

Unannounced Day Care Setting Inspection Report

26 May 2016 & 11 June 2016



Age NI Kilkeel Day Centre incorporating 'Age NI Orchard Day Centre'

Service Type: Day Care Setting
Address: 18 Mill Road, Kilkeel, BT34 4AN
Tel No: 028 4176 1103
Inspector: Suzanne Cunningham

1.0 Summary

An unannounced inspection of Age NI (Kilkeel) Day Centre incorporating 'Age NI Orchard Day Centre' (Newry) took place on 26 May 2016 from 11.00 to 16.00 hours in Kilkeel and 11 June 2016 from 12.30 to 15.00 hours in Newry.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the Day Care Setting was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

Five service users individual care files were inspected across the two sites with the staff records such as rotas, supervision and training. A tour of the two sites and discussions regarding the care provided with service users and staff was undertaken. Since the last inspection the registered persons had improved the training records and the training plan which had met the staffs mandatory and service specific training needs to date. Staffing and the use of volunteers had been reviewed. The practice on the day of the inspection was safe however; volunteer arrangements should be consistent and more reliable.

Observations of care in Kilkeel showed staff responding to service users' needs in a calm and measured way that was consistent with their care plans. In contrast the observations of care in Newry revealed improvements were required regarding staff delivering person centred care that was consistent with the settings statement of purpose and ethos. In conclusion the care provided in both settings was avoiding and preventing harm to the service users. However the staff in Newry should focus on promoting service users independence when possible and the care, treatment and support should help individuals to improve or maintain their personal outcomes.

Overall the inspection of "is care safe" concluded improvements should be made to ensure compliance with the minimum standards inspected. Three areas for improvement were identified regarding improving volunteer arrangements, making the dependency analysis available for staff and management reference and improving the promotion of service users independence in the Newry site.

Is care effective?

The inspection of service users individual care records, accident and incident recording, complaints recording and discussions regarding effective care with the service users and staff concluded most of the service users were getting the right care, at the right time, in the right place, and with the best outcome. However we did find some gaps in the review of service user's records, auditing and monitoring of is care effective and achieving outcomes set. We also found robust communication arrangements between service users and staff needed to be reintroduced. Three recommendations were made to improve these matters.

Overall the inspection of "is care effective" concluded improvements should be made to ensure compliance with the minimum standards inspected. Three areas of improvement were identified regarding service users individual records should be reviewed and updated, establish meaningful audit arrangements and promote effective communication between service users and staff.

Is care compassionate?

The inspection of records, observation of practice and discussions with staff and service users concluded service users were encouraged by staff to be involved in their care and support. As referred to in safe care, the staff in Newry should improve their approach to maintaining and improving service user’s independence. No requirements or recommendations were made.

Overall the inspection of “is care compassionate” concluded the minimum standards inspected were met. No areas for improvement were identified during this inspection.

Is the service well led?

The staff and service users discussed the management arrangements in place. The staff acting up in the manager’s absence were not clear regarding their roles and responsibilities and tasks that had been left uncovered since the manager had been absent. The staff had access to policies and procedures to guide their practice and there was monitoring arrangements in place that met the requirements of regulation 28. Two requirements were made regarding the notification to RQIA of the manager’s absence and ensuring there is appropriate arrangements in place to cover the manager’s roles and responsibilities.

Overall the inspection of “is care well led” concluded improvements should be made to ensure compliance with the minimum standards inspected. Two areas of improvement were identified regarding notifying RQIA of the managers’ absence and cover arrangements

This inspection was underpinned by The Day Care Settings Regulations (Northern Ireland) 2007, the Day Care Setting Minimum Standards 2012 and previous inspection outcomes and any information we have received about the service since the previous inspection.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	4	7

Details of the QIP within this report were discussed with Jean Gordon, Denise McDonald & Linda Robinson, as part of the inspection process. The timescales for completion commence from the date of inspection.

