

Unannounced Care Inspection Report 14 March 2017



North Belfast Day Centre incorporating Whiterock Day Services

Type of service: Day Care Service
Address: 585-587 Crumlin Road, Belfast, BT14 7GB
Tel no: 02890638387
Inspector: Priscilla Clayton

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of North Belfast Day Centre incorporating Whiterock Day Services took place on 14 March 2017 from 9.45 to 16.30 hours.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the day care centre was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

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

Two staff who completed and returned questionnaires to RQIA following the inspection indicated satisfaction and that the care provided was safe. No issues or concerns were raised or indicated.

Two areas for improvement were identified. Recommendations were made in relation to ensuring electric appliances are inspected and tagged before usage and assessment of hall carpet with a view to replacement.

Is care effective?

There were examples of good practice found throughout the inspection in relation to the standard of care records, care reviews undertaken, modes of communication, multi-professional collaboration and general feedback from service users and staff on the day of inspection.

Staff who completed and returned questionnaires to RQIA following the inspection indicated satisfaction and that the care provided was effective. No issues or concerns were raised or indicated.

One recommendation was made in relation to the development of a service user agreement to include details as cited within standard 3.1 of The Day Care Settings Minimum Standards (2012).

Is care compassionate?

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

Staff who completed and returned questionnaires to RQIA indicated satisfaction and that the care provided was compassionate. No issues or concerns were raised or indicated.

No requirements or recommendations were identified for improvement within this domain.

Is the service well led?

There were examples of good practice from various sources found throughout the inspection in relation to systems and processes in place including the management of incidents, complaints, audits, quality improvements and maintaining good working relationships.

Staff who completed and returned questionnaires to RQIA following the inspection indicated satisfaction and that the service was well led. No issues or concerns were raised or indicated.

Areas for improvement were identified within this domain. One recommendation related to cross referencing of hard copies of policies and procedures with those held electronically. One recommendation relating to the development of an annual service user satisfaction report was stated for a second time. One requirement stated for a second time related to monthly monitoring reports.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	5

Details of the Quality Improvement Plan (QIP) within this report were discussed with Jim Gray, 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.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 27 and 28 January 2016.

2.0 Service details

Registered organisation/registered person: Belfast HSC Trust/ Martin Joseph Dillon	Registered manager: Jim Gray
Person in charge of the service at the time of inspection: Jim Gray	Date manager registered: 27 August 2010

3.0 Methods/processes

Prior to inspection we analysed the following records:

- Report and QIP from the last care inspection
- Notifications of accidents and incidents
- Correspondence.

During the inspection the inspector met with ten service users individually and with others in small group format, four care staff, and the registered manager. No visiting professionals or service users' representatives were present.

The following records were examined during the inspection:

- RQIA registration certificate
- Staff duty rota
- Staff supervision and annual appraisal schedules
- Staff training
- Care records of three residents
- Statement of purpose and service user guide
- Minutes of staff meetings
- Complaints and compliments records
- Audits of accidents and incidents (including falls, outbreaks), complaints, environment
- Equipment maintenance record
- Minutes of recent service users' meetings
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreement
- Programme of activities
- Policies and procedures manual

A total of 15 questionnaires were provided for distribution to service users, their representatives and staff for completion and return to RQIA. Two staff questionnaires were completed and returned within the requested timescale. Respondents indicated satisfaction in the domains of safe, effective, compassionate and well led care.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent care inspection dated 27&28 January 2016

The most recent inspection of the day centre was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. This QIP was validated by the care inspector during this inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 27 and 28 January 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 29 Stated: First time	<p>The Registered Manager must:</p> <p>(a) Ensure RQIA is notified of accidents and untoward incidents in accordance with regulation 29 and minimum standard 17.14.</p> <hr/> <p>Action taken as confirmed during the inspection: Accident and untoward incidents were being notified to RQIA as required.</p>	Met
Requirement 2 Ref: Regulation 28 Stated: First time	<p>The registered person must ensure monthly monitoring visits take place in North Belfast Day Centre and Whiterock Day Services. The designated person undertaking each monthly monitoring visit must:</p> <p>(a) Interview service users (with their consent and in private) in both the main centre and its satellite unit.</p> <p>(b) Interview staff employed in both the main centre and its satellite unit.</p> <p>(c) The monthly monitoring report must state the numbers of service users and staff interviewed and reflect their qualitative views and opinions.</p> <p>(d) Record whether or not the visit is announced or unannounced and the time of the visit.</p> <p>(e) Contain qualitative information regarding the outcome/s of an inspection of the premises/environment.</p> <hr/> <p>Action taken as confirmed during the inspection.</p> <p>Records of monitoring visits held on file did not contain reports for September 2016, October 2016 or November 2016.</p> <p>Reports dated 26 February 2017 and 18 January 2017 did not reflect any service user views and report dated 07 December 2016 service users views were limited.</p> <p>Staff views were recorded within other reports reviewed alongside information as detailed within</p>	Not Met

