

Unannounced Care Inspection Report 12 and 24 January 2018



Drumcoo Centre

Type of Service: Day Care Setting
**Address: 1 Cherrymount Road, Drumcoo,
Enniskillen, BT74 4GN**
Tel No: 02866324400
Inspector: Angela Graham

www.rqia.org.uk

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

This day care setting provides care and day time activities for up to 40 service users. The service meets the needs of adults with physical disabilities and sensory impairment. The day care setting is open Monday to Friday.

3.0 Service details

Organisation/Registered Provider: Western Health and Social Care Trust Responsible Individual: Anne Kilgallen	Registered Manager: Niall McGandy
Person in charge at the time of inspection: Niall McGandy	Date manager registered: 13 September 2012
Number of registered places: 40 DCS-PH, DCS-SI	

4.0 Inspection summary

An unannounced inspection took place on 12 January 2018 from 09.20 to 16.30 hours and 24 January 2018 from 09.10 to 15.35 hours.

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

The inspection sought to assess 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, supervision and appraisal, knowledge regarding adult safeguarding and infection prevention and control that promoted safe care. Regarding effective practice, examples of good practice were found in relation to care reviews, audits and communication between service users, staff and other key stakeholders. Good practice was found regarding compassionate care in relation to the culture and ethos of the day care setting, dignity and privacy, listening to and valuing service users and taking account of the views of service users. Finally, good practice was found in relation to governance arrangements, management of incidents, quality improvement and maintaining good working relationships supporting well led care in the setting.

Areas requiring improvement were identified regarding the environment, care records, Regulation 28 monthly quality monitoring visits, individual written agreements, care review records, needs assessment and the service users' guide.

Service users were asked to provide their views regarding the day care setting. Examples of some of the comments made by service users are "The day centre is a big part of my life", "I am happy at the centre", "great place" and "staff are the best you will get".

The findings of this report will provide the day care setting 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	4	4

Details of the Quality Improvement Plan (QIP) were discussed with Niall McGandy, Registered Manager and Isobel Kelly, Senior Day Care Worker 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 05 January 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 05 January 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:

- notifiable events since the previous care inspection
- the registration details of the day centre
- written and verbal communication received since the previous care inspection
- the previous care inspection report and QIP
- pre-inspection assessment audit

During the inspection, the inspector met with the registered manager, five care staff, two visiting professionals and fifteen service users. The registered manager was provided with ten questionnaires to distribute to service users/relatives for their completion. The questionnaires asked for service user and relatives' views regarding the service, and requested their return to RQIA. Ten service users' questionnaires were returned to RQIA. The content of the questionnaires is discussed in the main body of the report.

A poster was provided for display to inform staff how they may comment and share their views on the service with RQIA via electronic survey monkey or by use of mobile telephone scan code. No responses were received within the timescale requested.

The following records were examined during the inspection:

- complaints and compliments records
- accident/untoward incident records
- staff roster
- RQIA registration certificate
- staff supervision and appraisal records
- elements of three service users' care records

- sample of policies and procedures
- sample of quality assurance audits
- fire safety risk assessment
- fire drill records
- staff training information
- minutes of three staff meetings
- minutes of three service user meetings
- three monthly monitoring reports

Ten areas for improvement were identified at the last care inspection. These were reviewed and assessment of compliance recorded as met for seven and partially met for three.

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 05 January 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 05 January 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 20 (1) (c) (i) Stated: First time	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 ensure that the persons employed to work in the day care setting receive mandatory training and other training appropriate to the work they are to perform.	Met
	Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the registered manager confirmed that this area for improvement had been addressed. Review of staff training records confirmed that adult safeguarding training was undertaken in May 2017.	

