

Inspection Report

24 September & 15 October 2024



Orchard Centre

Type of Service: Day Care Setting
Address: Dromalane Road, Newry, BT35 8AP
Tel No: 028 3026 6374

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Southern HSC Trust	Registered Manager: Ms Sharon Weir (Acting)
Responsible Individual: Dr Maria O’Kane	Date registered: Acting
Person in charge at the time of inspection: Senior Day Care Worker.	
Brief description of the accommodation/how the service operates: The Orchard Centre is a day care setting registered to provide care and day time activities for a maximum of 70 people. Service users who attend the setting are those over the age of 65 years, and those living a memory loss or enduring mental ill health.	

2.0 Inspection summary

An unannounced inspection was undertaken on 24 September 2024 between 9.30 a.m. and 5.30 p.m. by two care inspectors and on 15 October 2024 from 11 a.m. to 12.30 p.m. by a finance inspector.

The inspection examined the day care setting’s governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), Service user involvement, Restrictive practices and Dysphagia management were also reviewed.

Good practice was identified in relation to staffs’ interactions with service users. It was evident service users were treated with dignity and respect. Further good practice was found in respect of additional training having been sought in the use of specialist equipment, the maintenance of robust training records and the environment which was found to be bright and welcoming.

A number of concerns were identified in respect of governance arrangements and managerial oversight and the effectiveness of the quality assurance of service provision by the manager. Concerns were also identified in relation to finance procedures; adult safeguarding processes; AccessNI checks; processes for monitoring quality; and the variation application.

Following the inspection, RQIA requested an action plan to be submitted by the Trust outlining the actions taken or planned to address the matters identified. RQIA invited the Responsible Individual and the Registered Manager to a meeting on 20 November 2024. The purpose of the meeting was to provide feedback on the inspection findings and to discuss how identified deficits were to be addressed.

During this meeting representatives of the Responsible Individual provided details of the actions taken or those they planned to take to address the matters raised. RQIA was assured that there were measures in place to address any identified issues in a robust and timely manner.

A Quality Improvement Plan (QIP) was issued outlining the areas for improvement required in respect of the following: notifications of manager's absence; adult safeguarding processes; training and competency assessments relating to enteral feeding; fire evacuation drill training; staffing, including the availability of the manager; care and facilities staff; the inclusion of service users feedback in the annual quality report; monthly quality monitoring reports; variation application and financial arrangements.

We wish to thank the person in charge, staff and service users for their support and cooperation during the inspection process.

3.0 How we inspect.

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed. This included any previous areas for improvement identified, registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

As a public-sector body RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of day care services, we are committed to ensuring that the rights of people who receive services are protected. This means we will be seeking assurances from providers that they take all reasonable steps to promote people's rights. Users of day care settings have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic survey.

4.0 What did people tell us about the service?

During the inspection we spoke with a number of service users, relatives and staff members.

The information provided indicated that there were no concerns in relation to the day care setting.

We observed a number of service users being supported by staff. They appeared relaxed and comfortable in the day care setting. Staff were pleasant and attentive and displayed a good understanding of the needs of service users.

Service users’ relatives’/representatives’ comments:

- “Staff are very attentive.”
- “She loves coming here.”
- “Staff are lovely.”
- “There is good communication from staff.”
- “Feel he is safe; delighted he is coming here.”

Staff who spoke to us stated that they enjoyed working in the day care setting. They advised that they felt supported in their role.

No questionnaires were returned. There were no responses to the electronic survey.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last care inspection of the day care setting was undertaken on 11 January 2023 by a care inspector, a QIP was issued.

Areas for improvement from the last inspection on 11 January 2023		
Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Regulation 31. (b)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall give notice in writing to the Regulation and Improvement Authority as soon as is practicable to do so, if any of the following events takes place or is proposed to take place-</p> <p>(b) a person ceases to carry on or manage the day care setting.</p> <p>Ref: 5.2.6</p>	<p>Not met</p>
<p>Action taken as confirmed during the inspection:</p> <p>It was identified that RQIA had not been notified of all manager absences. This area for improvement was assessed as not met and will therefore be stated for a second time.</p>		

5.2 Inspection findings

5.2.1 Are there systems in place for identifying and addressing risks?

The day care setting's provision for the welfare, care and protection of service users was reviewed. The organisation's policy and procedures reflected information contained within the Department of Health's (DoH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC).

