

Unannounced Care Inspection Report 26 February 2019



Appleby Social Education Centre

Type of Service: Day Care Service
Address: 43 Ballinahonemore Road, Armagh, BT60 1JD
Tel No: 02837524335
Inspector: Maire Marley

www.rqia.org.uk

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a Day Care Setting that provides care and day time activities up to 150 services users who are living with a learning disability. The setting's Statement of Purpose details that only 70 people can be accommodated on a daily basis.

The centre is open Monday to Friday and is closed for all public holidays and for one week at Easter, Christmas and the July Holiday period. Appleby SEC also closes for a number of additional days so that training can be undertaken by the entire staff team.

3.0 Service details

Organisation/Registered Provider: Southern HSC Trust Responsible Individual: Shane Devlin	Registered Manager: Margaret (Mairead) Murphy - registration pending
Person in charge at the time of inspection: Leanne Cornett	Date manager registered: Margaret (Mairead) Murphy - registration pending
Number of registered places: 105 – DCS	

4.0 Inspection summary

An unannounced inspection took place on 26 February 2019 from 10.00 to 16.00.

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the day care setting 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, provision of care, involvement of service users and their relatives, care records, health and safety and maintenance of the premises.

Six areas requiring improvement were identified and related to staff induction records, displaying the up to date registration certificate, updating the statement of purpose and service user guide, ensuring supervision is provided regularly, updating identified care plans and ensuring all care plans are signed and dated.

Service users said;

- “I love Appleby it’s the best.”
- “We get lots of choices.”
- “I like everyone but I like my keyworker the best”
- “We have meetings and decide what we want to do.”

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	0	7

Details of the Quality Improvement Plan (QIP) were discussed with Mairead Murphy, manager and Leanne Cornett assistant manager as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 1 February 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on -1 February 2018.

5.0 How we inspect

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

- record of notifications of significant events
- record of complaints
- the previous inspection report and QIP dated 1 February 2018
- the RQIA log of contacts with, or regarding Appleby SEC

During the inspection the inspector met with:

- six service users individually
- eight service users in a group setting
- the manager
- one professional
- one assistant manager
- two day care workers
- four day care support workers

Staff were provided with ten questionnaires to distribute to service users or their relatives for completion. The questionnaires asked for service users and/or their relatives views on the service and requested their return to RQIA. No completed questionnaires were returned to the inspector within the timeframes for inclusion in this report.

The manager was requested 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 completed questionnaires were returned within the timescales for inclusion in this report.

A “have we missed you” card was left for display in the front entrance, to allow service users or relatives who were not available on the day to give feedback to RQIA regarding the quality

of service. No responses were received. In addition a range of RQIA information leaflets were also left for information.

The following records were examined during the inspection:

- Care records for four service users, including assessments, care plans and review reports.
- Four service user's agreements.
- Progress records for four service users.
- Monitoring reports for the months of November, December 2018 and January 2019.
- Records of staff meetings held in July, September December 2018 and January 2019
- Minutes of service users' meetings for December 2018 and January 2019.
- Selected training records for staff, including staffs' registration with NISCC.
- The Statement of Purpose.
- Service User Guide.
- Staff duty rotas for the December 2018, January and February 2019.
- Safety records, including fire risk assessment.
- Record of incidents and accidents.
- Record of complaints and compliments.
- Audits completed.

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 manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 1 February 2018

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 01 February 2018

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 21.1 Stated: First time	The registered person shall improve staff induction arrangements in this setting which should include evidence of staff competency to undertake their role and responsibilities in this setting. Ref: 6.4	Met
	Action taken as confirmed during the inspection: The information in the returned QIP and the evidence viewed on the day confirmed that an additional tool to enhance the previous checklist had been introduced which demonstrated staff competence. Management confirmed that all new staff employed by the Trust undertakes the NISCC induction standards.	
Area for improvement 2 Ref: Standard 5 Stated: First time	The registered person shall improve service users care plans ensure they are up to date and include what each service user wants to achieve in day care. Ref: 6.5	Met
	Action taken as confirmed during the inspection: The information in the returned QIP and care plans examined on the day found they were up to date and appropriately signed and dated.	

