

Unannounced Care Inspection Report 4 May 2018



Lakeland Community Care

Type of Service: Day Care Setting
**Address: Melvin Enterprise Centre, Gillaroo Court,
Garrison,
BT93 4ER**
Tel No: 02866386934 / 02868659080
Inspector: Angela Graham

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

1.0 What we look for



2.0 Profile of service

This day care setting has 16 places and provides care and day time activities for adults who are over 65 and / or adults with a mental health diagnosis. The setting is open Tuesday and Friday.

3.0 Service details

Organisation/Registered Provider: Lakeland Community Care Ltd	Registered Manager: Patrick McGurn
Responsible Individual(s): Patrick McGurn	
Person in charge at the time of inspection: Janette Murphy, Senior Care Assistant	Date manager registered: 8 April 2009
Number of registered places: 16	

4.0 Inspection summary

An unannounced inspection took place on 4 May 2018 from 10.15 to 16.00 hours.

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the establishment was delivering safe, effective and compassionate care and if the service was well led.

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

Areas requiring improvement were identified regarding the staff roster, staff training records, volunteer arrangements, care records, the annual service users' quality assurance survey and the Statement of Purpose.

Service users were asked to provide their views regarding the day care setting. Examples of some of the comments made by service users are "the food here in the centre is better than a hotel", "staff are friendly and helpful", "we are going out next week to Belleek for a meal and there is a band coming", "I am very well cared for here, couldn't be better", "we have meetings and talk about activities and outings" and "I love coming to the centre".

The findings of this report will provide the establishment with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	5

Details of the Quality Improvement Plan (QIP) were discussed with Janette Murphy, Senior Care Assistant, 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 9 June 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 9 June 2017.

5.0 How we inspect

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

- the registration details of the day centre
- written and verbal communication received since the previous care inspection
- the previous care inspection report and quality improvement plan (QIP)
- pre-inspection assessment audit

During the inspection, the inspector met with the senior care assistant, one care staff member, ten service users, a service user's representative and a visiting health care professional. The senior care assistant was provided with ten questionnaires to distribute to service users/relatives for their completion. The questionnaires asked for service user and relatives' views regarding the service, and requested their return to RQIA. One relative and five service users' questionnaires were returned to RQIA. The content of the questionnaires is discussed in the main body of the report.

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

The following records were examined during the inspection:

- complaints and compliments records
- accident/untoward incident records
- staff roster
- RQIA registration certificate
- staff supervision and appraisal records
- records confirming registration of care staff with the Northern Ireland Social Care Council (NISCC)
- elements of three service users' care records

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

Eight areas for improvement were identified at the last care inspection. These were reviewed and assessment of compliance recorded as met for six areas, partially met for one area and not met for one.

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

The inspector would like to thank the senior care assistant, service users and staff for their support and co-operation throughout the inspection process.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 9 June 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 9 June 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 26 (4) (e) Stated: First time	The registered person shall make arrangements for persons employed in the day care setting to receive suitable training from a competent person in fire prevention.	Met
	Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the senior care assistant confirmed that this area for improvement had been addressed. Review of staff training records confirmed that fire safety training was undertaken on 6 July 2017.	

<p>Area for improvement 2</p> <p>Ref: Regulation 26 (4) (f)</p> <p>Stated: First time</p>	<p>The registered person shall ensure, by means of fire drills and practices at suitable intervals, that the persons employed in the day care setting and, so far as practicable, service users, are aware of the procedure to be followed in case of fire, including the procedure for saving life.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The returned quality improvement plan and discussion with the senior care assistant confirmed that this area for improvement had been addressed. Review of fire drill records confirmed that a fire drill was undertaken on 27 April 2018 and the previous fire drill was undertaken on 13 March 2018.</p>		
<p>Area for improvement 3</p> <p>Ref: Regulation 17</p> <p>Stated: First time</p>	<p>The registered person shall complete the annual report which is compliant with Schedule 3 of the Day Care Setting Regulations (Northern Ireland) 2007. The report should be sent to RQIA with the QIP.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The returned quality improvement plan and discussion with the senior care assistant confirmed that this area for improvement had been addressed. A copy of the annual quality review report was forwarded to RQIA.</p>		

Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 24.5 Stated: First time	The registered person shall ensure a record is kept of volunteers deployed, the hours of service and the range of work undertaken.	Met
	Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the senior care assistant confirmed that this area for improvement had been addressed. On the day of inspection a record was available of the volunteer's hours and the range of work undertaken.	
Area for improvement 2 Ref: Standard 23.3 Stated: First time	The registered person must carry out a competency and capability assessment with any person who is given the responsibility of being in charge of the day care setting for any period of time in the absence of the registered manager.	Met
	Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the senior care assistant confirmed that this area for improvement had been addressed. On the day of inspection a competency and capability assessment had been completed for the staff member who was in charge of the centre in the absence of the registered manager.	
Area for improvement 3 Ref: Standard 5.2 Stated: First time	The registered person should ensure that a written care plan is prepared in consultation with the service user or the service user's representative as to how the specific needs of the service users are to be met in the day care setting.	Met
	Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the senior care assistant confirmed that this area for improvement had been addressed. Review of elements of three care files evidenced that this area for improvement had been satisfactorily addressed.	

