

Unannounced Care Inspection Report

26 April 2018



Beech Hall Centre

Type of Service: Day Care Setting

Address: 21 Andersonstown Road, Belfast, BT11 9AF

Tel No: 02895 049395

Inspector: Suzanne Cunningham

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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 a maximum of 35 service users who receive day care and day time activities for adults living with a physical disability, sensory disability and/or learning disability.

3.0 Service details

Organisation/Registered Provider: Beech Hall Centre	Registered Manager: William Briggs
Responsible Individual(s): Martin Joseph Dillon	
Person in charge at the time of inspection: William Briggs	Date manager registered: 19 April 2018
Number of registered places: 35	

4.0 Inspection summary

An unannounced inspection took place on 26 April 2018 from 09.45 to 15.30.

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 knowledge in regard to safe care; risk management; the day care setting environment; providing care, in the right place, at the right time; activities; the ethos of the day care setting; listening to service users; governance arrangements, and maintaining good working relationships.

One area requiring improvement was identified in relation to planning regarding service users rights, equality issues and independence in the care plan.

Service users said “service is excellent in my eyes”; “I enjoy coming to Beech Hall and the staff are doing a good job”.

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 William Briggs, 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 24 October 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 24 October 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 and Belfast Health and Social Care Trust (BHSCT)
- incident notifications which revealed no incidents had been notified to RQIA since the last care inspection in October 2017
- unannounced care inspection report 24 October 2017

During the inspection the inspector met with:

- the registered manager
- ten service users
- two care staff

Questionnaires were given to the staff on duty to distribute between service users and representatives. A poster was provided for staff to be displayed in an accessible location which informed them how to access the RQIA online questionnaire for this inspection. Seven questionnaires were returned by staff; and ten were returned by service users or relatives.

The following records were examined during the inspection:

- two individual staff competency records
- one agency staff induction
- four service users' individual care files
- a sample of service users' daily records
- the complaints/issue of dissatisfaction record from April 2017 to April 2018
- a sample of incidents and accidents records from October 2017 to April 2018
- a sample of the staff rota arrangements during December 2017 to April 2018
- the minutes of service user meetings held in November 2017, January and March 2018
- staff supervision dates for 2017 and 2018
- monthly monitoring reports from October 2017 to March 2018
- the staff training information for 2017 and 2018
- the settings statement of purpose and service user guide

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 person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 24 October 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 24 October 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
<p>Area for improvement 1</p> <p>Ref: Regulation 20(1)(a)</p> <p>Stated: Second time</p>	<p>The registered person shall make appropriate arrangements to assess the number of staff that is required to be in the setting to meet the needs of the service users. Once completed the rota must evidence the minimum staffing numbers are achieved.</p> <p>The assessment should assess the number and needs of service users, the size of the day care setting and ensure the number of staff in the setting is appropriate to meet the needs of the service users; the purpose of day care setting and activities they undertake.</p> <p>Ref: 6.4</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Inspector confirmed the service users' needs and staffing compliment had been assessed. Staffing ratios were being monitored daily to ensure there was enough staff to meet the needs of the service users. A procedure was in place for staff to follow if staffing numbers fall below the required level at the time of inspection.</p>	
Area for improvement 2	The registered person shall take appropriate action to ensure there is a registered manager	Met

<p>Ref: Regulation 9 & 10</p> <p>Stated: First time</p>	<p>in this setting without delay.</p> <p>Ref: 6.4</p> <p>Action taken as confirmed during the inspection: Inspector confirmed the manager had registered with RQIA since the last inspection.</p>	
<p>Area for improvement 3</p> <p>Ref: Regulation 28(4)(c)</p> <p>Stated: First time</p>	<p>The registered person shall improve the Regulation 28 monthly quality monitoring visits to ensure they monitor and report on the conduct of the setting.</p> <p>Ref: 6.7</p> <p>Action taken as confirmed during the inspection: Inspector confirmed the monitoring reports written since the last inspection reported on the conduct of the day care setting.</p>	Met
<p>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</p>		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Standard 5.2</p> <p>Stated: Second time</p>	<p>The registered person shall review and revise the format for care plans so that they are more user-friendly and have the greatest possible potential for motivating service users to pursue specific, measurable, achievable and timely goals. Prior to the introduction of the PARIS system, the care plan format was better suited to its purpose.</p> <p>Ref: 6.2 & 6.5</p> <p>Action taken as confirmed during the inspection: The care plans inspected had been written on a format that was bigger print and included description of how the service users' needs would be met at the time of inspection.</p>	Met

