

Unannounced Care Inspection Report 20 September 2018



Autism Initiatives 96 Beechill Road

Type of Service: Day Care Service

Address: Linden House, Beechill Business Park, Belfast, BT8 7QN

Tel No: 02890699130

Inspector: Marie McCann

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

Autism Initiatives is a Day Care Setting with approval for six places. The service provides care and day time activities for individuals with Autism Spectrum Condition, Learning Disability and any associated difficulties. The day service will also provide support to individuals not diagnosed with Autism but in need of the expertise which the service can provide based on assessed need. The service is open Monday to Friday. The service is operated by Autism Initiatives which is a voluntary organisation.

3.0 Service details

Organisation/Registered Provider: Autism Initiatives NI Responsible Individual(s): Dr Eamonn James Edward Slevin	Registered Manager: Ms Maria Waugh
Person in charge at the time of inspection: Ms Maria Waugh	Date manager registered: 25 August 2017
Number of registered places: Six	

4.0 Inspection summary

An unannounced inspection took place on 20 September 2018 from 09.50 to 15.35.

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 induction; training; staff appraisal and supervision; knowledge of adult safeguarding; risk management and care planning. Further evidence of good practice was found in relation to the culture and ethos of the day care setting; the provision of person centred care and support; governance arrangements; quality improvement and maintaining good working relationships.

Two areas of improvement were identified with regards to absence of a competency and capability assessment for staff covering in the absence of the registered manager and notification to RQIA of reportable incidents.

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	1	1

Details of the Quality Improvement Plan (QIP) were discussed with Ms Maria Waugh, 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 16 May 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 16 May 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 no incidents had been notified to RQIA since the last care inspection on 16 May 2017
- unannounced care inspection report and quality improvement plan from 16 May 2017

During the inspection the inspector met with the registered manager, two service users and two support workers.

The following records were examined during the inspection:

- One service user's care records.
- Sample of restrictive practice records for three service users.
- Two staff induction records.
- A sample of staff training records.
- A sample of service users' daily records.
- A sample of staff supervision and appraisal information.
- The day centre's complaints/compliments from May 2017.
- Staff roster information from 30 July 2018 to 21 September 2018.
- Fire safety precautions.
- A sample of minutes of staff meetings for April 2018 and July 2018.
- The day centre's record of incidents and accidents for August 2018.
- A sample of monthly quality monitoring visit reports from May 2017 to August 2018.
- Annual Review of Quality of Care Report.
- Adult Safeguarding Policy, June 2018.
- Complaints Policy, April 2018.
- Whistleblowing Policy, December 2017.
- The Statement of Purpose, May 2018.
- Service User Agreement.

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.

Six service user and/or relatives' questionnaires were provided for distribution; two 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 an appropriate position in the day centre to allow 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 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 16 May 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 16 May 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 5.2 Stated: First time	The registered provider should put in place arrangements for the service users individual assessments and care plans/positive behaviour plans to be reviewed. Particularly potential for restrictions or restraints should be fully recorded.	Met
	Action taken as confirmed during the inspection: The inspector confirmed on review of one service user's file and a sample of another	

	service user's care records that individual assessments, care plans/positive behaviour plans were reviewed and the potential for restrictions or restraint were fully recorded.	
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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 centre's systems in place to avoid and prevent harm to service users which included a review of staffing arrangements in place.

Discussions with the registered manager and staff confirmed that sufficiently competent and experienced persons were working in the centre to meet the assessed needs of service users. A review of a sample of rota information showed the planned staffing levels were consistent with the numbers assessed as required to meet the needs of the service users. The inspector recommended that the duty rota should clearly record: the person in charge, the designation of staff and ensure any changes are legible. The registered manager agreed to action this.

