

Unannounced Care Inspection Report 19 March 2019



Creggan Day Centre

Type of Service: Day Care Service
Address: Fanad Drive, Londonderry, BT48 9QE
Tel No: 02871269082
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

Creggan day centre is a day care setting with up to 35 places that provides care and day time activities to service users with enduring mental health needs and service users living with dementia.

The centre is open for service users from Monday to Friday; however both service user groups attend the day centre on specific days of the week.

3.0 Service details

Organisation/Registered Provider: Western Health and Social Care Trust (WHSCT)	Registered Manager: Ms Rhona McGowan
Responsible Individual: Dr Anne Kilgallen	
Person in charge at the time of inspection: Ms Rhona McGowan	Date manager registered: 16 June 2016
Number of registered places: 35	

4.0 Inspection summary

An unannounced inspection took place on 19 March 2019 from 09.35 to 17.10.

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the establishment was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff training; staff knowledge of safeguarding procedures; infection prevention and control practices and risk management. Further areas of good practice were also noted in regard to communication between service users, staff and other key stakeholders; the culture and ethos of the day care setting; listening to and valuing service users and taking account of the views of service users. Governance arrangements and maintaining good working relationships were also found to be effective.

An area requiring improvement was identified with regard to care plans.

Service users were asked to provide their views regarding the day centre. Examples of some of the comments made by service users are "I love coming here", "The staff are brilliant", "It's great to get out and have some company", "Lunch was 100 per cent", "Its good craic" and "I enjoy the sing-a-longs."

A service user's relative also provided the following comments: "No hassle with the day centre at all." "I have met all the staff, they are very friendly." "Staff update me each day on what is planned and how the day went."

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Rhona McGowan, registered manager and a day care worker, 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 5 December 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 5 December 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 by RQIA since the last inspection
- incident notifications review which highlighted that no incidents had been reported to RQIA since the last care inspection on 5 December 2017
- unannounced care inspection report and QIP from 5 December 2017

During the inspection the inspector was introduced to and met with 10 service users in a group setting, the registered manager, two day care workers, a day care assistant and a service user's relative.

The following records were examined during the inspection:

- Four service users' care records.
- A sample of service users' progress records.
- Induction record for an agency staff member.
- A sample of staff training records.
- A sample of staff supervision and appraisal information.
- The day centre's complaints/compliments records from December 2017.
- Staff roster information from 4 February 2019 to 22 March 2019.
- Fire safety precautions.
- A sample of minutes from staff meetings since the last inspection.
- A sample of service user meetings since the last inspection
- The day centre's record of incidents and accidents since the last inspection.
- A sample of monthly quality monitoring visit reports for December 2018, January 2019 and February 2019.
- Annual Review of Quality of Care Report, 2017.

- The Statement of Purpose, May 2018.
- Service User Guide.
- Whistleblowing Policy

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; two responses were received.

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

The inspector requested that the registered manager place a 'Have we missed you' card in an appropriate position in the day centre 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. An RQIA information leaflet 'how can I raise a concern about an independent health and social care service' was also provided to be displayed in the day care setting.

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

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

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 5 December 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 5 December 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
Area for improvement 1 Ref: Standard 17.1 Stated: Second time	The registered person should inform RQIA of actions being taken to optimise the management structure for Creggan Day Centre, to provide the manager and staff with clear and unified lines of accountability.	Met

	<p>Action taken as confirmed during the inspection: Discussion with the registered manager and review of minutes of a meeting held on the 5 March 2019 by senior management for the service, confirmed that arrangements are in place for a strategic review of the day centre's management structure; the scheduled deadline for completing this is 19 April 2019.</p> <p>The registered manager confirmed post inspection that the change in management structure is confirmed to be taking place on the 19 April 2019 as planned.</p>	
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6.3 Inspection findings

6.4 Is care safe?

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

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

The registered manager confirmed that staff employment records were held within the WHSCT human resources department and that all staff appointments were made in compliance with relevant legislative requirements and trust policy and procedures.

