

Unannounced Care Inspection Report 28 and 29 March 2019



North Belfast Day Centre incorporating Whiterock Day Services

Type of Service: Day Care Service
Address: 585 – 587 Crumlin Road, Belfast, BT14 7GB
Tel No: 028 9063 8387
Inspector: Marie McCann

www.rqia.org.uk

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

1.0 What we look for



2.0 Profile of service

This is a Day Care Setting with 75 places that are located across two sites. North Belfast Day Centre is the main site while Whiterock Day Centre acts as an additional setting and is located in west Belfast. Both settings share the same statement of purpose, management arrangements, staff training arrangements and records. The day care settings provide care and day time activities for adults with enduring mental health needs.

3.0 Service details

Organisation/Registered Provider: Belfast Health and Social Care Trust (BHSCT)	Registered Manager: Suzanne Wilson
Responsible Individual: Martin Joseph Dillon	
Person in charge at the time of inspection: Deputy Manager	Date manager registered: 23 May 2015
Number of registered places: 75	

4.0 Inspection summary

An unannounced inspection took place on 28 March 2019 from 09.30 to 16.15 and on the 29 March from 9.30 to 10.45.

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 determined 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 supervision, knowledge of adult safeguarding, risk management of assessed care needs, service user consultation and communication between service users. Further areas of good practice were also noted in regard to the culture and ethos of the day care settings, listening to and valuing service users, complaints management and promoting equality of opportunity.

Areas requiring improvement were identified in relation to staff rota information, competency and capability assessments, staff training and fire safety precautions. Further areas requiring improvement were also found in regard to the timeliness of re-assessments, service user agreements and transport assessments.

Service users' comments are included throughout the report.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	7 *

*One standard was stated for a second time.

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

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

4.2 Action/enforcement taken following the most recent care inspection dated 23 November 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 23 November 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 agency
- information and correspondence received by RQIA since the last inspection
- incident notifications which highlighted that no incidents had been notified to RQIA since the last care inspection 23 November 2017
- unannounced care inspection report and QIP from 23 November 2017

During the inspection the inspector was introduced to and met with 16 service users in group settings across both sites, the deputy manager and three day care workers.

The following records were examined and/or discussed during/after the inspection:

- A competency and capability assessment.
- Staff training matrix.
- Induction records for student nurses.
- Aspects of four service users' care records.
- The day centre's complaints record from date of last inspection.
- Staff supervision information.
- A sample of minutes of staff meetings for June 2018, August 2018 and January 2019.
- A sample of minutes of service users' meetings since the last inspection.
- A record of incidents and accidents since the last inspection.
- A sample of monthly quality monitoring reports since the last inspection.
- Fire safety information.
- Statement of Purpose, January 2018.
- The Annual Report, 2018.

At the request of the inspector, a day care worker was asked to display a poster within the setting's office. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; no responses were received.

Ten service user and/or relatives' questionnaires were provided for distribution; three questionnaires were returned to RQIA within the timeframe for inclusion in this report. The inspector requested that the day care worker place a 'Have we missed you' card in a prominent position in the settings, as appropriate to allow service users, relatives and staff

who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received. RQIA information leaflets ‘How can I raise a concern about an independent health and social care service’ were also provided to be displayed appropriately in the settings.

Three areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met for two and partially met for one.

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

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 23 November 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 23 November 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Ref: Standard 21.1 Stated: First time To be completed by: 28 February 2018	The registered person shall ensure that the record of induction of new staff and/or students is reviewed. The induction record should incorporate the NISCC Induction Standards and should be signed by the both parties when induction is complete.	Partially met
	Action taken as confirmed during the inspection: Feedback from the deputy manager confirmed that no new staff had been appointed since the previous care inspection and that the induction checklist had been amended. An induction record for one student was found to be satisfactory. However, review of the amended checklist for social care staff highlighted that it did not adequately incorporate Northern Ireland Social Care Council (NISCC) induction standards.	

