

# Unannounced Care Inspection Report

## 23 April 2018



## Ballyowen Day Centre

**Type of Service: Day Care Setting**

**Address: 179 Andersonstown Road, Belfast, BT11 9EA**

**Tel No: 02890301034**

**Inspector: Marie McCann**

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

Assurance, Challenge and Improvement in Health and Social Care

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

**1.0 What we look for**



**2.0 Profile of service**

This is a day care setting with 45 places that provides care and day time activities for people over 65 years of age living with various medical needs. The day care setting is open Monday to Friday and is managed by the Belfast Health and Social Care Trust (BHSCT).

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Belfast HSC Trust	<b>Registered Manager:</b> Mr Rory John Paul Kavanagh
<b>Responsible Individual:</b> Mr Martin Joseph Dillion	
<b>Person in charge at the time of inspection:</b> Mr Rory John Paul Kavanagh	<b>Date manager registered:</b> 04 October 2017
<b>Number of registered places:</b> 45	

### 4.0 Inspection summary

An unannounced inspection took place on 23 April 2018 from 08.50 to 16.20.

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 Ballyowen Day Centre was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff communication, engagement with the multidisciplinary team, the culture and ethos of the day centre and complaints management.

One area for improvement under regulation was identified in relation to fire safety checks.

Six areas for improvement under the standards were identified in regards to staff management, quality assurance audits and care records.

The findings of this report will provide Ballyowen 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
<b>Total number of areas for improvement</b>	1	6

Details of the Quality Improvement Plan (QIP) were discussed with Mr Rory Kavanagh, 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 4 and 23 May 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 04 and 23 May 2017.

## 5.0 How we inspect

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

- the registration details of the day centre
- information and correspondence received from the registered manager
- incident notifications which revealed no incidents had been notified to RQIA since the last care inspection on 04 and 23 May 2017
- unannounced care inspection report and QIP from 04 and 23 May 2017

During the inspection the inspector met with the registered manager and three staff. The inspector greeted and made introductions to 24 services users who were present on the day of inspection both individually and in small groups. More detailed discussions were had with six service users.

The following records were examined during the inspection:

- Three service users' care records
- Two staff personnel records
- The day centre's complaints/compliments record from May 2017 to 22 April 2018
- Staff roster information for March 2018
- Monthly safety checks
- A sample of minutes of service users' meetings
- A sample of minutes of staff meetings
- A sample of notifications from December 2017 to April 2018
- A sample of monthly quality monitoring reports from June 2017 to March 2018
- Whistleblowing Policy April 2018
- Complaints Policy March 2017
- Induction Policy September 2017
- 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; 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.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met or partially met.

The findings of the inspection were provided to the 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.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 4 and 23 May 2017

The most recent inspection of Ballyowen Day Centre was an unannounced care inspection

The completed QIP was returned and approved by the care inspector and will be validated during this inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 4 and 23 May 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
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 17 & Schedule 3 <b>Stated:</b> First time	The registered provider must complete the annual report for 2016/2017 and it must report on the matters specified in Schedule 3. This must be completed and returned to RQIA with the completed QIP.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> An annual report for 2016/2017 was completed and made available to RQIA.	
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 21.4 <b>Stated:</b> First time	The registered provider should establish a staff training record that contains a staff training plan and identifies the training needs of staff annually with an action plan of how these will be met. Evidence of regular audit of staff training needs should also be in place.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and	

