

Unannounced Care Inspection Report

31 May 2018



Donard Day Centre

Type of Service: Day Care Setting
Address: Slieve Roe House, Kilkeel, BT34 4BN
Tel No: 02841764096
Inspector: Marie McCann

www.rqia.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 with 20 places that provides care and day time activities for older people over 65 years of age, some of whom are living with memory loss and may also have a diagnosis of dementia.

3.0 Service details

Organisation/Registered Provider: Southern HSC Trust Responsible Individual(s): Mr Shane Devlin –registration pending	Registered Manager: Ms Maureen Smith
Person in charge at the time of inspection: Ms Miriam Nugent	Date manager registered: 12 March 2014
Number of registered places: 20	

4.0 Inspection summary

An unannounced inspection took place on 31 May 2018 from 09.30 to 16.15.

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: care records; adult safeguarding; risk management; the day care setting's environment; communication with service users; the management of complaints and incidents; quality improvement; and maintaining good working relationships.

Areas requiring improvement were identified regarding competency and capability assessments for staff willing to assume managerial responsibility in the manager's absence and ensuring policies and procedures are subject to a systematic three yearly review.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	2

Details of the Quality Improvement Plan (QIP) were discussed with Ms Maureen Smith, 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 care inspection dated 26 May 2017 and 14 June 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 26 May 2017 and 14 June 2017.

5.0 How we inspect

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

- unannounced care inspection report dated 26 May 2017 and 14 June 2017
- incident notifications which evidenced that three incidents had been notified to RQIA since the last care inspection on 26 May 2017 and 14 June 2017
- information and correspondence received from the manager and the Southern Health and Social Care Trust (SHSCT)

During the inspection the inspector met with the registered manager, three day care support workers and five service users.

The following records were examined during the inspection:

- Three service users' individual care records.
- Two staff individual personnel records.
- The day centre's complaints/compliments recorded from 14 June 2017.
- Staff rota information for May 2018.
- The record of incidents/accidents since 14 June 2017.
- A sample of minutes of service users' meetings dated 21 September 2017, 1 December 2017 and 18 January 2018.
- A sample of minutes of daily staff meetings dated 9 May 2018, 17 May 2018, 23 May 2018 and 24 May 2018.
- Fire safety checks which included a sample of;
 - weekly fire alarm tests from July 2017 to May 2018 and
 - weekly check of all exit routes and firefighting equipment for March 2018 to May 2018
- A sample of monthly quality monitoring visit reports dated February 2018, April 2018 and May 2018.
- Complaints Policy, due review July 2015.
- Whistleblowing Policy, 2015.
- Incident Management Procedure, October 2014.
- Medicines Management Procedures for Day Care, March 2018.
- Procedure for the Reporting and Follow up of Serious Adverse Incidents, November 2016.
- The Statement of Purpose, April 2018.
- The Service Users Guide, April 2018.

At the request of the inspector, the registered manager was asked to display a poster within the day centre. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; three responses were received.

The inspector requested that the registered manager place a 'Have we missed you' card in a prominent position in the day care setting to allow service users, relatives and families who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision.

Ten service user and/or relatives' questionnaires were also provided for distribution; seven questionnaires were returned to RQIA within the timeframe for inclusion in this report.

The findings of the inspection were provided to Ms Maureen Smyth, registered manager, at the conclusion of the inspection.

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

Four areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 26 May and 14 June 2017

The most recent inspection of the establishment was an unannounced care inspection.

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

6.2 Review of areas for improvement from the last care inspection dated 26 May and 14 June 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 14 Stated: First time	The registered provider must ensure the proposal to secure entrance/exit door to the setting is communicated to all service users, included in the statement of purpose, service user guide and service user agreement. Arrangements in place to secure exit of the setting should be reported to RQIA including how the staff will support independent service users to maintain their independence.	Met