	<p>this requirement. However in view of the absence of three reports this requirement was stated for a second time as reports must be available to service users / representatives/ BHSCT staff and RQIA in accordance with regulations.</p>	
<p>Last care inspection recommendations</p>		<p>Validation of compliance</p>
<p>Recommendation 1 Ref: Standard 5.2 Stated: First time</p>	<p>The registered manager should ensure service user’s care plans are individual, comprehensive, based on the assessment of the individual’s needs and include (where relevant):</p> <ul style="list-style-type: none"> (a) Any personal outcomes sought by the service user. (b) How information about the service user’s living arrangements and lifestyle is used to inform practice. (c) The daily care, support, opportunities, services and facilities provided to the service user. (d) How specific needs and preferences of the individual are to be met by the service, including any outreach activity and how it will be managed. (e) The service user’s daily and weekly programme. (f) The management of any identified risks (including how any safeguarding concerns to or for the service user should be addressed). (g) Objectives and expected outcomes. (h) How staff support or assist the service user regarding continence promotion or personal care. (i) The care plan is signed and dated by the service user, the member of staff responsible for completing it and the registered manager. (j) Where the service user is unable or chooses not to sign any document, this should be recorded and the basis of his or her agreement to participate noted. <p>Action taken as confirmed during the inspection: Three care plans reviewed and discussed reflected details, where relevant, as recommended.</p>	<p>Met</p>

<p>Recommendation 2</p> <p>Ref: Standard 8.4 and 8.5</p> <p>Stated: First time</p>	<p>The registered manager should ensure:</p> <p>(a) An annual survey is undertaken of service users' views and opinions of the quality of the North Belfast Day Centre and Whiterock Day Services. This should encompass all aspects of the day service e.g. the quality of care; programmes and activities; environment, lunch, transport etc.</p> <p>(b) An evaluation report is completed regarding (a) which identifies the methods used to obtain the views and opinions of service users which incorporate any qualitative comments made; if any issues were raised and any actions to be taken in response to these.</p> <p>(c) A copy of this report is made available to service users and forwarded to RQIA. Records should be made of when this was shared with service users in both day services this took place.</p>	<p>Partially Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The registered manager reported that the survey was undertaken and the annual satisfaction survey report was work in progress. A copy of the evaluation report would be made available to service users/representatives with a copy forwarded to RQIA.</p>		
<p>Recommendation 3</p> <p>Ref: Standard 14.10</p> <p>Stated: First time</p>	<p>The registered manager should ensure:</p> <p>(a) There is a complaints record established in Whiterock Day Services.</p> <p>(b) All areas of dissatisfaction, concern or complaints are recorded in both North Belfast Day Centre and Whiterock Day Services. These include details of all communications with complainants, the results of any investigations and the action taken.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>There was a complaints' record in place. Review evidenced that full details were recorded as recommended.</p>		

<p>Recommendation 4</p> <p>Ref: Standard 15.5</p> <p>Stated: First time</p>	<p>The registered manager should ensure service user's annual review reports include their views and opinions about the quality of the day service and support they receive.</p>	Met
<p>Recommendation 5</p> <p>Ref: Standard 25</p> <p>Stated: First time</p>	<p>Action taken as confirmed during the inspection:</p> <p>A questionnaire was developed and distributed. This reflected the views of service users on various aspects of the service provided.</p>	
	<p>With regards to the North Belfast Day Centre environment, the registered manager should ensure:</p> <p>(a) The waste observed at the rear of the stage in the main hall is removed and the area kept clean and tidy.</p> <p>(b) All unwanted furniture and unused items are removed from the stage in the main hall.</p> <p>(c) In relation to infection, prevention and control, a review is undertaken of all fabric chairs that are torn or ripped. These should be recovered or replaced.</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>The manager explained that the waste was removed from the main hall. There was no evidence of waste or unwanted furniture on the day of inspection.</p> <p>Chairs referred to in this recommendation were removed from use.</p>		

4.3 Is care safe?

The registered manager confirmed the staffing levels for the day care centre and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with service users and staff. A review of the duty roster confirmed that it accurately reflected the staff working within the centre on the day of inspection.

Discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities. Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal was regularly provided with notes recorded. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained.

Review of the recruitment and selection policy and procedure confirmed that compliance with current legislation and minimum standards. Discussion with the registered manager and review of staff personnel files confirmed that staff was recruited in line with Regulation 19 (1) (a), Schedule 4 of The Day Care Setting Regulations (Northern Ireland) 2007 and that records were retained at Northern Health and Social Care Trust (NHSCT) personnel department.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). Care staff advised that renewal of registration with Northern Ireland Social Care Council (NISCC) was discussed during staff supervision. The registered manager retained a matrix record of the staff registrations for monitoring purposes.

Discussion with staff confirmed that they were aware of the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the centre. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff. Update training in the new regional policy is planned.

Discussion with the registered manager confirmed that there were no active safeguarding issues which were ongoing and that any issues arising in this regard would be promptly referred to the trust designated adult safeguarding officer for screening and investigation in accordance with procedures and legislation.

The registered manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the centre did not accommodate a service user whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

A review of the centre's policy and procedure on restrictive practice/behaviours which challenge confirmed that this was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS). The registered manager confirmed there were no restrictive practices employed within the centre.

The registered manager confirmed there were risk management policy and procedures in place relating to the safety of the home. Discussion with the registered manager and review of the centre's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. COSHH, fire safety etc.

Review of the infection prevention and control (IPC) policy and procedure confirmed that this was in line with regional guidelines. Review of staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the centre among service users, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of both facilities centre was undertaken. All areas was found to be fresh smelling, tidy and appropriately heated. It was pleasing to note the improvements made within Whiterock centre with redecoration of walls, doors and new flooring most areas. Work to replace the kitchen units and hairdressing salon is planned.

Two recommendations for improvement were made. Firstly, the electric heater within room 2 did not have an official tag to confirm the heater was fit for safe use. The registered manager agreed to remove the heater until an assessment of safety was undertaken. Secondly, the manager explained that despite all attempts to remove stains from the main hallway carpet there was no success. Consideration should be given to replacement of this carpet.

Inspection of the internal and external environment identified that the centre and grounds were kept tidy and suitable for and accessible to service users, staff and visitors.

The centre had a current fire safety risk assessment. Fire drill was provided on 22 October 2016 and 09 December 2016.

Fire safety records including checks of fire safety equipment were found to be satisfactory.

Comment received from service users included:

- “I feel the staff are great, always smiling and happy”.
- “We are very well looked after with a great selection of things to do”.
- “I don’t know what I would do if this place closed”.
- “I really like the company, great dinners with choice”.
- “I keep fit in the gym and my friend likes the bicycle rides”.

Comments received from staff were as follows:

- “We are provided with a wide range of mandatory training including opportunity for professional development”.
- “100% safe service provided with adequate staffing levels and good support from the registered manager and senior staff”.
- “Our manager is very approachable, operates an open door to all”.

Areas for improvement

Two areas for improvement were identified in relation to ensuring electric appliances are inspected and tagged before usage and assessment of hall carpet with a view to replacement.

Number of requirements	0	Number of recommendations	2
-------------------------------	---	----------------------------------	---

4.4 Is care effective?

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the service users.

A review of the care records of three service users confirmed that these included an up to date assessment of needs, life history, risk assessments, care plans and daily statement of health and well-being of the service user. Care needs assessments and risk assessments were reviewed and updated on a regular basis or as changes occurred.

Three care records reviewed reflected the multi-professional collaboration into the service users' health and social care needs and were found to be updated regularly to reflect the changing needs. Service users and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the service user. Discussion with staff confirmed that a person centred approach underpinned practice.

The provision of an individual service user agreement setting out the terms of placement was discussed with the registered manager. One recommendation was made in regard to the development of agreements in keeping with Standard 3.1 of the Day Care Settings Minimum Standards (2012).

Records were observed to be stored safely and securely in line with data protection.

The registered manager 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. Audits of fire safety, transport, food/catering and provision of activities had been completed. A report on the outcome and detail of actions taken for improvement is work in progress. Further evidence of audit was contained within the monthly monitoring visits reports. A copy of the report is to be submitted to RQIA.