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.

Appleby SEC is managed by Mairead Murphy whose registration with RQIA is pending, the manager confirmed she had submitted to RQIA the outstanding documents requested to complete her application for a registered manager. The manager is assisted by a team consisting of two assistant managers, eight day care workers, thirteen support workers, a clerical officer and four facility support staff. Mrs Murphy is also responsible for a further two day centres within the Southern Trust area and time is allocated to each centre. The hours the manager allocates to Appleby SEC is recorded on the duty roster.

On the day of inspection the planned number of staff and skill mix on duty was sufficient to meet the needs of service users. The duty roster was examined and it was noted that deficits and changes had occurred due to unplanned staff absences, these changes were covered by part time staff increasing their hours. Discussion with staff established that they were satisfied that staffing levels were sufficient to meet the assessed needs of service users. Staff on duty were found to be sufficiently experienced and suitably trained to meet service users' needs, support their abilities and promote their independence.

Records examined confirmed that competency and capability assessments for staff who acted up in the manager's absence had been completed. The inspector spoke to a staff member who assumes responsibility for the centre in the absence of the manager and they confirmed they were willing and capable to act up as and when required.

The Southern HSC Trust corporate recruitment and selection policies and procedures were in place and management reported that all records in regard to the recruitment process are maintained in the Trust's Human Resources department. The records for two staff employed since the previous inspection confirmed that the day care setting had received confirmation that all pre-employment information, training and identification had been received prior to the staff commencing duty.

An induction programme is in place for all grades of staff within the centre appropriate to specific job roles. Records pertaining to two staff that commenced duty in September 2018 and January 2019 were examined and confirmed an induction had been undertaken. One record was found to have conflicting dates and it was difficult to ascertain when the induction had commenced or when it was completed. This is an area identified for improvement.

Discussions with staff revealed that the centre closed for five days to enable mandatory training programmes to be completed. A review of the staff training records found that all staff had up to date mandatory training and had access to additional training and development relevant to the needs of service users.

The day care setting had arrangements in place to identify and manage risks, notification of incidents and events were submitted to RQIA as required. A review of the records confirmed that all accidents and incidents reportable and not required to be reported had been managed in a timely appropriate manner.

A review of settings policies confirmed there was a policy and procedure on restrictive practice in keeping with DOH Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberty Safeguards (DoLS).

Staff discussed the restrictions in place regarding some individuals who require additional support to ensure they remained safe. It was evident that staff were aware of their responsibility to ensure all decisions were in the best interest of the service user and was the least restrictive to support each individual whilst assuring their safety.

It was noted during the inspection that service users responded to staff approaches positively and were accepting of their support, additionally staff presented as familiar with individual service user's needs, personality and methods of communication. Staff were observed responding to everyone in a quiet, respectful manner. Assistance when provided was discreet and it was evident that staff knew when to offer assistance that enabled participation yet ensured service users independence was promoted.

Service users spoken to during the inspection described the building as a secure, safe place to come to and expressed that staff were always available and willing to assist them as and when required.

The manager confirmed there were no current adult safeguarding investigations within the day care setting and was clear about their role and responsibility in the event of such an incident.

Safeguarding procedures were understood by staff members who were interviewed, they confirmed that practice throughout the centre was of a high standard and that they were trained to respond professionally in all situations. Safeguarding training had been provided for all staff in 2018. Service users' rights and feelings, and the methods available to them of raising a concern or making a complaint were set out in the Service User Guide and in the centre's Statement of Purpose. There had been no complaints in the service since the last inspection.

The manager and other staff members, who met with the inspector, confirmed that they have confidence in the practice of all members of the staff team in their work with service users and expressed their determination to promote safe practice and, if necessary, to report unacceptable practice. All staff members expressed strong commitment to their work and confirmed that the work is enjoyable and rewarding.