<p>Area for improvement 2</p> <p>Ref: Standard 17.1; 17.2, 23.2, 23.3</p> <p>Stated: First time</p>	<p>The registered person shall review the competency arrangements and assessment completed with staff who act up in the managers absence. The process must ensure staff are competent and willing to undertake duties that assure care is safe, effective, compassionate and well led at all times staff acting up should have specific guidance regarding what to do if staffing numbers fall below the safe number.</p> <p>Ref: 6.4</p> <p>Action taken as confirmed during the inspection: Competency assessments had been completed with all staff who might act up in the managers absence, they were made available and inspection of a sample confirmed they were up to date at the time of inspection.</p>	<p>Met</p>
<p>Area for improvement 3</p> <p>Ref: Standard 9</p> <p>Stated: First time</p>	<p>The registered person shall ensure the activity plan and activities delivered are compliant with this standard.</p> <p>Ref: 6.4</p> <p>Action taken as confirmed during the inspection: The inspection of service user's activity plans and discussion with service users confirmed the activity plan included a wide range of opportunities and activities that originated from staff and service user's suggestions. When staffing ratios allowed for outings these had been facilitated.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Standard 3</p> <p>Stated: First time</p>	<p>The registered person shall ensure each service user has an individual written plan/agreement on their service user individual record. This document should confirm the day service is suitable and appropriate to meet the service user's needs, and set out arrangements to do this.</p> <p>Ref: 6.5</p> <p>Action taken as confirmed during the inspection: The inspection of four service users' individual records confirmed they each service user had an individual written plan/agreement in their</p>	<p>Met</p>

	records which was available and up to date at the time of inspection.	
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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 inspection found since the last inspection the manager had undertaken an analysis of the service users' needs per day and staff available to meet them. The analysis included mapping the service users who needed one to one or more intensive support during the day and the number of staff available to provide the care required. An overview of required staff and service user needs to be met daily was written on a board in the office. This ensured staff had clear guidance regarding the number of staff required to be on duty daily, the specific planned care required each day and the protocol to follow if staff numbers fell below the minimum number required to meet the service user's plans. This was a significant improvement since the last inspection and showed the manager had fully assessed the required safe staffing levels in this day care setting.

Records regarding staff working each day, the capacity in which they worked and who was in charge of the centre were available for inspection. Inspection of the staffing rotas written from December 2018 to April 2019 showed the number of staff working did not fall below the minimum required and the manager or senior day care worker was in charge of the setting daily.

Competency and capability assessments had been completed for all staff who could be in charge of the centre in the absence of the manager. Two records inspected showed the staff were willing to act up in the managers absence, furthermore they had the skills, experience and were capable of acting up in the managers absence.

An induction programme was in place for all grades of staff within the centre which was specific to the job role. Since the last inspection an agency member of staff had commenced working in the setting, the record of their induction showed they had been informed regarding the role and responsibility they were undertaking, the service users' needs and plans in the setting, the lay out of the building and what they needed to do in an emergency, if a risk or concern including a safeguarding concern was identified.

Inspection of the staff training records showed staff had received mandatory training and other appropriate training relevant to their roles and responsibilities. For example staff had received training regarding safeguarding adults, first aid, fire safety and data protection including the new General Data Protection Regulations (GDPR). The discussion with the manager, staff and inspection of training records showed staff were informed regarding current practice guidance which supported staff to meet service users' needs and support them safely and effectively.

