

# Unannounced Care Inspection Report 18 and 19 September 2017



## Linenbridge

**Type of Service: Day Care Setting**  
**Address: 20 Meeting House Road, Banbridge, BT32 3ER**  
**Tel No: 02840626773**  
**Inspector: Suzanne Cunningham**

[www.rgia.org.uk](http://www.rgia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

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

**1.0 What we look for**



**2.0 Profile of service**

This is a Day Care Setting that provides care and day time activities up to 60 services users Monday to Friday. The setting is divided into two sections, one side provides support and care for up to 40 service users daily who have a learning disability and the other side provides support and care for up to 20 service users daily who are living with physical disabilities.

### 3.0 Service details

|   |  |
|---|--|
| <b>Organisation/Registered Provider:</b><br>Southern HSC Trust<br><br><b>Responsible Individual(s):</b> Mr Francis Rice                             | <b>Registered Manager:</b><br>Mairead Murphy       |
| <b>Person in charge at the time of inspection:</b><br>18 September 2017: Maureen Killen<br>(Assistant Manager)<br>19 September 2017: Mairead Murphy | <b>Date manager registered:</b><br>25 January 2016 |
| <b>Number of registered places:</b><br>60 comprising:<br>LD; LD(e); PH; SI  |  |

### 4.0 Inspection summary

An unannounced inspection took place on 18 September 2017 from 10.00 to 16.00 & 19 September 2017 from 10.00 to 17.00.

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 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 arrangements; training and staff support; safeguarding; risk management; the day care setting environment; care records; audits and reviews; communication between service users and staff; governance arrangements, management of complaints; quality improvement; and maintaining good working relationships.

Areas for improvement were identified regarding staff competency induction; the settings statement of purpose and staff supervision arrangements.

#### Service users said:

“They’re (staff) a wonderful bunch of people”; “Linenbridge is fabulous”; “I like Linenbridge, I do that (contract work), play pool and I like to come to see friends”; “staff are kind, if you need it they will help you”; “we can tell staff what we want, they listen to us”.

#### Visiting professionals said:

“Day care staff have a wealth of knowledge of service users”; “staff keep in contact (with professionals) and know when to contact and how to keep (service user) plans responsive and safe”; “staff are inspiring and go the extra mile, they supported service users to attend a Makaton choir event in their own time”. “There is exceptionally good liaison regarding service

users' needs here by staff with the speech and language service, it's a very good centre"; "good advocates for service users"; "care is detailed and person centred".

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 |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 1           | 3         |

Details of the Quality Improvement Plan (QIP) were discussed with Mairead Murphy, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

#### 4.2 Action/enforcement taken following the most recent premises inspection dated 12 January 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 12 January 2017.

#### 5.0 How we inspect

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

- The registration details of the day centre.
- Information and correspondence received from the registered manager and Southern Health and Social Care Trust.
- Incident notifications which revealed seven incidents had been notified to RQIA since the last care inspection in June 2016.
- Unannounced care inspection report 02 and 03 June 2016 and announced premises inspection 12 January 2017.

During the inspection the inspector met with:

- The registered manager.
- The assistant manager.
- Twenty-two service users.
- Eight care staff and day care workers.
- Three professionals visiting Linnenbridge.

Questionnaires were given to the staff on duty to distribute between service users, representatives and staff. One was returned by a service user, three were returned by staff and none by relatives.

The following records were examined during the inspection:

- Two individual staff records.
- Five service users care files.
- A sample of service users' daily records.
- The complaints/issue of dissatisfaction record from April 2016 to September 2017.
- A sample of incidents and accidents records from June 2016 to September 2017.
- The staff rota arrangements during July, August and September 2017.
- The minutes of service user meetings held in March, May, August and September 2017.
- Staff meetings held in June, July, August and September 2017.
- Staff supervision dates and audit of the same in 2017.
- Monthly monitoring reports from April to June 2017.
- The staff training information for 2017.
- The settings statement of purpose.

Eleven areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met. One area for improvement identified at the last care inspection was reviewed and assessment of compliance recorded as partially met.