<p>Area for improvement 2</p> <p>Ref: Regulation 28</p> <p>Stated: First time</p>	<p>The registered person must ensure that the monthly monitoring visits are in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of Regulation 28 monthly quality monitoring visits identified that a monitoring visit had not been undertaken in April 2017. Review also identified that the report of the monitoring visit undertaken on 08 December 2017 was not available in the day centre on the days of inspection.</p> <p>Therefore this area for improvement has not been fully met and has been stated for a second time.</p>	<p>Partially met</p>
<p>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 5.3</p> <p>Stated: First time</p>	<p>The registered provider should ensure service users' care plans are dated, signed by the service user, the member of staff completing it and the registered manager.</p> <hr/> <p>Action taken as confirmed during the inspection: Discussion with the registered manager and review of three care records evidenced that this area for improvement had been addressed.</p>	<p>Met</p>
<p>Area for improvement 2</p> <p>Ref: Standard 8.3</p> <p>Stated: First time</p>	<p>The registered provider should ensure that the minutes of service users' meetings include:</p> <ul style="list-style-type: none"> • The names of those attending; • An agenda; • The outcomes of action taken since the previous meeting; • A summary of discussions; • The action to be taken on service users' comments and suggestions and the name/s of the person/s responsible for taking action on any matters arising. <hr/> <p>Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the registered manager confirmed that this area for improvement had been addressed. The inspector reviewed the minutes of service users meetings. The review evidenced that this area for improvement had been addressed.</p>	<p>Met</p>

<p>Area for improvement 3</p> <p>Ref: Standard 4</p> <p>Stated: First time</p>	<p>The registered provider should ensure:</p> <p>(a) each service user has an up to date person-centred assessment of his or her needs. This should include, as appropriate:</p> <ul style="list-style-type: none"> • information on the service user’s physical health; • mental health; • awareness and decision making skills; • emotional well-being; • capacity for the activities of daily living and self care; • if there are any dietary needs; • mobility; • communication and sensory functioning abilities; • lifestyle including their current living arrangements; • social needs including where relevant any cultural or spiritual needs. <p>(b) assessments are dated, signed by the service user, the member of staff completing it and the registered manager.</p> <p>Action taken as confirmed during the inspection: Review of three care records identified two of the three needs assessments were dated, signed by the service user, the member of staff completing it and the registered manager. Therefore this area for improvement has not been fully met and has been stated for a second time.</p>	<p>Partially Met</p>
<p>Area for improvement 4</p> <p>Ref: Standard 10.2</p> <p>Stated: First time</p>	<p>The registered provider should ensure the lunch menu offers a choice of meal to service users, including those on therapeutic or specific diets.</p> <p>Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the registered manager confirmed that this area for improvement had been addressed. On the days of inspection the lunch menu offered the service users choice of meal.</p>	<p>Met</p>

<p>Area for improvement 5</p> <p>Ref: Standard 10.7</p> <p>Stated: First time</p>	<p>The registered provider should ensure that menus are rotated over a three-week cycle and are revised at least six monthly, taking into account seasonal availability of foods and service users' views.</p> <p>Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the registered manager confirmed that this area for improvement had been addressed. The registered manager provided evidence that the menu had been reviewed in conjunction with the service users in September 2017.</p>	<p>Met</p>
<p>Area for improvement 6</p> <p>Ref: Standard 3</p> <p>Stated: First time</p>	<p>The registered provider should provide each service user with an individual written agreement, which, having regard to the assessment of need, confirms the day service is suitable and appropriate to his or her needs.</p> <p>Action taken as confirmed during the inspection: The individual written agreement had been reviewed since the last care inspection. However the agreement did not include all matters listed in standard 3.1.</p> <p>Therefore this area for improvement has not been fully met and has been stated for a second time.</p>	<p>Partially met</p>
<p>Area for improvement 7</p> <p>Ref: Standard 8.4 and 8.5</p> <p>Stated: First time</p>	<p>The registered provider 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. 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 returned quality improvement plan and discussion with the registered manager confirmed that this area for improvement had been addressed. Service users' quality assurance questionnaires were completed in November 2017 and a report was produced.</p>	<p>Met</p>

Area for improvement 8 Ref: Standard 17.10 Stated: Second time	It is recommended that the registered provider should change the monitoring arrangements (Reg. 28) so that monitoring visits are not reciprocal between the managers of two centres.	Met
	Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the registered manager confirmed that this area for improvement had been addressed. Regulation 28 monthly quality monitoring visits are undertaken by Catherine Downey, Head of Service.	