1.2 Actions/enforcement taken following the most recent type e.g. care inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

2.0 Service details

Registered organisation/registered person: Age NI Ms Linda Robinson	Registered manager: Ms Bridie McVeigh
Person in charge of the day care setting at the time of inspection: Jean Gordon & Denise McDonald in Kilkeel Bernadette Donnelly in Newry	Date manager registered: 02 October 2013
Number of service users accommodated on day of inspection: 7 in Kilkeel 3 in Newry	Number of registered places: 19

3.0 Methods/processes

Prior to inspection the following records were analysed:

- the registration status of the service
- incidents notification which revealed no incidents had been reported to RQIA since the last inspection
- written and verbal communication received since the previous care inspection which did not reveal any issues that needed to be addressed during this inspection
- the returned quality improvement plan (QIP) from the care inspection undertaken in October 2015 which revealed seven requirements had been made of which three were restated improvements. Four recommendations had been made.

During the inspection of Age NI Kilkeel care practices, activities and the environment were observed by the inspector. The inspector met with the seven service users, the monitoring officer and two staff. There was no visiting professionals or representatives/family members.

During the inspection of the satellite service in Newry; the inspector met with three service users, two staff and one family representative.

Questionnaires were provided for service users, relatives and staff during the inspection. Post inspection four service users returned questionnaires to RQIA.

The following records were examined during the inspection:

- the settings statement of purpose
- service user's guide
- two service users individual care records in Killeel and three in Newry; including care plans, assessments and review documentation
- the settings complaints/issue of dissatisfaction record which did not have any entries for the period 1 April 2015 to 31 March 2016
- a sample of the settings monthly monitoring visit records (regulation 28) from December 2015 to June 2016
- the settings incidents and accident record from October 2015 to June 2016
- policies and procedures regarding standards 5 and 8.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 13/10/15 & 24/10/15

The most recent inspection of the establishment was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last specialist inspection dated 13 October 2016 and 24 October 2016

Last specialist inspection statutory requirements		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulation 20 (1)</p> <p>Stated: Second time</p>	<p>The registered person must arrange for staffing to be reviewed in the Killeel and Newry settings to ensure at all times there is sufficient staff in each setting. There must be enough staff available to provide a caring role and meet all of the service user's needs.</p> <p>This review must take into account the care needs of all of the service users for example if they need two to one staffing, the size of the day care setting, the statement of purpose and the care plans for the number of service users in the setting each day.</p> <p>The outcome of this review must conclude what staffing numbers are required each day. If staff numbers remain the same as on the days of inspection, the review must clearly describe how the risks identified by staff will be managed and detail actions taken to reduce risk. The outcome of the assessment must be reported on the returned QIP.</p>	<p>Partially Met</p>

	<p>Action taken as confirmed during the inspection: Inspector confirmed the staffing arrangements were reviewed. Staff numbers were recorded each day in the Kilkeel settings diary. This showed two staff were present each day and there was a volunteer in the Kilkeel setting to assist with daily tasks. At the time of the inspection the manager was absent due to sickness. We did not see the staffing assessment; this was requested at the conclusion of the inspection and was received at the time of writing this report.</p>	
<p>Requirement 2 Ref: Regulation 20 (1) (a) Stated: Second time</p>	<p>The registered manager must complete a competency assessment with the workers who act up in the manager’s absence. The assessment must evidence the staff who have a competency assessment are able, capable, are willing and understand the role and responsibility when acting up in the manager’s absence. The competency assessment must also detail any training required and arrangements to deliver the training which adequately prepares the day care worker to undertake their role and responsibilities.</p> <p>The details to achieve compliance must be reported on the returned QIP.</p> <hr/> <p>Action taken as confirmed during the inspection: In Kilkeel there was no competency assessment in place for the staff member left in charge. In Newry there was a competency assessment for the staff member left in charge dated 30 July 2015. The effectiveness and availability of the assessments was discussed with the responsible person. They reported these assessments have been redone but were with the regional manager. These should have been available for inspection. This requirement is stated for a third time.</p>	<p>Partially Met</p>

