registered person must ensure that service user reviews take place as a minimum once a year in accordance with this standard and Age NI procedures.</p> <p>Ref: 7.4</p> <p>Action taken as confirmed during the inspection:</p> <p>There was evidence to confirm that annual service user reviews had commenced and were ongoing at the time of inspection.</p>	<p>Met</p>
<p>Recommendation 7</p> <p>Ref: Standard 21.4</p>	<p>The registered person should ensure that training is provided to staff in restraint and seclusion, and the programme of training provided is retained.</p> <p>Ref: Theme 1</p> <p>Action taken as confirmed during the inspection:</p> <p>Confirmation was provided that there are policies and procedures available for staff to reference on restraint and seclusion. There were no records available to confirm that staff had received recommended training.</p> <p>Discussion with management and staff confirmed that no restraint or seclusion is used within either centres.</p> <p>Therefore, this recommendation is not being stated again.</p>	<p>Not Met</p>
<p>Recommendation 8</p> <p>Ref: Standard 25.2</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.</p> <p>Ref: Summary</p> <p>Action taken as confirmed during the inspection:</p> <p>Records of complaints examined confirmed that service users continue to raise issues about the temperature of the building.</p> <p>There were no available records of temperature monitoring provided during this inspection. Confirmation was provided by management and staff</p>	<p>Partially Met</p>

	<p>that the temperature in St Paul's had not been monitored during the summer months and no issues were identified during this period.</p> <p>The inspector was informed that temperature monitoring of the building was due to commence in October 2015.</p> <p>The temperature variance in the premises was also raised during an estates inspection undertaken on 23 March 2015.</p> <p>This recommendation will be stated for a second time.</p>	
<p>Recommendation 9</p> <p>Ref: Standard 21.4 23.7 23.8</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. • a record is kept of staff working each day and the capacity in which they worked, for example if they are designated to be in charge in the manager's absence. • staff meetings take place on a regular basis and at least quarterly, and records are maintained. <p>Ref: Theme 2</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>There was no record of an individual staff training and development plan available during the inspection.</p> <p>A discussion post inspection with the Age NI manager in charge confirmed that the information was retained by Age NI personnel staff. It was agreed that a copy of this information would be requested to be forwarded to RQIA. At the time of writing this report, this information remains outstanding. This part of the recommendation will be stated for a second time.</p> <p>The capacity and whereabouts of staff is recorded on a weekly duty roster which was available for inspection.</p> <p>There was recorded evidence that staff meetings had taken place.</p>	<p>Partially Met</p>

5.3 Standard 5: Care Plan - Where appropriate service users receive individual continence promotion and support

Is Care Safe?

Age NI have a continence promotion policy and procedure in place which promotes dignity and comfort of service users. The policy is due for review in November 2015 and should be revised and updated to incorporate evidence based guidance in continence management.

Age NI St Paul's and Aghalee provide day care to service users, the majority of whom attend the toilet independently. Continence or intimate care is not provided by staff at this setting.

Management discuss service users' continence care needs as part of the core assessment which is completed on admission. Where there is an assessed need for continence care, arrangements to ensure service user's needs are addressed are implemented, and this was evidenced during the inspection of St Paul's.

When a service user's needs change the manager will contact the referrer for a re assessment to ensure their needs can continue to be met within the day care setting, and again this was evidenced during this inspection.

Staff confirmed that any changes identified in relation to service users continence needs will be reported to the manager of the service. This is to identify need and ensure staff can support the service user in this setting.

Three staff returned inspection questionnaires. Questions were asked about safe care in relation to continence management; two staff members indicated satisfaction with support from the multidisciplinary team. Another staff member indicated this was not applicable. One staff indicated satisfaction regarding timely access to equipment to meet assessed needs, whilst two other staff indicated this was not applicable.

The three staff members confirmed they were satisfied with arrangements for access to personal protective equipment, and were satisfied that they possessed sufficient knowledge, skills and experience in how to assist a service user with their personal needs based on their care plan.

The staff responses in completed questionnaires confirmed that they are unsatisfied with specific training in the centre including the centre's policy and training in continence management. One respondent indicated continence training was arranged for November 2015.