One area for improvement identified at the last premises inspection was reviewed as part of this inspection and compliance was recorded as partially met.

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

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 12 January 2017**

The most recent inspection of the establishment was an announced premises inspection.

The completed QIP was returned and approved by the estates inspector.

**6.2 Review of areas for improvement from the last care and premises inspection dated 02 and 03 June 2016 and the last premises inspection dated 12 January 2017**

| <b>Areas for improvement from the last care inspection</b>  |   |                                 |
|---|---|---------------------------------|
| <b>Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007</b> |   | <b>Validation of compliance</b> |
| <b>Area for improvement 1</b><br><br><b>Ref:</b> Regulation 26(2)<br><br><b>Stated:</b> Second time       | The registered person must ensure there are suitably positioned hand rails which meet the general needs of the service user group and promote independence in all areas accessed or used by the service users.  | <b>Met</b>                      |
|   | <b>Action taken as confirmed during the inspection:</b><br>Inspector confirmed suitably positioned hand rails had been installed in corridors accessed by service users, discussion with service users confirmed they could move around the building independently  |                                 |
| <b>Area for improvement 2</b><br><br><b>Ref:</b> Regulation 14<br><br><b>Stated:</b> First time           | The registered persons must take action to ensure service users who have no assessed risk regarding their movement around the setting; can access all day centre areas freely and without having to ask staff for assistance. Particular attention should be given to doors accessed using a fob that lead into day care areas such as the canteen, group rooms, the central courtyard and generally around the building. | <b>Met</b>                      |
|   | <b>Action taken as confirmed during the inspection:</b><br>Inspector confirmed hold open devices were installed on doors in the parts of the setting where service users who have a physical disability move around, and an automatic sensor was installed in the main entrance which had improved service users independent movement in and around the building.   |                                 |

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| <p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 19 (2) &amp; (3)</p> <p><b>Stated:</b> First time</p>  | <p>The registered manager must ensure records are available as described in schedule 5 of the day care settings regulations. They should contain records written since Linenbridge has opened and include records for all service users who are cared for in Linenbridge.</p>  | <p style="text-align: center;"><b>Met</b></p>                      |
| <p><b>Action taken as confirmed during the inspection:</b></p> <p>Inspector reviewed the records described in schedule 5, this confirmed they were available and up to date at the time of inspection.</p>  |  |  |
| <p><b>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</b></p>   |  | <p style="text-align: center;"><b>Validation of compliance</b></p> |
| <p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 22.2</p> <p><b>Stated:</b> First time</p>  | <p>The responsible person should put in place appropriate measures to improve the provision of supervision for the staff in this setting, that is provide individual 3 monthly supervision meetings with staff in compliance with this standard.</p> <p>Improvements in place to achieve this recommendation should be recorded on the returned QIP.</p> | <p style="text-align: center;"><b>Partially met</b></p>            |
| <p><b>Action taken as confirmed during the inspection:</b></p> <p>The supervision record provided evidence the staff group were receiving supervision and there was clear arrangements in place between each supervisor and supervisee, however there was gaps regarding frequency where one supervisor was absent and their supervision commitment was not covered. Absences should be managed in terms of staffs role and responsibilities therefore this recommendation is stated for a second time so the manager can improve processes to ensure this recommendation is met in the future.</p> |  |  |

