

Unannounced Care Inspection Report 26 February 2019



Foyleville Day Centre

Type of Service: Day Care Service
Address: Academy Road, Londonderry, BT48 7LE
Tel No: 02871263900
Inspector: Marie McCann

www.rqia.org.uk

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

Foyleville day centre is a day care setting that provides care and day time activities for up to 20 services users aged over 65 who may have a range of needs associated with physical disability, brain injury, sensory impairment, mild cognitive impairment and dementia. The day care setting is open from Monday to Friday.

3.0 Service details

Organisation/Registered Provider: Western Health and Social Care Trust (WHSCT)	Registered Manager: Mr Patrick McKeever
Responsible Individual: Dr Anne Kilgallen	
Person in charge at the time of inspection: Mr Patrick McKeever	Date manager registered: 23 December 2010
Number of registered places: 20	

4.0 Inspection summary

An unannounced inspection took place on 26 February 2019 from 09.50 to 17.00.

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and determined 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 staff training, adult safeguarding, risk management and the internal environment. Further areas of good practice were also noted in regard to audits and reviews; communication between service users, staff and other key stakeholders; the culture and ethos of the day care setting; and developing links with the local community. It was also positive to note good practice in relation to existing governance arrangements, and a focus on quality improvement.

Areas requiring improvement were identified in relation to fire safety, service user agreements and ensuring that all communications made on behalf of or with respect to service users are documented.

Service users' comments are included throughout the report.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	2

Details of the Quality Improvement Plan (QIP) were discussed with Patrick McKeever, 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.

4.2 Action/enforcement taken following the most recent care inspection dated 1 December 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 1 December 2017.

5.0 How we inspect

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

- The registration details of the day centre.
- Information and correspondence received by RQIA since the last inspection.
- Incident notifications which highlighted that one incident had been notified to RQIA since the last care inspection on 1 December 2017.
- Unannounced care inspection report and QIP from 1 December 2017.

During the inspection the inspector met with and greeted all service users, the registered manager, the day care worker, support service's staff member, a visiting professional and three service users' relatives.

The following records were examined during the inspection:

- Four service users' care records
- A sample of service users' daily records
- A sample of staff supervision records
- Competency and Capability Assessment
- Staff training matrix
- The day centre's complaints/compliments record since the last inspection
- Staff roster information for February 2019
- A sample of minutes of service users' meetings since the last inspection
- A sample of minutes of staff meetings since the last inspection
- The day centre's record of incidents and accidents since the last inspection
- A sample of monthly quality monitoring reports since the last inspection
- Fire Safety Information
- The annual quality report for the period 2017/2018
- Weekly activity timetables for February 2019
- The Statement of Purpose, January 2019
- Service User Guide.

At the request of the inspector, the registered 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.

Ten service user and/or relatives' questionnaires were provided for distribution; no questionnaires were returned to RQIA within the timeframe for inclusion in this report.

The inspector requested that the registered 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.

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

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 1 December 2017

The most recent inspection of the establishment was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 1 December 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Standard 23.7 Stated: First time	The registered person shall ensure that a record is kept of staff working each day and the capacity in which they worked.	Met

	<p>Action taken as confirmed during the inspection: Discussion with the registered manager and review of records highlighted that information was available which outlined the pattern of shifts which day care assistants typically worked within a rotating pattern. However, it was agreed with the registered manager that a staffing rota which accurately reflects the staff on duty in a contemporaneous manner was required. The registered manager ensured that such a rota was in place before completion of the inspection.</p>	
<p>Area for improvement 2 Ref: Standard 8.4 and 8.5 Stated: First time</p>	<p>The registered person should ensure that service users' views and opinions about the running of the service are sought on a formal basis at least once a year preferably by an organisation or person independent of the service and that a report is prepared that identifies the methods used to obtain the views and opinions of service users, which incorporates the comments made and issues raised by service users and any actions to be taken in response. A copy of this report is made available to service users.</p> <p>Action taken as confirmed during the inspection: The inspector confirmed that service users' views and opinions were sought as part of a survey in February 2018. The inspector noted at the time of inspection a further annual satisfaction questionnaire was in the process of being completed with service users which will inform the day centre's annual quality review report. This registered manager confirmed that this will include actions taken in response to service user feedback.</p>	<p>Met</p>

6.3 Inspection findings

6.4 Is care safe?

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

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 day centre has a human resources (HR) department which oversee the recruitment process, including the completion of appropriate pre-employment checks. The registered manager described the procedure for ensuring that staff are not provided for work until all necessary checks have been completed and confirmed that the outcome of these checks are retained by the HR department.