<p>Requirement 3</p> <p>Ref: Regulation 19 (1)</p> <p>Stated: First time</p>	<p>The registered manager must ensure individual service user documentation is available for staff reference in Newry. The documentation kept regarding each service user must contain essential information for example the latest assessment, care plan and risk assessment information.</p> <p>The returned QIP must describe arrangements put in place to improve this.</p> <p>Action taken as confirmed during the inspection: Records were kept in Newry in a locked filing cabinet. Inspector confirmed three service user individual care records were available contained specified documentation.</p>	<p>Met</p>
<p>Requirement 4</p> <p>Ref: Regulation 20 (1)</p> <p>Stated: First time</p>	<p>The responsible person must review the training provided to staff in this setting and ensure the mandatory training and other training appropriate to the work is evidenced as provided. The staff training records should evidence staff are competent to undertake their role and responsibility post training. Staff feedback should be included in the evaluation of training.</p> <p>Action taken as confirmed during the inspection: Staff training file was inspected. The mandatory training and training specific to the staffs role was recorded. Work books had been completed by staff which evidenced their competency post training. Staff also fed back regarding training received.</p>	<p>Met</p>

<p>Requirement 5</p> <p>Ref: Regulation 28</p> <p>Stated: First time</p>	<p>The registered provider must ensure the registered provider’s monitoring visits are improved in the following areas:</p> <ul style="list-style-type: none"> • Monitoring visits must include visits to Newry. • The visits and reports must clearly assess and comment on the conduct of the day care setting. • The report must record a view regarding if the areas monitored are in compliance with the day care regulations and standards. • Evidence should be stated which supports statements made and where improvements are required, an action plan detailing how improvement will be achieved and who is responsible for the improvement must be included in the monitoring report. <p>The plan to implement improvements must reported on in the returned QIP and the monitoring reports for November & December 2015; and January 2016 must be sent to RQIA after each visit to evidence improvement in this regard.</p> <p>Action taken as confirmed during the inspection: Inspector confirmed visits had been undertaken monthly from December 2015 to May 2016. The visits noted the manager’s absence and detailed evidence of consultation. Improvements were noted and were followed up on next visit. There was a mix of announced and unannounced visits. Reports had been forwarded to RQIA as requested.</p>	<p style="text-align: center;">Met</p>
<p>Requirement 6</p> <p>Ref: Regulation 4 & 5 (a) (b) (c)</p> <p>Stated: First time</p>	<p>The registered person must revise the statement of purpose and service user guide. This must include the terms and conditions in respect of the services in the day care setting provided for service users, including details of the amount and method of payment of monies for dinner.</p> <p>A copy of the revised statement of purpose and service users’ guide/agreement should be returned to RQIA with the completed QIP as evidence of improvement.</p>	<p style="text-align: center;">Met</p>

	<p>Action taken as confirmed during the inspection: A copy of the revised statement of purpose and service users' guide/agreement was sent to RQIA prior to this inspection. The documents had been improved.</p>	
<p>Requirement 7 Ref: Regulation 19 (2) Schedule 5. 8 Stated: First time</p>	<p>The registered manager must maintain a record of monies received on behalf of services users, The record should detail:</p> <ul style="list-style-type: none"> • the service user name • the date monies received • the amount received • the record should be signed by either the service user/or their representative and a staff member • in the event the service user cannot sign two staff should sign the record. <p>The registered manager must maintain a record of monies paid to the supplier and include:</p> <ul style="list-style-type: none"> • the date • number of meals paid for • the record must be signed by the supplier and a staff member. <p>The improvements made to achieve this must be reported on the returned QIP.</p> <p>Action taken as confirmed during the inspection: Inspector confirmed in Kilkeel and Newry a record was kept as described above in the Dinner Money Account File record.</p>	<p>Met</p>