	<p>review of the training matrix confirmed that there was a record of staff training needs. However, there was no evidence of regular audit of staff training needs and it was noted that some staff training was overdue.</p> <p>This area for improvement has been partially met and is being stated for a second time.</p>	
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 5.2</p> <p><b>Stated:</b> First time</p>	<p>The registered provider should put in place arrangements to plan for how service user's ideas of what they would like to achieve in day care (personal outcomes) can be met. These should be detailed in each individuals care plan to ensure if they can be, they are met.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence noted that service users' and/or their representatives' ideas of what they would like to achieve in day care was included within their care plans. However a new area for improvement was identified in regards to care planning and this is discussed further in section 6.5.</p>	<b>Met</b>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 17.9</p> <p><b>Stated:</b> First time</p>	<p>The registered provider should improve the audit arrangements for this setting which should include audit of complaints, accidents, training, formal supervision, annual appraisal, care records, infection prevention and control and environment. The audit records should show there is review of quality and frequency of practices, identify any actions required to improve quality and effectiveness, identify who is responsible for putting the action plan into practice and the outcomes of action taken with evidence of any learning disseminated.</p> <p><b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and review of governance records confirmed that complaints and accidents/incidents were effectively reviewed on a monthly basis. However, review of governance records relating to staff supervision/appraisal, training, care records and infection prevention and control were either absent, incomplete and/or</p>	<b>Partially met</b>

	<p>lacked sufficient detail. This is discussed further within sections 6.4, and 6.7.</p> <p>This area for improvement has been partially met and is being stated for a second time.</p>	
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### 6.3 Inspection findings

#### 6.4 Is care safe?

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

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. The registered manager was able to describe measures that would be taken to ensure the safety of the service users if appropriate staffing levels could not be provided on any given day. However, discussion with the registered manager highlighted that there was no formal process in place for reviewing staffing levels. It was therefore recommended that the assessed needs of service users should be routinely assessed, specifically for the purpose of ensuring that staffing levels are appropriate for the assessed needs of service users.

A review of governance records confirmed that competency and capability assessments had been completed for those staff left in charge of the centre in the absences of the registered manager. Two records were examined and it was good to note that the competency and capability assessments had been reviewed regularly.

A review of the staff roster information for March 2018 noted that there was no roster available for week commencing 19 March 2018. The need to ensure that such information is available, upon appropriate request, was highlighted to the registered manager. An area for improvement was made in this regard.

The registered manager confirmed that staff employment records were held within the BHSC human resources department and that all appointments were made in compliance with relevant legislative requirements and trust policy and procedures. While staff interviewed confirmed that they had undergone a period of induction, a review of recently employed staff records identified no evidence of such an induction. An area for improvement was made in this regard.

Observation of and discussion with staff on duty evidenced that they were sufficiently trained, competent and 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. A review of staff training records demonstrated that staff had received some mandatory training and other training relevant to their roles and responsibilities, such as: swallow awareness, hearing aid user support training and dementia training. Staff who were spoken with stated that their training provided them with the skills and knowledge to fulfil their roles and responsibilities and that it was of a good standard.

However examination of the setting's training matrix highlighted that there was no evidence that staff had received training in the following areas:

- complaints
- management of records
- supervision and appraisal

In addition, other areas of mandatory training were noted to be overdue, for example, first aid, infection, prevention and control, manual handling and Control of Substances Hazardous to Health (COSHH). It was noted that the registered manager completed a monthly management report which identified training that was completed each month but it did not identify which training was outstanding or provide an audit of the training needs of staff. These issues were discussed with the registered manager and an area for improvement was stated for a second time.

There were no recent or current adult safeguarding referrals or investigation records to examine. The registered manager confirmed that although the BHSCT do not have a specific safeguarding policy, the trust's 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. Discussion with the registered manager further confirmed that there was a clear pathway for staff to follow in relation to referring any safeguarding concerns to appropriate professionals. Discussion with staff established that they were aware of their roles and responsibilities in relation to reporting adult safeguarding concerns and maintaining safeguarding records. It was positive to note that all staff are up to date with their adult safeguarding training and that the setting has an easy read adult safeguarding leaflet for service users. The inspector recommended that the Statement of Purpose and Service User Guide was reviewed to incorporate the terminology contained within the Adult Safeguarding Prevention and Protection in Partnership, July 2015 and associated Operational Procedures, September 2016.