The registered manager advised that there were no newly recruited staff to the day centre and that the staff team had all worked in the day centre for a number of years. An agency day care assistant was currently working in the day centre due to a current vacancy. The registered manager assured the inspector that the day centre endeavoured, to book the same agency staff in order to promote consistent care delivery to service users and familiarity between them and staff; this was evidenced in a review of staff roster information. A review of the induction records for an agency staff member who worked in the day centre since the last inspection confirmed that they had been appropriately orientated to the setting and made aware of service users' care records. The record had been signed by the staff member. The inspector stressed the need to ensure that the induction record is also signed by the person providing the induction. The registered manager agreed to address this.

Discussion with the registered manager and a review of records confirmed that a competency and capability assessment had been completed for those staff left in charge of the day centre in the absence of the registered manager. The inspector recommended that these assessments should be subject to an annual review and that the relevant staff member should also sign the document. The registered manager agreed to action this. Discussions with the day care workers confirmed that they were willing to assume this responsibility and had the required knowledge and skills to do so.

Discussion with the registered manager and staff on the day of inspection confirmed that sufficiently competent and experienced persons were working in the centre to meet the assessed needs of service users. The registered manager and a day care worker were able to describe the staffing arrangements required to ensure that the safety and wellbeing of service users is maintained. In addition, they described contingency arrangements which would be implemented if the required staffing arrangements were not available for the number and needs of service users attending on any specific day. One staff member commented: "Ensuring service users are safe is paramount." Review of staff roster information evidenced that staffing levels were provided as described. Records showed the numbers of staff working each day and the capacity in which they worked. The inspector recommended that the duty rota should clearly identify the person in charge in the absence of the registered manager. An improved staff rota template was forwarded to RQIA following the inspection and this was noted to be satisfactory.

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

The inspector viewed the system in place to ensure that all staff receive appropriate training to fulfil the duties of their role. Staff were noted to maintain individual training files; a sample of these records viewed evidenced a training log, certificates obtained and an evaluation of training. Discussion with the registered manager and staff confirmed that mandatory staff training was up to date.

It was positive to note that staff received training in addition to the mandatory training required such as dementia awareness, falls prevention, cognitive behavioural therapy, suicide prevention, dysphagia awareness and visual awareness. Staff consulted on the day of inspection confirmed that they had received sufficient training to enable them to fulfil the duties and responsibilities of their role.

The day centre's governance arrangements in place for identifying, managing and where possible, eliminating unnecessary risk to service users' health, welfare and safety was assessed during the inspection. This indicated that an effective incident/accident reporting policy and system was in place. Staff are required to record any incidents and accidents in a centralised electronic record, which is then reviewed and audited by the registered manager, senior manager and the WHSCT governance department. A review of these records and discussion with the registered manager evidenced that there had been three incidents recorded since the previous inspection and that the incidents have been managed appropriately.

Discussions with staff and the registered manager 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. One staff member commented: "Service users are safe; we are an experienced staff team."

In addition, discussions with staff on the day of inspection 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. A review of the organisation's Whistleblowing policy identified that the policy was satisfactory and included recognised external bodies to which concerns can be reported. The staff identified how they liaise with the multi-disciplinary team and relevant others on behalf of or at the request of service users to ensure they receive the necessary support inside and outside of the day centre.

Discussion with the registered manager established that there had not been any suspected, alleged or actual incidents of abuse since the previous care inspection. The registered manager and staff further confirmed that there was a clear pathway for staff to follow in regard to referring any safeguarding concerns to appropriate professionals and established that they were aware of their roles and responsibilities in relation to reporting adult safeguarding concerns and maintaining safeguarding records.

Observations of the environment concluded that it was clean and tidy. Discussion with staff 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, which included seven step hand hygiene notices positioned at wash hand basins, supplies of liquid soap and hand towels mounted on the wall and foot pedal operated bins. No obvious health and safety hazards were identified and fire exits were clear and free from obstruction.

A sample of records examined identified that a number of weekly and monthly fire safety precaution checks are undertaken. It was noted that the last full evacuation drill was undertaken on 7 December 2018. The inspector advised that a fire evacuation drill should be completed for each of the two service user groups who attend the day centre. The registered manager agreed to action this. A fire risk assessment was completed on 19 September 2018, with no outstanding actions identified; the registered manager advised the fire risk assessment is reviewed annually.