Staff views and comments were shared with the manager in charge post inspection. Management and staff confirmed that training in first aid and continence care is scheduled for November 2015.

RQIA require confirmation that mandatory refresher training updates and training appropriate for the role is provided to staff. Staff training needs had been identified during the previous care inspection, and as these have not been fully met the requirement regarding staff training is stated for a second time.

Is Care Effective?

A total of five service users' files were reviewed during this inspection. A number of care files had been reviewed and rewritten since the previous care inspection, and it was positive to note an overall improvement was evidenced in the care files sampled.

Each service user had a core assessment including an assessment of their continence care needs. A range of risk assessments had also been completed by staff, and in care files sampled in Aghalee day centre, a continence assessment which had recently been introduced by Age NI was also in place. The assessment and risk assessments culminated in an individual goal based care plan being devised for each service user. It was noted that a photograph of the service user was not included in all records. This is identified as an area for improvement. Where a service user declines to provide consent for a photograph, this information should be recorded on the service user file.

There was evidence that service users and or their representatives' work together with staff when planning care. Generally the care records sampled were recorded satisfactorily and review care plans examined verified that they were regularly reviewed to ensure care plan objectives remain relevant and accurate.

As previously stated, staff had not received training in continence management at the time of inspection, but confirmation was provided that this has been arranged for November 2015.

An inspection of the environment confirmed that clean, suitably maintained odour free toilet facilities were available.

Four service users responded in questionnaires that they feel very satisfied that staff know how to care for them.

Generally there was evidence to confirm that an effective service was delivered.

Is Care Compassionate?

Staff interaction presented evidence of staff engaging with service users regarding activities and day to day news during the inspection period. Observation revealed that service users were treated respectfully and staff took time to listen to service users' preferences, wishes and feelings.

Three service users reported in returned questionnaires they are very satisfied that their views and opinions are sought regarding the day centre. One service user was unsatisfied that their view and opinion was sought about the quality of the service, commenting there was a lack of communication between staff and clients. This is identified as an area for improvement for management to address.

Two of the three staff completing questionnaires responded that they are very satisfied or satisfied that service users are afforded privacy, dignity and respect at all times.

They were also satisfied that service users are encouraged to retain their independence and make choices; and that they have time to talk to and listen to service users; and the care provided is based on service users' needs and wishes.

A staff response indicated that they were unsatisfied that service users are afforded privacy, dignity and respect at all times, or that staff have time to listen and talk to service users, and that care provided is based on individual service needs and wishes.

A concern was raised that as the centre is used by other groups and statutory bodies, there was no dedicated office in which service users could speak privately with staff on a one to one basis. In addition there is little quality time to spend with service users due to frequent staff shortages.

Confirmation was provided to the inspector that some of the issues were raised during a supervision session with management. The manager on duty on the day of inspection was advised post inspection of the issues identified, and confirmed that she was aware of the issues raised in relation to the environment and staff training.

During this inspection, staff approached service users with compassion however, issues which have been identified by service users and staff have the potential to impact on service users and these issues should be addressed by Age NI as an organisation.

Areas for Improvement

Two requirements and two recommendations were made regarding this standard. One requirement regarding staff training is restated from the previous care inspection for a second time.

The requirements and recommendations are in respect of the following:

- The continence policy due for review in November 2015 should be revised and updated to incorporate evidence based guidance in continence management
- RQIA require confirmation that mandatory training and refresher updates and training appropriate for the role is provided to staff.
- A recent photograph of each service user should be maintained in the day care setting and where a service user declines to provide consent for a photograph, this information should be recorded on the service user file.
- In view of concerns expressed by service users and staff there should be improved communication between management, staff and service users. RQIA should be informed how this has been effectively demonstrated.

Number of Requirements:	2	Number of Recommendations:	2
--------------------------------	----------	-----------------------------------	----------

5.4 Standard 8: Service Users' Involvement - Service users' views and comments shape the quality of services and facilities provided by the Day Care setting

Is Care Safe?

Age NI as an organisation has a range of corporate policies and procedures which promote service user involvement and empowerment, and examples of these were presented during inspection. These include policies on service user/carer involvement, personal development for service users and communication with carers and representatives.

Records of service user meetings and service users' individual records also indicate personal choice and preferences are encouraged and recorded.