	This area for improvement has been partially met and is stated for a second time.	
Area for improvement 2 Ref: Standard 25.1 Stated: First time To be completed by: 28 February 2018	The registered person shall ensure the following: <ul style="list-style-type: none"> • hand sanitisers are kept filled • door handles are adequately cleaned • the area behind the stage is kept free from litter 	Met
	Action taken as confirmed during the inspection: Observation of the environment confirmed that this area for improvement was satisfactorily met.	
Area for improvement 3 Ref: Standard 28.1 Stated: First time To be completed by: 30 March 2018	The registered person shall ensure that a fire risk assessment is completed on an annual basis for each of the regulated premises.	Met
	Action taken as confirmed during the inspection: A review of governance records confirmed that fire risk assessments, and their associated action plans, were in place for both Whiterock day centre (dated 28 November 2017, due review 28 November 2019) and North Belfast day centre (dated 17 May 2018, due review 10 May 2020). In consultation with the RQIA estates inspection team following the inspection it was agreed that this area for improvement has been met at this time.	

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 inspector reviewed the setting's systems in place to avoid and prevent harm to service users which included a review of staffing arrangements in place within the day care centre.

The deputy manager described the staffing levels which have been assessed as necessary to provide a safe service within both settings. Discussions with staff identified that they felt there were sufficient staffing levels to ensure the safety of service users in the day centre. However, it was identified that the day care settings do not maintain a staff rota. An area for improvement is made in this regard.

A competency and capability record had been completed for one staff member who was in charge of the day centres in the absence of the registered manager. However, it was noted during the inspection that this person would only be located in one of the day centres and no staff member had been identified to act as the person in charge in the other day centre. An area for improvement is made in this regard.

Discussion with staff on the day of inspection confirmed that they had received sufficient training to enable them to fulfil their duties and responsibilities. The deputy manager and staff confirmed that training was ongoing and that the registered manager proactively encouraged and supported staff to access training opportunities over and above mandatory requirements. Examples of additional training included: disability awareness, equality and diversity training quality improvement training, compassion fatigue, transgender support and training to support service users who require a modified diet. A review of the training matrix evidenced that the majority of mandatory training had been completed by staff. However, a small number of training updates were out of date as per the organisation's policy. An area for improvement has been made in this regard.

On the day of the inspection, discussion with staff and observations of them supporting service users did not highlight any areas for improvement regarding their practice.

Discussions with the deputy manager and staff confirmed that there were systems in place to monitor staff performance and ensure that staff received support and guidance. Staff spoken with during the inspection confirmed the availability of continuous update training alongside supervision and appraisal processes and an open door policy for discussions with the registered manager. A review of the staff supervision matrix and information provided post inspection confirmed that staff received individual supervision on a quarterly basis as per the day care standards.

The day care setting's governance arrangements in place that identify and manage risk were inspected. This confirmed that an effective incident/accident reporting policy and system was in place. Staff are required to record any incidents and accidents on an electronic system which is then reviewed and audited by the registered manager, a senior manager and the BHSCT governance department. Incidents and accidents are also audited on a monthly basis by a senior manager as part of the monthly quality monitoring visit. Discussion with the deputy manager and a review of records since the last inspection evidenced that four incidents had been reported. A review of these incidents verified that they been managed appropriately and effectively documented, with safety issues, risks and actions taken to minimise risk of reoccurrence being identified.

There were no recent or current adult safeguarding referrals or investigation records to examine. Discussion with the deputy manager confirmed that there was a clear pathway for staff to follow in relation to referring any safeguarding concerns to the appropriate professionals. Discussion with staff established that they were aware of potential types of abuse and their roles and responsibilities in relation to reporting adult safeguarding concerns and maintaining safeguarding records. Staff were all up to date with adult safeguarding training.

Observations during the inspection and feedback from the deputy manager confirmed that no restrictive practices were undertaken within the day care setting.

During discussion, staff presented as knowledgeable and informed, regarding service users' needs. Service users were independent and required minimal staff support to get involved in activities. Staff described the value they place on ensuring service users are relaxed,

comfortable and empowered in the day care setting. Staff recognised the importance of ensuring service users could talk openly with them and discuss any concerns they had. Staff evidenced that they had an understanding of the management of risk, and an ability to balance assessed risks with the wishes and human rights of individual service users.

In addition, staff confirmed that they were aware of their obligations in relation to raising concerns with respect to service users' wellbeing and poor practice, and were confident of an appropriate management response and how to access the organisation's whistleblowing policy.