Area for improvement 4 Ref: Standard 24.3 Stated: First time	The registered person should ensure that the scope of activity and responsibilities of each volunteer is specified in writing.	Not met
	Action taken as confirmed during the inspection: On the day of inspection the scope of activity and responsibilities for each volunteer was not available. This area for improvement has not been addressed and has been stated for a second time in this report.	
Area for improvement 5 Ref: Standard 5.3 Stated: Second time	The registered manager should ensure service users' care plans are dated, signed by the service user, the member of staff completing it and the registered manager.	Partially met
	Action taken as confirmed during the inspection: The review of elements of three service user care files identified that two care plans had not been signed by the registered manager and one care plan had not been signed by the service user. This area for improvement has not been fully addressed and has been stated for a third time in this report.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The senior care assistant confirmed the planned daily staffing levels for the day care centre, and that these levels were subject to regular review to ensure the assessed needs of the service users were met. A review of the staffing roster for weeks commencing 3 April 2018 until 4 May 2018 evidenced that the planned staffing levels were adhered to. The review identified that the registered manager's hours of work were not recorded on the staff roster. This has been identified for an area for improvement under the standards.

Staff who were consulted confirmed that staffing levels met the assessed needs of the service users. Observation of the delivery of care at the time of inspection evidenced that service users' needs were met by the number of staff on duty.

Review of the staffing roster confirmed a volunteer was supporting care staff in the day care setting. On the day of inspection records detailing the scope of activity and responsibilities of volunteers were not available in the day care setting. This was an area for improvement

identified during the previous care inspection. This area for improvement has not been addressed and is stated for the second time in this report.

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

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

A number of training records did not contain the signatures of those attending the training event, the qualification of the trainer or a record of the content of the training. This has been identified as an area for improvement under the standards.

Discussion with the senior care assistant, observation of service users' needs on the day of the inspection and inspection of three service users care records revealed there were no examples of restrictive practices being carried out that were being supported or were part of a service users care plan in this setting. Furthermore there were no environmental restrictions that prevented service users from accessing or leaving the setting at any time.

The senior care assistant reported that no suspected, alleged or actual incidents of abuse had been identified since the previous inspection.

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

The senior care assistant confirmed that a copy of Adult Safeguarding Prevention and Protection in Partnership, July 2015 and the associated Operational Procedures September 2016 were available to all staff.

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

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

A review of the day centre's environment was undertaken and the day centre was found to be warm, fresh smelling and clean throughout. There were no obvious hazards to the health and safety of service users, visitors or staff. Fire exits were observed to be clear of clutter and obstruction. The review of fire drill records confirmed that a fire drill had been undertaken on 27 April 2018. Discussion with staff confirmed they were aware of the evacuation procedure.

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

The service users were asked if they felt safe in the day centre, the feedback from service users was they felt safe in this day care setting. Service users stated: "staff are here to help me if I need it and ensure I am safe when I'm moving around the centre" and "staff have talked to us about what to do if there is a fire in the centre". The service users confirmed the furniture was comfortable and safe and they could make their way around the setting safely, lastly they confirmed there was enough staff to give them help if they needed it. When discussing fire safety service users knew they had to go outside if the fire alarm sounded and said staff would help them.

Staff were asked is care safe in this setting, they confirmed care was safe because they knew the service users' needs, staff training was provided and as a staff team they had the right skills to ensure care and support was safe and effective.

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

One relative returned a questionnaire to RQIA post inspection. The relative confirmed that they were "very satisfied" with the safe care in Lakeland Community Care. They confirmed that their relative is safe and protected from harm, they could talk to staff, and the environment is suitable to meet their relative's needs.

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

On the day of the inspection Lakeland Community Care was found to be delivering safe care. There was positive feedback from ten service users, a service user's representative and a visiting health care professional about the delivery of safe care in the day centre. Observations of care practices showed there was a culture of ensuring service users were safe and protected from harm.

Areas of good practice

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

Areas for improvement

Two areas for improvement were identified in relation to the staff roster and staff training records.

One area for improvement under the standards identified at the last inspection has also been stated for a second time. This area relates to volunteer arrangements.