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspectors understood their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns.

A review of documents pertaining to adult safeguarding referrals to the HSC Trust identified that full and complete records had either not been made or had not been kept, and that some concerns identified as potential safeguarding issues had not been reported / referred to the Trust's Adult Safeguarding Gateway Team (ASGT). In addition, safeguarding incidents or concerns had not always been recorded on the Trust's incident reporting system (DATIX); this made it difficult for the manager to have effective governance and oversight over such matters through cross-referencing of information against the HSC Trust's incident reporting system. This furthermore raised a concern that staff in the day care setting had not followed the correct policy and procedure in regard to reporting.

Some adult safeguarding concerns had been screened out locally. It was unclear if these had been reviewed by an appropriately trained/experienced individual and documents did not always record the rationale for screening out. An area for improvement has been identified in relation to the governance and oversight arrangements associated with adult safeguarding, including the screening process by staff within the day care setting and reporting to RQIA as required within the legislation.

Staff were provided with moving and handling training appropriate to the requirements of their role. Where service users required the use of specialised equipment to assist them with moving, this was included within the day care setting's mandatory training programme. A review of records confirmed that where the day care setting was unable to provide training in the use of specialised equipment, this was identified by the day care setting before care delivery commenced and training was requested from the HSC Trust.

A review of care records identified that moving and handling risk assessments and care plans were up to date.

Care reviews had been undertaken in keeping with the day care setting's policies and procedures. There was evidence of regular contact with service users and their representatives, in line with the commissioning Trust's requirements.

All relevant staff had been provided with training in relation to medicines management. The person in charge advised that no service users required liquid medicine to be administered orally with a syringe. The person in charge was aware that should this be required, a competency assessment would be completed before staff undertook this task.

It was noted that one incident relating to medicines management had not been reported to RQIA. This was discussed at feedback with the manager who subsequently provided evidence of a new recording template to be completed by staff to provide assurances that all relevant incidents are reported to the appropriate stakeholders, including notifications to RQIA.

The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff had completed appropriate DoLS training appropriate to their job roles. Staff demonstrated that they had an understanding that people who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act. Discussions with the person in charge indicated that there are no service users attending the day care service who are in the process of having a DoLS assessment completed.

There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had had their capacity considered and, where appropriate, assessed. Where a service user was experiencing a deprivation of liberty it was identified that relevant documentation needed to be obtained and retained within the care records. This was brought to the attention of the person in charge who managed to locate the relevant information for one and agreed to liaise with the Trust to ensure they had the documents relating to the other service user.

During the inspection of 24 September, some concerns were identified with respect to the management of service user finances. As a result, a finance inspection was completed on 15 October 2024. Four areas for improvement were identified in relation to finance. Full details of this element of the inspection can be found in section 5.2.8 of this report.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records and through discussions with service users' representatives, it was good to note that service users had an input into devising their own plan of care. The service users' care plans contained details about the level of support they may require. Care and support plans are kept under regular review and service users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

It was also positive to note that the day care setting had service user meetings on a regular basis which enabled the service users to discuss what they wanted from attending the day setting and any activities they would like to become involved in. Some matters discussed included activities and food.

5.2.3 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

A number of service users were assessed by SALT with recommendations provided and some required their food and fluids to be modified to a specific consistency. A

review of training records confirmed that the majority of staff had completed training in Dysphagia and in relation to how to respond to choking incidents. There was a system in place to identify and manage non-compliance appropriately.

Discussions with staff and review of service users' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the day care setting. There was evidence that staff made referrals to the multi-disciplinary team and that these interventions were proactive, timely and appropriate. Staff also implemented the specific recommendations of the SALT to ensure the care received in the setting was safe and effective.

Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs. These were recorded within care plans along with associated SALT dietary requirements. Staff were familiar with how food and fluids should be modified.