Last specialist inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 18 Stated: First time	<p>The responsible person should make appropriate arrangements for the Age NI continence promotion policy and procedure is reviewed and updated to ensure it incorporates a person centred approach to assessing and assisting service users with their continence needs. This was due for review in November 2012.</p> <p>The returned QIP should confirm this has been achieved or date for completion.</p>	Met
	<p>Action taken as confirmed during the inspection: A new policy was in place and was dated April 2016.</p>	
Recommendation 2 Ref: Standard 5.2 Stated: First time	<p>The registered manager should improve the recording in the service user's assessment and care plans, the recording as a minimum should:</p> <ul style="list-style-type: none"> • be person centred • clearly describe service user need and their preferences regarding how the needs will be met • the continence assessment should include clear identification of need with information regarding service user's view, opinion and preferences of how the needs will be met in the care plan section • the assessment and care plan documentation must be signed by the service user and or their representative to evidence their agreement to the content and plan. <p>The plan and timescale to achieve these improvements should be reported on the returned QIP.</p>	Partially Met
	<p>Action taken as confirmed during the inspection: The records in the Kilkeel setting were compliant with this recommendation. One of the three files in Newry had not been reviewed and updated in all of the areas stated above. This recommendation is stated for the second time.</p>	

<p>Recommendation 3</p> <p>Ref: Standard 8</p> <p>Stated: First time</p>	<p>The registered manager should improve the frequency of the service users meetings and record them more formally. For example meetings should be held monthly and the minutes should report on who attended, the areas discussed and outcomes agreed with an action plan of who will take responsibility for achieving outcomes.</p> <p>The returned QIP must describe improvements put in place to comply with this recommendation.</p> <p>Action taken as confirmed during the inspection: The service user meeting records showed meetings were held monthly or more which was their standard and was maintained until the registered manager's absence from work. The last meeting recorded was held in February 2016. This recommendation is stated for the second time.</p>	<p>Partially Met</p>
<p>Recommendation 4</p> <p>Ref: Standard 22</p> <p>Stated: First time</p>	<p>The registered manager should improve the staff supervision provided for staff. The frequency must be in compliance with standard 22.2, which is individual supervision no less than once every three months.</p> <p>The returned QIP must describe improvements put in place to comply with this recommendation.</p> <p>Action taken as confirmed during the inspection: The staff supervision records sampled evidenced improvements had been achieved.</p>	<p>Met</p>

4.3 Is care safe?

The staffing arrangements in the Kilkeel and Newry settings were written into the settings diary, the review of these showed each day which staff worked in each setting. There was consistently a minimum of two staff recorded as working in each setting and this was observed in practice during the inspection. Kilkeel also had a volunteer in the setting on some days. We were told by the staff member in charge they would like to have a volunteer every day but arrangements for this were not clear. We would support this arrangement being recorded clearly and in compliance with standard 24.5 to ensure care is properly planned and consistent. A recommendation is made in this regard.

During the inspections staffing arrangements were observed as adequate to meet the service users' needs. The analysis of service users' needs which showed that the staffing numbers were adequate across the week was forwarded to RQIA post inspection. This confirmed the needs of the service users in each site could be met by the current staffing levels however, this document should be accessible for the manager or staff in charge for their reference in each setting to continue monitoring staffing numbers are responsive if needs change. A recommendation is made in this regard. Three staff members supervision records; discussion with the staff on duty; observations of staff providing care; inspection of the monitoring reporting for 2016 and review of the staff training record for 2015/ 2016 assured us staffing arrangements were promoting safe care on the day of the inspection.

The staff's training in 2015 and 2016 was recorded in a staff training file. This record showed us staff had undertaken training in infection prevention and control, basic food hygiene, medicines and moving/ handling in 2016. In 2015 training was provided in managing challenging behaviour & dementia training; first aid training; safeguarding training and fire awareness training. The basic food hygiene awareness, infection control, manual handling and medication training had been delivered by the monitoring officer who is nurse qualified. She used a branded training series. This included a question booklet to test staff knowledge and understanding. We were notified the monitoring officer was leaving her post after June 2016. The quality of the staff training programme and frequency of training should be maintained or further improved and this will be reviewed this again next year.

