

Unannounced Care Inspection Report 15 June 2018



Strathroy Outreach Centre

Type of Service: Day Care Service

**Address: Unit 6, Strathroy Enterprise Unit, Meelmore Drive,
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Inspectors: Angela Graham and Audrey McLellan

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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 is a day care setting that provides care and day time activities for up to 26 service users with a learning disability. The day care setting is open Monday to Friday.

3.0 Service details

Organisation/Registered Provider: Western Health & Social Care Trust Responsible Individual(s): Anne Kilgallen	Registered Manager: Niall Campbell
Person in charge at the time of inspection: Niall Campbell	Date manager registered: 19/02/2018
Number of registered places: 26	

4.0 Inspection summary

An unannounced inspection took place on 15 June 2018 from 09.20 to 15.45.

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 to determine if the establishment was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff training, 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 audits, care reviews 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 and respecting service users and taking account of the views of service users. Finally, good practice was found in relation to governance arrangements and quality improvement supporting well led care in the setting.

Areas requiring improvement were identified regarding care and support plans and risk assessments.

Service users were asked to provide their views regarding the day care setting. Examples of some of the comments made by service users are "I like coming here", "staff are nice, they make me tea and everything", "I like going out for coffee", "I go out to work" and "I went to the Gala Ball and liked it".

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	1

Details of the Quality Improvement Plan (QIP) were discussed with Niall Campbell, Registered Manager and Geraldine McKenna, 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 7 September 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 7 September 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
- written and verbal communication received since the previous care inspection
- the previous care inspection report and quality improvement plan (QIP)
- pre-inspection assessment audit.

During the inspection, the inspectors met with the registered manager, senior day care worker, three care staff, nine service users and a service user's representative. The senior day care worker 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. One service user and one relative's questionnaire were returned to RQIA. The content of the questionnaires are 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

- records confirming registration of care staff with the Northern Ireland Social Care Council (NISCC)
- elements of three service users' care records
- sample of policies and procedures
- sample of activity records
- 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.

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

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

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 7 September 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 7 September 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 28 (5) Stated: First time	The registered provider must ensure the monitoring visits are carried out in compliance with the trusts written agreement with RQIA and a report must be written for the visit carried out. A copy of the report must be available in the day care setting.	Met

	<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. Regulation 28 monitoring visit reports were made available to the inspectors.</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 Ref: Standard 26.7 Stated: First time</p>	<p>The registered person shall ensure that vehicle operators have a system in place to ensure that all vehicles and associated equipment (for example, passenger lifts) are routinely checked, serviced and tested and defects are reported, rectified in a timely manner and appropriate records maintained.</p>	<p>Met</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. Evidence was provided to the inspectors that the necessary repairs had been undertaken to the identified service users' bus.</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 senior day care worker 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 28 May 2018 until 15 June 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. Observation of the delivery of care at the time of inspection evidenced that service users' needs were met by the number of staff on duty.

The senior day care worker confirmed that staff employment records were held within the WHSCT human resources department and that all appointments were made in compliance

with relevant legislative requirements and trust policy and procedures. The senior day care worker confirmed that an induction programme was available for newly appointed members of staff. A review of this induction programme noted that it was comprehensive and included areas such as privacy and dignity, confidentiality, risk management, complaints procedure, health and safety and adult safeguarding.

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. 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.

Observation of and discussion with staff on duty evidenced that staff were sufficiently trained, competent and experienced to meet the assessed needs of the service users present. Staff demonstrated a clear understanding of service users' needs and how those needs should be met. 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 fire safety, dementia and communication awareness training. Staff who were spoken with stated that their training provided them with the skills and knowledge to fulfil their roles and responsibilities and that it was of a good standard.

Discussion with the senior day care worker, observation of service users' needs on the day of the inspection and inspection of three service users care records revealed there were no examples of restrictive practices being carried out. While it was observed that the entrance door to the day centre is locked in order to prevent inappropriate access, the door can be opened from the inside by both staff and service users without restriction.

Safeguarding procedures were understood by staff members who were interviewed and they confirmed that they had the confidence to report poor practice, should they identify it. However, all expressed the view that practice throughout the centre was of a high quality and that team members worked well together.

Discussion with the senior day care worker confirmed that there was a clear pathway for staff to follow in relation to referring any safeguarding concerns to appropriate professionals. The senior day care worker also confirmed that a copy of Adult Safeguarding Prevention and Protection in Partnership, July 2015 and the associated Operational Procedures September 2016 were available to all staff. The senior day care worker confirmed that the organisation has in place an identified Adult Safeguarding Champion (ASC).

A review of the day centre's environment was undertaken and the day centre was found to be warm, fresh smelling and clean throughout. There were no obvious hazards to the health and safety of service users, visitors or staff.