Observation of the environment was undertaken during a walk around the day care setting, this confirmed that the environment was warm, clean, fresh smelling and had suitable lighting. Fire exits and walk ways were clear and free from any obstructions. Infection prevention and control measures were in place with a good standard of hygiene observed throughout the centre. Measures included the availability of hand sanitisers around the setting, "seven step" hand hygiene notices positioned at wash hand basins and supplies of liquid soap and hand towels mounted on the wall. Staff had access to gloves and aprons as required.

It was noted that staff adhered to safe fire practices and records examined identified that a number of regular safety checks on firefighting equipment had been undertaken. A fire risk assessment was completed on 10 October 2018 and had a review planned for 2020.

Discussion with staff with regards to the provision of safe care revealed the following comments:

Staff comments:

- "Appleby is a very good centre, management team have an open door policy and are very supportive."
- "We are a good team and we work well together."

- “We keep the centre safe by our communication, training and following our policies we all know what we have to do.”

Ten satisfaction questionnaires were given to the staff for distribution to service users and relatives/representatives. There were no questionnaires returned within the timeframes for inclusion in this report.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care documentation, risk assessment and management, fire safety, the physical environment, staff training and support, adult safeguarding and service user involvement.

Areas for improvement

One area for improvement was identified during the inspection of this domain and related to improving the induction records.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

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

The centre’s statement of purpose was reviewed and revealed that the document accurately reflected the elements set out in the regulations and standards. The document was reviewed in 2019 and stated that the centre was registered to provide 105 places; this is the number of service users that is provided with a service. The document states that care is delivered to 70 service users per day, within seven groups on a full and part time basis. In discussion with the manager it was reported that the number of service users availing of the service was much less and that the number of service users now accommodated on a daily basis was 50. Management explained that the difference in numbers was due to those service users who were more independent moving into day opportunities and service users with more complex needs being admitted. The Statement of Purpose must reflect the range of needs that the setting can meet and the number that can be accommodated daily. The overall number of service users to be provided with day care should be included in the document. This is identified as an area of improvement.

It was good to note that the service user’s guide was in pictorial form and had been developed with the assistance of the Speech and Language team in February 2014; the document was in need of review and is an area identified for improvement.

A review of four service users’ individual care records confirmed that care planning documentation was in place for each service user and was based on a range of comprehensive assessments. The records included referral information, a service user agreement, an up to date assessment of needs, including a range of risks assessments and a detailed care plan. Most of the care records reviewed were maintained in keeping with regulations and standards however improvement was required in regard to two identified care plans, Record A had a service user agreement that was not signed and the care plan needed to be signed and dated. Record B’s assessment and care plan both needed to be signed along with the review report. This is an area identified for improvement.

Progress records were maintained of each service user and entries were made in response to the significance of events and were in keeping with the frequency specified by the minimum standards.

Records of annual care reviews for each service user demonstrated that an evaluation of the overall suitability of the placement had been discussed in detail and agreed. A written review report was available in files examined and included the views of the service user and/or their carer and was informed by the written progress notes.

A record of the contact and involvement of families and professionals was maintained. Records examined were signed and dated. There was evidence that a regular audit of care documentation was undertaken.

During discussions staff revealed that care provided to service users within the setting was effective. They were knowledgeable regarding service users' needs and care plans; they described how intervention with each service user was person centred depending on their individual needs. Staff discussed the systems in place to ensure any updates or changes in service users' needs were discussed and shared as necessary.

The discussions with staff and review of service user 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 day care staff consulted with the multi-disciplinary team, in a proactive, timely and appropriate manner.

In discussion with a speech and language therapist assigned to the day centre they spoke of staff referring any concerns in a timely manner and confirmed that staff followed dysphagia recommendations. The centre had the 5 Good Communication Standards and the speech and language therapist spoke of how these standards were going to be introduced.

Two community nurses spoken to during inspection described the service provided as very good, they expressed that staff are excellent at reporting any concerns, "the feed-back we receive from carers is very positive and they (carers) are always very complimentary in regards to the staff team".

The Statement of Purpose and Service User Guide provided information on how to make a complaint and the importance of ensuring service users' opinions and feedback is heard and appropriate action taken.