Three staff records were reviewed, they confirmed two staff were registered with NISCC and one staff member, who recently commenced their post had provided evidence they had applied for registration with NISCC.

Two service users' individual records were inspected in Kilkeel and three in Newry. They evidenced the service user's safety needs and associated risks were assessed, planned for and reviewed. The discussions with staff on duty in Kilkeel evidenced they respond to need by delivering the plans in place. In contrast the staff in Newry had received training regarding dementia but discussion revealed they were not putting the knowledge into practice or using their knowledge to identify need. One example was a staff member said they had not thought of using a coloured plate to promote service users independent eating even though they acknowledged the training had addressed this. Furthermore one service user's plan identified their food should be cut up into small pieces; however on the day of inspection this was not implemented. There was no speech and language assessment in place and it was not clear if this was an assessed need or the service user's preference. Staff were observed assisting service users to eat if they became confused. This did not promote the service users independence or dignity and a requirement is made to improve practice in this regard.

The guidance available for staff regarding adult safeguarding was reviewed; the staff had access to the Age NI Adult Safeguarding policy and procedure. The staff said there had not been any safeguarding concerns identified or reported since the last inspection. Discussion with staff regarding their roles and responsibilities in the settings provided assurance staff had a good understanding of safeguarding principles and did know how to act to safeguard service users if necessary.

The tour of the environments confirmed they presented as safe. Both centres were observed to be clean and tidy. There was evidence that hand hygiene was promoted through notices, handwashing supplies and facilities. Fire exit notices were visible to service users. Equipment and rooms in the Kilkeel setting were focussed on meeting the service user's needs. For example the centre is a house type environment that is furnished and decorated in a homely way to enable service users to feel comfortable and find their way around easily. The lounge, dining/activity area and bathrooms were accessible and had been well maintained. In Newry the setting is a trust day centre that is used by Age NI on a Saturday only. The setting is large and not especially conducive to feeling homely for the small group of service users. The setting had not been personalised for the group. As a weekend tenant of the setting, the staff said the trust will not allow them to put any decoration on the walls.

The service users said they liked being in the centre and it got them out of the house. Service users did not identify any areas for improvement. Overall their comments were positive regarding the space available and the facilities.

Four service users completed questionnaires were returned to RQIA regarding this inspection. The questionnaires detailed that the service users felt safe in the centre, protected from harm, they can talk to staff, they feel comfortable and they knew how to leave the building safely if the fire alarm sounded.

Areas for improvement

One requirement and two recommendations were made regarding is care safe in this setting.

- One recommendation is made regarding improving the volunteer arrangements for Kilkeel so staff are clear who is coming when and the arrangements are consistent.
- One recommendation is made for the needs and dependency analysis of the service users in each centre to be available for the manager/ senior's reference and future inspections in the day care setting. This analysis should enable the manager to evidence the staffing numbers are adequate across the week to meet the service users assessed needs.
- One requirement is made for staff to plan for and implement measures to assist service users to maintain their independence particularly during meal times and activities, where possible and promote their dignity.

Number of requirements:	1	Number of recommendations:	2
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4.4 Is care effective?

Five service users individual care files were inspected in Kilkeel and Newry. They provided evidence the care records had been set up in a format that was consistent with legislation and best practice. They contained assessment, planning and risk management information. The information recorded described the service user's individual physical; social; emotional; communication and cognitive needs. Care recording for every five attendances was being maintained in Kilkeel but not in Newry. This was updated by staff during the inspection.

In two of the five files inspected the service user's care plan had not been reviewed or updated in the last 12 months. For all service users care to be effective the care records should be reviewed or updated regularly to ensure staff are responding and meeting each service user's current needs. Therefore a recommendation is made for the registered persons to make

appropriate arrangements for service users individual records to be reviewed and updated in this regard, at appropriate intervals, but no longer than described in standard 15.