Fire exits were observed to be clear of clutter and obstruction. Records examined identified that a number of safety checks were undertaken including: fire safety drills to ensure service users can exit safely, monthly safety checks of fire doors; fire extinguishers; emergency lighting; water temperature and weekly fire alarm tests. The review of fire drill records confirmed that a fire drill had been undertaken on 1 June 2018. 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. Staff training records confirmed that staff had received training in infection prevention and control in line with their roles and responsibilities and control of substances hazardous to health (COSHH). Observation of staff practice evidenced that staff adhered to infection prevention and control procedures.

The service users were asked if they felt safe in the day centre, the feedback from service users was they felt safe in this day care setting. Service users stated: "I feel safe here" and "staff keep me safe". The service users confirmed the furniture was comfortable and safe and they could make their way around the setting safely, lastly they confirmed there was enough staff to give them help if they needed it.

Staff confirmed that they felt care was safe in this setting. Discussion with both staff and service users confirmed that service users have had access to a consistent staff team who have developed a holistic and effective understanding of service users' needs. Staff described how they give consideration to service users' holistic needs, for instance, they observe service users, noting any change in dependency, ability or behaviour and proactively take appropriate measures to promote and ensure the safety and wellbeing of the service user. Staff also demonstrated awareness of the need to continually risk assess to ensure that service users remain safe during outings or while engaging in activities within the setting. They recognised the importance of sharing relevant information with relatives and making referrals to other services/professionals as required. Staff commented on the good working relationships which exist with community support services and how they can access such support for service users. In addition staff had received training in first aid and fire safety.

There were arrangements in place to ensure that staff are registered with the relevant regulatory bodies of the Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC) as appropriate. The registered manager stated that information regarding registration details and renewal dates are maintained by the WHSCT social care governance department who generate an email to the registered manager advising when a staff member's renewal date is pending. Upon receipt of this email the registered manager liaises with staff to ensure that they have taken appropriate action after which renewal details are verified and recorded by the organisation's governance department.

One service user returned a questionnaire to RQIA post inspection. The service user confirmed they were "very satisfied" regarding questions on "is care safe" in this setting. The service user confirmed there were enough staff to help them, they felt protected and free from harm, they could talk to staff if they had concerns and the environment was safe and clean.

One relative returned a questionnaire to RQIA post inspection. The relative confirmed that they were "very satisfied" with the safe care in this setting. They confirmed that their relative is safe and protected from harm, they could talk to staff, and the environment is suitable to meet their relative's needs. Discussion with a relative confirmed that they were "very satisfied" with the safe care in this setting. Additional comments made by the relative included "this is a very good centre" and "I have no concerns regarding the care".

Discussion with staff confirmed they were "very satisfied" regarding questions on "is care safe" in this setting. Additional comments made by staff included "we continually ensure the service

users' safety inside and outside the centre" and "there are risk assessments in place for service users".

On the day of the inspection Strathroy Outreach Centre was found to be delivering safe care. There was positive feedback from nine service users, one service user's representatives and staff about the delivery of safe care in the day centre. Observations of care practices showed there was a culture of ensuring service users were safe and protected from harm.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

The inspectors reviewed the day care settings 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. Observations throughout the inspection confirmed that the day care setting was providing care in accordance with their Statement of Purpose.

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

The inspectors reviewed elements of three service users' care files. The inspection of the care records found that two of the three care and support plans did not fully reflect the service users' assessed needs. This was identified as an area for improvement. The inspection of three service users' risk assessments found that one of the three risk assessments did not clearly record the management of the identified risk. This was identified as an area for improvement.

Care records reflected the multi-professional input into the service users' health and social care needs. A record was kept of each service user's involvement and progress at the centre and entries were made in proportion to the frequency of attendance of the individual. Dates and signatures were present in all of the files examined. Records of annual reviews for each person demonstrated that an evaluation of the overall suitability of the placement had been discussed in detail and agreed.

Discussions 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 Strathroy Outreach Centre.

Discussion with the senior day care worker and review of arrangements concerning the storage of confidential records confirmed that service users' records were stored safely and securely in compliance with legislative.

Staff confidently described how they would escalate any concerns and provided examples of liaison with carers and other professionals to ensure the safety and wellbeing of service users. Staff demonstrated a sound knowledge of individual services users' needs and behaviours and confirmed that a person centred approach underpinned their practice. They described how they focused on maximising opportunities for the mental and physical stimulation of service users by means of the individual activities programme which is available to the service users. The activities offered to service users also included working with the local college where service users could choose courses which they wished to undertake. This was a good example of how staff were responding to individual service users' needs and preferences and promoted choice.