The interactions observed between staff and service users throughout the inspection confirmed that staff were suitably skilled and effective in communicating with all service users. There was good evidence of person centred interventions that assured service users were involved and communication opportunities maximised.

Discussion with staff, and service users with regards to the provision of effective care included the following comments:

Staff comments:

- "I feel Appleby is a good centre and we all work well together."
- "Staff know all the service users and are fully aware of their needs."

Service User comments:

- "I really like Appleby, I enjoy coming here and meeting my friends."
- "Staff know me really well and they know what care I need."

- “Appleby is the best. “

During the inspection eight members of staff in total were interviewed and all expressed positive views on the quality of service provided and on the confidence they had in the practice of their colleagues.

Ten satisfaction questionnaires were given to the manager for distribution to service users and relatives/representatives. No questionnaires were returned within the timescales for inclusion in this report.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to referral information, assessment of needs and risk assessments, audits of records, communication between service users, staff and other key stakeholders.

Areas for improvement

Four areas of improvement were identified during the inspection of this domain and related to reviewing the statement of purpose and service user guide and obtaining signatures on service users’ agreements and care records.

	Regulations	Standards
Total number of areas for improvement	0	3

6.6 Is care compassionate?

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

The inspection sought to assess the day care setting’s ability to treat service users with dignity, equality and respect, and to fully involve services users in decisions affecting their 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 and demonstrating active listening skills.

Staff were observed on numerous occasions offering service users choice regarding activities, their lunch and hot and cold drinks, staff were observed assisting service users as and when necessary or directing and guiding them to where they wanted to go. 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 knowledgeably about service users likes, dislikes and individual preferences.

The inspector confirmed that service users were enabled and supported to engage and participate in meaningful activities, which had been assessed as appropriate for each service user based on their needs and goals. In discussions with several service users, they were complimentary of their activities and described the activities they particularly enjoyed. Throughout the day staff were observed to stimulate and encourage service users to participate in a range of activities that promoted positive outcomes for their health and well-being, encouraged meaningful social engagement and community involvement.

Staff described the informal arrangements in place that ensured service users are consulted on a daily basis and their views and opinions sought. This included daily ongoing discussions with service users, checking out before the commencement of each activity that people were willing to participate, observing body language and facial expressions and using communication books. More formal arrangements to promote effective communication with service users and/or their representatives were facilitated through care reviews and monthly service user meetings. A sample of the minutes of these meetings were reviewed and provided evidence of service user involvement in the decision making process. Several service users spoke of how they were involved in the decision making process and it was evident that service users were encouraged to make informed decisions.

Evidence of additional opportunities for service users and their carers to express their views was contained in the annual satisfaction survey undertaken in 20217/2018 and reported on in the Annual Quality Report 2018. The report addressed the elements as specified in Regulation 17 and it was good to note the action plan contained the timescales for completion of the identified improvements

A review of the records of the monthly monitoring visits found that the views of service users and their carers were sought on each occasion and reflected in the report of the visit. The records were maintained in accordance with Regulation 28.

Service users who spoke with the inspector were aware of the complaints process and could identify the person with whom they would communicate with if they had a issue or concerns. The parents of a service user spoke highly of the staff team and were also fully aware who to approach if they had a concern, they expressed that they never had to use the complaints process as they were more than happy with the service provided.

There were measures in place that confirmed all service users, irrespective of their needs were supported and encouraged to have equal opportunity for access to meaningful activities and engagement with others. It was encouraging to note the range of displayed information available to service users and their carers.

Discussion with service users with regards to the provision of compassionate care included the following comments:

- “Appleby is the best place ever.”
- “The staff are all really good and they look after us.”
- “I love here.”
- “We get to do lots of different things.”

In discussion service users confirmed they enjoyed their meals and during observation of the lunch period staff were noted to supervise and assist service users in a sensitive discreet manner.

Ten satisfaction questionnaires were given to the manager for distribution to service users and relatives/representatives. No questionnaires were returned within the timescales for inclusion in this report.