The registered manager confirmed that systems were in place to ensure effective communication with service users, their relatives/representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, service users' meetings and staff meetings. The registered manager and staff confirmed that management operated an open door policy to everyone.

Service users spoken with and observation of practice evidenced that staff were able to communicate effectively with service users, their representatives and other key stakeholders. Service users' meetings were ongoing with minutes recorded.

A review of care records confirmed that referral to other healthcare professionals was timely and responsive to the needs of the service users.

A comment received from staff was as follows:

- "There is excellent working relationships within the team and externally with the wider multi-professionally to ensure the care provided meets service users' needs".

Areas for improvement

One area for improvement was identified within this domain related to the development of individual service user agreements.

A copy of the annual service user satisfaction report is to be submitted to RQIA.

Number of requirements	0	Number of recommendations	1
-------------------------------	---	----------------------------------	---

4.5 Is care compassionate?

The registered manager confirmed that staff in the centre promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of service users.

A range of policies and procedures was in place which supported the delivery of compassionate care.

Service users were provided with information, in a format that they could understand which enabled them to make informed decisions regarding the provision of health and social care needs. Each service user was provided with a handbook and information was also available in an easy read version.

The registered manager, staff and service users confirmed that consent was sought in relation to all aspects of care and treatment. Discussion with service users and staff, along with observation of care practice and social interactions, demonstrated that service users were treated with dignity and respect. Staff confirmed their awareness of promoting service users' rights, independence and dignity. Staff were also able to describe how service users' confidentiality was protected.

The registered manager and staff confirmed that service users were listened to, valued and communicated with in an appropriate manner. Service users confirmed that their views and opinions were taken into account in all matters affecting them. This was achieved within service users meetings in which activities, outings, social events and transport. Service users were also encouraged to participate in the annual review of their care. Discussion with staff and service users and observation of practice confirmed that service users' needs were recognised and responded to in a prompt and courteous manner by staff.

Discussion with staff and service users and review of care records confirmed that service users were enabled and supported to engage and participate in meaningful activities.

Service users spoken with during the inspection made the following comments:

- "I can't think of anything that would improve here, we are very well looked after by good staff".
- "Staff talk to us about how we like things done and if we are happy with the service".
- "No issues here, don't know what would make it any better".

Comments received from staff included:

- "Service users attend all reviews and are very much involved in all that we offer in the centre"
- "The staff team are very aware of the importance of respecting service users and upholding their core value of rights".

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0
-------------------------------	---	----------------------------------	---

4.6 Is the service well led?

The registered manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice and that the needs of service users were met in accordance with the centre's statement of purpose.

A range of policies and procedures was in place to guide and inform staff. Policies and procedures were held electronically and in hard copy format. One recommendation was made in regard to cross referencing hard copies of policies and procedures with those held electronically to ensure these match as several copies were noted to be dated 2007.

There was a complaints policy and procedure available which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Service users and/or their representatives were made aware of how to make a complaint by way of the service user guide and posters displayed. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review of the complaints records held confirmed that arrangements were in place to effectively manage complaints from service users, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff. The registered manager confirmed that review of complaints received is used to identify trends and to enhance service provision.

The accident/incident/notifiable events policy and procedure was in place. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A datix electronic system was in operation with all accidents/incidents conveyed to BHSCT governance officer and the registered manager's line manager for monitoring purposes. The manager confirmed that if necessary follow up or additional information regarding accidents or incidents would be received from the governance officer or line management. Staff confirmed that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

Discussion with the registered manager confirmed staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents, for example, management of difficult, disturbing and dangerous situations, HIV awareness and schizophrenia. Service user training had also been provided which included first aid, fire safety and medication. This is to be commended.

Monthly monitoring visits were discussed and reports on file reviewed. As cited within section 4.2 of this report one requirement was stated for a second time regarding monthly monitoring reports as the file did not contain reports for September 2016, October 2016 or November 2016. Reports dated 26 February 2017 and 18 January 2017 did not reflect any service user views and report dated 07 December 2016 service users views were limited. This requirement was therefor stated for a second time.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the centre's Statement of Purpose and Service User Guide. The registered manager confirmed that the registered provider was kept informed

regarding the day to day running of the centre through the monthly monitoring visits undertaken on behalf of the registered provider.

The registered manager confirmed that the management and control of operations within the day care centre was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration was placed within a prominent position.

The centre had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The registered manager confirmed that staff could also access line management to raise concerns they will offer support to staff.