During our observation of the service users' dining experience it was noted that there was limited attention available to service users when staff were busy serving meals. The manager should ensure an appropriate number of staff are allocated to observe service users during the time they are eating. This was brought to the attention of the person in charge who has advised that action has been taken to ensure that at least one staff member will be allocated to directly observe service users during the meal time. Details of the identified staff member will be added to the daily planner each day in future.

5.2.4 What systems are in place for staff recruitment and are they robust?

A review of the day care setting's staff recruitment records identified that AccessNI checks had not been completed for two staff before they commenced employment and had direct engagement with service users. An area for improvement has been identified in relation to AccessNI checks.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC) or any other relevant regulatory body. There was a system in place for professional registrations to be monitored by the manager. A spot check completed during the inspection indicated that staff were appropriately registered. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

The day care setting had a policy and procedure for volunteers which clearly specified their role and responsibilities. The person in charge confirmed that volunteers did not undertake any personal care duties and that AccessNI checks had been completed.

5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?

There was evidence that all newly appointed staff had completed a structured orientation and induction. There was evidence of a robust, structured induction programme which also included shadowing of a more experienced staff member. Whilst written records were retained by the day care setting of the person's capability and competency in relation to their job role, there

were gaps in the recording and not all documents contained the relevant signatures. This was brought to the attention of the manager and assurances were provided this would be actioned.

The day care setting had maintained a record for each member of staff training, using a matrix which was colour coded to highlight those who needed to complete a training update.

Staff had recently been required to undertake the flushing of an enteral feeding tube for one service user. The person in charge confirmed that staff had received training, however there was lack of evidence to provide assurances that staff had completed appropriate training or that they were deemed competent to complete this procedure. Immediately following the inspection, the manager confirmed that a date had been arranged for staff to complete a training update and to have their competency assessed. An area for improvement has been identified.

It was noted a number of staff had not participated in a fire evacuation drill as required, the importance of this was discussed with the manager at feedback. An area for improvement has been identified.

5.2.6 What are the arrangements to ensure robust managerial oversight and governance?

The manager had responsibility for managing one other HSC Trust day care setting and, on occasions, had also been required to provide cover in other Trust services. During periods of the manager's absence, another member of staff was designated the responsibility to act as the manager.

The findings of this inspection indicate that this arrangement is not supportive of the manager's capacity to maintain a meaningful and sufficient presence in Orchard Centre, and to provide satisfactory oversight of the service.

Discussion with the person in charge, feedback from staff and review of records evidenced that staff had been frequently redeployed to other Trust care settings. This had the potential to adversely impact the staffing levels within the Orchard Centre.

Care staff stated that they were currently required to provide cover for facilities staff (catering and domestic staff) when these are on annual leave or sick leave. The duties of care staff at these times included cleaning all areas of the building at the end of each day. The manager described the current staffing arrangements as 'challenging'.

RQIA was concerned, given the complex needs of the service users and the level of supervision they require, that the current arrangements have the potential to negatively impact the health and wellbeing of service users. An area for improvement has been identified.

There were monthly monitoring arrangements in place in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. A review of the reports of the day care setting's monthly quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements. Since this process had failed to identify the deficits noted during this inspection, RQIA was not assured that the system of monthly monitoring was sufficiently robust and effective to support the manager with reviewing the quality of the service

provided and in identifying risks, trends or areas requiring improvement in a timely manner. An area for improvement has been identified.

The Annual Quality Report and records of the service users' meetings were reviewed. It was noted that these records did not contain details of feedback received from service users. An area for improvement has been identified.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) or Significant Event Audits (SEAs) procedures.

The day care setting's registration certificate was displayed but was not the most up to date version. This was brought to the attention of the manager and they agreed to action.

There was a system in place to ensure that complaints were managed in accordance with the day care setting's policy and procedure. There had been no complaints received since the last inspection.

There was a system in place for managing instances where a service user did not attend the day setting as planned. This included a system for signing in and out the service users who attend.

It was discussed with the manager the need for transport staff or an identified person to check the vehicle at the end of each journey to ensure that no service users remained on the transport. The manager stated they attended regular meetings between the Trust and the transport provider. They confirmed they were actively seeking assurances in relation to this and other matters relating to the contract arrangements with the company.