Review of governance records confirmed that an effective incident/accident reporting system was in place. A review of a sample of incidents that occurred in the setting since the last inspection provided assurance that they had been managed appropriately. These records had also been forwarded to the BHSCT risk management department for review and audit purposes.

Discussion with registered manager confirmed that no restrictive practices were required for service users on the day of inspection.

Service users were asked if they felt safe in the setting and feedback was positive from all service users. One service user stated "you can talk to staff about anything, you can go to a private room and they will always listen and try to help you." Feedback from service users spoken with on the day of inspection confirmed that they had confidence that staff knew what they were doing and that there was always enough staff on duty.

Observation of the environment concluded that it was clean and tidy. Furniture, aids and appliances were fit for purpose. Fire exits and walk ways were clear and free from any obstructions. Hand sanitisers were available throughout the centre with "seven step" hand hygiene notices positioned at wash hand basins. Wall mounted liquid soap and hand towel dispensers were also available. It was noted that the environment would benefit from some

refurbishment, namely, repainting of walls, skirting boards, door frames and ceilings. The registered manager advised he had requested such refurbishment in June 2017. Damage to the ceiling of a computer room used by staff was also noted and the registered manager confirmed this had been reported to the estates department. The inspector recommended that these environmental issues should be addressed as soon as possible in order to provide a more welcoming experience for service users and ensure staff safety when using the computer room. Service users had access to a number of rooms within the day centre, which included the main hall, an art room and a multi-purpose room used for private space, small groups, music, reading and watching DVD's. It was positive to note that the centre was decorated with service users' craft work.

It was evidenced that a current fire risk assessment was in place, and the registered manager provided assurance that all recommendations had been addressed. The registered manager and staff confirmed that a weekly fire alarm test is undertaken in conjunction with the residential care home attached to the day centre. However, a review of governance records for this weekly fire alarm test and other fire safety checks such as emergency lighting and fire extinguishers had not been updated for several weeks. An area for improvement was made in this regard.

Feedback from the registered manager confirmed that there was inconsistent understanding amongst staff as to whose responsibility it was to complete these fire governance records. The registered manager provided assurance that this would be addressed immediately and that a specific staff member would be responsible on a weekly basis for undertaking the required fire safety checks.

The registered manager advised that a fire drill with evacuation was undertaken on 16 April 2018. However, there was no record of this on the day of inspection. The registered manager forwarded this to RQIA following the inspection and the record was noted to be satisfactory.

Discussion with both services users and staff with regards to the provision of safe care included the following comments:

Service users' comments:

- "I would be lost if I didn't come here."
- "I feel safe here."
- "Staff are very attentive."
- "Staff know what they are doing."

Staff comments:

- "It's very important to link in with families, when you pick up service users and leave them home you share any relevant information about their wellbeing."
- "I received an induction from the staff, they explained about fire safety and the needs of the service users."
- "You get to know the service users well, you can pick up on their mood or how they are from their facial expressions or mannerisms."

Three questionnaires were returned to RQIA. The responses indicated that they were very satisfied that the care provided was safe.

## Areas of good practice

Areas of good practice were identified in relation to service users feeling safe within the setting and staff knowledge in relation to their roles and responsibilities with respect to adult safeguarding.

## Areas for improvement

An area for improvement under regulation was identified in regards to fire safety practices.

Two areas for improvement under the standards were identified in relation to staff management. A further area for improvement under the standards was stated for a second time in regards to auditing.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 agency'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 within 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 users' files were inspected; they contained a written service user agreement, referral details and day care application, a personal emergency evacuation plan (PEEP), health and safety assessment, transport assessment and where relevant, manual handling assessment and speech and language therapy (SALT) assessment. The care plans reviewed were noted to focus on outcomes for service users but lacked the necessary detail of the service users' physical care needs. This was discussed with the registered manager who gave assurance that all care plans would be audited to ensure that sufficient information was recorded in the care plans with respect to service users' health and physical care needs. An area for improvement is made in this regard.