The registered manager was able to describe measures that would be taken to help ensure that appropriate staffing levels would be achieved in order to ensure that the safety and wellbeing of service users is maintained. The registered manager stated that emphasis is placed upon endeavouring to provide a consistent staff group who know the service users and have the relevant knowledge and skills to support them. On occasions when agency staff are needed the same staff are requested. The registered manager maintains agency staff profiles; a review of a sample of profiles highlighted that an updated profile was required as it was out of date. The registered manager agreed to obtain this from the relevant agency and also ensure that these records are monitored in order to confirm that agency staff are up to date with all mandatory training requirements

Discussion with the registered manager and a review of records confirmed that a competency and capability assessment had not been completed for those staff left in charge of the day centre in the absence of the registered manager. An area for improvement was made in this regard.

The registered manager confirmed that staff employment records were held within the organisation's head office and that all appointments were made in compliance with relevant legislative requirements and policy and procedures. The registered manager confirmed that an induction programme was available for newly appointed members of staff. A review of two newly recruited staff member's induction records evidenced that the induction programme was comprehensive and included shadowing of experienced care staff while also ensuring that introduction to service users was at a pace that service users would be comfortable with.

The inspector viewed the system in place to ensure that all staff receive appropriate training to fulfil the duties of their role. In addition to the registered manager identifying and monitoring the training needs of the staff team, the organisation's training, learning and development team provide a monthly report to the registered manager detailing an overview of training and levels of compliance, requiring any outstanding training to be addressed. A review of the staff training matrix and discussion with the registered manager confirmed that arrangements were in place to identify and meet ongoing training updates as part of an ongoing programme of training. One staff training file was examined and it was positive to note that the majority of training provided was competency assessed to ensure that learning objectives have been met, and to identify future learning needs. Staff spoken with on the day of inspection acknowledged that training was beneficial and assisted them to undertake their role and responsibilities. Feedback from staff also identified some aspects of training which they stated would be helpful. This information was shared with the registered manager on the day of inspection for further consideration and action, as appropriate.

Discussions with staff on the day of inspection confirmed that they were aware of their obligations in relation to raising concerns with respect to service user's wellbeing and poor practice, and were confident of an appropriate management response. A review of the organisation's whistleblowing policy and procedure was found to be satisfactory. Staff confirmed that they were aware of the agency's whistleblowing policy and were able to access it. A poster was displayed on the staff notice board detailing a specific telephone number utilised by the organisation which staff could use if they wished to raise any whistleblowing concerns.

Review of governance records confirmed that an effective incident/accident reporting policy and system was in place. A sample of these records were reviewed for August 2018 which evidenced that eight incidents occurred in the setting and had been managed appropriately. The incident recording evidenced transparency of events and demonstrated staff's high level of understanding of service users' needs, and behaviours which may require support. This approach enabled interventions which helped deescalate each incident and ensure the safety and wellbeing of the service users involved. These records are forwarded to the registered manager, area manager and the organisation's Health and Safety Officer for review and audit purposes. However, the inspector noted in discussion with the registered manager that two incidents had not been reported to RQIA in accordance with the statutory notification of guidelines. An area for improvement was made in this regard. At the request of the inspector both incidents were subsequently notified to RQIA.

A review of records evidenced that the day care setting maintained a comprehensive record of any potential restrictive practices. Restrictive practice summaries were completed which evidenced: the nature of the restrictive practices, the dates on which they were introduced, details of the assessment that outlines the use of the restrictive practices and the support plan goals which aim to reduce or remove the restrictive practice. Records evidenced that restrictive practices were developed in partnership with the multi-disciplinary team and in consultation with relevant parties.

Discussion with the registered manager established that there had not been any suspected, alleged or actual incidents of abuse since the previous care inspection. The organisation's adult safeguarding policy has incorporated the regional Adult Safeguarding Prevention and Protection in Partnership, July 2015 and an Adult Safeguarding Champion has been identified. Discussion with the registered manager and staff further confirmed that there was a clear pathway for staff to follow in relation to referring any safeguarding concerns to appropriate

professionals. A flowchart which provided safeguarding guidance was available for staff in the office. Discussion with staff established that they were aware of the roles and responsibilities in relation to reporting adult safeguarding concerns and maintaining safeguarding records.