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 registered manager confirmed the planned daily staffing levels for the day care centre, and that these levels were subject to regular review to ensure the assessed needs of the service users were met. A review of the staffing roster for weeks commencing 08 December 2017 until 12 January 2018 evidenced that the planned staffing levels were adhered to. Staff who were consulted confirmed that staffing levels met the assessed needs of the service users.

A competency and capability assessment had been completed for the staff member who was in charge of the centre in the absence of the registered manager. Review of the competency and capability assessment confirmed that the staff member had received training and was assessed as competent to undertake their role and responsibilities. The assessment demonstrated that the senior day care worker was competent; willing to undertake management tasks and had the knowledge to fulfil their role and responsibility in the absence of the registered manager. Discussions with the senior day care worker confirmed that they were aware of the day care setting regulations and standards which they had used to guide practice.

Discussion with staff confirmed that mandatory training and other professional development training was provided. Review of a sample of staff training records concluded staff had received mandatory and other training relevant to their roles and responsibilities since the previous care inspection such as infection prevention and control, manual handling, fire safety, first aid and adult safeguarding training.

Discussion with staff during inspection revealed staff regarded training as important as it guided and informed them how to care safely, effectively and compassionately. Staff stated they felt the training they had received was of good quality, relevant and provided them with the skills required to meet the needs of service users.

Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility.

The inspector examined a sample of the settings incidents, accidents and notifications forwarded to RQIA. The sample of records inspected indicated the relevant incidents/notifiable events were reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

Discussion with staff confirmed the importance of keeping service users safe in the setting and staff were aware of potential risks for each individual. Staff asserted that they had the right knowledge and information to prevent harm to the service users attending the setting.

The registered manager confirmed that no restrictive practices were undertaken within the day care setting and on the days of the inspection none were observed.

The staff on duty on the days of inspection discussed the needs of the service users they were looking after. They gave a clear description of their needs and how those needs will be met. The staff stated their aim was for service users to enjoy their time in the day service by undertaking stimulating activities and for service users to feel comfortable and safe in the group environment. The staff confirmed that if they had any concerns regarding safe practice they would discuss this with their colleagues and/or the management team who they described as accessible and supportive. Staff confirmed service users are encouraged to give their views, opinions and preferences. In summary, the discussion with staff confirmed they were proactively promoting safe care for service users in this setting.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of care staff was appropriately managed in accordance with the Northern Ireland Social Care Council (NISCC).

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. Discussion with staff also confirmed that they were aware of the regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available to staff within the day centre.

A review of the day centre's environment was undertaken and the day centre was found to be warm, fresh smelling and clean throughout. On the second day of inspection water penetration was evident in the entrance and reception area of the day centre. This was identified as an area for improvement under the regulations.

Fire exits were observed to be clear of clutter and obstruction. The review of fire drill records confirmed that a fire drill had been undertaken on 19 June 2017. Discussion with staff confirmed they were aware of the evacuation procedure.

The environment was observed during the inspection and there was evidence of infection prevention and control measures in place such as personal protection equipment which was available for staff, there was evidence that hand hygiene was promoted through notices, hand washing supplies and facilities. Notices promoting good hand hygiene were in both written and pictorial formats. An infection prevention and control policy and procedure was in place. Staff training records confirmed that staff had received training in infection prevention and control in line with their roles and responsibilities. Discussion with staff established that they were

knowledgeable and had understanding of infection prevention and control policies and procedures. Observation of staff practice evidenced that staff adhered to infection prevention and control procedures.