	<p>Action taken as confirmed during the inspection:</p> <p>The registered manager had previously confirmed to RQIA that meetings took place with service users over the period 14 June 2017 to 20 June 2017 to ensure all service users were informed of the intention of the service to introduce a self-locking system to secure the entrance and exit of the service. No issues were reported with this plan by service users. They were advised that if they would like to, or request to, leave the setting at any time, a member of staff would ensure that they were facilitated to exit safely in accordance with their personal assessment of need and care plan. In anticipation of the introduction of the self-locking door system managed by a fob, the service revised the Statement of Purpose, Service User Guide and Service User Agreement for when this arrangement is implemented.</p> <p>At the time of inspection the self –locking door system had not been implemented and work was still in progress. In the absence of this arrangement at present, the registered manager advised that supervision is provided to service users with memory loss and that there have been no incidents of service users attempting to leave the day care setting unsafely.</p> <p>The registered manager provided assurances that RQIA will be informed when the work is completed and the entrance/exit door is secured. The updated Statement of Purpose and Service User Guide will then be implemented.</p>	
<p>Area for improvement 2</p> <p>Ref: Regulation 7</p> <p>Stated: First time</p>	<p>The registered provider must review and amend the statement of purpose and service user guide for the setting to ensure they describe the changes that are a result of the increase in service user numbers and additional needs that will be met in this setting. The updated documents should be sent to RQIA.</p>	<p>Met</p>

	<p>Action taken as confirmed during the inspection:</p> <p>The inspector confirmed that the Statement of Purpose and Service User Guide had been revised by the registered manager to include the increase in day care places from 15 to 20 per day and an additional service user group who live with cognitive impairment and/or memory loss.</p>	
<p>Area for improvement 3</p> <p>Ref: Regulation 26 (4)</p> <p>Stated: First time</p>	<p>The registered provider must ensure the settings fire risk assessment is reviewed and updated to ensure the increased number of service users, the secured front door and the change of service users' needs are included. Any fire safety matters and actions following this new information must be addressed prior to additional service users commencing.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The inspector confirmed that the fire risk assessment was reviewed and updated on 3 July 2017 by the SHSCT Fire Safety Manager to ensure it took into account the increased number of service users, their needs and the plans for a secure front door to be in place.</p>	
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Standard 25.3 & 25.5</p> <p>Stated: First time</p>	<p>The registered provider should ensure the space across the whole setting is comfortable and useable for the service user group. The unused boxes, chairs and activity equipment should be stored away from useable space and should not be left in a room in a disorganised way which may create clutter and hazards.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The inspector confirmed that at the time of inspection the environment was free from clutter and hazards. Activity equipment not in use was cleared and stored in appropriate storage space.</p>	

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.

Discussion with the registered manager, staff and service users confirmed that sufficiently competent and experienced persons were working in the centre to meet the assessed needs of service users. A review of the staffing roster for May 2018 evidenced that the planned staffing levels were adhered to. Records showed the numbers of staff working each day and the capacity in which they worked. The inspector recommended that the staff rota information was updated to clearly reflect who was in charge of the day centre each day, which the registered manager agreed to action.

A competency and capability assessment had not been completed for the person who was in charge of the day centre in the absence of the manager on the day of inspection. An area for improvement was made in this regard. Discussion with the registered manager confirmed that the manager had made enquiries to confirm that the staff member had sufficient experience and was knowledgeable regarding the day care setting regulations and standards to act up in the manager's absence. Observation and discussion with staff on duty evidenced they were sufficiently experienced to meet the assessed needs of the service users present. Staff demonstrated a clear understanding of service users' needs and how those needs should be met.

It was positive to note that the registered manager had a specific procedure in place for staff in the event of a colleague being delayed in arriving at work due to unplanned circumstances. This procedure helped to promote the safety of the service users by clearly outlining the actions required by staff to ensure that other staff members were made available.

The registered manager confirmed that staff employment records were held within the SHSCT human resources department and that all appointments made were in keeping with the Trust policy/procedures, legislation and day care standards.

Two staff induction records were examined. It was noted that the induction covered areas such as adult safeguarding, whistleblowing policy, confidentiality, courtesy and attitude, rights and respect. It was identified that an induction process was in place for staff covering at short notice due to unplanned absence. This practice is commended.

Staff who were spoken with stated that their induction and training provided them with the skills and knowledge to fulfil their roles and responsibilities and that it was effective. A review of the staff training matrix evidenced that training was outstanding with respect to management of behaviour that may challenge staff. The registered manager advised that the only available training she had access to at present was Management of Actual or Potential Aggression (MAPPA) training, which was not appropriate for the day care setting. Assurances were given by the registered manager that alternative training was being sourced to address these deficits and RQIA would be informed when this was arranged.