The Statement of Purpose required updating to accurately reflect the complaints policy and procedure and to include contact details of the Patient Client Council and the Northern Ireland Public Ombudsman's Office.

The manager had submitted an application to RQIA for registration as manager; this will be reviewed in due course.

5.2.7 Additional Areas

Environment

A review of the environment found it to be generally bright and welcoming. The corridors were wide, good lighting and free from clutter. The dining room was a large space which easily accommodated service users using a variety of mobility aids, including wheelchairs. Some ancillary/support areas, such as a general store room which was used to store oxygen cylinders, and the craft store were cluttered and had items stored on the floor. These rooms were unlocked and therefore there was a risk that service users may access inappropriate items which could potentially cause harm. Staff were also at risk as the clutter may impact on their ability to access items safely. This was brought to the attention of the manager at feedback who subsequently provided assurances these concerns had been addressed.

Variation

RQIA received a variation application on 26 June 2024 in relation to a proposed change the use of a hairdressing room to a clinical room. Additional information to progress this application was requested by RQIA on 14 August 2024 and had not been submitted the date of the inspection.

During the inspection it was observed that the room was currently being used three days per week as a clinical room. The variation request has not been approved by RQIA and therefore the room should be used only for the purpose for which it had been registered. An area for improvement has been identified. RQIA will keep this matter under review.

5.2.8 Finance Inspection

A safe place was provided within the day care setting for the retention of service users' monies and valuables. There were satisfactory controls around the physical location of the safe place and the members of staff with access to it. A review of records of service users' monies held showed that the records were up to date on 15 October 2024.

Discussion with staff confirmed that no bank accounts were used to retain service users' monies.

A sample of records evidenced that since the inspection on 24 September 2024, reconciliations (checks) of monies held on behalf of service users were undertaken on a weekly basis. The records of the reconciliations were signed by the member of staff undertaking the reconciliation and countersigned by a senior member of staff.

It was noted that the records of the reconciliations did not provide details of the balance of monies held on behalf of each service user. The manager provided assurances that the procedure for recording transactions would be revised to show the balance held. An area for improvement was identified.

A sample of records of monies deposited at the day care setting on behalf of two service users evidenced that since the inspection on 24 September 2024, the person depositing the monies was provided with a receipt. Records also showed that service users were handed a receipt when paying the service for meals.

A review of a sample of records of purchases undertaken on behalf of service users, by members of staff, showed that receipts from the transactions were retained for inspection. Records also showed that since the inspection on 24 September 2024, two signatures were recorded by staff members against each of the purchases.

The system for recording transactions on behalf of service users, including the system for retaining the receipts from the transactions, was discussed with the manager. Following the discussion, the manager agreed to implement a more robust system which would aid the audit process. An area for improvement was identified.

It was noted that a small number of service users had insufficient funds to pay for purchases undertaken on their behalf. Discussions with staff confirmed that the contribution towards the purchases, for these individuals, was taken from the monies held for service users with sufficient funds.

The inspector highlighted to staff that service users' monies should not be used to subsidise others with insufficient funds and that this practice should cease immediately. The manager agreed that the amount previously used to subsidise these individuals would be paid back to the other service users and an alternative procedure will be implemented. An area for improvement was identified.

Staff were advised during the inspection on 15 October 2024 to liaise with the Trust regarding the policies and procedures relating to the management of service users' finances. The policies should be updated, where necessary, to ensure that they cover all the operational areas relating to service users' finances. This includes the procedure to be undertaken by staff when making purchases for service users with insufficient funds. An area for improvement was identified.

6.0 Quality Improvement Plan/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 Day Care Settings Minimum Standards, (revised), 2021.

	Regulations	Standards
Total number of Areas for Improvement	3*	10

* the total number of areas for improvement includes one that has been stated for a second time.