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, listening to and valuing service users and taking account of the views of service users, facilitating service users' involvement in activities and the maintenance of records.

Areas for improvement

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

Total number of areas for improvement	0	0
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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 provider in January 2019. As stated in section 6.5 of this report the document is in need of review to clearly describe the number of service users to be provided with a service and the number of service users that can be accommodated on a daily basis.

The registration certificate displayed in the front office was not the most up to date certificate and on the day of the inspection the certificate issued in March 2018 could not be located. Following the inspection the manager reported that the certificate date 19 March 2018 had been located and was now displayed appropriately. This is an area identified for improvement. Management must ensure that the most up to date certificate is displayed at all times.

The inspector assessed the setting's leadership, management and governance arrangements to ensure they were meeting the needs of service users. The day centre is managed by the manager who also has management responsibility for a further two day care centres within the Southern Health and Social Care (SHSCT). The manager's registration is pending with RQIA and it was confirmed that all outstanding documentation had been submitted. In the absence of the manager, the assistant manager or a designated day care worker assumes management responsibility and is supported by a team of support staff. There was a clear organisational structure and the management arrangements were outlined in the setting's Statement of Purpose, the reporting arrangements were understood by staff. The duty roster detailed the hours the manager allocated to Appleby SEC and indicated the person in charge in their absence. Staff were aware of how to contact the manager when the manager was not in Appleby SEC.

During discussions with staff they demonstrated awareness of their roles, responsibilities and accountability. Positive feedback was provided by care staff in respect of leadership they received from the manager and management team. Staff also spoke of good working

relationships within the team. They confirmed that if they had any concerns or suggestions they could raise these with the management team and expressed that management had an open door policy.

Staff discussed their knowledge of the whistleblowing policy and the action they would take if they could not resolve their concerns locally, however they stated this would be unlikely due to the transparent working relationships that existed within the team. From the discussions with staff it was evident they enjoyed working in the day care setting and enjoyed good working relationships with their colleagues.

The day care setting had a range of policies and procedures in place to guide and inform staff, these policies are also available to staff via the Trust's intranet. A sample of policies and procedures examined on the day of inspection revealed that they had been reviewed within the timescales outlined in the minimum standards.

A review of staff supervision records noted there had been some gaps in the frequency of formal supervision due to unplanned or planned leave. Support staff consulted on the day confirmed that supervision was supportive however spoke of the difficulties fitting supervision in for the fore mentioned reasons and in regard to covering guide help duties. This is an area identified for improvement. The manager must ensure staff are in receipt of formal supervision at least every three months.

There were policies, procedures and practices in place to facilitate the efficient management of complaints. Information on the complaint procedure was displayed throughout the centre and included in the service user guide and agreement. The complaint records maintained by the day care setting evidenced there had been no complaints since the previous inspection in February 2018. Discussion with staff and management confirmed that they were open to receiving complaints and knew how to respond to any expression of dissatisfaction sensitively in accordance with the Trust's complaint procedures.

Records examined provided evidence that regular staff meetings were held and records of the meetings maintained. The record included the names of staff in attendance and agenda items. Relevant information was discussed regarding the needs of service users, forward planning and the arrangements to ensure the delivery of safe and effective care. During discussion with staff they spoke of missing some staff meetings due to guide help duties on the buses, these comments were passed to the manager who reported that staff had informed them off this issue and they were currently reviewing the duty roster to ensure staff were rotated to enable everyone to attend staff meetings more frequently.

The inspector discussed the measures in place in relation to promoting equality of opportunity for service users and the importance of staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The manager discussed the ways in which staff development and training enabled them to engage with a diverse range of service users. It was 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 included:

- effective communication
- service user involvement
- equal care and support

- individual person centred care
- individual risk assessment

The day centre had collected equality data on service users such as; age, gender, race, disability, marital status via their referral information.

There are arrangements in place to ensure staff are registered with the relevant regulatory bodies of the Northern Ireland Social Care Council (NISCC). Information regarding registration details and renewal dates were maintained. The manager reported that the Trust had an alert system in place to inform managers when staff registration had lapsed and confirmed that staff were aware that a lapse in their registration would result in the staff member being unable to work within the centre until their registration was suitably updated.