The staff questionnaire responses received indicated that both staff members were very satisfied that the care provided in the setting was safe.

All of the completed service user/relatives' questionnaires returned to RQIA indicated that they were very satisfied' that the care provided was safe. Comments included: "Staff take me seriously and listen, I'm safe here." "Xxxx is my keyworker and I trust her, she knows when I am unwell and keeps me well. I feel safe at the Creggan day centre."

Areas of good practice

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

Areas for improvement

No areas for improvement were identified in this domain during the inspection but a number of matters have been brought to the manager's attention to be actioned.

	Regulations	Standards
Total number of areas for improvement	0	0

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.

Four service users' individual files were inspected; two from each service user group. They contained referral information; service user agreements; transport assessments; manual handling assessments and risk assessments, as applicable. It was positive to note that following a review of existing risk assessments for those service users with enduring mental health needs, a newly introduced 'well-being plan' was now in place which was person centred and focused on what helps the person stay well. The plan was also being used as an aid to identify if the person becomes unwell and what support they may need during such times. This document is completed in consultation with the service user and day care staff as it aims to assist the service user with remaining empowered when/if they do feel unwell.

While the inspector noted that individualised care plans were in place, some of these were found to be insufficiently detailed with respect to service users' holistic needs. An area for improvement was made in this regard.

Review of service users' care records evidenced that collaborative working arrangements were in place with service users' next of kin and the multi-disciplinary team. The inspector noted that liaison with others on behalf of service users was evidenced within the setting's care recording systems. Staff highlighted the importance of ensuring liaisons were timely and effective which they believed contributed to the safety and wellbeing of service users in the day centre and in the community.

The inspector evidenced that there was a system in place to undertake a home visit/referral meeting with a service user prior to commencement of the service, thereby enabling service users to make an informed decision regarding attending the day centre and offering service users support with attending a new environment.

A day care worker described how service users were encouraged and supported to be fully involved in their annual care reviews; records which were examined verified that service users had access to an initial and annual care review. The sample of review records viewed evidenced positive feedback regarding attendance at the day centre.

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

Discussions with the registered manager and staff described effective communication systems in use within the staff team to ensure that staff receive information relevant to the care and support of service users. Staff confirmed they knew what they needed to do daily for each service user in order to ensure they were safe and had their needs met effectively. Staff detailed how they communicate with each other daily to ensure they are all aware of any changes in service users' needs or wellbeing. One staff member commented: "We have a daily handover meeting and plan roles and responsibilities for the day."

Staff also spoke positively about the effectiveness of access to service users' care records, support from the multi-disciplinary team as required and regular team meetings. A review of staff team meeting records evidenced that they typically occurred on a monthly basis and evidenced a quality improvement focus. The inspector advised that minutes of the meetings should be improved to ensure that any action plans identified are clearly referenced, indicating who is responsible for specific actions and within what time frame to enable follow up of actions at subsequent meetings. The registered manager agreed to action this.

The inspector would like to commend the implementation of a reflective practice meeting which provided staff with the opportunity to engage in reflective practice and explore appropriate strategies and interventions; this meeting is also used as a means of discussing and applying recent research or best guidance documents. It also evidenced a focus on supporting service users to develop links with local community resources.

The inspector discussed the development of the Northern Ireland Social Care Council (NISCC) website to include an adult social care learning zone which may be beneficial for promoting staff development and training opportunities for use within team meetings in the day centre. The registered manager advised that they would review this resource and share with the staff team.

The staff questionnaire responses received indicated that both staff members were very satisfied that the care provided in the setting was effective.

Of the nine completed service user/relatives' questionnaires returned to RQIA, eight indicated that they were 'very satisfied' that the care provided was effective and one respondent indicated they were satisfied. Comments included: "I appreciate the exceptional care I receive. On several occasions they have saved my life I believe." "Excellent staff, excellent centre, I love coming here it's my lifeline." "Staff know me better than I know myself."