The registered manager described the staffing levels which have been assessed as necessary to provide a safe service in the setting. Assurances were provided to the inspector by the registered manager that sufficiently qualified, competent and experienced persons are working at all times to meet the assessed needs of the service users, taking into account the size and layout of the premises, the number of service users accommodated, fire safety requirements and the statement of purpose. Discussions with the day care worker and observations during the inspection verified that there were sufficient numbers of staff to meet the needs of service users.

The registered manager confirmed that there has been a consistent staff team working in the day centre and that no new staff have been employed for a number of years. In addition, discussions with the registered manager confirmed that there was also an appropriate induction process in place for any new staff who may be employed.

A competency and capability assessment had been completed for the staff member who, on occasion, may be in charge of the centre in the absence of the registered manager. A review of the competency and capability assessment confirmed that the staff member was assessed as competent to undertake their role and responsibilities. It was positive to note that this assessment was subject to periodic review to ensure that it remained accurate. The inspector advised that the staff member should also sign the document. The registered manager agreed to action this. Discussion with the staff member confirmed that they were willing to undertake this role.

The inspector viewed the day centre's system to ensure that all staff receive appropriate training to fulfil the duties of their role. A training matrix and analysis is maintained that enables the registered manager to monitor and review compliance levels in relation to training and updates which have been completed as part of a rolling programme of training. The inspector reviewed the training matrix, which confirmed that the majority of mandatory training had been completed with dates arranged for any update training now due. It was positive to note that staff had received training regarding regional changes in the management of those service users requiring a modified diet.

The day care setting's governance arrangements in place to highlight and promote the identification of and management of risk were inspected. All incidents and accidents were recorded on an electronic system which are reviewed and audited by the registered manager, senior manager and the WHSCT governance department. Any incidents and accidents were reviewed on a monthly basis by the senior manager as part of the monthly quality monitoring visits. A review of the incidents and accidents identified that there had been two incidents since the last inspection and that these had been managed appropriately. Discussion with the registered manager evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Observation of and discussion with the registered manager and day care worker evidenced that staff were very knowledgeable regarding each service user and the support they required in order to ensure their safety. In addition, discussions evidenced that they had an understanding of the management of risk, and an ability to balance assessed risks with the wishes and human rights of individual service users. The registered manager described a transparent learning culture within the setting in which staff are supported and encouraged to engage in reflective practice; the registered manager stated that this approach allows staff to consider any lessons learnt and review how to improve the day care experience for service users.

Discussions with the day care worker 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. The day care worker was aware of the organisation's whistleblowing policy if they could not resolve their concerns locally but indicated that they would be unlikely to need this due to the transparent working relationships that existed within the team.

The registered manager advised that there were no practices which are deemed restrictive, undertaken in the day centre. The registered manager demonstrated knowledge and understanding that any issues in this regard 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.

There were no recent or current adult safeguarding referrals or investigation records to examine. The registered manager confirmed that the WHSCT safeguarding practices are directed by the regional Adult Safeguarding Prevention and Protection in Partnership, July 2015 and its associated Operational Procedures, September 2016. Staff had received adult safeguarding training. Discussion with the registered manager and day care worker further established that they were aware of their roles and responsibilities in relation to reporting adult safeguarding concerns, maintaining factual records and there was a clear pathway for staff to follow in relation to referring safeguarding concerns to appropriate professionals.

Observations of the environment in the day centre concluded that it was clean and tidy. Discussion with the registered manager and observation of the environment confirmed that furniture, aids and appliances were fit for purpose for the needs of the service users. Infection prevention and control measures were in place, which included the availability of supplies of liquid soap and hand towels mounted on the wall, foot pedal operated bins and seven step hand hygiene notices which were positioned at wash hand basins. Staff also had effective access to gloves and aprons as required. No obvious health and safety hazards were identified and fire exits were clear and free from obstruction.

The day centre's fire safety precaution records were reviewed. It was noted the last full evacuation drill was undertaken on 17 September 2018. An updated fire risk assessment was completed on 5 November 2018 and the registered manager confirmed there were no outstanding actions. The registered manager and two other staff are trained as nominated fire officers for the setting to ensure that sufficiently competent persons are on duty at all times in the event of a fire. While a review of governance records relating to weekly fire alarm tests confirmed that these had typically been conducted, the inspector noted some gaps within these records. In addition, there was no record to confirm that the monthly fire safety checks, which include a check of escape routes, fire doors, fire extinguishers and emergency lighting, had been undertaken since September 2018. The inspector stressed that robust governance measures should be in place which ensure that any necessary environmental fire safety checks are completed within expected timescales. The registered manager provided assurances that the areas identified would be actioned with immediate effect. An area for improvement was made in this regard.