Progress care records were noted to be completed every five attendances or when necessary on the centre's electronic PARIS system. There was evidence of an annual care review which included the service user and/or their relative. It was found that some day care review records lacked evidence of effective service user involvement. However, it was noted that the registered manager had introduced a pre-review assessment document. This document had been completed for one service user and was reviewed during the inspection. The document explored areas such as the service user's opinions about the day care experience; the benefits they receive; what they would like to achieve, how staff treat them; what they enjoy and any issues or concerns. The registered manager provided assurances that this document would now be completed prior to all care reviews.

There was evidence that a file audit had been undertaken within two of the service user files examined. However, the file audit template did not allow the auditor to include the date on which the audit was completed. This was discussed with the registered manager and the file audit template was amended to include this information.

A review of service user care records confirmed they were utilised and stored in a way that maintained confidentiality, safety and security in compliance with data protection requirements.

Discussion with staff identified that they were knowledgeable about the specific needs of service users and the need to adhere to specific SALT recommendations and safe manual handling requirements. Updates and changes in service users' needs were discussed as necessary at a weekly Monday morning meeting.

Staff confidently described how they would escalate any concerns and provided examples of liaison with carers and other professionals to ensure the safety and wellbeing of service users.

Service users confirmed that they would be comfortable speaking with staff or registered manager if they had any concerns or complaints. The Statement of Purpose and Service User Guide provided information about how to make a complaint and the role of advocacy services such as the patient client council (PCC) and citizen's advice bureau (CAB). The BHSCT is able to provide its complaints leaflet in different formats such as audio, on request. It was positive to note that a male and female group session which is facilitated by day care staff was scheduled in order to discuss adult safeguarding issues and heighten awareness of types of abuse and how to access support for service users.

It was observed during the inspection that interaction between service users and staff was spontaneous and appropriate. A range of different activities were held on the day of inspection from which service users could choose based upon their preferences. Feedback from service users concerning the activities programme was mostly favourable. One expression of dissatisfaction from a service user was shared with the registered manager. Discussion with service users in regards to planned activities within the day centre identified that they were not always aware of what was being organised. This was discussed with the registered manager who advised that this was in the process of being addressed with plans to erect an activities board for service users to access.

Discussion with both service users and staff with regards to the provision of effective care included the following comments:

Service users' comments:

- "I've been coming here two years and it really has helped me."
- "The place has been a godsend for me."
- "The place is brilliant."
- "I like to sit here (in this group), we enjoy talking to each other and listening to music, you can have a bit of craic."
- "This place has helped me keep sane."

Staff comments:

- "It is so important for service users to have social interactions and to be stimulated with the activities."

- “We always consult with service users about the activities they want.”
- “The activity programme is set out each week but we can change if service users want this.”

Three questionnaires were returned to RQIA. The responses indicated that they were very satisfied that the care provided was effective.

**Areas of good practice**

Areas of good practice were identified in relation to engaging with the multiprofessional team and managing the dietary needs of service users.

**Areas for improvement**

An area for improvement under the standards was identified in regards to care planning.

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

**6.6 Is care compassionate?**

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

The inspection sought to assess the day centre’s ability to treat service users with dignity, equality and respect, and to fully involve services users in decisions affecting their care and support.

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 centre. Staff were observed communicating with service users providing clear information, using appropriate language, demonstrating active listening skills, checking understanding and expectations.

A range of activities were noted to be provided to service users within the day centre such as movement to music, service user prayer group, boccia, bingo, quizzes, arts and craft projects, sing a longs and outings to local shops and mystery bus tours. During the inspection a spontaneous sing-a-long initiated by a service user was observed which other service users and staff enthusiastically joined in with.