Following the inspection the senior day care worker provided assurances that staff receive training with respect to management of complaints at induction and this is discussed regularly at team meetings and the arrangements are being made for staff to also attend the SHSCT corporate complaints training.

The day care setting's governance arrangements in place that identify and manage risk were inspected. All incidents and accidents were recorded on an electronic system which was reviewed and audited by the registered manager and the SHSCT governance department. A review of the incidents and accidents since the previous inspection was undertaken and provided assurances that they had been managed appropriately.

A SHSCT review of the day care service occurred last year which led to the introduction of service users living with memory loss to this day care setting. A review of safety issues arising from an open door access to the setting was undertaken. Following risk assessment, a review of fire safety arrangements and consultation with service users and their relatives it was agreed that the day care setting would introduce a self-locking door with fob access provided by staff. Assurances were provided by the registered manager that the plans to have a secured exit and entrance are not for the purposes of restraint or deprivation of liberty. The registered manager confirmed that if a service user requested to leave the setting at any time, they could speak to a member of staff who would ensure they were assisted to exit safely in accordance with their personal assessment of need and care plan. At the time of inspection, the installation of this new doorway was still in the process of being implemented. This was reflected in the day care setting's Statement of Purpose and Service User Guide. The registered manager advised that once minor works have been completed each service users' care plan will be updated, as will the Statement of Purpose and Service User Guide.

There were no recent or current adult safeguarding referrals or investigations records to examine. The registered manager confirmed that the SHSCT safeguarding practices are directed by the regional Adult Safeguarding Prevention and Protection in Partnership, July 2015 and its associated Operational Procedures, September 2016. An Adult Safeguarding Champion (ASC) was identified for the service. Staff had received adult safeguarding training. Discussion with staff further established that they were aware of their roles and responsibilities in relation to reporting adult safeguarding concerns, maintaining factual records and there was a clear pathway for staff to follow in relation to referring safeguarding concerns to appropriate professionals.

Observation of the environment was undertaken during a walk around of the day care setting, which confirmed that the environment was clean, tidy, fresh smelling and had suitable lighting. The staff were attentive to service users' needs given the warm temperature on the day of inspection. Fire exits and walk ways were clear and free from any obstructions. Discussion with a day care support worker and observation of the environment confirmed that furniture, aids and appliances were fit for purpose for the needs of the service users. Infection prevention and control measures were in place with a good standard of hygiene observed throughout the day care setting. Measures included the availability of hand sanitisers around the unit, 'seven step' hand hygiene notices positioned at wash hand basins and supplies of liquid soap and hand towels mounted on the wall. Staff also had access to gloves as required.

Records examined identified that a number of safety checks had been undertaken including fire safety drills to ensure service users could exit safely and weekly fire alarm tests. It was noted the last full evacuation drill was undertaken on 18 October 2017. A fire risk assessment was completed on 3 July 2017 and the registered manager confirmed there were no outstanding actions. The registered manager is the nominated fire officer for the setting with each staff member trained as deputy fire officers to ensure that sufficiently competent persons are on duty at all times in the event of a fire.

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

Service users' comments:

- "I like it here..., we are well looked after, staff are here to help you if needed."
- "I feel safe here; staff know what they are doing."
- "It's very good, truly great, staff couldn't be any better than what they are."

Staff comments:

- "The induction was second to none, it was so in depth."
- "The training is excellent, I have learnt so much through the training."
- "There is always a minimum of three staff."
- "The induction was very thorough, covered all the bases to do the job well."
- "I felt more confident after training, it was very informative."

Seven service user and/or relatives' and three staff questionnaires were returned to RQIA. The responses reported that they were very satisfied that the care provided was safe.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing levels, adult safeguarding, risk management, infection prevention and control and the day care setting's environment.

Areas for improvement

One area for improvement was made in relation to staff competency and capability processes.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

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

The 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 was outlined in the Statement of Purpose and Service User Guide.