Discussion with service users, their relatives and the day care worker evidenced that they felt the care was safe. The following is a sample of comments made:

Service users' comments:

- "I wish I could be here 24/7, the staff are great."
- "I have been coming here six months, I really enjoy it, it's so good to get out and meet others."

Relatives' comments:

- "Couldn't speak highly enough of the place and the staff."
- "No complaints at all."
- "The place is fantastic."
- "Nothing is a bother to the staff."
- "I have confidence leaving xxxx here that they will be well looked after."
- "Staff have a good understanding of xxxx needs, they keep me well informed."

Staff comments:

- "I love the job."
- "Ensuring everyone is safe and happy is very important."
- "Recent training received on the virtual dementia bus was a really good experience and provided useful insight to the experiences of those living with dementia."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, knowledge of adult safeguarding, risk management and infection prevention and control.

Areas for improvement

One area for improvement was identified in regards to fire safety precaution checks.

	Regulations	Standards
Total number of areas for improvement	1	0

6.5 Is care effective?

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

The inspector reviewed the day care setting's arrangements for appropriately responding to and meeting the needs of people who use the service. Information relating to the nature and range of services provided is outlined within the Statement of Purpose.

The inspector reviewed elements of four service users' care files; they contained referral information, general assessment, transport assessment, manual handling assessments and care plans. There was evidence of care plans being regularly evaluated. It was positive to note that a review of service users' needs are undertaken as part of the formal review process.

Care plans were noted to be comprehensive, person centred and holistic and included service users' goals and associated action plans to help achieve these goals. The inspector noted that service users signed a care plan approval document to confirm if they wish to be involved in the writing of their care plan. However, the inspector advised that the care plan template should be updated further to include the signatures of service users and their representatives as applicable and the staff who completed the care plan. The registered manager agreed to action this.

Of the four records viewed, the inspector noted several different service user agreement templates which have been in place over the years and only one of the agreements had been signed by the service user. The registered manager provided the inspector with the most recently amended service user agreement; it was noted that this was document was not compliant with all the matters as outlined in standard 3.1. The inspector highlighted the importance of ensuring that all service users have a service user agreement in place which is consistent with standard 3.1 and that this is signed by the service user or their representative as appropriate. If the service user is unable to sign, this should be recorded on the document. An area for improvement was made in this regard.

Discussion with the registered manager and review of records confirmed there were systems in place to review service user's placements within the centre and ensure that they are appropriate to meet their health and social care needs. There was evidence of annual care reviews in partnership with service users and/or their relatives and community keyworkers; these provided positive feedback from service users and their representatives with regards to the day care service.

Service user care records were noted to be well organised and stored safely and securely in line with data protection requirements.

A record was kept of each service user's involvement and progress at the centre and written entries were made in proportion to the frequency of attendance of the individual. Dates and signatures were present in all of the files examined. However, the inspector noted that some staff used initials when making such entries, rather than writing their full name in keeping with best practice standards. The registered manager agreed to address this.

Observations of practice on the day of inspection provided evidence the staff on duty were confident and effective when communicating with service users. It was noted that service users freely approached staff and interactions were relaxed and spontaneous. Discussion with service users confirmed they were aware of who was in charge and that the management operated an open door approach, they confirmed they could raise any issues as needed. Service users expressed their confidence in the day care setting staff.

Discussions with the registered manager and day care worker described effective communication between service users, their relatives and the multi-disciplinary team. This was verified during discussions on the day of inspection with service users' relatives and a visiting professional who provided highly positive feedback regarding communication from staff with respect to the health and wellbeing of service users. They described this communication as being timely and effective, often resulting in better outcomes for service users and ensuring timely intervention for changing or increasing needs. However, in discussions with the registered manager and day care worker, it was noted that such communications were not consistently recorded in the service users' records. An area for improvement was made in this regard.

Discussion with service users, their relatives, the day care worker and visiting professional evidenced that they felt the care was effective. The following is a sample of comments made:

Service users' comments:

- "We have a review meeting every year with the social worker."

Relatives' comments:

- "Xxxx loves coming here, it really helps their mood and they look forward to meeting up with friends."
- "There is really good communication from staff, they always let you know about anything, even if it's small."
- "Staff are very approachable."
- "We have regular reviews but could talk to staff at any time."