The visiting professionals described staff in the setting as vigilant and diligent. The visiting professionals confirmed staff work well between encouraging independence and caring, and were satisfied risk assessments were being used to avoid unnecessary risks and manage risk.

Ten service users returned questionnaires to RQIA post-inspection. The service users identified that they were very satisfied with the safe care in Drumcoo Centre. They stated that they are safe and protected from harm, they could talk to staff and the environment is suitable to meet their needs.

Areas of good practice

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

Areas for improvement

One area for improvement was identified in relation to the environment.

	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.

Discussion with the registered manager established that staff in the day care setting responded appropriately to and met the assessed needs of the service users.

The inspector reviewed the service users' guide. The service users' guide did not include all matters listed in standard 1.2. This was identified as an area for improvement under the standards.

The registered manager confirmed that the individual written agreement had been reviewed following the last care inspection. However the individual written agreement did not include all matters listed in standard 3.1. This had been identified as an area for improvement at the last inspection and has been stated for a second time.

The inspector reviewed elements of three service users' care files. One of the three care and support plans did not comprehensively address a number of assessed needs. A care and support plan to meet the service user's nutritional and transport needs lacked detail to adequately guide staff to deliver safe and effective care. This was identified as an area for improvement under the regulations.

One of the three needs assessment reviewed was not dated or signed by the person undertaking the assessment. This had been identified as an area for improvement at the last inspection and has been stated for a second time.

Review of three care records evidenced that written confirmation was not provided to the service user that having regard to the assessment the day care setting is suitable for the purpose of meeting the service user's needs in respect of his or her day care. This was identified as an area for improvement under the regulations.

Records were stored safely and securely in line with data protection. Staff discussion confirmed they use these records to guide their practice and therefore recognised the importance of keeping records current and relevant. Overall the inspection found the settings management of service user records enabled staff to recognise service users' needs and respond to them effectively.

Care records also reflected the multi-professional input into the service users' health and social care needs. Care recording for every five attendances was being maintained in the three care records inspected. The review confirmed that service users and/or their representatives were encouraged and enabled to be involved in the review process, where appropriate. Discussion with staff confirmed that a person centred approach underpinned practice.

Discussion with staff regarding implementation of the care plans provided assurance they knew each individual's needs. Discussion with service users about what they were doing in the centre provided assurances they knew what activity they were going to take part in, who would help them and they were happy that their choices and needs were being met in Drumcoo Centre.

Review of elements of three service users' care records confirmed annual reviews of the individual's day care placement had taken place in the previous year. The care review documentation did not include all matters listed in standard 15.5. This was identified as an area for improvement under the standards.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users at appropriate intervals. Records were made available for inspection concerning audits of the environment, staff training, fire safety, supervision and appraisal and care records and evidenced that actions identified for improvement had been completed.

Evidence was provided to verify systems were in place to ensure effective communication with service users, their representatives and key stakeholders. These included pre-admission information, care reviews, service users and staff meetings.

Discussion with staff confirmed they were knowledgeable regarding safeguarding service users in their care, they also confirmed if they had to escalate concerns they would speak to the manager or registered manager in charge. Staff detailed the communication methods that support their work and professional development such as team meetings, supervision, training and informal team discussions. Overall it was clear the staff work together to support the service users in the most person centred way that is safe effective and meets their needs within an open and transparent culture.

Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the day care setting. Staff stated that there was effective teamwork and each staff member knew their role, function and responsibilities. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other health care professionals.

Discussion with the registered manager and review of records evidenced that service user meetings were generally held quarterly. The last meeting was held on 21 November 2017 and minutes were made available. There was information available to staff, service users and representatives in relation to advocacy arrangements.

Observation of practices evidenced that staff were able to communicate effectively with service users.

Service users spoken with expressed their confidence in raising concerns with the day centre's staff/management. Service users knew the registered manager.