	Regulations	Standards
Total number of areas for improvement	0	3

6.5 Is care effective?

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

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

The review of elements of three service user care files identified that two care plans had not been signed by the registered manager and one care plan had not been signed by the service user. This was an area for improvement highlighted during the previous care inspection. This area for improvement has not been fully addressed and is stated for the third time in this report. The inspector acknowledges that the care plans were signed and dated by the member of staff responsible for drawing them up.

Care records examined contained an up to date assessment of needs, risk assessments and associated care plans. Care records also reflected the multi-professional input into the service users' health and social care needs and were found to be updated regularly to reflect the changing needs of the service user.

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

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

Discussion with service users confirmed they would speak to staff if they wanted advice or had a concern, furthermore staff stated they would speak to the manager if they had a concern regarding anything that was happening in the setting.

Service users spoken to during the inspection discussed they were very satisfied with the care and support they had been given in the Lakeland Community Care, they were satisfied staff asked them what they needed and their needs were met.

The senior care assistant confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users at appropriate intervals.

Records were made available for inspection concerning audits of the environment, staff training, complaints, fire safety, supervision and appraisal and care records and evidenced that actions identified for improvement had been completed.

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

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

Discussion with the senior care assistant and review of records evidenced that service user meetings were generally held monthly. The last meeting was held on 27 March 2018 and minutes were made available. There was information available to staff, service users and representatives in relation to advocacy arrangements.

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

Five service users returned questionnaires to RQIA post inspection. The service users confirmed they were “very satisfied” regarding questions on “is care effective” in this setting. The service users also confirmed that they had got the right care, at the right time in the right place, staff knew their care needs, they were aware of their care plan and the care met their expectations.

One relative returned a questionnaire to RQIA post inspection. The relative confirmed that they were “very satisfied” with the effective care. They stated that their relative receives the right care, at the right time, in the right place.

Service users spoken to during the inspection felt they were in the right place receiving support and care. They said “staff help me when I need it”, “staff are caring and kind to me”, “staff offer me choice and encourage me to get involved in activities” and “the girls here talk to me about my care plan”.

Areas of good practice

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

Areas for improvement

One area for improvement under the standards highlighted at the last inspection has been stated for a third time. This area relates to care records.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is care compassionate?

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

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

Discussion with service users, staff and observation of activities and communication found examples of service users being treated with dignity and respect by staff. Examples of staff promoting service users' independence and preferences regarding activities was observed.

On the day of the inspection the service users spoke about activities they were enjoying, for example armchair exercises, discussion on topics of interest in the local newspapers and knitting.

On the day of the inspection the service users took part in activities that encouraged social interaction with the group, memory recall and cognitive skills. Service users who did not want to take part in the group activities were encouraged to do other activities of their choice, for example reading. Observations in this regard found good examples of service users being encouraged to be fully involved and maintain their independence.

The annual service users' quality assurance survey had been undertaken in March 2018. The report detailed the service user's qualitative comments and service users' measurements of the quality of care and summarised service users. Review identified a matter raised by a service user however evidence was not available of the action taken in response to this matter. This has been identified for an area for improvement under the standards.

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

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

Service users were asked if care in the setting was compassionate and if they were encouraged to be involved in the running of the day care setting. The service users confirmed staff had asked their opinion regarding meals, the menu planning, activities and the environment. Service users also confirmed they felt staff had involved them in what they did in the day care setting. Service users' comments included "this is a great day centre and I really look forward to

coming here”, “I have my care review here every year” and “the food and choice here is second to none”.

Observation of staff members’ responses and communication with service users during the inspection showed they knew how to put service users at ease, support them and took time to ascertain their choices.

The staff were asked to describe their delivery of compassionate care. Staff described they used observation and communication to ensure they were informed regarding service users changing needs, they encouraged involvement at the level that each service user is comfortable with and encourage all service users to have a say, particularly those who are less vocal. Staff clearly identified they need to listen to service users and provide effective care with kindness and respect.

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

One relative returned a questionnaire to RQIA post inspection. The relative confirmed that they were “very satisfied” their relative was treated with dignity and respect and involved in decisions affecting their care.

The inspector met with a service user’s representative. The representative spoke positively of the service, care delivered and the staff team. Some of the comments made by the representative are “the care here is exceptional”, “my mother loves attending the centre” and “staff are so very kind and respectful to everyone”.

The inspector met with a visiting health care professional. The health care professional spoke positively of the service, care delivered and the staff team. The health care professional confirmed that staff keep her fully informed regarding any changes in her clients’ needs.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the day care setting, dignity and privacy, listening to and valuing service users and taking account of the views of service users.

Areas for improvement

One area for improvement was identified in relation to the annual service users’ quality assurance survey.

	Regulations	Standards
Total number of areas for improvement	0	1

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The certificate of registration issued by RQIA was displayed in a prominent position in the day care setting. A certificate of public liability insurance was current and displayed.