The day care setting's Statement of Purpose and Service User Guide provides information on how to make a complaint and the importance of ensuring that service users' opinions and feedback is heard and acted upon. Information is provided to service users regarding their right to advocacy support and the role of the patient client council.

The senior day care worker 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.

Discussions 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 day care worker 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 senior day care worker 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.

Service users gave positive feedback regarding the activities and opportunities the day centre provided for them.

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

One service user returned a questionnaire to RQIA post inspection. The service user confirmed they were “very satisfied” regarding questions on “is care effective” in this setting. The service user also confirmed that they had got the right care, at the right time in the right place, staff knew their care needs, they were aware of their care plan and the care met their expectations. Service users spoken to during the inspection felt they were in the right place receiving support and care. Additional comments from service users included “I enjoy everything here”, “I like it here, we cook jam” and “I like going out to work.”

One relative returned a questionnaire to RQIA post inspection. The relative confirmed that they were “very satisfied” with the effective care. They stated that their relative receives the right care, at the right time, in the right place. Discussion with a relative confirmed that they were “very satisfied” with the effective care. Additional comments made by the relative included “good care” and “my son enjoys coming here”.

Comments made by staff included “the care we deliver is all about the individual” and “we encourage the service users to take part in the running of the day centre”.

The evidence indicates that the care provided in Strathroy Outreach Centre is effective in terms of promoting each service user’s involvement, development, enjoyment and wellbeing.

Areas of good practice

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

Areas for improvement

Two areas for improvement were identified in relation to care and support plans and risk assessments.

	Regulations	Standards
Total number of areas for improvement	1	1

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.

Discussions with service users and staff and observation of care during the inspection showed that the promotion of values such as choice, dignity and respect were embedded in the culture and ethos of the day centre. Staff interactions with service users were observed to be cheerful, compassionate, caring and timely, with staff providing clear information, using appropriate language, demonstrating active listening skills, checking understanding and service users’ expectations. The inspectors observed on numerous occasions, staff offering service users’ choice regarding the activity they wished to do or where they wished to go. Staff took time to find out what services users wanted when it was not always apparent. Staff were also observed responding sensitively and in a timely manner to the non-verbal cues of service users with limited verbal communication. Staff were noted to be busy attending to the needs of service users and they took time to listen and reassure services users as needed. It was apparent that

service users were familiar with staff as they appeared relaxed and comfortable in their surroundings and interactions. There was genuine warmth in the engagement by staff with service users and staff spoken with were knowledgeable regarding service users likes, dislikes and individual preferences.

Staff were aware of what was important for each service user and their specific interests and organised meaningful activities to support this. 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, cookery, woodwork, educational courses and the work opportunities afforded to them. The activity programme was noted as developing social, work and education opportunities for service users as well as their hobbies and interests.

Discussion with the senior day care worker and review of records evidenced that service user meetings were generally held monthly. The last meeting was held on 25 May 2018 and minutes were made available. The inspectors noted some of the areas recently discussed during meetings included health awareness, activities, care records and visitors to the centre.

The registered manager advised that service users were also afforded the opportunity to engage in service user groups within the wider organisation. It was positive to note that the Service User Guide and care plans are provided in an easy read format for service users.

One service user returned a questionnaire to RQIA post inspection. The service user confirmed that they were “very satisfied” regarding questions on “is care compassionate” in this setting. The service user also confirmed that they were treated with kindness, respected and their dignity was maintained, staff informed them about their care and supported them to make decisions about their care.

One relative returned a questionnaire to RQIA post inspection. The relative confirmed that they were “very satisfied” regarding questions on “is care compassionate” in this setting. Discussion with a relative confirmed that they were “very satisfied” with the compassionate care in Strathroy Outreach Centre. Additional comments made by the relative included “my son is well cared for here” and “staff are warm and friendly”.

Comments made by staff included “we encourage service users to discuss activities and what they want to do in the centre at the members meetings” and “I provide the service users with the help and support they need”.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement 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 registration certificate was up to date and displayed appropriately.

There was a clear organisational structure and this information was outlined in the day care settings Statement of Purpose. Staff demonstrated awareness of their roles, responsibilities and accountability. Discussion with the registered manager confirmed that they had a good understanding of their role and responsibilities under the legislation.

The registered manager and staff advised there were a range of policies and procedures in place to guide and inform staff. Policies were maintained in a manner that was easily accessible by staff in the office. The inspectors reviewed a sample of policies and procedures and they were noted to have been updated in accordance with timescales outlined in the minimum standards.