The review of the settings incident and accident records revealed staff had recorded accidents and incidents that happened in the setting in accordance with trust procedures and they had

recorded actions to be taken by staff to prevent further incidents. The inspection of the record noted one service user had fallen a number of times in a short period of time and then no more falls were recorded. Communication with the manager confirmed contact with the family, involvement of Occupational Therapy, and a multidisciplinary meeting including the G.P was initiated by the setting when they became concerned about the falls. The service user was discussed at staff meetings and one to one support commenced to ensure staff were supporting the service user and were proactively preventing further falls, whilst encouraging the service user's independence. No incidents were identified that should have been forwarded to RQIA.

The manager and staff identified there was no restrictive practices being delivered in this setting. Some service users in wheelchairs did have their lap belt secured during day care hours, staff discussed this was a safety measure and not to restrict service users. Inspection of plans revealed this was not identified in the service users plans in terms of risk or potential for restrictive practice. In this example practice was assessed as safe however it was not clear in the service users individual records if the care delivered was the most effective, therefore this is further discussed in section 6.5; is care effective.

There had not been any suspected, alleged or actual incidents of abuse or safeguarding concerns reported in this setting since the last inspection. Discussion with staff revealed they were informed regarding their role and responsibility to protect all service users in the setting from harm and support them to live safely in the community.

The walk around the setting found the environment presented as safe, clean and tidy, furniture was accessible for service users to use and group rooms were not overcrowded. Staff discussed they support service users to be independent in the setting but also recognised there are additional risks for some service users when mobilising around the setting. Staff gave examples of when they will intervene to ensure service users are safe in the setting however the discussion also revealed staff were cognisant of not intervening too soon which may have the effect of diminishing service users independence and was an positive indication that staff were balancing safe care with service users right to be independent.

The last fire drill had been undertaken in November 2017 and this did not reveal any concerns regarding the evacuation. The settings fire risk assessment was due for review in June 2018 and the items in the action plan which were relevant to the day care setting were addressed by the manager.

The service users were asked if they felt safe in Beech Hall, the feedback from service users was they felt safe in this day care setting. They said: "staff help us feel safe"; "staff keep an eye out for me, they help me but I keep my independence because they don't interfere unless they need to". Service users also said if the fire alarm sounds they knew they needed to go outside; they said there was enough staff but at times when staffing was lower, the activities that took more staff had to be cancelled, they found this disappointing but did confirm they understood they needed enough staff to safely go out.

Staff were asked is care safe in this setting, they said safe staffing numbers and processes were in place to ensure the setting had enough staff to provide safe and effective care. Seven staff returned questionnaires to RQIA post inspection, six identified they were "satisfied" to "very satisfied" and one identified they were "very unsatisfied" regarding the question "is care safe" in this setting. They identified that staff were employed in sufficient numbers to meet the needs of the service users, staff had been inducted and had received all mandatory training. Staff had received safeguarding training and all staff were aware of their responsibility to report any concerning or unsafe practice. The respondent who was unsatisfied did not give any

further information; the manager has been informed to ensure they have effective measures in place so staff can report dissatisfaction and the manager can respond.

Ten service users and relatives returned questionnaires to RQIA post inspection, nine identified they were within the range of “satisfied” and one identified they were unsatisfied regarding the question “is care safe” in this setting. By this they meant there were enough staff to help them, they felt protected and free from harm, they could talk to staff if they had concerns, and the environment was safe and clean. The respondent who was unsatisfied did not give any further information; the manager has been informed to ensure they have effective measures in place so relatives and service users can report dissatisfaction and the manager can respond.

In conclusion the inspection of records, discussion with staff and observations showed the care and support delivered by staff was intended to help them and support service user’s safely in the day care setting.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff knowledge in regard to safe care, risk management and the day care setting environment.

Areas for improvement

One area for improvement was identified during the inspection regarding the description of restrictive practices the care plan. The improvement is not intended to improve service users’ safety but is to improve effective recording, therefore this improvement is further described in section 6.5; is care effective in this report.

	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.

Three service user’s care files were inspected. Individual assessments and care plans were in place for each service user that reflected their physical, social, emotional, and psychological needs. The service users had an individual written agreement that set out the terms of their day care placement, records such as the assessment of needs, life history, risk assessment when risks were identified, care plans and regularly recording of the health and well-being of the service users were in place for individual service users and the sample of records inspected were up to date at the time of the inspection.