Observations of the environment in both day centres concluded that it was clean and tidy. The interior of the North Belfast day centre had recently been re-painted and there was ample space in both settings for service users to engage in group activities and to meet individually with staff if appropriate.

A number of actions were recommended with respect to improving the infection prevention and control measures in place within the settings. Namely, removing the use of adhesive tape to attach the seven step hand hygiene poster which was noted in one toilet and ensuring that the supply of hand towels in bathroom facilities are wall mounted. The deputy manager advised that she would address this with the BHSCT support service team. The day centre also has access to the organisation's infection prevention and control team for guidance.

A review of the environment in the North Belfast day centre identified no obvious health and safety hazards and fire exits were clear and free from obstruction. However, the inspector did find cleaning products and a pair of scissors in an unlocked cupboard in the disabled toilet in the Whiterock day centre. This was brought to the attention of the deputy manager and items were removed immediately. Assurances were provided by the deputy manager that this would be addressed with the support service team to prevent a reoccurrence.

Both day centres are located in buildings which encompass other facilities and office space operated by the BHSCT. Fire safety information is held centrally in both settings. Details regarding both settings' fire risk assessments have been outlined in section 6.2. Records examined for the Whiterock day centre identified that monthly and weekly fire safety precaution records had been maintained. A fire evacuation drill was undertaken on 15 November 2018 to ensure services users could exit the building safely in the event of a fire, with no issues identified. The review of fire safety records in the North Belfast day centre identified that a number of weekly checks had not been completed for January 2019 in addition to several other occasions. It was also noted that a fire evacuation drill which was undertaken on 6 June 2018 and also encompassed staff offices highlighted that the evacuation time was longer than the recommended timeframe. There was no collaborative evidence to confirm that any relevant learning from this fire evacuation had been shared with staff or that any corrective actions had been taken, as applicable. An area for improvement has been made in regard to fire safety precautions in the North Belfast day centre.

Discussion with service users and staff evidenced that they felt the care provided was safe. The following is a sample of comments made:

Service users' comments:

- "I do feel safe here."
- "You can talk to any of the staff."
- "No problems talking to staff."

Staff comments:

- “Service users are 100 per cent safe.”

Three service user questionnaire responses were returned to RQIA. All respondents indicated they were very satisfied that care provided in the setting was safe.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff supervision, knowledge of adult safeguarding and risk management of assessed care needs.

Areas for improvement

Four areas for improvement were identified in regard to staff rota information, competency and capability assessments, staff training and fire safety precautions.

	Regulations	Standards
Total number of areas for improvement	1	3

6.5 Is care effective?

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

The inspector reviewed the day care setting’s arrangements for appropriately responding to and meeting the needs of people who use the service. Information relating to the nature and range of services provided is outlined in the Statement of Purpose.

Four service users’ records across both settings were reviewed. Both services have used the recovery star model. This allows for the setting of personal goals within areas covering the main aspects of people’s lives and then measuring over time how they are progressing towards these goals. A newer model known as the wellbeing star is in the process of being implemented within the services. These models provide assessment, care planning and review tools. Documents were noted to be signed by service users, as appropriate, to evidence their consultation and reflect their agreement. However, it was noted in two records examined that the recovery star had not been reviewed in a timely manner to effectively inform the development of ongoing or new goals. An area for improvement was made in this regard.

Discussion with the deputy manager confirmed that the majority of service users attend the day centre independently and a small number are supported to attend by Health and Social Care Trust transport. However, it was identified that service users did not have a transport assessment in place. An area for improvement is made in this regard.

The inspector evidenced that systems are in place to review each service user’s placement within the centre. Service users were asked to rate the service during their annual review and positive feedback was noted in the records viewed. In addition to an annual review, the service has also recently introduced an informal three monthly review discussion with service users. This seeks feedback from service users regarding activities they have participated in and what they would like to do. It also prompts an overview of the recovery/wellbeing star.

A record was also kept of each service user’s involvement and progress at the day centre. The records viewed were noted to be comprehensive and evidenced effective liaison with the multi-disciplinary team on behalf of or at the request of service users. Discussion with staff

confirmed that they use care records to guide their practice and therefore recognised the importance of ensuring that records remained current and relevant.