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| <p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 25</p> <p><b>Stated:</b> First time</p>   | <p>The registered person should make appropriate arrangements to complete the improvements stated in the pre-registration inspection for Linenbridge 18 January 2016:</p> <ul style="list-style-type: none"> <li>• Works should be undertaken regarding the assessment of the environment for service users with sensory impairment including the impact of the concrete pillars.</li> <li>• The relocation of the disabled parking spaces.</li> <li>• Installation of an automatic sensor for the front door.</li> </ul> | <p><b>Met</b></p> |
| <p><b>Action taken as confirmed during the inspection:</b></p> <p>The works as described above were complete at the time of this inspection.</p>   |   |                   |
| <p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 13</p> <p><b>Stated:</b> First time</p>   | <p>The registered manager should make arrangements for staff to have access to current adult safeguarding guidance, policies and procedures. This should include access to the Adult Safeguarding Prevention and Protection in Partnership regional guidance (July 2015) and a recent policy and procedure that references the recent regional guidance.</p>  | <p><b>Met</b></p> |
| <p><b>Action taken as confirmed during the inspection:</b></p> <p>The staff had received safeguarding training in July 2016 which included the implementation of the regional guidance.</p>  |   |                   |
| <p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 12.4</p> <p><b>Stated:</b> First time</p>   | <p>A recommendation is made regarding the length of time service users spend on the bus travelling to and from the day care setting. There should be an audit or monitoring arrangements in place that records the length of journeys travelled. Where a service users' journey to and from the day care setting normally exceeds 45 minutes, there should be evidence that where possible measures are put in place to reduce this.</p>  | <p><b>Met</b></p> |
| <p><b>Action taken as confirmed during the inspection:</b></p> <p>An audit of journeys was undertaken by the trust following the inspection, some changes were made to improve the service user's transport experience however, staff reported</p> |   |                   |

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|  | <p>this is an ongoing challenge due to the area covered and busses available. The manager assured the service users experience will continue to be monitored in this regard to ensure improvements are identified and made where possible.</p>   |                   |
| <p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 15</p> <p><b>Stated:</b> First time</p>                     | <p>The registered manager should make appropriate arrangements for service users individual records to be reviewed and updated, at appropriate intervals, but no longer than described in standard 15.</p> <p><b>Action taken as confirmed during the inspection:</b><br/>The manager had created an audit procedure which had been followed by staff.</p>   | <p><b>Met</b></p> |
| <p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 17.9</p> <p><b>Stated:</b> First time</p>                   | <p>The registered manager should establish meaningful audit arrangements that evidence care is timely, well recorded, planned and promotes the effective delivery of the day care service.</p> <p><b>Action taken as confirmed during the inspection:</b><br/>The manager had created an audit procedure which had been followed by staff.</p>   | <p><b>Met</b></p> |
| <p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Standard 8.1,8.2, 8.3, 8.4, 8.5</p> <p><b>Stated:</b> First time</p> | <p>The registered manager and responsible person should improve their communication with service users in Linenbridge. They should take action to improve the options available for service users to communicate their concerns, choices, preferences and ideas to the staff and management of this setting.</p> <p><b>Action taken as confirmed during the inspection:</b><br/>The management team had attended service user meetings and facilitated an annual service user survey and carers survey in January 2017 which revealed positive comments about the setting and care/support received.</p> | <p><b>Met</b></p> |

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| <p><b>Area for improvement 8</b></p> <p><b>Ref:</b> Standard 10.1 &amp; 27</p> <p><b>Stated:</b> First time</p>   | <p>A recommendation is made for the registered manager to make appropriate arrangements for food to be served to in a timely manner, that is responsive to service users preferences and is safe. Records should be kept to evidence food is served at a safe temperature.</p>  | <p style="text-align: center;"><b>Met</b></p>           |
| <p><b>Action taken as confirmed during the inspection:</b></p> <p>The facility support staff and care staff reviewed their systems following the last inspection and observation of lunch time identified this had been improved.</p>   |   |   |
| <p><b>Area for improvement 9</b></p> <p><b>Ref:</b> Standard 17.2</p> <p><b>Stated:</b> First time</p>  | <p>The registered manager should put arrangements in place to improve their contact with service users in this setting, to improve their effectiveness in this setting. Service users should know who she is, how they can speak to her and feel confident they can approach her or the deputy managers if necessary.</p>                   | <p style="text-align: center;"><b>Met</b></p>           |
| <p><b>Action taken as confirmed during the inspection:</b></p> <p>Service users spoken to reported they would approach the management team to discuss any concerns or improvements in the setting. The management team were observed communicating with service users openly and in a friendly manner during the inspection. Service users responded as if they were familiar with this level of communication.</p> |   |   |
| <p><b>Areas for improvement from the last premises inspection</b></p>   |   |   |
| <p><b>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</b></p>   |   | <p><b>Validation of compliance</b></p>                  |
| <p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 25.7</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 06 April 2017</p>  | <p>The registered provider should liaise with the premises fire risk assessor regarding accessibility to the locker room/cloakroom associated with the physical disability day space. They should ensure that a suitable solution can be implemented to provide suitable unhindered access to this room for all affected service users.</p> | <p style="text-align: center;"><b>Partially met</b></p> |