Discussion with the person in charge revealed records were stored safely and securely in the day care setting, in line with data protection. Staff discussion confirmed they were using the individual records to guide their practice and they understood the importance of keeping records current and relevant. Furthermore staff had recently received training regarding GDPR.

Service user risk and other assessments were in place; they were based on assessed needs and were reviewed and updated as required. Specific assessments and plans were in place including moving & handling, nutrition, and falls. Systems were in place to review the service

user's placement within the centre and ensure that it was appropriate to meet their health and social care needs, including an initial review. Initial and annual reviews had happened within the required timescales and plans had been updated.

The inspection of the content of three care plans found the way staff planned to meet service users' rights and equality issues in care plans could be improved. The discussions with service users and staff revealed the service users independence was encouraged and enabled where possible however, this was not reflected in clear terms within the service users care plans. An improvement is made in relation to describing how service users' rights are promoted including showing any care that may be regarded as restrictive is only used when necessary. Care plans should also describe how staff empowers service users to access activities; how staff will promote service users access and opportunity in the setting; and promote other equality issues.

Service users spoken to during the inspection felt they were in the right place receiving support and care. They said "staff help me when I need it"; "my key worker is a good person, if I need anything I can ask"; "staff are patient and kind"; "staff know what they're doing, we can say to staff if we need help"; "staff know what to do as it's written in my plan".

Service users said they liked the atmosphere in the setting and their family was happy for them to come to the setting. On the day of the inspection activities on offer were art and craft activities, outings and table top activities. There was also a themed breakfast in the morning and this created a lot of discussion about the taste of the breakfast, the breakfasts country of origin and if they liked it. Service users said they felt supported because staff talk to them openly and will contact their relatives if they need to be involved. The service users said they knew about their care plan and had seen it at the review which they described they were fully involved in. Service users, also identified that staff know them, they make time to chat with them and they feel able to speak to any staff at any time regarding concerns they may have.

Discussion with staff revealed ways they had responded effectively to service users' needs. They discussed arranging activities that could involve all service users and how they support service users to be as independent as they can while in the setting. Staff confirmed they use the assessment and care plan to guide the care they deliver and the recording and communication was important to ensure they were delivering the right care. Observation of care and discussion with service users identified a number of service users had limited speech, staff were observed using individual approaches with service users to promote their involvement and ensuring their views or thoughts were clear to the group they were working with. This ensured service users had the best opportunity to be involved in their care and the activities being delivered.

Ten service users and relatives returned questionnaires to RQIA post inspection, nine identified they were within the range of "satisfied"; and one identified they were "very unsatisfied" regarding the question "is care effective" in this setting. By this they meant they had got the right care, at the right time in the right place; staff knew their care needs, they were aware of their care plan and the care met their expectations. The respondent who was unsatisfied did not give any further information; the manager has been informed to ensure they have effective measures in place so relatives and service users can report dissatisfaction and the manager can respond.

Seven staff returned questionnaires to RQIA post inspection, six identified they were "satisfied" to "very satisfied" and one identified they were "very unsatisfied" regarding the question "is care effective" in this setting. They identified that services users had been assessed and were in the

right place for their needs to be met, staff were kept informed of changes to service user care plans, referrals/treatment to/from other agencies and professionals was dealt with promptly and the service had good working relationships with other professionals/agencies. The respondent who was unsatisfied did not give any further information; the manager has been informed to ensure they have effective measures in place so staff can report dissatisfaction and the manager can respond.

Overall discussion with staff, review of records and observation of care showed communication and procedures had ensured staff provided safe and effective care, they knew what each service user needed and how best to meet their needs.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to providing care, in the right place, at the right time and activities.

Areas for improvement

One area for improvement was identified during the inspection in relation to service users rights, independence, restrictions and equality issues in the care plan.

	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.

Discussion with service users and observations of care showed service users were treated with dignity and respect while promoting and maintaining their independence. Service users were enabled and supported to engage and participate in meaningful activities, social events, hobbies and interests.