Discussion with staff confirmed the centre was providing a good standard of care. Discussion with staff also confirmed they were knowledgeable regarding safeguarding service users in their care and confirmed if they had to escalate concerns they would speak to the registered manager or registered manager. Staff detailed the key worker and staff communication methods had ensured they provided safe and effective care, they knew what each service user needed and how best to meet the needs. Staff identified they were conscious of giving service users safe choices and encouraging independence. Staff confidently expressed their views and knowledge regarding safe and effective care and stated they would and have brought any concerns regarding the delivery of safe and effective care to the registered manager.

Ten service users returned questionnaires to RQIA post-inspection. The service users confirmed they were very satisfied with the effective care. They stated that they receive the right care, at the right time, in the right place; the staff know their care needs; they are kept aware of their care plans; and the care meets their expectations.

Areas of good practice

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

Areas for improvement

Four areas for improvement were identified in relation to care and support plans, written confirmation of suitability of placement, service users' guide and care reviews.

Two areas for improvement under the standards identified at the last care inspection have also been stated for a second time. These areas relate to individual written agreements and needs assessment.

	Regulations	Standards
Total number of areas for improvement	2	4

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 registered manager confirmed that staff in the day care setting promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of the service users.

Discussion with staff and observation of activities and communication found examples of service users being treated with dignity and respect while promoting and maintaining their independence.

Discussions with staff regarding the activities they were delivering confirmed the activities were tailored to meet the needs of the service users, as well as promoting their strengths and providing choice. Service users were enabled and supported by staff to engage and participate in meaningful activities. They discussed the range of activities they could take part in such as creative studies, alternative therapies, swimming and boccia and educational courses afforded to them. The activity programme was noted as developing social and education opportunities for service users as well as their hobbies and interests.

Discussion with staff in the different rooms regarding the activities they were delivering confirmed the activities were tailored to meet the needs of the service users, as well as promoting their strengths and providing choice. Observations of service users taking part in activities showed participation was good. Furthermore those service user's assessed to need staff support, received this in a timely manner so they were involved in the activity.

Staff discussed restrictions that service users might experience, and were cognisant of using the least restrictive measure for each individual and ensuring responses to behaviour were focussed on de-escalation of behaviour or risk and protecting service users' personal safety. Staff also described they were working to develop positive behaviours and opportunities for service users, as they got to know them they helped service users develop their independence and positive experiences in day care.

An observation of the lunch time meal confirmed that service users were given a choice in regards to where they preferred to dine, food and fluid choices and the level of help and support requested. Staff treated service users with dignity and respect affording adequate time for service users to make decisions and choices and offered reassurance and assistance appropriately. The food appeared nutritious and appetising. Staff wore appropriate aprons when serving the lunch time meal. Staff interactions with service users were observed to be compassionate, caring and timely. During discussion staff presented as knowledgeable and informed regarding each service user's dietary needs and preferences. All service users spoken with confirmed that they were satisfied with the choice of meals served and that individual preferences were catered for if requested.

During the observation and discussions staff were observed checking service users were comfortable, that their needs and preferences were being met. If the staff identified someone needed additional support they sensitively and discretely got their attention and accompanied the service user to where they could get more individualised care and privacy. Overall staff were observed supporting service users in a compassionate way, encouraging service users to be involved in their care and promoting their independence.

Staff were aware of each service user's individual needs and were observed to respond positively and warmly. During discussion, staff presented as knowledgeable and informed regarding each service user's needs.

The staff described they consult with service users informally when they are in the day care setting regarding their needs, preferences and choices. Service users are consulted on a formal basis via service users' meetings and the annual review of their day care placement.