Observations throughout the inspection confirmed that the day care setting was providing care in accordance with their Statement of Purpose and Service User Guide.

Three service user individual files were inspected. They contained a service user agreement, multi-disciplinary assessment information, additional risk assessments as appropriate. Care plans were noted to be individualised and person centred, and they clearly and concisely described service users' needs and goals. Care recording for every five attendances had been maintained in the three care records inspected. Staff discussed the importance of knowing the content of individual service users' assessments and care plans to inform and guide their practice. They also discussed the importance of ensuring that care recording was accurate and timely to ensure care and support provided was safe and effective. There were systems in place to review each service user's placement within the setting to ensure it was appropriate to meet their health and social care needs. There was also evidence of initial and annual care reviews in partnership with the service user and/or their relative and community keyworker. It was positive to note that service users had been supported to be involved in the annual review process by staff who helped them to complete a questionnaire in preparation for the review. This questionnaire sought meaningful feedback from the service user about the day care service provided. Service user care records were noted to be well organised and stored safely and securely in line with data protection requirements.

Discussions with the registered manager and staff confirmed that a person centred approach underpinned practice and that staff demonstrated good knowledge of individual service user's needs and behaviours. Staff confirmed the importance placed on giving service users choices and encouraging independence when it is safe to do so. This was also reflected in feedback from service users. Staff confidently described how they would escalate any concerns to ensure the safety and wellbeing of service users.

Observations of practice on the day of inspection provided evidence the staff on duty were confident and effective when communicating with service users. It was noted that service users freely approached staff and interactions were relaxed and spontaneous. Discussion with service users confirmed they were aware of who was in charge and that the management operated an open door policy, they confirmed they could raise any issues as needed. Service users expressed their confidence in the day care setting staff.

There was evidence that service users were enabled and supported to engage and participate in a range of meaningful activities. Service users were observed using computers, knitting, engaging in quizzes and following lunch, sitting in the grounds and enjoying the summer weather. Craft work which had previously been made was displayed around the centre and several service users enthusiastically engaged in conversation with the inspector describing their involvement in and enjoyment of the craft work.

Discussion with the registered manager and a review of the setting's medicines management procedures for day care evidenced that a robust system was in place for supporting service users who required administration of medication during the hours of day care.

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

Service users' comments:

- "There is nothing I would like to change."

- “The activities suit us... we are comfortable telling staff if we have any problems.”
- “It’s the best decision I made coming here.”
- “This place saved me, I walked in here a different woman than I am today, I was depressed, no energy. I now do all the exercises I have learnt here. I am stronger and happier.”
- “I would have no problem making a complaint if I ever had one.”
- “You can say what you want at your review or the serve user meetings.”
- “If I had any problem I would talk to Stephanie, or any other staff.”

Staff comments:

- “We are all involved in updating service user daily records.
- “We have a daily team briefing every morning... it is very beneficial.”

Seven service user and/or relatives’ and three staff questionnaires were returned to RQIA. The responses reported that they were very satisfied that the care provided was effective.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	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.

The inspection 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 staff encouraged them to engage with the inspector.

Discussions with service users and staff and observations made during the inspection indicated that the promotion of values such as choice, consent, equality, dignity and respect were embedded in the culture and ethos of the day care setting.

Staff approaches and responses to services users was noted to be caring, cheerful and compassionate. Discussions with staff also established that they were aware of their responsibilities and requirements to ensure service user confidentiality and consent. Staff acknowledged that service users require varying degrees of support with their care needs, they described how independence is promoted but when assistance is required this support is provided discreetly.

Consultation with service users and, when appropriate, their relatives was evidenced in service users' care plans and reviews. In addition, service users confirmed that their views and opinions were taken into account in all matters affecting them. An external area had recently been tarmacked for service users to use. Service users confirmed that they were all asked for ideas as to what they would like the area to be used for. They described how they were fully involved in decision making and planning regarding the activities and opportunities available, on both an informal basis each day and formally in regular service user meetings.