The care records inspected did not have any evidence of audit and the staff reported that their internal audit arrangement was the monthly monitoring visit. Our review of these records showed only a small sample of records was monitored, rather than this being a systematic audit. For care to be effective and responsive to need recording and records should be audited in addition to monthly monitoring arrangements. Audit arrangements should also ensure there is a consistent approach to records and recording. A recommendation is made that the registered person establishes meaningful audit arrangements to evidence that care is timely, well recorded, planned and promotes the effective delivery of the day care service in these two settings. A recommendation is made in this regard.

The incident and accident records, complaints and compliments records were inspected in both Kilkeel and Newry. There was no new recording in these records since the last inspection.

Our discussion with service users revealed they liked meeting other service users in day care. They described the group and staff as one big family with no complaints. The service users questionnaire's responded care is effective; staff communicate well with them; their choices are listened to, they like the activities; and they have been involved in their review.

The service user meetings records were reviewed in Kilkeel. The records evidenced meetings had been held at least monthly from November 2015 to February 2016. The content detailed the service users were encouraged to give their ideas and preferences regarding activities and outings. They were also asked their opinions regarding the meals and staff care. The minutes did not reveal any concerns regarding any of these matters. However, these meetings had not been recorded in the manager's absence. The meetings and records of the meetings should be recommenced to ensure there are robust systems in place that promote effective communication between service users and staff. A recommendation is made in this regard.

Areas for improvement

Three recommendations were made regarding is care effective in this setting:

- One recommendation is made for the registered persons to make appropriate arrangements for service users individual records to be reviewed and updated, at appropriate intervals but no longer than described in standard 15.
- One recommendation is made for the registered persons to establish meaningful audit arrangements that evidence care is timely, well recorded, planned and promotes the effective delivery of the day care service.
- One recommendation is made for the manager and staff to recommence the service user meetings and develop other robust systems to promote effective communication between service users and staff.

Number of requirements:	0	Number of recommendations:	3
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4.5 Is care compassionate?

Discussion with the staff on duty and the manager in the settings confirmed the staff were working in a way that they viewed was promoting the service users rights, choice and consent. In the Killeel setting the staff discussed supporting the service users to improve outcomes such as promoting independence where possible. Staff were observed encouraging and enabling service users to undertake tasks and take part in the activities of the day at the level they were comfortable with; and also at a level the staff knew they were able to. In contrast the staff spoke for service users in Newry when taking part in activities and therefore there was less focus on enabling service users. It is important for staff to promote service users independence and abilities when possible. Staff should ensure they listen to, value and communicate with the service users in compliance with each service user's assessment and care plan. Promoting independence was discussed with staff and is reported on in section 4.3.

In both settings the staff had delivered reminiscence activities and had completed projects that encouraged each service user to talk openly about their memories, views and opinions. This activity was talked about by the service users in a positive way. The staffs own local knowledge also helped to bring life to the discussions. The service users said they enjoyed swapping local knowledge and memories.

Four service users' questionnaires identified they were treated with dignity and respect, the staff were kind and caring, their privacy is respected, they have choices and are involved in decisions.

Areas for improvement

No areas for improvement were identified regarding is care compassionate during this inspection.

Number of requirements:	0	Number of recommendations:	0
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4.6 Is the service well led?

At the time of this inspection the registered manager was absent from work due to unplanned leave, the registered manager had also been absent for another period of over 28 days at the end of February to the beginning of April. The responsible/ registered person had not notified RQIA of the manager's absence or cover arrangements. Since the last inspection the following management tasks had been improved by the registered manager but in her absence they had not being covered and improvements had not been maintained:

- staff supervision
- service user individual review meetings
- service user meetings
- review of staff competency assessments.

During the inspection there was two staff that identified they were taking on the day to day responsibility for the two sites. The staff had been informed of the manager's long term absence and stated they were willing to cover in her absence. However, they were not clear

regarding their role and responsibilities, the arrangements for the above matters and who would record in service user’s records.