Service users commented positively about the service provided. Service users who could not verbalise their feelings in respect of their care and support were observed to be relaxed and comfortable in their surroundings. Examples of some of the comments made by service users are listed below:

- "The dinner is very good now that the menu has changed. The dinner is good value".
- "Niall and all the staff are great. They take the time to talk to you and listen to your views".
- "I really enjoy coming to the centre and taking part in all the activities provided. I particularly enjoy the woodwork".
- "I am treated with respect and kindness here in the centre".
- "The staff are always so friendly and welcoming".
- "I have my care review here and I'm involved in the review".

During the inspection the inspector met with five care staff. Some comments received are listed below:

- "The members are extremely important to us. This is their service and we do all that we can to make their day enjoyable".
- "I am well supported by senior staff and the manager. I have regular supervision and have an appraisal every year. We are also offered training throughout the year".
- "I feel the care is excellent here. We have a brief staff meeting every morning where we discuss the day ahead, planned activities and the service users' needs".
- "I have had safeguarding training and I have access to all policies and procedures including the safeguarding policy".
- "We encourage the members to express their views and opinions".

Ten service users returned questionnaires to RQIA post-inspection. The service users confirmed they were very satisfied that staff treat them with compassion, staff treated them with kindness, staff ensure they were respected and their privacy and dignity was maintained, staff informed them about their care and staff supported them to make decisions about their care. One service user commented "Very happy in Drumcoo as all my care needs are met".

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, dignity and privacy, listening to and valuing service users and taking account of the views of service users.

Areas for improvement

No areas for improvement were identified 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 certificate of registration issued by RQIA was displayed in a prominent position in the day care setting.

The registered manager confirmed that there were management and governance systems in place to meet the needs of service users.

A range of policies and procedures were in place to guide and inform staff. The inspector reviewed a sample of policies and procedures. Staff confirmed that they had access to the day centre's policies and procedures.

Discussion with staff confirmed that they knew how to respond to a range of situations such as responding to issues of dissatisfaction or an adult safeguarding concern. The staff confirmed that there is good communication across the team and clear working together practices. They described the management team as supportive and they knew they could speak to them for guidance or advice. All grades of staff were clear who they report to and what to do if they had a concern about a staff member or service user. Discussions with staff also confirmed that management were responsive to any suggestions or concerns raised.

Discussion with the registered manager and staff confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. A review of supervision records confirmed that supervisions were completed for staff on a quarterly basis, or more frequently, and staff appraisals were completed annually. Discussion with staff confirmed that they had received supervision and appraisal accordingly.

Discussion with the registered manager confirmed that staff meetings were held generally monthly, and records verified this. The last meeting was held on 22 December 2017 and minutes were available. The content recorded detailed discussions of staff being informed regarding changes to service users' needs, best practice examples, policy and procedure changes, training opportunities and potential to improve practice. The records and commentary recorded evidenced staff discussions were focussed on service users' needs and

improvement. The registered manager confirmed that the minutes of staff meetings were made available for staff to consult.

A review of the complaints record evidenced that no complaints had been received since the last care inspection. Compliments records were recorded and maintained by staff.

The inspector discussed the monitoring arrangements under Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. The Regulation 28 monthly quality monitoring visits had been undertaken by an independent monitoring officer. The monitoring officer reported on the conduct of the day care setting. Review of Regulation 28 monthly quality monitoring visits identified that a monitoring visit had not been undertaken in April 2017. Review also identified that the report of the monitoring visit undertaken on 08 December 2017 was not available in the day centre on the days of inspection. This had been identified as an area for improvement at the last inspection and has been stated for a second time.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussion with the visiting professionals revealed they knew who the management team were in the setting and in their opinion the centre is well-managed.

Ten service users returned questionnaires to RQIA post-inspection. The service users confirmed they were very satisfied care was well led in the setting. They confirmed that they knew who was in charge of the setting at any time, the service was well managed, their views were sought about their care and quality of service and they knew how to make a complaint.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, quality improvement and maintaining good working relationships supporting well led care in the setting.

Areas for improvement

One area for improvement under the regulations identified at the last care inspection has been stated for a second time. This area relates to Regulation 28 monthly quality monitoring visits.