Staff comments:

- "There is good communication between the team, it's a small team and we have formal and informal arrangements for communicating."

Visiting professional:

- "The service is always well prepared for reviews and the manager is very thorough."

Areas of good practice

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

Areas for improvement

Two areas for improvement were identified in regards to service user agreements and ensuring all communications made on behalf of or with respect to service users are documented.

	Regulations	Standards
Total number of areas for improvement	0	2

6.6 Is care compassionate?

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

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

There was evidence that service users were enabled and supported to engage and participate in a range of meaningful activities. The day centre provides a range of activities including: quizzes, boccia, reminiscence, flower arranging, arts and crafts, movement to music, fine art, yoga and storytelling. There was also evidence that the registered manager was proactive in developing an activity programme which promoted new opportunities and new skills. Partnerships have been developed with a number of community organisations to increase the opportunities for active lifestyles and community engagement for those attending the day centre. The registered manager discussed the ongoing community links that have been established with the local college and children's nursery to develop a number of intergenerational activities with the day centre. The inspector reviewed photographs of a recent visit by a group of nursery school children to the day centre and this appeared to be a great success for all involved; this was clearly evidenced from the smiles of the service users and children. This work is to be commended.

The inspector noted that service users had ease of access to a number of information leaflets in the entrance to the day centre, which included WHSCT leaflets advising service users to have their say regarding services received and information regarding the role of the patient and client council. It was positive to note in discussions with the registered manager that regular visits by a representative of the patient and client council are organised in the day centre which provides service users information on advocacy advice and support services which are available.

On the day of inspection, service users were observed using computers, engaging in arm chair exercises, completing annual satisfaction surveys regarding the day centre, receiving beauty therapy and enjoying the singing of a local entertainer. Craft work which had previously been made was displayed around the centre. In all the activities and interactions observed, service users were engaged by staff with warmth, respect and encouragement.

Staff approaches and responses to service users was noted to be caring, cheerful and compassionate. Discussions with the day care worker established that they were aware of their responsibilities and requirements to ensure service users' confidentiality and consent. It was acknowledged that service users require varying degrees of support with their care needs, and

that service user independence should be promoted in a discreet manner. The inspector observed staff discreetly responding to service users who required such assistance.

The registered manager confirmed that service user meetings are held approximately every three months or on an ad hoc basis if needed. A review of minutes of meetings since the last inspection verified this. A review of a sample of minutes for meetings in February 2019 and September 2018 evidenced service user feedback being sought in regards to transport, meals and activities. The minutes also reflected information provided to service users with regard to the day centre review process and annual quality report.

The inspector recommended that the minutes of the service user group meetings should be amended to clearly reflect actions planned, who is responsible and within what timeframe. This will enable actions and outcomes to be more clearly reviewed at future meetings. The registered manager agreed to include this information in the minutes for future meetings.

Consultation for the annual quality report for the day care setting was noted to have been commenced the week prior to the inspection, with service user satisfaction questionnaires being distributed. The registered manager advised that once questionnaire responses have been collated, the day centre's annual quality report will be finalised and will be forwarded to RQIA.

Discussions with service users confirmed that their views and opinions are taken into account in all matters affecting them. Service users advised they were consulted at service user meetings, care reviews and informally through daily discussions with staff.

Discussion with service users, their relatives, the day care worker and visiting professional evidenced that they felt the care was compassionate. The following is a sample of comments made:

Service users' comments:

- "Love coming to the centre."
- "They (staff) are good at knowing what help you need and they do it privately."

Relatives' comments:

- "Xxxx really enjoys coming to the day centre, there is always something going on and she is bringing home things she has made."

Staff comments:

- "We have a meet and greet policy as soon as service users arrive; it's an important way to start the day."

Visiting professional:

- "Service users always want to come an extra day which is a positive sign."

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, developing links with the local community, listening to and valuing service users and taking account of the views of service users.

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

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

The inspector sought to assess the day centre's leadership, management and governance arrangements to meet the assessed needs of service users.

The Statement of Purpose and the Service User's Guide for the day care service was reviewed and updated by the registered manager following suggestions made by the inspector. The amended documents were sent to RQIA post inspection and noted to be satisfactory. Observations throughout the inspection confirmed that the day care setting was providing care in accordance with their Statement of Purpose.

The day centre is managed on a day to day basis by the registered manager with the support of a day care worker, three day care assistants and a catering/domestic assistant. There was a clear organisational structure and the registration certificate was up to date and displayed appropriately.