Staff competency was discussed with the staff and the monitoring officer in Killeel, they told us competency forms had been completed with them however they were not available for inspection. The competency assessments were identified for improvement in the last two inspections. This issue is now stated for the third time. The arrangements for operation of the day care setting in the the manager’s absence must ensure that the role and responsibilities are clear to the staff. Management tasks must be covered by staff that are willing, competent and experienced to undertake those tasks. A requirement is made for the registered person to formally notify RQIA of the managers’ absence and cover arrangements. A further requirement is made to ensure there are arrangements in place for the manager’s responsibilities to be covered, including the above tasks.

The inspection of the settings monitoring monthly records from December 2015 to June 2016 evidenced visits had been undertaken on an announced and unannounced basis by a staff member of Age NI; designated with responsibility to undertake the visits. The visits were broadly compliant with regulation 28 in terms of content and outcomes.

A sample of the settings policies and procedures were reviewed such as supervision and appraisal, safeguarding vulnerable adult policy & procedures, whistleblowing, complaints, safe & healthy working practices. These were accessible for staff and staff in a centrally indexed file. The staff knew where they were and when asked they found the specific procedures requested.

Three service users questionnaire’s identified the service was managed well and knew who the manager is; they could talk to staff or the manager if they had any concerns; the staff and the manager respond well to issues or concerns; and they are asked what they would like to do in the setting.

Areas for improvement

Two requirements and no recommendations were made regarding is care well led in this setting:

- One requirement is made for the registered person to formally notify RQIA of the managers’ absence and cover arrangements.
- One requirement is made to ensure there is appropriate arrangement in place for the manager’s responsibilities to be covered, including the following tasks:
 - staff supervision
 - service user individual review meetings
 - service user meetings
 - review of staff competency assessments

Number of requirements:	2	Number of recommendations:	0
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5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Linda Robinson registered person as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on the Day Care Settings Regulations (Northern Ireland) 2007.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Day Care Setting Minimum Standards. They promote current good practice and if adopted by the registered person(s) may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to Day.Care@rqia.org.uk and assessed by the inspector.

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 registered person/manager from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements	
<p>Requirement 1</p> <p>Ref: Regulation 20 (1) (a)</p> <p>Stated: Third time</p> <p>To be completed by: 09 July 2016</p>	<p>The registered person must complete a competency assessment with the workers who act up in the manager's absence. The assessment must evidence these staff are able, capable, competent and understand the role and responsibility when acting up in the manager's absence. The competency assessment must detail any training required and arrangements to deliver the training which adequately prepares the day care worker to undertake their role and responsibilities.</p> <p>Response by registered person detailing the actions taken: A competency assessment has been completed which confirms details above and copies of the documentation have been forwarded to RQIA. A further assessment review has been carried out and AgeNI are content that the staff meet the requirements to lead in absence of Manager.</p>
<p>Requirement 2</p> <p>Ref: Regulation 13 (1)</p> <p>Stated: First time</p> <p>To be completed by: 06 August 2016</p>	<p>The registered person must improve staff knowledge and competency regarding staff assisting service users to maintain their independence at all times. Specifically in Newry this must be applied to meal times and care must be taken to promote service users dignity.</p> <p>Response by registered person detailing the actions taken: Specific attention has been drawn to this issue and the team have met to discuss the elements of promoting independence at all times.</p>
<p>Requirement 3</p> <p>Ref: Regulation 30 (1) (2) (a) (b) (c)</p> <p>Stated: First time</p> <p>To be completed by: 09 July 2016</p>	<p>The registered person must give notice in writing to RQIA of the proposed absence of the registered manager, the length or expected length of the absence and the reason for the absence.</p> <p>The notification must detail the arrangements which have been made for the running of the Age NI Centre's in Kilkeel and Newry during that absence.</p> <p>Response by registered person detailing the actions taken: This has been completed.</p>