Service users reflected on the introductory visit they had to the setting which enabled them to make an informed choice about attending. A number of service users reported that they were always keen to accept offers of additional days at the centre.

The registered manager discussed the outcome of a survey undertaken in December 2017 by the BHSCT measuring the impact of personal and public involvement in the day centre which involved liaison with service users and individual carers. One of the main outcomes of this consultation process was the development of a carers group to support carers in their role.

In discussion with services users and staff they described informal arrangements on a daily basis to ensure service users are consulted and their views and opinions sought. However, the registered manager confirmed that there was no set time frame for service user meetings, with two service user meetings having been conducted within the last ten months. It was agreed that a more robust system was required to ensure collaborative working with service users. The registered manager gave assurances that this would be reviewed and opportunities for service users to conduct their own meetings with support of staff would be explored.

Discussion with both services users and staff with regards to the provision of compassionate care included the following comments:

Service users' comments:

- “Staff are very attentive and caring.”
- “Staff are very kind.”
- “The staff are great.”
- “The food is brilliant you get a choice every day.”

Staff comments:

- “I would be happy if my mother came here.”
- “The centre is brilliant.”
- “It’s the best place I have worked in.”

Three questionnaires were returned to RQIA. The responses indicated that they were very satisfied that the care provided 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, valuing service users and respecting service users’ individual needs.

**Areas for improvement**

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

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

**6.7 Is the service well led?**

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

The inspector sought to assess the setting’s leadership, management and governance arrangements to meet the needs of service users. The day centre was managed on a day to day basis by the registered manager with the support of senior day care workers, care

assistants and bus drivers. There was a clear organisational structure and this information was outlined in the setting's Statement of Purpose and Service User Guide. Both of these documents were updated following the inspection. The registration certificate was up to date and displayed appropriately

Staff demonstrated knowledge of lines of accountability within the service and knew when and who to discuss concerns with. They described an open door policy with the registered manager and that they were confident that any concerns or suggestions made would be listened to and addressed. Discussions with staff further evidenced that they would know how to respond to concerns about the performance of a colleague and how to access/implement the whistleblowing policy.

Samples of policies viewed were noted to have been reviewed and up to date in accordance with timescales outlined in the minimum day care standards. It was confirmed with the registered manager that the day centre had a range of policies and procedures, some of which were accessible in paper format contained within the office. In addition, access to a full range of policies and procedures were available to staff electronically.

A review of staff supervision records identified that not all staff had received formal supervision and/or annual appraisal as per the governance processes outlined by the registered manager. The registered manager confirmed that a supervision/appraisal audit tool would be developed to address this. An area for improvement was made in this regard.

The complaints records maintained by the day centre evidenced that there had been no complaints since the last inspection. The registered manager described the complaints process which would include obtaining details as to the nature of the complaint, who had been contacted in relation to the complaint, actions taken, outcomes and that any complaints should be reviewed for learning. The day centre has a dedicated complaints department within the BHSCT which manage formal complaints. Discussion with staff interviewed confirmed that they knew how to receive and deal with complaints and ensure that the registered manager was made aware of any complaints. A number of compliments were noted since the previous inspection and included letters from relatives. A sample of relative's feedback included the following comments:

- "Attention to detail and liaison with us the family was very helpful."
- "We were kept informed with regular reviews."
- "My relative is treated so well and loved by your staff."
- "I trust staff with safeguarding and promoting xxxx wellbeing...the ongoing maintenance of regular communication and updates from staff provide reassurance xxxx is being looked after really well."

The registered manager confirmed that weekly staff meetings were undertaken. Records evidenced that typed minutes of the meetings were available with an attendance list. Minutes showed that there were set agenda items which included: discussion of any changes to service users' care plans or relevant information to be shared; review of incidents and what learning can be achieved; update on policies and procedures; complaints and activities planned for the week. In order to ensure effective communication, staff not in attendance during the meetings are required to read the minutes once available and provide a signature to evidence that they have done so. On review of the minutes of four staff meetings it was positive to note that there was learning from a staff accident and contingency planning due to

anticipated hazardous weather conditions. The frequency of staff meetings is commended as it facilitates timely and contemporaneous sharing of information and learning outcomes.