The registered manager confirmed that service user meetings are held approximately every three months or on an ad hoc basis if needed. There were minutes available for inspection of seven meetings since June 2017. A review of a sample of minutes noted a varied agenda, for instance, in the September 2017 meeting the head of service requested service users involvement in the design and content of an information leaflet. During the winter months, advice was given with respect to keeping warm in cold weather. In January 2018 the minutes reflected advice given regarding falls prevention and staff reiterated to service users how to make a complaint. Service users were asked for ideas for the activity programme and feedback was requested on the meals provided at the day care centre. The inspector recommended that the minutes of the service user group meetings 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 registered manager agreed to amend template for future meetings.

Consultation for the annual quality report for the day care setting was undertaken in May 2018. The report was in the process of being finalised and will be forwarded to RQIA.

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

Service users' comments:

- "I feel listened to; I would certainly let you know if I didn't."
- "The staff never say no to anything you ask them."

Staff comments:

- "Service users are given choice with everything, they choose meals, activities, there is good consultation on a daily basis and regular service user meetings."
- "The service users are first."

Seven service user and/or relatives' and three staff questionnaires were returned to RQIA. The responses reported that they were very satisfied that the care provided was compassionate. One staff questionnaire included the following comment: "I feel it is a very happy environment where service users are cared for safely and effectively. Their opinions are listened to, they are given choices and they are cared for in a supportive and motivating environment."

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 during the inspection.

	Regulations	Standards
Total number of areas for improvement	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.

There was a clear organisational structure and staff demonstrated awareness of their role, responsibility and accountability. This information was outlined in the day centre's Statement of Purpose and Service User Guide. The day centre was managed on a day to day basis by the registered manager who also manages another day centre and is temporarily overseeing a third day centre, with the support of a senior day care worker, three day care support workers and a catering assistant. Discussion with the registered manager identified that she had a good understanding of her role and responsibilities under the legislation.

The day care setting had a range of policies and procedures in place to guide and inform staff, which were available to staff electronically. However a sample of policies and procedures reviewed on the day of inspection revealed that two had not been reviewed within the timescales outlined in the minimum standards. These included the complaints policy and the incident management procedure. An area for improvement was made in this regard.

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 are advised of what they can do if they are not happy with the service within the Statement of Purpose and Service User Guide. The content of the day care setting's complaints policy that was reviewed was consistent with the relevant legislation and DHSSPS guidance on complaints handling. Review of the day centre's complaints formed part of the monthly quality monitoring visit. A complaints record was available to review within the service which recorded the management of complaints. One complaint had been received since 14 June 2017 and the record detailed appropriate action had been taken to address the complaint.

The inspector confirmed there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users at appropriate intervals. The inspector discussed the monitoring arrangements under regulation 28 of the Day Care Setting Regulations (Northern Ireland) 2007. The regulation 28 monthly quality monitoring visit reports were available to be examined since the last inspection, with the exception of July 2017, August 2017 and January 2018. These reports were forwarded to RQIA following the inspection and found to be satisfactory. The visits were a mixture of announced and unannounced visits and were undertaken by senior management who were knowledgeable about the day care setting. The reports included evidence of consultation with service users, their relatives, service users' representatives and staff, review of the day care environment, health and safety issues, good practice training and mandatory training, an overview of

accidents/incidents, untoward events, complaints, compliments, a record of events and progress with any recommendations from previous inspections. Action plans were identified and carried forward to next month for review.

Discussion with the registered manager confirmed that staff meetings were held daily and review of a sample of records for May 2018 verified this. It was positive to note that in addition to set agenda items such as relevant updates on service users' needs, planned activities, planned visitors and allocation of tasks for the staff, there was a focus on developing staff knowledge with respect to day care regulations and minimum standards; and the RQIA inspection process.

Discussion with the registered manager and staff confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. A sample of staff records verified that staff had individual, formal supervision typically every three months and a recorded annual appraisal. The registered manager and staff both described positive working relationships and effective team work. The inspector observed staff sharing tasks and working together to respond to service user's assessed needs during the course of the inspection. Staff described the registered manager as supportive and stated that good working relationships were encouraged by the registered manager and senior day care worker who both maintained an open door approach. Staff stated "we get good support from the manager, we have regular supervision and complete appraisals", "Stephanie (senior day care worker) and Maureen (registered manager) are very approachable, nothing is a problem, we can raise any issues and it would be listened to."