<p>Requirement 4</p> <p>Ref: Regulation 30 (2)</p> <p>Stated: First time</p> <p>To be completed by: 09 July 2016</p>	<p>The registered person must ensure there are arrangements in place for the manager's responsibilities to be covered, including the following tasks.</p> <ul style="list-style-type: none"> • staff supervision • service user individual review meetings • service user meetings • review of staff competency assessments. <p>Response by registered person detailing the actions taken: this is in place and has been reviewed by the Head of Care and linked to monthly monitoring.</p>
Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 5.2</p> <p>Stated: Second time</p> <p>To be completed by: 06 August 2016</p>	<p>The registered manager should improve the recording in the service user's assessment and care plans to ensure they are person centre, the recording as a minimum should:</p> <ul style="list-style-type: none"> • clearly describe service user need and their preferences regarding how the needs will be met • the continence assessment should include clear identification of need with information regarding service user's view, opinion and preferences of how the needs will be met in the care plan section • the assessment and care plan documentation must be signed by the service user and or their representative to evidence their agreement to the content and plan. <p>The plan and timescale to achieve these improvements should be reported on the returned QIP.</p> <p>Response by registered person detailing the actions taken: this recommendation is in progress.</p>
<p>Recommendation 2</p> <p>Ref: Standard 8</p> <p>Stated: Second time</p> <p>To be completed by: 06 August 2016</p>	<p>The registered manager should improve the frequency of the service users meetings and record them more formally. For example meetings should be held monthly and the minutes should report on who attended, the areas discussed and outcomes agreed with an action plan of who will take responsibility for achieving outcomes.</p> <p>The returned QIP must describe improvements put in place to comply with this recommendation.</p> <p>Response by registered person detailing the actions taken: this recommendation whilst in place had lapsed with illness of Manager. The Acting Manager has resumed this monthly arrangement</p>

<p>Recommendation 3</p> <p>Ref: Standard 24</p> <p>Stated: First time</p> <p>To be completed by: 06 August 2016</p>	<p>The registered person should make appropriate arrangements for the volunteer arrangements in Kilkeel to be improved. It should be clear on a daily basis who is coming and when so that the arrangements promote a consistent approach to care in Kilkeel.</p> <p>Response by registered person detailing the actions taken: Volunteers are important part of AgeNI service. There is a clear process in place and this has been revisited in Kilkeel to ensure all volunteers have a role.</p>
<p>Recommendation 4</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> <p>To be completed by: 06 August 2016</p>	<p>The registered person/manager should ensure a record is maintained of the needs and dependency analysis of the service users in each centre, to be available for the manager/senior's reference; and for future inspections in the day care setting.</p> <p>Response by registered person detailing the actions taken: An initial assessment had been undertaken by Daycare Manager but was not available at time of inspection. A second review was completed by the Head of Care and AgeNI are content with levels currently in centre.</p>
<p>Recommendation 5</p> <p>Ref: Standard 15</p> <p>Stated: First time</p> <p>To be completed by: 06 August 2016</p>	<p>The registered person should make appropriate arrangements for service users individual records to be reviewed and updated, at appropriate intervals but no longer than described in standard 15.</p> <p>Response by registered person detailing the actions taken: An interim Manager has been appointed to ensure this is achieved whilst Centre Manager is absent due to illness.</p>
<p>Recommendation 6</p> <p>Ref: Standard 17.9</p> <p>Stated: First time</p> <p>To be completed by: 06 August 2016</p>	<p>The registered persons should establish meaningful audit arrangements that evidence care is timely, well recorded, planned and promotes the effective delivery of the day care service.</p> <p>Response by registered person detailing the actions taken: Monthly audit sheets are available and this process will be recorded as part of monthly monitoring to ensure compliance.</p>
<p>Recommendation 7</p> <p>Ref: Standard 8</p> <p>Stated: Second time</p> <p>To be completed by: 06 August 2016</p>	<p>The registered person should make arrangements for the staff to recommence the service user meetings and develop other robust systems to promote effective communication between service users and staff.</p> <p>Response by registered person detailing the actions taken: This will be supported by the development of service user meetings lead by independent peer facilitators who will host meetings and produce a report for AgeNI on quality of services provided.</p>

Please ensure this document is completed in full and returned to day.care@rqia.org.uk from the authorised email address



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