The majority of service users in both St Paul's and Aghalee day centres actively engaged in the inspection process, confirming that they preferred to meet the inspector as a group. They spoke of the importance of the centre to them and why they enjoyed attending.

Confirmation was provided that the support staff are very good. Several service users, however, did raise a number of issues with the inspector.

The majority of service users expressed the view that insufficient numbers of staff were available on a day to day basis, and several expressed dissatisfaction with transport arrangements to and from the service. A number of service users travel to and from the centre independently or with a relative, whilst the South Eastern Trust provides transport for the remainder. Service users confirm that when trust transport is provided it generally works well; however increasingly there have been occasions when staff and service users have been informed at short notice that trust transport is unavailable. On these occasions interim arrangements were made by the trust and taxis were arranged and funded for service users to ensure they were able to attend the centre. This is considered a reasonable alternative arrangement.

Several service users, however, advised of occasions when taxi drivers did not always wait until they exited their home and on some occasions did not turn up. The manager in charge of the centre on the day of inspection has no management responsibility for trust transport arrangements, but provided confirmation that the comments and views of service users in relation to transport have been raised with the trust transport manager.

Service users in St Paul's were concerned that there had been a lack of outings during the summer months. Records available confirmed that service users who attended Aghalee centre had been on a summer outing to a farm shop in Newtownards in August 2015.

This had also been raised as a complaint with Age NI management. The regional manager informed the inspector of this complaint at the commencement of the inspection and advised that outings were being arranged for forthcoming months.

Some service users also stated that they were worried about the future of the centre as it had been some time since any new service users had attended the service. The manager in attendance confirmed that there were several assessments planned for service users who had indicated they would like to attend the centre, and several service users who currently attend were also being offered additional days at the centre.

Four questionnaires were completed by service users. Comments indicated that service users were very satisfied or satisfied with the care and support provided. They confirmed that staff responded to their needs and know how to care for them and they feel safe and secure at the day centre.

Several service users who met the inspector and two service users who responded in questionnaires confirmed they were very unsatisfied and two were unsatisfied that staffing levels are appropriate at all times.

Comments by service users included:

- "Need for more staff, would help greatly."
- "Understaffed."
- "More staff."
- "The staff are very good, but there are not enough of them."

The centre manager was on unplanned leave at the time of inspection. A registered manager from Age NI Laurelhill centre was providing management support and was undertaking management duties in St Paul's two to three days each week, and was in St Paul's along with two support staff on the day of inspection.

The duty rotas reviewed for a two week period indicated that on the majority of occasions two staff were in attendance, with occasions when three staff were rostered. To ensure there is an effective management and support system in place at all times to meet the needs of service users, staffing arrangements at the centre should be reviewed. This was identified as an area for improvement.

Throughout both days of inspection staff were observed communicating effectively with service users; however comments expressed by service users indicate dissatisfaction in a number of areas which should be addressed by Age NI as an organisation.

Is Care Effective

The centre has systems in place which encourage service user involvement and these include informal discussions, formal service user meetings, participation in day care events, and service user questionnaires.

Annual reviews evaluate the suitability of each service user's placement and staff presented as being knowledgeable about the needs of each person who attends the centre.

Service users were observed taking part in a game of bingo on the morning of inspection in St Paul's and some service users attended a bric a brac stall set up in the church hall.

Whilst some service users had concerns which they discussed during inspection, the majority spoke positively about the service, the facilities and their opportunities for involvement and their ability to exercise choice.

Comments made by service users included:

- "I enjoy the friendship."
- "I have been coming here for almost thirty years and enjoy coming."
- "I feel there should be more staff, more outings and improved activities."
- "It is so hard to arrange things that please everybody."
- "I enjoyed the talk by the benefit lady which was helpful."
- "The staff are good, but there are not enough of them."

The inspection confirmed that service users' views, opinions and preferences are sought in the setting and this information is used to inform day care delivery.

Is Care Compassionate?

There was a positive atmosphere amongst service users and staff members, who presented as committed to ensuring the best possible outcomes from their work. The interactions observed showed staff speaking to each service user as an individual, giving them time and encouraging communication. This was a person centred approach to communication, and service users advised that they feel at ease when speaking to staff.