Discussions with staff provided positive feedback in respect of leadership and evidence of effective team work. Staff presented as well motivated to provide effective quality care.

Staff stated that this was achieved through effective communication, staff meetings and the open door approach provided by the registered manager. One staff member stated: “the manager is very approachable, he will listen to any concerns...you can talk to him any time.”

There was evidence of effective and collaborative working relationships with HSCT professionals identified within the review of incidents, service users’ care records and from discussions with staff. Staff advised how they had accessed the support of the multi-disciplinary team as and when needed and that responses were timely.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The registered manager was able to discuss the ways in which staff development and training enables staff to engage with a diverse range of service users. The registered manager confirmed that no issues regarding equality have been raised by service users to date. The training matrix evidenced that all staff have received equality training.

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 day centre collects equality data on service users such as; age, gender, race, disability, marital status via the commissioning trust’s referral information.

There were arrangements in place to ensure that staff are registered with the relevant regulatory bodies of the Northern Ireland Social Care Council (NISCC). The registered manager stated that information regarding registration details and renewal dates are maintained by the BHSCT social care governance department who generate an email to the registered manager advising when a staff member’s renewal date is pending. The registered manager confirmed that upon receipt of this email they liaise with staff to ensure that they have taken appropriate action after which renewal details are verified and recorded by the organisation’s governance department.

The inspector discussed the monitoring arrangements under regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. Three monthly quality monitoring reports were examined from June 2017 to March 2018. The reports evidenced engagement with service users and staff, however there was no evidence of consultation with professionals. Incidents/accidents, complaints and the environment were audited as part of the monthly quality monitoring visit. However, the learning and recommendations from the last inspection QIP had not been carried forward within the reports. The need to ensure that outstanding areas for

improvement are effectively addressed and/or reviewed within monthly monitoring reports was stressed.

Discussion with the registered manager highlighted that governance audits relating to quality assurance and service delivery, specifically, staff supervision/appraisal, staff training, care records and infection prevention and control were either absent, incomplete and/or lacked sufficient detail. An area for improvement has been stated for a second time in this regard.

Three questionnaires were returned to RQIA. The responses indicated that they were very satisfied that the care provided was well led.

### Areas of good practice

Areas of good practice were identified in relation to staff communication and complaints management.

### Areas for improvement

Two areas for improvement under the standards were identified in relation to staff supervision/appraisal and governance audits.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Rory Kavanagh, 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 Ballyowen Day Centre. 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 26 (4) (d) (v)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered provider shall ensure that robust arrangements are in place with regards to fire safety and that governance records relating to fire safety checks are accurately and comprehensively maintained.  Ref: 6.4
	<b>Response by registered person detailing the actions taken:</b>  Fire safety records are now current and up to date, a different member of staff is named each week during the weekly staff meeting to check and record fire checks and associated documentation with these records kept within the Fire Manual.
<b>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 21.4  <b>Stated:</b> Second time  <b>To be completed by:</b> 04 June 2018	The registered provider should establish a staff training record that contains a staff training plan and identifies the training needs of staff annually with an action plan of how these will be met. Evidence of regular audit of staff training needs should also be in place.  Ref: 6.4
	<b>Response by registered person detailing the actions taken:</b>  Matrix of training which provides name of training, date carried out and date for renewal is available in main office with a new cover sheet has been added to show training needs for the current month ahead and for the following month. This cover sheet will be updated at the start of each working month and the old sheet stored in staff meeting folder.