Areas of good practice

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

Areas for improvement

One area for improvement was identified in regard to the care plans.

	Regulations	Standards
Total number of areas for improvement	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.

Discussions with the registered manager and staff indicated that values such as choice, dignity and respect were embedded into the culture of the organisation.

Observations of practice on the day of inspection provided examples of service users being treated with dignity and respect and staff promoting and maintaining service users' independence when appropriate. It was noted that interactions between service users and staff were relaxed and spontaneous. Staff on duty were confident and effective when communicating with service users. Service users were observed taking part enthusiastically in the music activity on the day of inspection; staff assessed the need to support the service users and offered support during the activity to enable them to be fully involved.

Review of activity schedules evidenced that service users are enabled and supported to engage and participate in meaningful activities inside and outside the day centre. However, staff did acknowledge that on occasions, activities planned outside of the day centre would have to be postponed if there were insufficient staffing levels due to leave.

Staff demonstrated a sound knowledge of individual service users' needs and confirmed that a person centred approach underpinned their practice. They described how they focused on maximising opportunities for the mental and physical stimulation of service users by means of a varied activity programme for the service users. Discussion with a day care worker demonstrated that staff are proactive in developing the activity programme available to promote new opportunities and new skills; a staff member commented "We are always exploring new opportunities for activities." This approach includes developing links with local community groups and resources, such as Libraries NI, North West Regional College and the Women's Centre. Staff described the aim to support service users with accessing these services during day care with the long term goal of providing them with the confidence and skills to use such community services independently in the future. This was a good example of how staff were responding to individual service users' needs and building skills of self-confidence and raising awareness about the benefits of engaging with community resources.

Observations of the lunch time meal confirmed that service users were given a choice in regard to the food and drinks available. Staff provided levels of support consistent with service users' individual needs and this support was provided discreetly. Staff afforded service users adequate time for lunch. The food appeared appetising and staff wore appropriate aprons when serving the lunch time meal. Service users spoken with confirmed that they were satisfied with the choice of meals served.

The inspector confirmed there were numerous systems in place to promote effective communication between service users and staff. The registered manager advised that staff facilitate regular service user meetings with each of the two service user groups. A review of records evidenced that these meetings typically occur on a three monthly basis. The minutes of a meeting held on 4 January 2019 evidenced a focus on the health and wellbeing of service users, with information provided on fire safety and plans for the day centre to provide a breast, cervical and bowel screening awareness programme in the centre. Minutes of a meeting held on 15 March 2019 also evidenced positive service users' feedback with regard to transport, meals and personal care and service users were advised that they could speak to staff if they had any concerns.

A 'suggestion book' was maintained in which staff kept written comments from service users about how the service could be improved; the book also outlined any subsequent responses from the service to address/implement such suggestions. For example, a service user wished to learn how to use an iPad and two individual sessions were arranged with the library service.

An annual satisfaction survey was also completed with the two service users group. The inspector noted that the majority of feedback from both service user groups was positive. However, where negative feedback was received; there was no evidence to demonstrate how this was going to be addressed by the service. The need to ensure that all stakeholder feedback is meaningfully reviewed and acted upon, as appropriate, was highlighted to the registered manager.

The staff questionnaire responses received indicated that both staff members were very satisfied that the care provided in the setting was compassionate.

Of the nine completed service user/relatives' questionnaires returned to RQIA, eight indicated that they were 'very satisfied' that the care provided was compassionate and one respondent indicated they were satisfied. Comments included: "I find each member of staff give us the best quality of care in so many ways.", "the staff always have good ideas for activities."

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
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.

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

The day centre is managed on a day to day basis by the registered manager with the support of two day care workers and two day care assistants. The registered manager also manages a social work service within the women and children's services. As outlined in section 6.2, a review of the management structure of the day centre is to be completed by the 19 April 2019, with an aim that the service will recruit a manager specifically for managing the day centre only.

The Statement of Purpose for the day care service was reviewed and the registered manager was requested to make minor amendments to the document. A copy was forwarded to RQIA following the inspection and noted 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.

Evidence gathered at this inspection indicates that the service is currently operating in keeping with its Statement of Purpose.