The annual quality report for the service completed in April 2015 provided a positive overall view of the service with positive comments and good levels of satisfaction recorded.

The annual report format and template should be further reviewed to ensure that all matters to be monitored by the registered persons as indicated in The Day Care Setting Regulations (Northern Ireland) 2007, (regulation 17 (1) schedule 3) are included. This was identified as an area for improvement.

This inspection confirmed that overall staff were using a compassionate approach to gather service users' views, opinions and preferences.

Areas for Improvement

Two recommendations were made; one is in relation to reviewing staffing arrangements and another to enhance the annual report content and template.

Number of Requirements:	0	Number of Recommendations:	2
--------------------------------	----------	-----------------------------------	----------

5.5 Additional Areas Examined

5.5.1 Management and Control of Operations

St Paul's incorporating Aghalee currently have no registered manager. On the day of inspection, a regional manager from Age NI confirmed that the centre's designated manager was on unplanned leave.

The management arrangements for the centre were verbally discussed, and confirmation was provided that a registered manager from another centre in the organisation was providing management support and cover. An assurance was provided that correspondence outlining the management arrangements would be submitted to RQIA. To date this information remains outstanding. A recommendation was made.

A regional manager monitors the service on behalf of the registered person and completes a monthly monitoring report, samples of which were reviewed during inspection. Overall reports were completed appropriately; however the following areas for improvement were identified.

Service user unique identification should be recorded to ensure a range of service users' views are obtained each month. In addition the monthly monitoring inspection should include details and suitability of staffing arrangements and staff training. The report should evidence that both day centres are being managed in accordance with minimum standards in these areas.

It was also noted that no current certificate of registration for the service was displayed or available for inspection. This should be addressed without delay.

5.5.2 Complaints

Complaints received from March to September 2015 were reviewed during this inspection. A number of complaints have been received from service users, with similar themes pertaining to the environment emerging. It was noted that not all service users were fully satisfied with the complaint outcome.

It is recommended that complaint records are further developed to include advice to service users on who to contact if they remain dissatisfied or require support services, including advocacy services.

5.5.3 Environment

On the day of inspection, the large hall in St Paul's was not accessible for service users as it had been set up to sell bric a brac at a car boot sale which was arranged for later in the afternoon.

Discussion with Age NI management and staff confirmed that car boot sales were arranged by the church and held regularly at the premises during summer months, resulting in service users having no access to the large hall on these dates.

Staff consulted and responses in returned staff questionnaires indicated that as the centre's environment is shared with other groups, there is the potential for vulnerability of service users.

During an estates inspection undertaken on 23 March 2015, the RQIA estates inspector had raised a requirement that any additional usage of the halls, and especially the kitchen, does not adversely affect the provision of service within the day centre. This requirement remains outstanding, and is also being stated by the care inspector.

The regional manager confirmed during discussion with the inspector that she was aware of the restrictions of the premises and discussions were ongoing with Age NI management in this regard.

The centre was clean and odour free on the day of inspection and an adequate number of male and female toilet areas were available.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Myrtle Johnston, a registered manager of Age NI, Laurehill, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Day Care Settings Regulations (Northern Ireland) 2007.

6.2 Recommendations

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

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/ registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to day.care@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Statutory Requirements	
<p>Requirement 1</p> <p>Ref: Regulation 20(1)(a)(c)(i)(iii)(2)</p> <p>Stated: Second time</p> <p>To be Completed by: 31 January 2016</p>	<p>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.</p> <p>Records to evidence compliance in this regard must be available for future inspections.</p> <p>Ref 5.2 (Requirement 3)</p> <p>Response by Registered Person(s) Detailing the Actions Taken: All mandatory training will be completed by 31st January and a copy of the training matrix will be forwarded to RQIA</p>
<p>Requirement 2</p> <p>Ref: Regulation 19(1)(a)</p> <p>Stated: First time</p> <p>To be Completed by: 31 October 2015</p>	<p>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 information is recorded on the service user file.</p> <p>Ref 5.3</p> <p>Response by Registered Person(s) Detailing the Actions Taken: This was commenced before inspection as explained to the inspector on the day and has now been completed.</p>
<p>Requirement 3</p> <p>Ref: Regulation 26(2)(a)</p> <p>Stated: First time</p> <p>To be Completed by: 31 October 2015.</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.</p> <p>Ref Additional Information 5.5.3</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Steps are taken to consult the landlord when the large hall is not available to ensure this does not effect the provision of service within the day centre on that day.</p>

Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 15.2</p> <p>Stated: Third time</p> <p>To be Completed by: 31 January 2016</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.</p> <p>Ref 5.2 (Recommendation 2)</p> <p>Response by Registered Person(s) Detailing the Actions Taken: This will be completed by 31st January 2016.</p>
<p>Recommendation 2</p> <p>Ref: Standard 25.2</p> <p>Stated: Second time</p> <p>To be Completed by: 1 October 2015</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.</p> <p>Ref 5.2 (Recommendation 8)</p> <p>Response by Registered Person(s) Detailing the Actions Taken: This was suspended during the summer but as explained to the inspector this would re- commence on the 1st of October and has done so.</p>
<p>Recommendation 3</p> <p>Ref: Standard 21.4</p> <p>Stated: Second time</p> <p>To be Completed by: 30 November 2015</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> <p>Response by Registered Person(s) Detailing the Actions Taken: There is a training plan in the staffs file which was seen by the inspector. The training plan has been reviewed and a copy held in each staff members file</p>
<p>Recommendation 4</p> <p>Ref: Standard 18</p> <p>Stated: First time</p> <p>To be Completed by: 31 December 2015</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> <p>Response by Registered Person(s) Detailing the Actions Taken: .Age NI are reviewing all policies in November 2015.</p>

<p>Recommendation 5</p> <p>Ref: Standard 17</p> <p>Stated: First time</p> <p>To be Completed by: 16 November 2015</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>
	<p>Response by Registered Person(s) Detailing the Actions Taken: Age NI send out a yearly quality questionnaire. The findings of the survey are held centrally in head office these are available to service users and staff. The manager also has a monthly meeting with the service users the minutes of these meetings were seen by the inspector.</p>
<p>Recommendation 6</p> <p>Ref: Standard 23.2</p> <p>Stated: First time</p> <p>To be Completed by: 16 November 2015</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>Response by Registered Person(s) Detailing the Actions Taken: We have now advertised for a senior care position which will ensure that sufficient staff are on duty at all times.</p>
<p>Recommendation 7</p> <p>Ref: Standard 17.11</p> <p>Stated: First time</p> <p>To be Completed by: When completing 2016 annual report</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.</p> <p>Ref 5.4</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: This is normal practice for the regional manager.</p>
<p>Recommendation 8</p> <p>Ref: Standard 17.5</p> <p>Stated: First time</p> <p>To be Completed by: 5 November 2015</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.</p> <p>Ref Additional Information 5.5.1</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: The regional manager has informed RQIA of management arrangements.</p>

<p>Recommendation 9</p> <p>Ref: Standard 17.10</p> <p>Stated: First time To be Completed by: 30 November 2015</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.</p> <p>Ref Additional Information 5.5.1</p>		
<p>Recommendation 10</p> <p>Ref: Standard 17.12</p> <p>Stated: First time To be Completed by: 9 November 2015</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>Response by Registered Person(s) Detailing the Actions Taken: The registered manager has been in touch with RQIA with a view to obtaining a copy of the registration certificate</p>		
<p>Recommendation 11</p> <p>Ref: Standard 14.6</p> <p>Stated: First time To be Completed by: 30 November 2015</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>Response by Registered Person(s) Detailing the Actions Taken: .At the monthly meeting with service users the registered manager will explain AgeNI policy on how to make a complaint.</p>		
<p>Registered Manager Completing QIP</p>	<p>Myrtle Johnston</p>	<p>Date Completed</p>	<p>11.11.2015</p>
<p>Registered Person Approving QIP</p>	<p>L. Johnston</p>	<p>Date Approved</p>	<p>12-11-15</p>
<p>RQIA Inspector Assessing Response</p>	<p>H. Marley</p>	<p>Date Approved</p>	<p>8-10-15</p>

Please ensure the QIP is completed in full and returned to day.care@rqia.org.uk from the authorised email address