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 17.9</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 04 June 2018</p>	<p>The registered provider should improve the audit arrangements for this setting which should include audit of training, formal supervision, annual appraisal, care records and infection prevention and control. The audit records should show there is a review of quality and frequency of practices, identify any actions required to improve quality and effectiveness, identify who is responsible for putting the action plan into practice and the outcomes of action taken with evidence of any learning disseminated.</p> <p>Ref: 6.4 and 6.7</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>New training audit tool in place to show training needs for the current month ahead and for the following month. This cover sheet will be updated at the start of each month and old sheet stored in staff meeting folder.</p> <p>Day Care Workers to receive supervision Bi-monthly, records kept in individual staff file, electronically stored by registered manager and a copy e-mailed to individual staff member as soon as possible following supervision.</p> <p>Care Assistants to receive supervision Tri-monthly, records kept in individual staff file, electronically stored by registered manager and a copy e-mailed to individual staff member as soon as possible following supervision.</p> <p>A new matrix has been implemented to provide dates for up coming supervision until the end of 2018 for all care staff, this will be up dated in January to give dates for the whole of 2019.</p> <p>Appraisals have taken place with the next round of appraisals due to commence at the start of 2019. The Trust has introduced a new Staff Development Review process which is more user friendly.</p> <p>Regarding care records, staff have been advised to add more detail to each section of the care plan to provide as much information as possible to describe what care is required and how it will be provided.</p> <p>IP&amp;C documentation for checks carried out by the estates department are provided during the estates RQIA inspection, a book to cover the cleaning of walking aids, the bath and wheelchairs is in place. Also, personal protective equipment is available for staff and all are encouraged to use these, there are also hand sanitisers throughout the Centre.</p>

<p><b>Area for improvement 3</b></p> <p>Ref: Standard 23.7</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that a duty roster is maintained and accurately evidences the number of staff on duty and the capacity in which they are working.</p> <p>Ref: 6.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b></p> <p>The current matrix on display is updated and changed each week to reflect the number and role for each member of the management and care staff on duty each day for that week. It not only shows who is on duty but, who is on annual leave, sick leave, morning and/or afternoon training sessions or all day training. It also shows part-time staff who do not work on certain days of the week.</p>
<p><b>Area for improvement 4</b></p> <p>Ref: Standard 21.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 04 June 2018</p>	<p>The registered person shall ensure that all staff, including students complete a structured orientation and induction programme within expected timescales.</p> <p>Ref: 6.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b></p> <p>All the current staff have been at the Centre for a number of years and will have had their induction when they started at the Centre. Any new staff in the future will have their induction in line with Local Induction Policy and a record of this added to their individual staff file</p>
<p><b>Area for improvement 5</b></p> <p>Ref: Standard 5.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 04 June 2018</p>	<p>The registered person shall ensure that each service user has a person centred, up to date and comprehensive care plan. This should include details of any support the service user requires to meet their physical and mental health needs while in the day care setting.</p> <p>Ref: 6.5</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b></p> <p>All those attending the Centre have a personalised care plan which places them at the centre of it. Information to assist with this will have been gathered from the service user as well as family members, staff have been advised to add more detail to each section of the care plan to provide as much information as possible to describe what care is required and how it will be provided as well as by who. This is reviewed on an on-going basis and any identified changes added to an updated care plan following consultation with the service user and their carer.</p>

<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 22</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that all staff receive formal supervision/appraisal within expected timescales in order to promote the delivery of quality care and services.</p> <p>Ref: 6.7</p>
<p><b>To be completed by:</b> 04 June 2018</p>	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Day Care Workers to receive supervision Bi-monthly, records kept in individual staff file, electronically stored by registered manager and a copy e-mailed to individual staff member as soon as possible following supervision.</p> <p>Care Assistants to receive supervision Tri-monthly, records kept in individual staff file, electronically stored by registered manager and a copy e-mailed to individual staff member as soon as possible following supervision.</p> <p>Appraisals have taken place with the next round of appraisals due to commence at the start of 2019.</p>

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



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