During discussions with staff they demonstrated awareness of their roles, responsibilities and accountability. Positive feedback was provided by staff in respect of leadership they received from the senior day care worker and registered manager and effective team working. Staff confirmed that if they had any concerns or suggestions they could raise these with the management team. Staff discussed they were aware of the whistleblowing policy if they could not resolve their concerns locally, however they would be unlikely to need this due to the transparent working relationships that exist within the team. Staff spoken with confirmed that they enjoyed working in the day care setting and with their colleagues. All grades of staff consulted demonstrated during the inspection the ability to communicate effectively with their colleagues and other multi-disciplinary teams in the best interests of the service users.

The staff who met with the inspectors appeared well informed on all aspects of the centre's operations and proved very capable in responding to all of the RQIA requirements for this inspection.

A review of governance records evidenced that staff received individual, formal supervision at least quarterly and an annual appraisal. Staff confirmed that there were systems in place to ensure they received support and guidance from the senior day care worker and the registered manager.

Discussion with the senior day care worker confirmed that staff meetings were generally held monthly, and records verified this. The last meeting was held on 1 June 2018 and minutes were available. Previous staff meetings had been undertaken on 17 May and 20 April 2018. The records included the date of the meeting, names of those in attendance and agenda items. Relevant information was discussed regarding the needs of service users and governance arrangements to ensure delivery of safe and effective care. The senior day care worker confirmed that the minutes of the meetings were made available for staff to consult.

A complaints and compliments record was maintained in the day centre. The complaints record was inspected and revealed one complaint was recorded since the previous care inspection, responded to, investigated, the outcome had been recorded regarding the

satisfaction of complainant. The process was consistent with the settings policy and procedure furthermore; the issues reported did not reveal any concerns regarding safe, effective, compassionate or well led care. Samples of compliments were available for review and evidenced a high level of satisfaction with the service provided.

Discussions with staff confirmed that a robust complaints management process was in place within the setting which is overseen by the WHSCT complaints department. Service users are advised of what they can do if they are not happy with the service within the Service User Guide and the Statement of Purpose. A monthly audit of the complaints and compliments record was undertaken by the registered manager as part of the monthly health check. This was noted to be a comprehensive monthly audit tool which included monitoring of adult safeguarding incidents and referrals, plans for events in the forthcoming month, number of care reviews undertaken, number of visits by independent advocates and audit of staff training, supervision and appraisal in addition to other areas which contribute to the delivery of safe, effective and compassionate care.

The inspectors discussed the monitoring arrangements under regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. The Regulation 28 quality monitoring visits had been undertaken bimonthly by an independent monitoring officer. Three quality monitoring reports were examined from February 2018 to May 2018 and found to be satisfactory. The reports adhered to RQIA guidelines and evidenced engagement with service users, staff and professionals, with positive feedback recorded. It was positive to note that each report had a theme to review such as transport and financial management.

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

Discussions with service users, staff and the registered manager highlighted evidence that supports service user equal opportunities, regardless of their abilities, their background or their lifestyle. The inspectors noted that the day care setting collects equality information in relation to service users as part of the referral process. The data is used effectively to ensure that individualised and person centred care is developed. The registered manager confirmed that no issues regarding equality had been raised by service users to date. Some of the areas of equality awareness identified during the inspection include:

- Effective communication
- Service user involvement
- Safeguarding
- Advocacy
- Individual person centred care
- Individual risk assessment
- Disability awareness.

One service user returned a questionnaire to RQIA post inspection. The service user confirmed they were “very satisfied” regarding questions on “is care well led/managed” in this 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.

One relative returned a questionnaire to RQIA post inspection. The relative confirmed that they were “very satisfied” regarding questions on “is care well led/managed” in this setting. The relative confirmed that the service was managed well and they knew how to make a complaint. Discussion with a relative confirmed that they were “very satisfied” that the care is well led/managed. Additional comments made by the relative included “the centre is very well run” and “all the staff are very helpful and approachable”.

Comments made by staff included “there is a good team here with good management” and “this is a well led service with the service users coming first”.

The registered manager has worked collaboratively to date with RQIA as appropriate.

On the day of the inspection there was evidence of effective leadership and management in Strathroy Outreach Centre and a culture focused on the needs of service users.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements and quality improvement.

Areas for improvement

No areas for improvement were identified 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 Niall Campbell, Registered Manager and Geraldine McKenna, 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

<p>Area for improvement 1</p> <p>Ref: Regulation 16 (1)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the time of the inspection</p>	<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: This practice matter has been addressed with day care staff and all future recordings will reference consultations held with service users/ careers. All service users care plans will be individualised.</p>

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

<p>Area for improvement 1</p> <p>Ref: Standard 5.2</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the time of the inspection</p>	<p>The registered person shall ensure that the service users' risk assessment clearly records the management of the identified risk.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken: The manager will ensure all that service user risk assessments detail step by step actions/measures necessary to manage possible risks. Monitoring of this practice will occur through unit and managerial health checks</p>



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