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|  | <p><b>Action taken as confirmed during the inspection:</b><br/> Inspector confirmed the assistant manager/nominated fire officer met with the premises fire risk assessor in February 2017 and a minor works request was submitted to the SHSCT estates department to address this improvement. At the time of inspection a response from the estates team had not been received regarding improving this, therefore this recommendation is stated for a second time.</p> |  |
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### 6.3 Inspection findings

#### 6.4 Is care safe?

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

The settings daily staff arrangements and records were inspected for July, August and September 2017. This provided evidence that sufficiently qualified, competent and experienced persons were working in the centre to meet the assessed needs of the service users, taking into account the size and layout of the two premises, the number of service users, safety needs and the statement of purpose. It was noted in the records of staff working each day, the capacity in which they worked was recorded however, who was in charge of the centre was not always recorded. Discussion with staff revealed they knew who was in charge of the day care setting; therefore advice was given to ensure the staff in charge was clearly identified on the staff rota.

Competency and capability assessments for staff who acted up in the manager's absence had been completed for day care workers and two records were inspected. The assessments showed the day care workers who may be in charge were competent, willing to undertake management tasks and had the knowledge to fulfil their role and responsibility in the absence of the manager. The discussions with staff found they were aware of the day care setting regulations and standards which they had used to guide practice.

The induction programme in place for all grades of staff was the trust induction and a checklist of duties staff undertake in the day care setting which were appropriate to specific roles and rooms. Two staff members' records were inspected that had commenced in the day care setting since the last care inspection. The induction did not include a competency type of induction such as the NISCC's Induction Standards, the induction should include a competency based assessment to ensure new staff have the right level of knowledge, skill and understanding to provide safe, effective and compassionate care. An improvement was identified regarding the staff induction in this setting.

The settings training record recorded staff had received mandatory training and training relevant to their roles and responsibilities. Examples of training staff received in 2017 were

epilepsy awareness; fire safety; COSHH; medicine management; MAPPA (behaviour management training); safeguarding; moving and handling; infection prevention and control; and mental health awareness. Discussion with staff during inspection confirmed the staff had been provided with mandatory training in the setting, furthermore they had sought additional training that they recognised would benefit service users experience in day care, for example Chi Me exercises which is an exercise programme influenced by Tai Chi.

The examination of the settings incidents, accidents and notifications forwarded to RQIA found safety issues and risks had been identified and managed. Assessments and care plans had been reviewed and updated as necessary to ensure practice was safe and effective. The sample of records inspected found the relevant incidents/notifiable events recorded were reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

In this setting the merge of service users who have physical disabilities with service users who have learning disabilities had been a challenge for staff regarding ensuring service users independence was promoted as well and assuring individuals safety. Staff discussion revealed the service users levels of independence and expectations are varied and they had needed to ensure all staff were aware of some restrictions were in place regarding a small number of individuals to ensure all service users were supported and not restricted in a safe environment. Observation during the inspection revealed service users who had a tendency to wander were supported by staff to maintain their safety in the setting, the staff presented as familiar with the service user's needs, personality and method of communication. Service users responded to staff approaches positively and were accepting of their support.

Discussion with staff in the setting revealed they were cognisant of their responsibility to advocate for the least restrictive care that met each individual service users' needs. Staff discussed the safe system recording format which they had used to assess and plan the least restrictive way to support each individual whilst assuring they are safe. The safe systems were developed with the occupational therapy staff and or physiotherapy staff in the trust and if any changes were noted the staff liaised with other professionals and the service users / relative to ensure safe systems used were current, safe and don't restrict service users unnecessarily. New staff identified they had read these alongside the care plan to ensure they knew what was the best way to support and care for each individual. Staff discussed the service users' access around the centre and verified they were aware of service users need to wander and explore their environment. They discussed they use hoists and slings with some service users and were cognisant of the need to ensure the equipment used was in good working order, clean and used safely. They confirmed they had received training in this regard which included familiarising themselves with equipment.