The registration certificate was up to date and displayed appropriately.

Discussions with the registered manager and staff on the day of inspection described positive working relationships in which issues and concerns could be freely discussed; staff reported they were confident that they would be listened to. In addition, staff confirmed that they felt supported by management. Staff demonstrated that they had knowledge of their role, function and responsibilities. One staff member commented: "It's a good team, we work well together, there is a focus on reflective practice and we are open and honest with each other."

Discussions with the registered manager and staff confirmed that there were systems in place to monitor staff performance and ensure that staff received appropriate 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. Review of a sample of supervision and appraisal records verified that staff had regular individual supervision and an annual appraisal since the last inspection.

A review of the day centre's complaints record evidenced that there had been one complaint received since the previous inspection. While a record of actions taken in response to this complaint were found within service users' meeting minutes, this information was not maintained within the complaints record. The inspector stressed the importance of ensuring complaints records are maintained which clearly evidence actions taken, any outcomes and a record of whether the complaint was satisfied or dissatisfied with outcomes. The registered manager agreed to address this.

The registered manager confirmed that two monthly quality monitoring visit reports are completed by senior management for the day care service; one for the mental health programme and one for the older people's programme. The inspection reports were available for inspection. The inspector advised that service users and relatives consulted during such visits should be evidenced, with names anonymised in the reports through use of a unique identifier code, which ensure that the source of such information is traceable. While monthly monitoring reports associated with the mental health programme referenced wider strategic objectives, it was noted that they lacked time bound action plans which specifically focused on driving ongoing improvement within the setting. This was discussed with the registered manager and will be reviewed at a future care inspection.

The day care setting's annual report was available for April 2017 to March 2018 and discussed matters as included in day care regulation 17 (1), Schedule 3. The registered manager advised that the annual report for April 2018 to March 2019 was in the progress of being compiled and will be forwarded to RQIA once completed.

Staff confirmed they had access to a range of policies and procedures which they used to guide and inform their practice. Staff spoken with also confirmed that the registered manager would advise them of any updates to the relevant policies and procedures.

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 confirmed that this was addressed with staff through their induction, training, supervision and appraisal process. In addition, the registered manager confirmed that the day care setting had not received any complaints with respect to equality issues from service users and/or their representatives.

The inspector noted that the day care setting collects equality information in relation to service users, during the referral and assessment process. The registered manager confirmed that this data is used for the purpose of developing person centred care plans and risk assessments. Some of the areas of equality awareness identified during the inspection include:

- effective communication
- service user involvement
- advocacy
- equity of care and support
- individualised person centred care

- individualised risk assessment
- disability awareness

The staff questionnaire responses received indicated that both staff members were very satisfied that the service was well led. One staff member commented: “I am more than confident that the service provided in Creggan is safe, effective and compassionate. The programme is innovative; person centred and provides meaningful occupational, social and educational opportunities to many people in need. Our team remain committed, continually striving to update skills and knowledge in a period of transition between directorates. The centre has a reputation for excellent care and we intend to carry that forward into the foreseeable future.”

Of the nine completed service user/relatives’ questionnaires returned to RQIA, eight indicated that they were ‘very satisfied’ that the service was well led and one respondent indicated they were satisfied. Comments included: “The Creggan day centre should be a blue print for all day centres that’s why I gave a five (very satisfied) to all the questions.”

Areas of good practice

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

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 Rhona McGowan, registered manager and a day care worker, 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 5.2</p> <p>Stated: First time</p> <p>To be completed by: 16 April 2019</p>	<p>The registered person shall ensure that person centred, holistic and comprehensive care plans are in place for all service users which appropriately reflect how their assessed needs, wishes and preferences should be managed by staff.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Following the suggested improvement, day care staff have discussed the implementation of a more holistic approach to care planning. Following assessment, it will be noted when needs are assessed and no care plan is necessary; for example if a person does not need assistance with feeding this will be noted in the care plan. A checklist will be included in each file which lists the Activities of Daily Living and all areas which may impact on a person's well being in daycare. This will ensure that the reader recognises that a holistic assessment has been carried out.</p>

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



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

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