The Statement of Purpose for the day care service was reviewed (and updated) by the provider on 6 April 2018. The inspector reviewed the Statement of Purpose. The Statement of Purpose needs to be reviewed to include all relevant information as specified in Schedule 1 of The Day Care Setting Regulations (Northern Ireland) 2007. This has been identified for an area for improvement under the regulations.

Discussion with staff confirmed there was a range of policies and procedures in place to guide and inform staff, they described they were kept in the office and were easily accessible by staff.

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

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

Discussion with the senior care assistant confirmed that staff meetings were held generally quarterly, and records verified this. The last meeting was held on 27 March 2018 and minutes were available. Previous staff meetings had been undertaken on 12 January 2018 and 29 September 2017. The senior care assistant confirmed that the minutes of staff meetings were made available for staff to consult.

The inspector discussed the monitoring arrangements under Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. The Regulation 28 monthly quality monitoring visits had been undertaken monthly. A monitoring visit had been undertaken on 20 March 2018. Three monitoring reports were reviewed from January to March 2018. The monitoring officer reported on the conduct of the day care setting.

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

The complaints record was inspected and this showed no complaints had been recorded from 01 April 2017 to April 2018. No complaints had been recorded however, discussion with the staff confirmed they were aware of how they should respond to a complaint or area of

dissatisfaction. Discussion with service users confirmed they would speak to the staff or the manager if they were dissatisfied or were concerned about their day care experience.

The service users were asked if the service is well led, they said they were very satisfied that it was. Service users gave examples such as “staff know us well and are able to meet all our needs” and “Janette is great and organises lots of activities and outings”. The service users confirmed that staffing was sufficient and they felt assured that the monitoring officer was reviewing the standard of care provided in the setting.

The staff were asked what their opinion was regarding effective leadership in the setting, they described they work well together, the manager had an open door and they had experienced him as approachable and they felt he had empathy which was important in their work.

Five service users returned questionnaires to RQIA post inspection. The service users confirmed they were “very satisfied” regarding questions on “is care well led” in this setting. They also confirmed they knew who was in charge of the setting at any time, the service was well managed, their views were sought about their care and quality of service and they knew how to make a complaint.

One relative returned a questionnaire to RQIA post inspection. The relative confirmed that they were “very satisfied” that the service was well led.

Areas of good practice

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

Areas for improvement

One area for improvement was identified in relation to the Statement of Purpose.

	Regulations	Standards
Total number of areas for improvement	1	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Janette Murphy, Senior Care Assistant, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the day care setting. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007	
Area for improvement 1 Ref: Regulation 4 (1) Stated: First time To be completed by: 30 June 2018	The registered provider must submit a revised Statement of Purpose that includes all relevant information as specified in Schedule 1 of The Day Care Setting Regulations (Northern Ireland) 2007. Ref: 6.7
	Response by registered person detailing the actions taken: We are updating the statement of purpose as per guidance from Angela Graham for all the centres
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012	
Area for improvement 1 Ref: Standard 24.3 Stated: Second time To be completed by: 30 June 2018	The registered person should ensure that the scope of activity and responsibilities of each volunteer is specified in writing. Ref: 6.4
	Response by registered person detailing the actions taken: The volunteer role in the day centre has been specified as per standard 24.3.
Area for improvement 2 Ref: Standard 5.3 Stated: Third time To be completed by: 30 June 2018	The registered manager should ensure service users' care plans are dated, signed by the service user, the member of staff completing it and the registered manager. Ref: 6.5
	Response by registered person detailing the actions taken: The care plans have been amended to ensure they are dated and signed by the relevant personnel involved.

<p>Area for improvement 3</p> <p>Ref: Standard 23.7</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the time of the inspection</p>	<p>The registered person shall ensure a record is kept of staff working each day and the capacity in which they worked.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The work rota will now include registered managers visit and the role of the Senior and 2nd Carer and volunteers.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 21.8</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2018</p>	<p>The registered person should maintain a staff training record that clearly details the training provided to the staff. The record should specify:</p> <ul style="list-style-type: none"> • The names and signatures of those attending the training event; • The date(s) of the training; • The name and qualification of the trainer or the • The name and qualification of the trainer or the training agency; and • Content of the training programme. <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Staff training records have been updated to include names attending training, date of training, qualification of trainer and content of the training.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 8.5</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2018</p>	<p>The registered person ensure A report is prepared that identifies the methods used to obtain the views and opinions of service users, which incorporates the comments made and issues raised by service users and any actions to be taken in response. A copy of this report is made available to service users.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: The annual report will include the views of the service users, families and social workers involved. Any any issues raised will be discussed with service user and families and appropriate action will be recorded.</p>

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



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