On the day of the inspection the service users spoke about activities they were enjoying, for example breakfast all around the world events when service users tasted new breakfast ideas with recipes from around the world. Observation during the morning found service users were proactively discussing the breakfast choice with each other and staff in terms of taste, their knowledge of where in the world it came from, their views about the taste and ingredients. Another activity was the art class which had been running for a number of weeks, the service users talked about the fun they had in the class, the help from staff, the social interaction they enjoyed and showed the pieces of art that were the outcomes of their art class. Service users were also observed making jewellery and finishing other art and craft projects and were observed being fully assisted by staff who provided encouragement and support.

The service user meetings record was inspected for November 2017, January and March 2018 and there was minutes of quarterly meetings held with service users from other centres that aimed to improve the provision of day care across the trust. The minutes provided a clear record of who was involved, the agenda, what input the service users had including their comments, views and suggestions with action points to progress plans. Observations of staff consulting with service users during the inspection and the meeting records showed staff were

seeking opportunities to involve service users in their care and support. The outcomes of service user meetings led to ideas regarding new activities being implemented for example the knitting class, breakfast around the world events, art class and the walking group.

The annual service users' quality assurance survey was distributed to service users by the service user committee who acted as an advocacy group for the service users in the setting. The summary report identified some areas for development by staff and these were being acted upon; thus showing there was robust systems in place to promote effective communication between service users and staff.

Service users were asked if care in the setting was compassionate and encouraged them to be involved. They said they felt relaxed in the setting and described it as "family", a "happy place" and a "relaxed atmosphere". Service users described staff helped them to be independent, staff were kind, "staff help me when I need it", "we ask staff what's on or they ask us what we want to do and we can ask for activities to be added". During the inspection staff were observed asking service users for feedback regarding their experiences in day care and asking what they wanted to do which was consistent with the feedback from service users. Overall the observations of staff responses and their communication with service users showed they knew how to put service users at ease; support them to have fun; and ascertain their choices.

Staff were asked to describe their delivery of compassionate care, they said every staff member takes time to get to know each individual service user's needs, plan and personal attributes well, they establish open communication with each service user and their representatives and promote service users involvement in activities, planning and meetings. They described there is also one to one time spent with each service user to ensure their feelings, ideas and suggestions are sought and integrated into future planning. Examples were given regarding service users who had grown in confidence and developed new skills since attending the setting, staff recognised this was an improved outcome for the service users.

Ten service users and relatives returned questionnaires to RQIA post inspection, nine identified they were within the range of "satisfied"; and one identified they were "very unsatisfied" regarding the question "is care compassionate" in this setting. By this they meant they were treated with kindness, respected and their dignity was maintained, staff informed them about their care and supported them to make decisions about their care. The respondent who was unsatisfied did not give any further information; the manager has been informed to ensure they have effective measures in place so relatives and service users can report dissatisfaction and the manager can respond.

Seven staff returned questionnaires to RQIA post inspection, six identified they were "satisfied" to "very satisfied" and one identified they were "very unsatisfied" regarding the question "is care compassionate" in this setting. They identified staff treated them with kindness; dignity and respect. All staff engaged with service users with warmth and consideration; care was delivered in a person centred individual manner and not routinely; staff communicated with service users about their care and treatment in a manner which was understood; there was a culture of reporting any concerning practice and confidence that these concerns would be dealt with. The respondent who was unsatisfied did not give any further information; the manager has been informed to ensure they have effective measures in place so staff can report dissatisfaction and the manager can respond.

The inspection of this domain confirmed the staff were actively promoting effective communication between service users and staff.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the ethos of the day care setting and listening to 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.

The registration certificate was up to date and displayed appropriately.

The Statement of Purpose for the day care service had been reviewed and updated by the provider in April 2018. The document clearly described the nature and range of services provided and addressed all of the matters required by Regulation 4(1) of The Day Care Setting Regulations (NI) 2007. In summary evidence gathered at this inspection indicates that the service is currently operating in keeping with its Statement of Purpose.

There were a range of policies and procedures in place to guide and inform staff and staff advised they could access these via the trust online system or from the manager's office.