Observation and discussion with staff on the day of inspection evidenced that they were committed to promoting service user's independence as appropriate, while being aware of the importance of keeping service users safe and being fully aware of the potential risks for each service user. Staff described how they were encouraged to continuously reflect on the care and support provided to the service users. Discussions with the registered manager and staff evidenced that they were proactive in developing strategies and interventions to provide service users with positive experiences. In addition, staff confirmed that there was an ethos of reflective practice and learning from incidents within the staff team. Staff aimed to understand and identify triggers when service users expressed their feelings through self-harming or physically harming behaviour towards others, with the aim of improving the outcomes and management of the incidents. Discussions with the registered manager and staff on the day of inspection raised no concerns in regards to the day care setting providing safe and effective care.

A review of the day centre's environment was undertaken, the centre was found to be warm, free of odour and clean throughout. There were no obvious hazards to the health and safety of service users, visitors or staff. Fire exits and walk ways were clear and free from any obstructions. The registered manager advised that the environment was sparsely decorated, due to the behavioural needs of a specific service user. Activity materials were stored safely until required. Staff had received infection prevention and control training and food hygiene training. Staff had ease of access to disposable aprons and gloves in bathroom areas. The inspector advised that staff should also wear aprons when cooking lunch for service users and review the suitability of the table in the kitchen from an infection control perspective. The registered manager agreed to action this.

Records identified that a fire risk assessment was completed 14 September 2018 and the registered manager advised that the action plan is in the process of being addressed. The fire risk assessment is due review in September 2019. The registered manager advised that the landlord undertakes a weekly fire alarm check and records are maintained by the landlord. The last fire evacuation drill was completed 25 May 2018 with no actions arising.

Two relatives returned questionnaires to RQIA. All respondents indicated that they were very satisfied that the care provided to service users was safe. One respondent commented: "I am very happy and secure with (the service user's) care."

Areas of good practice

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

Areas for improvement

Two areas of improvement were identified with regards to absence of a competency and capability assessments for staff covering in the absence of the registered manager and the management of reportable incidents.

	Regulations	Standards
Total number of areas for improvement	1	1

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 was outlined in the Statement of Purpose. Observations throughout the inspection confirmed that the day care setting was providing care in accordance with their Statement of Purpose.

One service user's care file was examined. The file contained a service user agreement, an initial service assessment, assessments from the Behaviour Nurse Therapist, multiple risk assessments, with evidence of regular reviews. The inspector advised that the document used to review specific risk assessments should clearly identify the risk assessment it pertained to. The registered manager agreed to action this. In addition, the file contained support plan goals, a positive intervention support plan, health pathway and health action plan, hospital support plan and future goals plan. The inspector advised that the future goals document template should be updated to include a place to record who was involved in the development of the plan, the date completed and review date. The registered manager agreed to action this.

There were systems in place to review service users' placements within the setting to ensure it was appropriate to meet their health and social care needs on an initial and annual basis. The registered manager described the ongoing collaborative working arrangements in place with service users' relatives and other key stakeholders through the review process. The inspector recommended that a review of the service user review template be undertaken to ensure that the names of those in attendance are recorded and not only their relationship to the service user. Commentary should also be included in the review document of the service user's relative or advocate's feedback. Participants in the review should then have the opportunity to sign the record as confirmation of agreement with the content recorded. The registered manager agreed to action this. Care records were noted to be comprehensive and holistic.

The registered manager stated that progress care records should be completed on each day of attendance. However, a sample of daily progress records were viewed and it was noted that a progress record had not been completed on one occasion for a service user. The inspector noted that this issue had been highlighted during a previous staff meeting. Discussion with the registered manager stated that the issue had previously arisen on a day when temporary staff were on duty. The registered manager was able to describe the subsequent actions she had taken to address this issue and help prevent a reoccurrence. The inspector was satisfied with this response. This issue will be reviewed at further inspections. Care records were observed to be stored safely and securely in line with data protection.

The inspector noted that the agency has collaborated effectively with a range of professionals in relation to managing complex situations involving the well-being and safety of service users.

Staff spoken with on the day of inspection recognised the importance of maintaining accurate and contemporaneous records to guide their practice and ensure that care provided was safe, effective and timely. During discussion, staff presented as knowledgeable and informed regarding each service user’s needs.