During discussions with the staff it was evidenced that they had knowledge of their role, function and responsibilities. Staff confirmed that if they had any concerns they could raise these with the management team. Staff demonstrated knowledge of the whistleblowing policy if they could not resolve their concerns locally but indicated that they would be unlikely to need this due to the transparent working relationships that existed within the team. Staff described how they would respond to concerns about the performance of a colleague and confirmed they knew how to access the whistleblowing policy.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. The registered manager and staff acknowledged the importance of the role of the multi-professional team working together to support service users; they described collaborative working relationships they have with various professionals with clear and open lines of communication.

There were arrangements in place to ensure that staff were registered with the relevant regulatory bodies of the Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC) as appropriate. Information regarding registration details and renewal dates were maintained by the SHSCT governance department who had generated an email to the registered manager to advise when a staff member's renewal date was pending. This enabled appropriate action to be taken; renewal details were then verified and recorded by the governance department. The registered manager confirmed that staff were aware that any lapse in their registration would result in the staff member being unable to work within the day centre until their registration was suitably updated.

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 registered manager discussed the ways in which staff development and training enabled staff to engage with a diverse range of service users. The registered manager confirmed that no issues regarding equality had been raised by service users to date.

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

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

The inspector noted that the agency collects equality information in relation to service users during the referral process. The data is used effectively to ensure that individualised and person centred care is developed. It was positive to note the availability of the Health and Social Care Guidance in numerous languages and development of guidelines to support the needs for older Lesbian, Gay, Bisexual and Transgender (LGBT) people, specifically the “Hear me, See me, Know me” policy. The registered manager advised that if the day care setting required additional information with equality issues they would seek guidance and support from the SHSCT Equality Assurance Unit.

Seven service user and/or relatives’ and three staff questionnaires were returned to RQIA. The responses reported that they were very satisfied that the care provided was well led. One staff questionnaire included the following comment: “the manager is very supportive to staff, leading the service and is available either in person, by telephone or on email at all times.”

Areas of good practice

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

Areas for improvement

An area for improvement was made in relation to the timely review of policies and procedures.

	Regulations	Standards
Total number of areas for improvement	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 Ms Maureen Smyth, 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 for assessment by the inspector.

Quality Improvement Plan

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

<p>Area for improvement 1</p> <p>Ref: Standard 23.3</p> <p>Stated: First time</p> <p>To be completed by: 28 June 2018</p>	<p>The registered person shall ensure there is a competent and capable person in charge of the day care setting, in the absence of the registered manager, at all times. Governance records which evidence that such staff are willing and competent to act up 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: The Registered Manager completed a competency assessment 6 June 2018 for an identified and willing DCSW to take charge in the absence of the Manager and SDCW. On completion, competency was confirmed and a copy was forwarded to RQIA 7 June 2018. A review of the SDCW's competency assessment was also carried out and completed 4 June 2018. Competency was confirmed and a copy of the assessment sent to RQIA 6 June 2018. Competency will be reviewed annually to ensure compliance with Day Care Standards, Regulation and Governance..</p>
<p>Area for improvement 2</p> <p>Ref: Standard 18.5</p> <p>Stated: First time</p> <p>To be completed by: 30 August 2018</p>	<p>The registered person shall ensure that the settings policies and procedures are subject to a systematic three yearly review, and the registered person ratifies any revision to/introduction of new policies and procedures.</p> <p>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken: The Registered Person can confirm that Policies and Procedures are subject to a systematic 3 yearly review. In relation to the SHSCT Policy for the Management of Complaints(Working Draft) review date July 2015 & SHSCT Incident Management Procedure October 2014 both are currently being reviewed and ratified corporately and will include Regional Complaints Guidance which will influence the revised existing arrangements. The day center currently operates the current complaints procedure that meets the requirements of the Day Care Regulations and Minimum Standards and the HSC Complaints Procedure. This includes, publicising the arrangements for dealing with complaints, ensuring that any complaint made under the complaints procedure is investigated, making sure that time limits for investigation are adhered to and complainants are advised of outcomes of the investigation. Complainants are also advised of their right to refer their complaint to the Ombudsman if they remain dissatisfied with the HSC Complaints Procedure</p>

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