The inspector confirmed there was evidence of the arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. A range of audits are undertaken weekly and monthly and were available for inspection. These included health and safety audits, audits on care records, cleanliness audits, staff training, fire prevention and checks on NISCC registration.

The Regulation 28 monthly quality monitoring visit reports were available for inspection; these were mainly unannounced visits. Three quality monitoring reports were sampled for November and December 2018 and January 2019. The reports were found to be satisfactory and adhered to the elements specified in Regulation 28. The day care setting had systems in place to review and monitor the matters set out in Regulation 17, an annual quality review report for 2017-2018 was available for inspection and had been made available to service users and their representatives.

Ten satisfaction questionnaires were given to the manager for distribution to service users and relatives/representatives. No questionnaires were returned within the timescales for inclusion in this report.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, staff support systems, annual quality monitoring and maintaining good working relationships.

Areas for improvement

Two areas for improvement were identified during the inspection of this domain and related to displaying the most up to date registration certificate and improving the frequency of formal supervision.

	Regulations	Standards
Total number of areas for improvement	0	2

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mairead Murphy, manager and Leanne Cornett assistant 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 Settings Minimum Standards, 2012	
Area for improvement 1 Ref: Standard 21.8 Stated: First time To be completed by: 30 April 2019	<p>The registered person shall ensure that induction records are maintained accurately.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The registered manager and assistant manager will ensure that all induction records are maintained accurately.</p>
Area for improvement 2 Ref: Standard 5.3 Stated: First time To be completed by: 30 April 2019	<p>The registered person shall ensure that all care plans and review reports are signed and dated.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: The registered manager and assistant manager will ensure that all care plans and review reports are signed and dated.</p>
Area for improvement 3 Ref: Standard 3.2 Stated: First time To be completed by: 30 April 2019	<p>The registered person shall ensure service users agreements are signed and dated.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: The registered manager and assistant manager will ensure service users agreements are signed and dated.</p>
Area for improvement 4 Ref: Standard 17.6 Stated: First time To be completed by: 30 April 2019	<p>The registered person should review the Statement of Purpose to reflect the range of needs that the setting can meet and the number that can be accommodated daily. The overall number of service users to be provided with day care should be included in the document. This is identified as an area of improvement.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: The registered manager reviewed the statement of purpose on the 30th April 2019 which now reflects the range of needs that the setting can meet and the number of service users that can be accommodated daily [registered numbers are currently being reviewed in the Day Services Review] .</p>

<p>Area for improvement 5</p> <p>Ref: Standard 17.8</p> <p>Stated: First time</p> <p>To be completed by: 30 April 2019</p>	<p>The registered person should review the Service User Guide as it was dated 2014.</p> <p>Ref: 6.5</p>
<p>Area for improvement 6</p> <p>Ref: Standard 17.12</p> <p>Stated: First time</p> <p>To be completed by: 30 April 2019</p>	<p>Response by registered person detailing the actions taken: The registered manager, assistant manager and speech and language therapist have reviewed the service user guide April 2019.</p>
<p>Area for improvement 7</p> <p>Ref: Standard 22.2</p> <p>Stated: First time</p> <p>To be completed by: 30 April 2019</p>	<p>The registered person shall ensure that the most up to date registration certificate is displayed at all times.</p> <p>Ref 6.7</p> <p>Response by registered person detailing the actions taken: The registered manager has the most up to date registration certificate displayed and will ensure updated certificates are always displayed.</p>
<p>Area for improvement 7</p> <p>Ref: Standard 22.2</p> <p>Stated: First time</p> <p>To be completed by: 30 April 2019</p>	<p>The registered person shall improve the frequency of supervision to ensure that all staff receive individual formal supervision at least once every three months.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: The registered manager and assistant manager have a yearly supervision schedule in place for all staff and will ensure staff receive individual formal supervision at least every three months.</p>

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



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