However, the records sampled highlighted that a service user agreement was not in place. An area for improvement is made in this regard.

Review of arrangements concerning the storage of confidential records confirmed that service users' records were stored safely and securely in compliance with legislative.

Staff spoke confidently and knowledgably about the individual needs of service users and how best to support each service user recognising and taking into account individual preferences.

No concerns were raised during the inspection with regard to communication between service users. Service users confirmed that they would be comfortable speaking to staff or the registered manager if they had any concerns or complaints.

Staff detailed the communication methods that support their work and professional development such as team meetings, supervision, training and daily informal team discussions. They confirmed they felt well supported and could seek advice from the registered manager and deputy manager as required. They meet at the start of each shift to discuss any issues and this enables them to plan for the day ahead and liaise as necessary with the multi-disciplinary team on behalf of service users.

Overall, it was clear that the staff work together to support the service users using a person centred approach that is safe, effective and meets their needs, within an open and transparent culture.

Discussion with the deputy manager and review of records confirmed that staff meetings were typically held on a three monthly basis. A review of a sample of minutes from these meetings evidenced a quality improvement focus. The inspector recommended that the minutes should be amended to clearly reflect actions planned, who is responsible and within what timeframe. This will enable actions and outcomes to be more clearly reviewed at future meetings. The deputy manager agreed to amend the minutes template for future meetings.

The inspector discussed the development of the NISCC website to include an adult social care learning zone; the deputy manager agreed this may be beneficial for promoting staff development and training opportunities for use within team meetings in the day centres. The deputy manager advised that this resource would be reviewed and shared with the staff team as appropriate.

Discussion with service users and staff evidenced that they felt the care provided was effective. The following is a sample of comments made:

Service users' comments:

- "I don't know what I would do if I didn't come here, it gives me a reason to get up in the morning."
- "The staff are very good, they listen to you and always try to do their best."
- "It's good to come and see people and have a chat."

Staff comments:

- “There is good communication within the team, we meet every morning to ensure all staff are up to date and make plans for the day.”
- “Building service users self-esteem, giving them the skills and confidence to access community services and talk with G.P.’s and other professionals is important.”

Three service user questionnaire responses were returned to RQIA. All respondents indicated they were very satisfied that care provided in the setting was effective.

Areas of good practice

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

Areas for improvement

Three areas for improvement were identified in regards to the timeliness of re-assessment, service user agreements and transport assessments.

	Regulations	Standards
Total number of areas for improvement	0	3

6.6 Is care compassionate?

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

The inspector sought to assess the day care setting’s ability to treat service users with dignity, equality and respect and to fully involve service users in decisions affecting their care and support. Service users were informed regarding the RQIA inspector visiting the day care setting and were encouraged to engage with the inspector if they wished.

Discussions with service users and staff and observations made during the inspection indicated that the promotion of values such as choice, dignity and respect were embedded in the culture and ethos of the day centres. Staff interactions with service users were noted to be respectful and their interactions were friendly and cheerful, which promoted a relaxed atmosphere.

Staff provided examples of how they promote service users’ rights, independence and dignity and were able to demonstrate how service users’ confidentiality was protected.

Service users confirmed they were asked their opinion regarding what they would like to do in the day centres and their preferences were sought before any plans were made. A programme of planned activities and events were displayed within the day centres. This evidenced a varied activity programme which included: a walking group, `cook it` programme, relaxation, gardening group and fishing group. Discussion with staff identified the emphasis placed on providing service users with an activity programme that promotes healthy lifestyles and therapeutic work which supports service users in areas such as: the management of anxiety and promotion of self-esteem and confidence to communicate effectively with others. It was positive to read a compliment from a service user who had been supported by a staff member to undertake a

transport programme which provided them with the confidence and skills to use public transport independently.

In addition to daily informal discussions, the settings had in place robust systems that aimed to promote effective communications between service users and staff such as monthly service user meetings, individual reviews meetings and an annual service user's quality assurance survey.