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 stated that there was effective communication and team work which ensured that safe and effective care was provided to service users. Staff were aware of their roles and responsibilities and lines of accountability. Staff demonstrated knowledge of how to escalate any concerns and how to liaise with the multi-disciplinary team as needed. A review of a sample of communication records verified this.

Two relatives returned questionnaires to RQIA. All respondents indicated that they were very satisfied that the care provided to service users was effective. One respondent commented: “The team do a fantastic job looking after xxxx.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to risk assessing and care planning.

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

6.6 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 inspector’s level of engagement with the service users on the day of inspection was directed by the specific needs of the service users; the inspector was mindful of the impact of new people in the service user’s environment and was mindful to cause the least disruption as possible to the routines of the service users. Observation of staff intervention with service users demonstrated that service users were treated with dignity and respect while promoting and maintaining their independence and safety.

It was positive to note in the staff induction programme that staff were required to consider how to support service users achieve equality and inclusion in their community. The induction programme also focused on providing service users with experiences that give a sense of being valued and/or contribute to their community and examples were provided of how they achieved this within the records.

Service users were observed to move freely around the setting and they presented as comfortable in the company of staff. Staff were observed to be attentive to service users and demonstrated effective understanding of those service users with limited verbal communication through recognition of non-verbal cues and gestures and responding appropriately. Staff were observed assisting and supporting service users in a sensitive manner. Discussion with staff regarding the activities they were delivering confirmed activities were person centred and tailored to meet the needs of individual service users, as well as promoting their strengths and support goals. The activity schedule for service users were communicated to each service user in the way that was assessed as the most effective, with examples of picture schedules and visual strategies to help support the service user remain as independent as possible during an activity. Staff also described how they helped redirect and support a service user if their behaviour indicated that they didn't want to engage in a planned activity.

Due to the individual needs of the service users, it has been assessed that service users' meetings were not an appropriate method of effective communication at this time. However, service user's views and choices were noted to be assessed continually throughout the day. Observation of staff demonstrated that they sought clarification of service users wishes and directed their support and interventions accordingly.

The registered manager also described effective communication arrangements with the service users' relatives to ensure relevant information is shared in a timely manner. Relatives were provided with information within the Statement of Purpose concerning who to contact if they want advice or have concerns. A review of responses from the annual satisfaction survey evidenced positive feedback, with one relative commenting: "I am extremely impressed with the team and how they operate. I consistently saw the ethos of reviewing alternative ideas or approaches to help support xxxx and never to simply close avenues down because they are too difficult."

The day care premises are located in a business park. The registered manager advised that the organisation have been seeking alternative properties which the day centre could relocate and which could provide access to outside space for service users. However, service users have access to outings as and when they choose due to staffing levels within the setting which facilitate the provision of such activities on a daily basis and as part of the service user's activity schedule. Discussions with the registered manager and staff and observations on the day of inspection indicated that care and support was provided to service users in an individualised manner. Staff were observed checking that service users were comfortable and that their needs and preferences were being met. Staff were observed responding in a timely and proactive way to the needs of a service user and adapting the planned activity for the day.

It was positive to note that the registered manager had arranged for new furniture, appropriate for the needs of a specific service user, to be provided.

Two relatives returned questionnaires to RQIA. All respondents indicated that they were very satisfied that the care provided to service users was compassionate.

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 and the provision of person centred care and support.

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 Statement of Purpose for the day care service was reviewed and updated by the registered manager following inspection to include review date of the document and reflect the role and contact details of the patient client council within the complaints section of the document. A copy was forwarded to RQIA following the inspection and was found to be satisfactory. The document clearly describes the nature and range of the service to be provided and addresses all of the matters required by Regulation 4(1) of The Day Care Setting Regulations (NI) 2007.

The registration certificate was up to date and displayed appropriately and a certificate of public liability insurance was current and displayed.

Staff gave positive feedback in respect of leadership of the registered manager and good team working. Further specific feedback from discussions with staff was provided to the registered manager to address, as appropriate.