Discussion with staff confirmed that there were good working relationships within the centre and that management were responsive to suggestions and/or concerns raised. The registered manager confirmed that there were open and transparent methods of working and effective working relationships with all stakeholders.

Two completed questionnaires were returned to RQIA from staff. Respondents described their level of satisfaction with this aspect of the service as “very satisfied”.

Comments received from staff were as follows:

- “We have a really good centre here where staff feel supported and respected”.
- “The manager is very approachable and considerate”.
- “Excellent team work”.
- “Staffing levels satisfactory but we know if additional help is necessary the manager would respond in a positive way”.
- “We have team meetings, supervision, appraisal and training to ensure we are competent and capable to do the job”.

Areas for improvement

Three areas for improvement were identified within this domain. Recommendations made related to the cross referencing of hard copies of policies and procedures with those held electronically and the development of an annual service user quality satisfaction report which was stated for a second time. One requirement stated for a second time related to monthly monitoring reports conducted on behalf of the registered provider..

Number of requirements	1	Number of recommendations	2
-------------------------------	---	----------------------------------	---

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Jim Gray, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Day Care Setting Regulations (Northern Ireland) 2007.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Day Care Settings Minimum Standards 2012. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to web portal for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

Requirement 1

Ref: Regulation 28

Stated: Second time

To be completed by:
31 April 2017 and ongoing

The registered person must ensure monthly monitoring visits take place in North Belfast Day Centre and Whiterock Day Services. The designated person undertaking each monthly monitoring visit must:

- a) Interview service users (with their consent and in private) in both the main centre and its satellite unit.
- b) The monthly monitoring report must state the numbers of service users and staff interviewed and reflect their qualitative views and opinions.

Response by registered provider detailing the actions taken:

On the 21/4/17 the operational manager visited and the monitoring report was completed. Staff and service users interviewed and views and opinions recorded. A template will be devised for the next monthly review to capture the qualitative data required as recommended.

Recommendations

Recommendation 1

Ref: Standard 8.4 and 8.5

Stated: Second time

To be completed by:
30 June 2017

The registered manager should ensure;

- a) An evaluation report is completed regarding (a) which identifies the methods used to obtain the views and opinions of service users which incorporate any qualitative comments made; if any issues were raised and any actions to be taken in response to these.

- b) A copy of this report is made available to service users and forwarded to RQIA. Records should be made of when this was shared with service users in both.

Response by registered provider detailing the actions taken:

A new questionnaire has been devised to capture the above information as recommended. We are currently piloting the new form with service users and obtaining their thoughts with regards effectiveness of this. Once the questionnaires have been completed a summary of findings will be available to service users and forwarded to RQIA. A copy of the questionnaire will be forwarded to the inspector via e-mail..

Recommendation 2

Ref: Standard 27.3

Stated: First time

To be completed by:
31 May 2017

The registered provider should ensure that electrical appliances are checked by a qualified person and tagged before using within the centre.

Response by registered provider detailing the actions taken:

The above is completed, liased with Estates who kindly forwarded this information. The PAT tests have been completed in the Centre.

<p>Recommendation 3</p> <p>Ref: Standard 25.1</p> <p>Stated: First time</p> <p>To be completed by: 31 June 2017</p>	<p>The registered provider should discuss the general appearance of the main corridor carpet with a view to seeking replacement.</p> <p>Response by registered provider detailing the actions taken: Liased with Estates, assessment with the above logged and completed. Carpet has been "deep cleaned" and regular cleaning to be scheduled. Estates have informed awaiting a capital bid for a replacement in the future.</p>
<p>Recommendation 4</p> <p>Ref: Standard 3.1</p> <p>Stated: First time</p> <p>To be completed by: 31 June 2017</p>	<p>The registered provider should ensure the development of a service user agreement to include details as cited within standard 3.1 of The Day Care Settings Minimum Standards.</p> <p>Response by registered provider detailing the actions taken: This has been developed and a copy of this will be forwarded to the inspector on e-mail for her approval.</p>
<p>Recommendation 5</p> <p>Ref: Standard 18.15</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2017</p>	<p>The registered provider should ensure that cross referencing of hard copies of policies and procedures with those held electronically is undertaken to ensure these match as several copies were noted to be dated 2007.</p> <p>Response by registered provider detailing the actions taken: Discussed at staff meeting on the 5/4/17, all policies and procedures can be viewed via the staff hub. No hard copies to be kept on file. Any relevant polices that are updated are discussed at staff meetings as relevant.</p>



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)