A review of a sample of monthly service users' meetings in both settings reflected service users being consulted about activities and being provided with the opportunity to raise any issues. In addition, visits were arranged from community resources such as Lifeline and Ulster Supported Employment and Learning service (USEL). As identified in section 6.5, service users' meetings should also be amended to clearly reflect actions planned, who is responsible and within what timeframe. This will enable actions and outcomes to be more clearly reviewed at future meetings.

Discussion with service users and staff evidenced that they felt the care provided was compassionate. The following is a sample of comments made:

Service users' comments:

- "Everybody is at different stages with their mental health and staff support everyone individually."
- "Everybody is treated with respect."
- "There is a good range of things to do. I'm really enjoying the fishing."
- "The cooking group is good, helps you learn new skills, I really appreciate that."
- "We have member's meetings; you are always asked if you are okay. What would you like to do? Is there anything you need?"
- "There are loads of activities - boccia, bingo, arts, crafts and quizzes."
- "Staff always ask if you are happy with activities and everything else and we have monthly meetings."

Staff comments:

- "Mental health doesn't define who you are."
- "There is no imbalance of power here, we are all equal."

Three service user questionnaire responses were returned to RQIA. All respondents indicated they were very satisfied that care provided in the setting was compassionate.

Areas of good practice

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

Areas for improvement

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

Regulations	Standards
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Total number of areas for improvement	0	0
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6.7 Is the service well led?

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

The inspector sought to assess the day centre's leadership, management and governance arrangements to meet the assessed needs of service users.

There was a clear organisational structure and the registration certificate was up to date and displayed appropriately. The Statement of Purpose for the day care service was reviewed by the provider on January 2018. The inspector recommended a minor amendment and the updated Statement of Purpose was forwarded to RQIA post inspection and was found to be satisfactory. The document clearly describes the nature and range of the service to be provided and addresses all of the matters required by Regulation 4(1) of The Day Care Setting Regulations (NI) 2007.

The North Belfast and Whiterock day centres are managed by the registered manager with the support of a deputy manager, a team of day care workers and an administrator. The registered manager also manages Ravenhill day centre. BHSCT have made an application to RQIA for the separate registration of Whiterock day centre. This application is currently under review by RQIA.

Discussions with staff revealed that they felt there was good management support and team work which promoted open and supportive communication opportunities to ensure the team worked well together. Staff feedback evidenced that this promoted improved outcomes for service users, and helped staff grow in confidence and knowledge so that they can safely and effectively care for service users in the setting.

The complaints records maintained by the day care setting evidenced that there had been no complaints received since the last inspection. Discussion with staff confirmed that they knew how to receive and respond to complaints sensitively and were aware of their responsibility to report all complaints to the registered manager. Service users had access to complaints leaflet on the service user notice board. There was also evidence of information displayed regarding the role of the patient client council and a poster from BHSCT requesting views/feedback regarding mental health services.

The inspector discussed the monitoring arrangements in compliance with Regulation 28 of The Day Care Settings Regulations (Northern Ireland) 2007. The Regulation 28 monthly quality monitoring visits had been undertaken monthly by a senior manager within the organisation who demonstrated a good understanding of the setting. A sample of reports viewed for November 2018, December 2018, January 2019 and February 2019 noted positive feedback from service users, staff and professionals as part of the monthly consultation process and a review of the conduct of the day centre. It was agreed with the deputy manager that robust action plans should also form part of the monthly monitoring report, as necessary, in order to effectively review any required quality improvement identified.

A review of the day care setting's last annual report was noted to follow the matters as outlined in Regulation 17 (1) and schedule 3.

It was confirmed in discussions with the deputy manager and staff that the setting has a comprehensive range of policies and procedures which inform and guide staff practice, and could be accessed online on the staff website.

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

Some of the areas of equality awareness identified during the inspection included:

- effective communication
- service user involvement
- advocacy
- equal care and support
- individual person centred care

Discussion with service users and staff evidenced that they felt the service was well led. The following is a sample of comments made:

Service users’ comments:

- “It’s a great place.”
- “I love coming here.”

Staff comments:

- “The manager really supports staff development.”
- “Absolutely amazing management support.”
- “Good team work and this promotes reflective practice.”
- “We are always thinking of ways to improve the support we provide.”