Discussions with the registered manager and staff confirmed that there were systems in place to monitor staff performance and ensure that staff received support and guidance. Staff spoken with during the inspection confirmed the availability of continuous update training alongside supervision and appraisal processes and an open door policy for discussions with the registered manager. A review of a sample of records evidenced that staff received supervision and appraisal in compliance with the agency's supervision and appraisal policy. It was positive to note that the registered manager maintained a matrix for monitoring staff supervisions and appraisals, as required.

The inspector noted that arrangements are in place to ensure that staff are registered as appropriate with the relevant regulatory body. The records confirmed all staff are registered or in the process of being registered with The Northern Ireland Social Care Council (NISCC). The registered manager discussed the system in place to identify when staff are due to renew registration.

It was identified that the agency had a comprehensive range of policies and procedures which could be accessed by staff in either hard copy or electronic format. Samples of policies viewed were noted to have been reviewed and updated in accordance with timescales outlined within the minimum standards.

The complaints and compliments record was reviewed. No complaints were recorded since September 2016. It was positive to note that five compliments had been received since the

last care inspection. The registered manager and staff were able to confidently describe the procedure in place for recording and managing complaints and the organisation had a comprehensive complaints policy in place.

The inspector was advised that all staff had received training with regards to the General Data Protection Regulation (GDPR) to help them understand and be aware of recent legislative changes and how they relate to their role. This training has also been added to the organisation's induction training programme.

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; these included a mixture of announced and unannounced visits to the day centre. A sample of reports viewed for June 2018, July 2018 and August 2018 noted engagement with service users, staff and professionals, a review on the conduct of the day care setting, audits, performance management, development of action points and review of previous action points. A review of the day care setting's last annual report was noted to follow the matters as outlined in Regulation 17 (1) and schedule 3. It was positive to note that additional audits were undertaken in relation to management of medications, care records, restrictive practices and NISCC registration.

A review of staff meetings since the last inspection evidenced that they were typically held monthly. The inspector suggested to the registered manager that the record of staff meeting minutes should be improved to clearly reflect the actions planned, who is responsible and within what timeframe. This will enable actions and outcomes to be more clearly reviewed at the next meeting. The registered manager agreed to action this.

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 and support plans and risk assessments.

Some of the areas of equality awareness identified during the inspection include:

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

Two relatives returned questionnaires to RQIA. All respondents indicated that they were very satisfied that the service was well led.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff supervision and appraisal, governance arrangements, quality improvement 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 Ms Maria Waugh, 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 29</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall give notice to the Regulation and Improvement Authority without delay of the occurrence of—</p> <p>(a) the death of any service user in the day care setting, including the circumstances of his death;</p> <p>(b) the outbreak in the day care setting of any infectious disease which in the opinion of any general medical practitioner is sufficiently serious to be so notified;</p> <p>(c) any serious injury to a service user in the day care setting;</p> <p>(d) any event in the day care setting which adversely affects the wellbeing or safety of any service user;</p> <p>(e) any theft or burglary in the day care setting;</p> <p>(f) any accident in the day care setting;</p> <p>(g) any allegation of misconduct by the registered person or any person who works in the day care setting.</p> <p>This regulation should be read in conjunction with the statutory notification guidelines updated September 2017.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: The registered person will notify RQIA of any incidents as per guidance including near miss incidents.</p>

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

<p>Area for improvement 1</p> <p>Ref: Standard 23.3</p> <p>Stated: First time</p> <p>To be completed by: 25 October 2018</p>	<p>The registered person shall ensure there is a competent and capable person in charge of the day care setting, in the absence of the registered manager, at all times. Governance records which evidence that such staff are willing and competent to assume responsibility as the person in charge in the manager’s absence, should be maintained and regularly reviewed to ensure that these governance processes remain effective and appropriate.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: The registered person will appoint a senior support worker. The senior support worker will complete a competency assessment as evidence of their role and responsibility in addition to an induction and employee assessments. The competency assessment will be updated annually. The senior support worker will be the responsible person in the absence of the registered manager.</p>

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



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