Service users spoken to described the building as a secure, safe place in which they can access where they want to go. They described care workers were on hand and available to help them however, this was done subtly and protects their privacy. They described when the fire alarm sounded staff had assisted them to exit safely.

During the inspection observations of the environment and inspection of records revealed the environment presented as clean and tidy. Furniture, aids and appliances presented as fit for purpose and areas where service users were taking part in activities were accessible and had room for service users to move around independently. Fire safety precautions were inspected and it was noted fire exits were unobstructed, the fire drill was last completed in July 2017 with no actions required and the fire risk assessment was due for review in December 2017.

Three staff returned questionnaires to RQIA post inspection, they identified they were “Very Satisfied” regarding questions on “is care safe” in this setting. They identified service users were safe and protected from harm in the setting; they had received safeguarding training and other training essential for their role and have working knowledge of safeguarding policies and procedures; they would report poor care to their manager; risk assessments and care plans were in place for service users and they receive supervision and appraisal.

One service user returned a questionnaire to RQIA post inspection. They identified they were “Very Satisfied” regarding the questions “” is care safe” in this setting. They identified they felt safe in the setting, the setting was comfortable; and they could talk to staff.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff arrangements, training and staff support, safeguarding, risk management and the day care setting environment.

### Areas for improvement

Areas for improvement were identified regarding staff competency induction.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 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 and service users guide contained information required by Regulations and Standards and the content was consistent with the settings registration with RQIA. It was noted in the section describing the admission criteria; the service users who access this day care setting should have a complex disability for example a learning, sensory or physical disability that is complex in nature. It was not clear what the criteria for complex was therefore an improvement is made to ensure this is clearly defined in statement of purpose.

Five service user’s care files were inspected; they contained the service user’s individual assessments and care plans which reflected their physical, social, emotional and psychological needs. Each service user had an individual written plan/agreement which was communicated in a format that was familiar to service users. The care records; such as the assessments of need, risk assessments, care plans and records of health and well-being of the service users were current and had been reviewed. Records were being 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.

The service user risk and other assessments were in place, the sample inspected detailed needs had been assessed, reviewed and updated. The care planning documentation inspected detailed how each individuals need should be met by staff and this included

responding to risks safely and effectively through the safe system recording and referrals were made to other professionals when needs changed or the plan was not working. The settings use and management of service user's records enabled staff to recognise service users' needs and respond to them effectively.

Systems were in place to review each service user's placement within the centre and ensure the setting would continue to meet their health and social care needs. Service user/ representative involvement was documented for each review meeting.

Service users told the inspector the way staff had supported them made them feel like a person and not defined by their disability or looked down upon. They liked the friendships they had made, the social experience of attending the setting, and going to the setting got them out of the house and with the company that keeps them well. Staff had noticed if they were not their usual selves or unwell. Staff treated them equally and put the service users first.

Discussion with staff confirmed they were knowledgeable regarding safeguarding service users in their care, promoting their independence and meeting individual's needs. The staff discussed the building has been a good environment in terms of space but it has taken time to put the service users personality into it, more recently it has started to feel more welcoming and personalised for the service users. Staff described they had morning meetings with service users to help everyone settle in and encourage service users to communicate their choices and preferences for the day. This was observed during the inspection and showed staff were effective in giving each service user the time and opportunity to contribute and communicate. The staff identified there was good communication between staff, service users and management in the setting which they said helped them to provide effective care and motivated service users to be involved.

The staff discussed processes in place to escalate concerns; they would speak to the manager or day care worker in charge. Staff identified the communication methods that had supported their work and professional development was team meetings, supervision, training and informal team discussions. Overall the discussions with staff confirmed they were able to confidently express their views and knowledge regarding safe and effective care and this was supported by the management team. The staff identified examples of how they work together to support the service users in the most person centred way that was safe effective and meets their needs within an open and transparent culture.