Three service user questionnaire responses were returned to RQIA. All respondents indicated 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 complaints management and promoting equality of opportunity.

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	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 deputy manager, as part of the inspection process. The timescales commence from the date of inspection.

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

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

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

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

Quality Improvement Plan

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

<p>Area for improvement 1</p> <p>Ref: Regulation 26 (4)(d)(v)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered provider shall ensure that robust governance arrangements are maintained with regard to ensuring that all necessary fire safety precautions are in place. This relates to issues highlighted within the North Belfast day centre.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: The designated fire wardens within the day centre will ensure that the weekly fire alarm tests/checks are completed and signed accordingly. The issue has also been discussed with the facility manager and the designated Fire Officer for the complex.</p>

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

<p>Area for improvement 1</p> <p>Ref: Standard 21.1</p> <p>Stated: Second time</p> <p>To be completed by: 26 April 2019</p>	<p>The registered person shall ensure that the record of induction of new staff and/or students is reviewed. The induction record should incorporate the NISCC Induction Standards and should be signed by the both parties when induction is complete.</p> <p>Ref: 6.2</p>
	<p>Response by registered person detailing the actions taken: The staff/student induction has been updated in line with the NISCC Induction Standards. The induction is signed by both parties when completed.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 23.7</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that staff rota information should be kept in the day centre and record the staff working each day, the capacity in which they worked and clearly identifying who is the person in charge if the manager is not present.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Staff on duty each day will be recorded on a weekly rota/timetable; this will also identify their role and the designated person in charge on that day in the centre.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 23.3</p> <p>Stated: First time</p> <p>To be completed by: 19 April 2019</p>	<p>The registered person shall ensure there is a competent and capable person in charge of both day care settings, in the absence of the registered manager, at all times. Governance records which evidence that such staff are willing and competent to assume responsibility as the person in charge in the manager's absence, should be maintained and regularly reviewed to ensure that these governance processes remain effective and appropriate.</p> <p>Ref: 6.4</p>

	<p>Response by registered person detailing the actions taken: In the absence of the registered manager the deputy manager is responsible as the person in charge of the centre. A competency assessment has been completed by both deputy managers. In the absence of the registered manager/deputy manager there will be a member of staff nominated to take charge of the facility. A competency assessment of staff undertaking this role will be completed and updated accordingly as appropriate. These competency assessments will be completed by 30 June 2019.</p>
<p>Area for improvement 3 Ref: Standard 21.3 Stated: First time To be completed by: 19 April 2019</p>	<p>The registered person shall ensure mandatory training requirements are met. Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Dates have been updated in our training Matrix for the centre. Staff have been requested to book/attend any outstanding mandatory training and to continue to update the training file as required. Training requirements are also discussed at supervision and in staff meetings.</p>
<p>Area for improvement 5 Ref: Standard 12.1 Stated: First time To be completed by: 31 May 2019</p>	<p>The registered person shall ensure that a transport assessment has been undertaken as appropriate with individual service users and takes into consideration factors as outlined in standard 12.1. Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Our ethos in Day Services is to promote independent travel, however, if appropriate or necessary if a service user is requiring Trust Transport initially a transport assessment will be completed.</p>
<p>Area for improvement 6 Ref: Standard 3.1 Stated: First time To be completed by: 31 May 2019</p>	<p>The registered person shall ensure that each service user is provided with an individual written agreement and ensure the content is in accordance with Standard 3.1. Ref: 6.5</p> <p>Response by registered person detailing the actions taken: The service user written agreement has been updated in accordance with standard 3.1. This includes an induction check list and a welcome pack which is provided on admission.</p>

<p>Area for improvement 7</p> <p>Ref: Standard 4.3</p> <p>Stated: First time</p>	<p>The registered person shall ensure that assessments are updated, as necessary, signed and dated by the service user, the member of staff responsible for its review and the registered manager.</p> <p>Ref: 6.5</p>
<p>To be completed by: 31 May 2019</p>	<p>Response by registered person detailing the actions taken: The Well being Star is the agreed assessment tool for review purposes in the centre. The following reviews are completed: four weekly following commencement at the centre, three monthly review/checklist and six monthly review. All staff are aware to update accordingly.</p>

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



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