The areas for improvement and details of the QIP were discussed with Ms Sharon Weir, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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 31.(b)</p> <p>Stated: Second time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall give notice in writing to the Regulation and Improvement Authority as soon as is practicable to do so, if any of the following events takes place or is proposed to take place-</p> <p>(b) a person ceases to carry on or manage the day care setting.</p> <p>Ref: 5.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>A new process is now in place for submitting notification of the absence of the Registered Manager to RQIA.</p> <p>Three Registered Managers and a New Head of Service are now permanently appointed across all Adult Community Directorate Day Centres.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 20.-(1)(b)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall, having regard to the size of the day care setting, the statement of purpose and the number of service users-</p> <p>(a) ensure that at all times suitably qualified, competent and experienced persons are working in the day care setting in such numbers as are appropriate for the care of services users.</p> <p>This relates to the manager, care and facilities staffs' capacity to carry out their duties in accordance with their roles and responsibilities.</p> <p>Ref: 5.2.6</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The name of the Responsible Person in charge of the Day Centre in the absence of the Registered Manager is now displayed on the notice board and highlighted on the staff rota.</p> <p>The Responsible Persons who could be in charge when the Registered Manager is not on site have all completed relevant training and are signed off as being competent to be in charge</p>

	<p>of the Day Centre - this is reviewed annually or more frequently if required.</p> <p>Daily staffing levels and dependency levels of Service Users are recorded each morning and reviewed by the Registered Manager / Responsible Person to ensure appropriate staffing levels are available to meet the needs of Service Users in attendance.</p> <p>Recruitment ongoing to secure permanent appointments.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 28.-(1)(4)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that there is a robust and effective process for monitoring the quality of the service provided to support them and the manager with identifying risks, trends or areas requiring improvement in a timely manner. The process should include the review of a range of key areas to include incident reporting and adult safeguarding.</p> <p>The quality monitoring reports should also include detailed information and reflect the views of service users.</p> <p>Ref 5.2.6</p> <p>Response by registered person detailing the actions taken:</p> <p>A Monitoring Officer has been appointed and the monthly monitoring tool was reviewed and updated to reflect learning from this inspection. It includes a section to record incidents and Service User experience.</p> <p>A programme of monthly visits are now scheduled and previous monitoring reports have been reviewed and any outstanding actions progressed. The Monitoring Officer as part of their monthly visit will update the Registered Manager in the areas of good practice and improvements if required.</p> <p>A dashboard has been created to track any recommendations and the date these have been addressed.</p> <p>The Monitoring Officer will also complete a trend analysis of themes from incidents, complaints and safeguarding following the monitoring visit that will be reviewed by the Registered Manager and Head of Service to highlight areas of good practice, training needs or areas for improvement.</p>
<p>Action required to ensure compliance with the Day Care Settings Minimum Standards August (revised) 2021</p>	

<p>Area for improvement 1</p> <p>Ref: Standard 13</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure:</p> <ul style="list-style-type: none"> • that written records are kept of all safeguarding concerns and include details of the screening process, the investigation, the outcome and action taken by the day care setting; • All safeguarding concerns are reported to the relevant persons and agencies in accordance with the procedures and relevant legislation • There should be a clear process to ensure that the manager has effective oversight of all matters relating to adult safeguarding. <p>Ref: 5.2.1</p>
<p>Area for improvement 2</p> <p>Ref: Standard 20.2</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>Response by registered person detailing the actions taken:</p> <p>A new template is now available in each Service User's file to record any safeguarding concerns and record outcomes of actions taken.</p> <p>The Registered Manager and senior staff all have "Read only" access on PARIS, this will allow appropriate staff to identify at what stage the screening / safeguarding process is at.</p> <p>The Registered Manager and senior staff have attended DATIX training and will attend refresher safeguarding training as required.</p> <p>Monthly monitoring of safeguarding concerns is reviewed by the Registered Manager.</p> <p>The Monitoring Officer will also review safeguarding concerns reported each month as part of the monthly monitoring process.</p> <p>The registered person must ensure that all staff including volunteers, are recruited and employed in accordance with relevant legislation.</p> <p>The relates specifically to all staff having an enhanced AccessNI check completed prior to the commencement of employment within the service.</p> <p>Ref: 5.2.4</p>