A sample of the staff supervision records was inspected and this showed three staff had met with their supervisor on average every six to eight weeks for supervision and annually for a appraisal meeting, these discussions were recorded and available for inspection.

Staff meetings were held on Monday mornings to discuss issues regarding the operation of the day care setting and plan the day care provision for the week. Minutes and attendance were recorded and records were sampled for January, March and April 2018. The minutes showed staff were discussing and acting on information that assured care was safe, effective, compassionate and well led, for example planning staffing; individual service user needs; daily tasks; group activities; areas for improvement; minimum standards; policies and procedures, training; and health and safety.

No complaints had been recorded however, discussion with the staff confirmed they were aware of how they should respond to a complaint or area of dissatisfaction. Discussion with service users confirmed they would speak to the staff or the manager if they were dissatisfied or were concerned about their day care experience.

The setting had audit arrangements in place to assure care was safe and effective. Audits sampled showed monitoring and audits of complaints, accidents and incidents; training; and the environment were in place

A sample of Regulation 28 monthly quality monitoring visits (MMV) were inspected for October, November, and December 2017, January, February, and March 2018. This found

visits were monthly, they were a mix of announced and unannounced visits, they qualitatively reflected service users and staff views and commented on the conduct of the day care setting. In summary there were arrangements and evidence in place to monitor, audit and review the effectiveness and quality of care delivered to service users at appropriate intervals and the actions identified for improvement were followed up.

The annual report for April 2017 to March 2018 was provided for this inspection, the report included matters listed in Schedule 3 and detailed how the setting could improve the care and support they were providing in relation to Schedule 3.

The staff were asked for their opinion regarding effective leadership in the setting, they described they work well together and could approach the assistant manager and manager at any time for support. In particular the manager was described as innovative and creative, staff described how he listens to them and enables them to take the lead in activities and projects thus he had supported the development of staff skills and interests. Overall the staff confirmed this was a supportive environment to work in and the manager was approachable.

The service users were asked to describe the role of the manager and staff in the setting, they described William was in charge and he was assisted by the deputy manager. They were also aware of the area managers identity who they said meets with them periodically. Staff were described as supportive and if they needed to talk to anyone about a concern they were confident they could speak to any staff, their key worker or the manager and concerns were dealt with.

Ten service users and relatives returned questionnaires to RQIA post inspection and nine identified they were in the range of “satisfied” and one was “very unsatisfied” regarding questions on “is care well led” in this setting. They identified they knew who was in charge of the setting at any time, the service was well managed, their views were sought about their care and quality of service and they knew how to make a complaint. The respondent who was unsatisfied did not give any further information; the manager has been informed to ensure they have effective measures in place so relatives and service users can report dissatisfaction and the manager can respond.

Seven staff returned questionnaires to RQIA post inspection, six identified they were “very satisfied” to “satisfied” and one identified they were “very unsatisfied” regarding questions on “is care well led” in this setting. They identified there was a culture of staff empowerment and involvement in the running of the service, a culture of learning and upskilling, a culture of continuous quality improvement and all staff were encouraged to bring forward new ideas and innovations. Managers/leaders were approachable and open to whistleblowing or raising concerns. The respondent who was unsatisfied did not give any further information; the manager has been informed to ensure they have effective measures in place so staff can report dissatisfaction and the manager can respond.

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 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 William Briggs, 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 5</p> <p>Stated: First time</p> <p>To be completed by: 21 June 2018</p>	<p>The registered person shall improve the content of the service user individual care plans in relation to recording service users' rights, independence, potential restrictions and equality issues. For example care plans should describe how staff empowers each service user to access activities; how staff will promote service users access and opportunity in the setting; and promote other equality issues.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Service User Care Plans are currently being reviewed under the Regional Quality Improvement Programme.</p> <p>Care Plans will adopt the Self Directed Support 7 Point Framework which will explicitly record issues relating to choice, rights, independence, restrictions and equality.</p> <p>This Quality Improvement initiative will be completed by Dec 2018. In the interim period the existing SDS document will be completed for all new admissions to ensure compliance with this standard.</p>



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