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 registered manager confirmed that this was addressed with staff through their induction, training, supervision and appraisal process. In addition, the registered manager confirmed that the day care setting had not received any complaints with respect to equality issues from service users and/or their representatives.

The inspector noted that the day care setting collects equality information in relation to service users, during the referral and assessment process. The registered manager confirmed that this data is used for the purpose of developing person centred care plans and risk assessments.

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
- individualised risk assessment
- disability awareness

The registered manager and day care worker confirmed that there are a range of policies and procedures in place to guide and inform staff. They are easily accessible to staff via paper copy or in electronic format.

Discussions with the registered 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 management team and observation of staff practice. A review of a sample of records verified that staff received three monthly supervision sessions and that annual appraisals were now due and in process of being arranged by the registered manager.

A review of staff meetings since the last inspection evidenced that they were held quarterly. The meetings held in January 2019 and November 2018 identified a focus on service users' health and safety, the use of person centred language and staff access to ELearning (electronic learning) opportunities. The inspector and registered manager discussed the development of the Northern Ireland Social Care Council (NISCC) website to include an adult social care learning zone which may be beneficial for promoting staff development and training opportunities for use within team meetings in the day centre. The registered manager advised that they would review this resource and share with the staff team.

The complaints record was reviewed and evidenced that no complaints had been received since the last inspection. The registered manager and day care worker confidently described the procedure in place for recording and managing informal and formal complaints.

The inspector discussed the monitoring arrangements in compliance with Regulation 28 of The Day Care Settings Regulations (Northern Ireland) 2007. The Regulation 28 monthly quality monitoring visits had been undertaken monthly by a senior manager within the organisation who demonstrated a good understanding of the setting, with a temporary change in the person responsible, which was agreed in consultation with RQIA. A sample of reports viewed for October 2018, November 2018 and January 2019 provided evidence that the visits included engagement with service users, staff and professionals; a review on the conduct of the day care setting; development of action points and review of previous action points. The inspector advised that a record of the service users and relatives consulted during such visits should be evidenced, with names anonymised in the reports through use of a unique identifier code, ensuring that information recorded is traceable. The registered manager agreed to address this.

The annual report which provided a review of the quality of care for 2017/2018 was reviewed. This contained all elements as required in Schedule 3 of The Day Care Settings Regulations (NI) 2007. As noted in section 6.6, a copy of the annual report for 2018/2019 is to be forwarded to RQIA when completed. This will include identification of a quality improvement plan for the day centre for the coming year.

The registered manager advised that staff have not received any specific information or training in relation to the introduction of the General Data Protection Regulation (GDPR). The inspector advised the registered manager to review guidance available on the RQIA website and to liaise with their senior manager to review if any changes are required regarding the day care centres' GDPR responsibilities. The registered manager agreed to action this.

Discussion with service users, their relatives, the day care worker and visiting professional evidenced that they felt the service was well led. The following is a sample of comments made:

Service users' comments:

- "All the staff and the manager is great."

Relatives' comments:

- "They provide great care for xxxx and they always come home having had a great day."
- "The staff are so professional, they know what they are doing."

Staff comments:

- "The manager is very approachable, there is good team work to ensure service users receive the best care and enjoy their day."

Visiting professional:

- "The manager is very professional but puts people at their ease."

Areas of good practice

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

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Patrick McKeever, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

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

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

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

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

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

Quality Improvement Plan

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

<p>Area for improvement 1</p> <p>Ref: Regulation 26 (4)(d)(v)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered provider shall ensure that robust governance arrangements are maintained with regard to ensuring that all necessary fire safety precautions are in place.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Going forward and in agreement with Mr G. Gallagher (Fire Officer) on 26 March 2019, weekly testing will always occur on a Wednesday at 10.00am and monthly checks will always take place on the first Wednesday of each month directly after the weekly checks.</p>

Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012

<p>Area for improvement 1</p> <p>Ref: Standard 3.1</p> <p>Stated: First time</p> <p>To be completed by: 9 April 2019</p>	<p>The registered person shall ensure that individual written agreements are reviewed and revised to ensure the content is in accordance with Standard 3.1.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken: Service User Agreement was reviewed and revised on 12 March 2019 and copy sent to Marie McCann. All written individual agreements are being reviewed and revised in accordance to standard 3.1.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 7.4</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that contemporaneous written records are maintained within service users' care records with regard to all contacts made on behalf of or at the request of service users.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken: Individually, during supervision and collectively, in Staff meeting on 2 April 2019, all staff have been advised on the maintenance of contemporaneous written records with regard to all contacts made on behalf of or at the request of service users.</p>

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



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