	<p>Response by registered person detailing the actions taken:</p> <p>All staff including volunteers in the Day Centre are employed as per the Trust's recruitment processes and all relevant Access NI checks have been completed.</p>
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<p>Area for improvement 3</p> <p>Ref: Standard 21</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person must ensure all staff are trained for their roles and responsibilities.</p> <p>This relates specifically to relevant staff have:</p> <ul style="list-style-type: none"> • completion of appropriate training and competency assessments in relation to the management of enteral feeding; and • records of training and competency assessments are maintained by the service. <p>Ref: 5.2.5</p>
<p>Area for improvement 4</p> <p>Ref: Standard 28.6</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>Response by registered person detailing the actions taken:</p> <p>All staff supporting Service Users with additional care needs have completed appropriate training and completed Service User specific competency training in relation to the flushing of an enteral feeding tube.</p> <p>Training records for each staff member are held in the Day Centre. In addition any Service User specific training completed by staff is also recorded in the Service User's file.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 17.11</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that the quality of the services provide is evaluated at least annually. This process should include effective engagement with service users' and other key stakeholders.</p> <p>Feedback received and any required follow up actions taken should be recorded within the annual report and minutes of service user meetings.</p>

	<p>Ref: 5.2.6</p>
<p>Area for improvement 6</p> <p>Ref: Standard 25.10</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>Response by registered person detailing the actions taken:</p> <p>An annual survey is completed and the views and suggestions of the Service Users are discussed at the Service User meeting and recorded in the annual report. Suggestions are actioned where applicable and reported back to Service Users once completed.</p> <p>Service User meetings occur quarterly or sooner as appropriate.</p> <hr/> <p>The registered person shall ensure all structural changes or changes of use to the registered building and/or alterations to engineering services are approved by RQIA, and where relevant other authorities.</p> <p>This relates to the variation application to change the purpose of a room within the day care setting being used before approved by RQIA.</p> <p>Ref: 5.2.7</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>All relevant Estates work has been completed. The Health and Safety inspections have been completed. The Fire risk assessment has been completed</p> <p>The service is waiting approval from RQIA in relation to the variation application.</p>
<p>Area for improvement 7</p> <p>Ref: Standard 11.7</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that a record is kept showing the balance of monies held for each service user. The balance held should be agreed as part of the weekly reconciliations which are signed by two members of staff.</p> <p>Ref: 5.2.8</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>There is a record of Service Users voluntary contributions kept in the Day Centre. All new money received into the Day Centre is counted and checked by two members of staff and signed.</p>

	<p>In addition there is a weekly check of the total monies in and out checked and signed by two staff.</p>
<p>Area for improvement 8 Ref: Standard 17.13 Stated: First time To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that a more robust system is implemented for the recording of transactions undertaken on behalf of service users in order to aid the audit process.</p> <p>Ref: 5.2.8</p> <p>Response by registered person detailing the actions taken:</p> <p>All money transactions are recorded and checked by two members of staff and signed as they occur. In addition there is a further weekly check of the total money transactions checked and signed by two staff.</p>

<p>Area for improvement 9</p> <p>Ref: Standard 17.13</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall cease, with immediate effect, using service users' monies to subsidise others with insufficient funds. The amount previously used to subsidise these individuals should be paid back to the other service users.</p> <p>A new system should be implemented for purchases made on behalf of service users with insufficient funds to ensure that they are not subsidised by other service users.</p> <p>Ref: 5.2.8</p>
<p>Area for improvement 10</p> <p>Ref: Standard 17.9</p> <p>Stated: First time</p> <p>To be completed by: 15 November 2024</p>	<p>Response by registered person detailing the actions taken:</p> <p>All monies previously held has been paid back to the individual Service Users.</p> <p>All Service Users money is now collected, recorded and stored individually in their own money wallet for their own personal use as required.</p> <hr/> <p>The registered person shall liaise with the Trust to ensure that the policies and procedures cover all operational areas relating to service users' finances.</p> <p>A procedure for purchases undertaken by staff for service users with insufficient funds should be included in the policy.</p> <p>Ref: 5.2.8</p> <p>Response by registered person detailing the actions taken:</p> <p>Work with the Trust Finance department is ongoing to update all policies in relation to Service Users Finances. This will include a procedure for purchases undertaken by staff for Service Users with insufficient funds.</p>

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



The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