Three staff returned questionnaires to RQIA post inspection, they identified they were "Very Satisfied" regarding questions on "is care effective" in this setting. They identified service users get the right care, at the right time, with the best outcome for them; service users are involved in their plan, staff have the right skills, knowledge and experience to care for the service users; there are systems to monitor quality and safety; staff are informed regarding activities; and staff respond to service users in a timely manner.

One service user returned a questionnaire to RQIA post inspection. They identified they were "Very Satisfied" regarding questions on "is care effective" in this setting. They identified they get the right care, at the right time with the best outcome, staff communicate with them, they know their needs and choices, staff help and encourage them, they can choose activities and are involved in their day care review.

## Areas of good practice

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

## Areas for improvement

One area for improvement was identified during the inspection regarding the statement of purpose.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 1           | 0         |

### 6.6 Is care compassionate?

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

Discussion with service users, staff and observation of activities and communication found examples of service users being treated with dignity and respect by staff while they were promoting and maintaining their independence.

Discussions with service users confirmed they were asked their opinion regarding what they like to do in day care and their ideas and preferences were sought for their care plan and daily activities. Observation of the morning routine confirmed this was in place. The service users said they had experienced a good journey into the setting and they discussed the activities they had enjoyed in the grounds of the setting during the summer, they identified accessing physio support in the setting was helpful to their overall wellbeing and they had enjoyed taking part in craft and pampering activities. Another group identified the best bit of being in the centre was being with friends and doing activities such as walking, playing pool and doing jobs around the setting. These discussions confirmed staff were encouraging the service users to recognise their interests and use the setting to benefit them.

Staff discussed daily they seek service users choices and preferences, get to know their likes and dislikes and gain each individuals trust to ensure service users feel able to communicate openly and grow in confidence. Staff discussion found they emphasised the importance of person centred care for each individual service user and ensure they follow individual plans that meet their needs and follow schedules, however they also recognised communication with each individual throughout the day about their care also made sure they were involved and care was given at the right time and in the right way. Observation of communication methods showed they used verbal and non-verbal methods.

Discussion with service users confirmed they were consulted in service user meetings which had occurred regularly. Records of service user consultations were inspected from March to September 2017, these confirmed where possible service users facilitated the meetings and service users choices, preferences and opinions were sought regarding activities, transport, the day care setting environment, participation and outings. The annual service users' quality assurance survey had been distributed and evaluated for 2016. A summary report had been written which detailed positive feedback and comments regarding the care in this setting.

The inspection of this domain confirmed there were robust systems in place to promote effective communication between service users, staff and other professionals. Service users had been provided with information, in a format that they understood which had enabled them to make decisions regarding their care and support they received in the day care setting.

Three staff returned questionnaires to RQIA post inspection, they identified they were “Very Satisfied” regarding questions on “is care compassionate” in this setting. They identified service users were treated with dignity and respect, involved in decisions, encouraged to be independent and make informed choices, involved in improvements and informed regarding the service they receive.

One service user returned questionnaires to RQIA post inspection. They identified they were “Very Satisfied” regarding questions on “is care compassionate” in this setting. They identified they are treated with dignity and respect, staff are kind and caring, their privacy was respected, they can choose activities and they are included in decisions and support they receive in the setting.

### Areas of good practice

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

### Areas for improvement

No areas for improvement were identified during the inspection.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 0           | 0         |

#### 6.7 Is the service well led?

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

The registration certificate was current and displayed appropriately. Staff confirmed they had access to a range of policies and procedures in place that they had used to guide and inform their practice.

Supervision records detailed the staff had received recorded individual, formal supervision however the frequency maintained for all staff was still not at least every three months. This improvement is stated for the second time in the quality improvement plan for this inspection.

Inspection of staff meeting minutes revealed they were held monthly with minutes and attendance recorded. The content recorded detailed discussions of staff being informed regarding changes to service users’ needs, best practice examples, policy and procedure changes, training opportunities and there was a clear focus on staff improving daily practices, improving outcomes for service users and the future development of the setting.

The complaints record was inspected and this showed one complaint had been recorded since the last inspection. This had been responded to by the staff in a timely manner and advocacy by staff on the service users behalf led to an improved access to the day care setting site for all service users.