	Regulations	Standards
Total number of areas for improvement	1	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 Niall McGandy, Registered Manager and Isobel Kelly, Senior Day Care Worker 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

Area for improvement 1 Ref: Regulation 26 (2) (b) Stated: First time To be completed by: Immediate from the time of the inspection	<p>The registered person shall ensure appropriate action is taken to prevent water penetration in the entrance and reception area of the day care setting.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: The roof has now been repaired and there are plans to replace the floor in the outer part of reception and the area to be re-painted.</p>
Area for improvement 2 Ref: Regulation 16 (1) Stated: First time To be completed by: 28 February 2018	<p>The registered person, where appropriate, shall ensure that a written care plan is prepared in consultation with the service user or the service user's representative as to how the service user's needs in respect of his day care are to be met.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken: All care plans have service user input as to how their needs are to be met in respect of their day care. These needs are continually monitored and reviewed on a 3 monthly basis. Staff will ensure that services users/representatives are actively involved in this process.</p>
Area for improvement 3 Ref: Regulation 15 (d) Stated: First time To be completed by: 31 March 2018	<p>The registered person shall not provide care or services to a service user in the day care setting unless he is satisfied that where appropriate the registered person has confirmed in writing to the service user that having regard to the assessment the day care setting is suitable for the purpose of meeting the service user's needs in respect of his day care.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken: A new member letter of offer has been drafted which incorporates that the day care centre is suitable for the purpose of meeting the members needs.</p>
Area for improvement 4 Ref: Regulation 28 Stated: Second time To be completed by: 28 February 2018	<p>The registered person must ensure that the monthly monitoring visits are in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007.</p> <p>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken: Monthly monitoring visits of Day Centre are ongoing in accordance</p>

	<p>with regulation 28 of the Day Care Setting Regulations (NI) 2007 by Head of Service. Previously noted that April 2017 monitoring visit not completed due to Head of Service absence from work. In future centre manager to ensure that alternative arrangements are in place to have the monthly monitoring visit completed in the absence of the HOS. The manager will also ensure that the record of the visit is on file prior to the next monitoring visit.</p>
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Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012	
<p>Area for improvement 1</p> <p>Ref: Standard 15.5</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2018</p>	<p>The registered person shall ensure care review reports address:</p> <ul style="list-style-type: none"> • Progress in attaining any personal outcomes sought by the service user; • The service user's views about their care and support; • Any changes in the service user's carer's situation; • Details of important events including incidents or accidents occurring since the previous review, and how they were addressed; • Any matters regarding the current care plan, revision of objectives, expected outcomes and associated time frames where relevant, and management of risks; • The need for any rehabilitation or specialist services; • Current transport arrangements and any changes required; • The need or wish to move on from the service; and • Any other relevant matters regarding services and facilities provided by the day care service, or others. <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: All the above points are now being addressed by means of the Pre-Review Assessment Form and the new PCP Review Form.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 1.2</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2018</p>	<p>The registered person shall ensure the service users' guide is reviewed to include all matters listed under standard 1.2.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Service user Guide has been reviewed and now includes all matters listed under standard 1.2.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 3</p> <p>Stated: Second time</p> <p>To be completed by: 31 March 2018</p>	<p>The registered provider should provide each service user with an individual written agreement, which, having regard to the assessment of need, confirms the day service is suitable and appropriate to his or her needs.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Individual written agreement has now been ammended so that the day care service is suitable and appropriate to meet the needs of the service user.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 4.3</p> <p>Stated: Second time</p>	<p>The registered person shall ensure needs assessments are dated, signed by the service user, the member of staff completing it and the registered manager.</p> <p>Ref: 6.5</p>
<p>To be completed by: 31 March 2018</p>	<p>Response by registered person detailing the actions taken: All assessments are now dated and signed by service users, Key workers and Registered Manager.</p>

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



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