The manager provided audit records of supervision, care records, infection prevention and control, transport, finance, training, staffing arrangements, incidents, medication and the environment. The records showed measures were in place to that monitored the effectiveness and quality of care delivered to service users in this setting, and the measures were consistent with the day care settings regulations and standards. The Regulation 28 monthly quality monitoring visits had also been undertaken, over eleven months in agreement with RQIA, by the independent monitoring officer. The reports showed the visits included unannounced visits, outcomes were reported on, service users and staff views and opinions were reported on and action plans were written when improvements were identified.

Three staff returned questionnaires to RQIA post inspection, they identified they were “Very Satisfied” to “Satisfied” regarding questions on “is care well led” in this setting. They identified staff felt the service was managed well; quality monitoring was undertaken regularly; management responded to and acted regarding any complaints, issues or suggestions; they could approach the manager regarding concerns; staff meetings were held and communication was effective.

One service user returned a questionnaire to RQIA post inspection. They identified they were “Very Satisfied” regarding questions on “is care well led” in this setting. They identified they felt the setting was managed well; they knew who the manager was; the staff respond well to concerns, issues or suggestions and they were asked about what they want to do.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints, quality improvement and maintaining good working relationships.

### Areas for improvement

One area for improvement was identified during the inspection regarding supervision arrangements.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 0           | 1         |

## 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, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

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

that all areas for improvement identified within the QIP are addressed within the specified timescales.

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

### **7.1 Areas for improvement**

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

### **7.2 Actions to be taken by the service**

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

## Quality Improvement Plan

### Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007

|  |   |
|--|---|
| <p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 7</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>14 November 2017</p> | <p>The registered person shall review and improve the settings statement of purpose, particular attention should be paid to the section describing the admission criterion which says service users who access this day care setting have a complex disability for example learning, sensory or physical disability that is complex in nature. The criteria for complex should be clearly defined in statement of purpose.</p> <p>Ref: 6.5</p>  |
|  | <p><b>Response by registered person detailing the actions taken:</b><br/>The statement of purpose has been amended with more detail from the draft eligibility / admission criteria regarding a clearer definition of complex care. Furthermore a current Day Services Review is in process which is due for completion September 2018. One of the work streams of this Day Services review is Eligibility Criteria which will ultimately influence the content of the Day care statement of purpose.</p> |

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

|  |  |
|--|--|
| <p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 22.2</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b><br/>14 November 2017</p> | <p>The responsible person should put in place appropriate measures to improve the provision of supervision for the staff in this setting, that is provide individual three monthly supervision meetings with staff in compliance with this standard.</p> <p>Improvements in place to achieve this recommendation should be recorded on the returned QIP.</p> <p>Ref: 6.2 &amp; 6.7</p> |
|  | <p><b>Response by registered person detailing the actions taken:</b><br/>Appropriate measures are in place to ensure Supervision of staff is in compliance with the RQIA standard. Supervision of staff will also be audited on a quarterly basis by the Manager / Assistant Manager &amp; day Care workers.</p>   |

|   |  |
|---|--|
| <p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 25.7</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b><br/>31 March 2018</p>   | <p>The registered provider should liaise with the premises fire risk assessor regarding accessibility to the locker room/cloakroom associated with the physical disability day space. They should ensure that a suitable solution can be implemented to provide suitable unhindered access to this room for all affected service users.</p> <p>Ref: 6.2</p>  |
| <p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 21.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>14 November 2017</p> | <p><b>Response by registered person detailing the actions taken:</b><br/>A Minor Works request was completed February 2017. Manager / Assistant met Estates officer [AF] on 19.10.17 and a works order was completed on site, with work being planned for completion January 2018.</p> <p>The registered person shall improve the induction for new staff so it includes a competency type of induction in keeping with NISCC's Induction Standards.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b><br/>A draft competency induction assessment in keeping with NISCC Induction standards and SH&amp;SCT policies and procedures will be discussed with Day Care Workers and implemented with all new staff from 14.11.17.</p> |

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



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