

# Unannounced Care Inspection Report 7 February 2019



## Bryansford Road

**Type of Service: Day Care Service**  
**Address: 61 Bryansford Road, Newcastle, BT33 0LD**  
**Tel No: 028 43723714**  
**Inspector: Marie McCann**

[www.rqia.org.uk](http://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

Bryansford Road is a Day Care Setting with a maximum of 20 places that provides care and day time activities for adults with autism spectrum condition and associated conditions such as learning disability, behaviours which challenge, physical disability and sensory needs. The day service will also provide support to individuals not diagnosed with Autism but in need of the expertise which the service can provide based on assessed need.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Autism Initiatives NI  <b>Responsible Individual(s):</b> Dr Eamonn James Edward Slevin	<b>Registered Manager:</b> Patricia McKeaveney
<b>Person in charge at the time of inspection:</b> Patricia McKeaveney	<b>Date manager registered:</b> 13 July 2017
<b>Number of registered places:</b> 20	

### 4.0 Inspection summary

An unannounced inspection took place on 7 February 2019 from 09.30 to 17.30.

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 determined 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 induction and training; knowledge of adult safeguarding procedures; risk management, promoting service users' rights and the management of concerns. Further areas of good practice were also noted in regard 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; governance arrangements; management of complaints; quality improvement and maintaining good working relationships.

One area requiring improvement was identified in relation to service user agreements.

Service users were asked to provide their views regarding the day care setting. Examples of some of the comments made by service users include the following:

- "Staff are great."
- "I love coming here."
- "The activities are good."
- "I am coming here the longest, I enjoy it."
- "I can talk to staff if I need to and they will help me."

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

Details of the Quality Improvement Plan (QIP) were discussed with Patricia McKeaveney, 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 28 November 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 28 November 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 which highlighted that one incident had been notified to RQIA since the last care inspection on 28 November 2017
- unannounced care inspection report and QIP from 28 November 2017

During the inspection the inspector met with and greeted 15 service users, the registered manager, the senior support worker, a support worker and two service users' relatives.

The following records were examined during the inspection:

- Two service users' care records.
- A sample of service users' daily records.
- Two newly recruited staff induction records.
- A sample of staff supervision and appraisal records.
- The day centre's complaints/compliments record since the last inspection.
- Staff roster information for January 2019.
- Fire safety precautions.
- The Winter activities timetable.
- A sample of minutes of service users' meetings since the last inspection.
- A sample of minutes of staff meetings since the last inspection.
- The day centre's record of incidents and accidents since the last inspection.
- A sample of monthly quality monitoring reports from November 2017 to January 2019.
- Statement of Purpose, September 2017.

- Service User Guide.

At the request of the inspector, the registered manager was asked to display a poster within the day centre. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; no responses were received.

Ten service user and/or relatives' questionnaires were provided for distribution; seven 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 a prominent 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, 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 28 November 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 28 November 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
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 7.4  <b>Stated:</b> First time	The registered person shall review the daily progress records to ensure they are relevant to the day care setting.	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> A review of a sample of daily progress records evidenced that this area for improvement had been met.</p>	
<p><b>Area for improvement 2</b>  <b>Ref:</b> Standard 23.7  <b>Stated:</b> First time</p>	<p>The registered manager shall ensure:</p> <p>(a) a record is maintained of the names of the additional support staff deployed daily in the centre</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> The inspector reviewed a staff signing in/out book which evidenced that the names of additional support staff who are deployed to the day centre are recorded each day.</p>	
<p><b>Area for improvement 3</b>  <b>Ref:</b> Standard 21.8  <b>Stated:</b> Second time</p>	<p>The registered manager shall ensure that evidence is maintained of the training additional support staff has received from the residential care home.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> The inspector viewed the arrangements undertaken by the registered manager on a monthly basis, to monitor and ensure compliance with mandatory training requirements for the additional support staff who are deployed from the residential home to the day centre, when supporting specific service users. These were noted to be satisfactory.</p>	
<p><b>Area for improvement 4</b>  <b>Ref:</b> Standard 27.3  <b>Stated:</b> First time</p>	<p>The registered person shall undertake an infection control audit and submit the outcome of the audit to RQIA.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> An infection control audit was undertaken and subsequent action plan and outcomes were reviewed on the day of inspection.</p>	

<b>Area for improvement 5</b>  <b>Ref:</b> Standard 17.11  <b>Stated:</b> First time	The registered person shall submit to RQIA a copy of the annual quality review report.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A copy of the annual report was submitted to RQIA.	

### 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 setting's systems in place to avoid and prevent harm to service users which included a review of staffing arrangements in place within the day care centre.

The organisation has a human resources (HR) department which oversees the recruitment process, including the completion of appropriate pre-employment checks. The registered manager described the procedure for ensuring that staff are not provided for work until all necessary checks have been completed and confirmed that the outcome of these checks are retained by the HR department.

The registered manager described the staffing levels which have been assessed as necessary to provide a safe service. Discussions with staff identified that they felt there were sufficient staffing levels to ensure the safety of service users in the day centre. In addition to the day care staff, service users attending may be accompanied by their own support staff. The sample of staff rota information reviewed was noted to be consistent with the staffing levels described. While it showed the number of staff working each day, the inspector advised that the rota should be updated to include the capacity in which they worked, clearly identifying who is the person in charge. The registered manager confirmed following the inspection that this had been addressed.

A competency and capability assessment had been completed for the person who was in charge of the day centre in the absence of the registered manager.

On the day of the inspection, the discussion with staff and observations of the staff supporting service users did not highlight any areas for improvement regarding their practice. Staff described an effective induction process which included shadowing experienced staff, reading service users' care records, and getting to know service users and familiarise themselves with the service users' needs. The registered manager and staff also described that the duration of the induction process was determined by the level of confidence and competency of the staff member. A sample of staff induction records viewed evidenced that the induction components which are to be met at varying intervals, having been signed off by both parties. Staff had progress meetings at set intervals and the induction programme had regard to the Northern Ireland Social Care Council (NISCC) induction standards.

The inspector viewed the system in place to ensure that all staff receive appropriate training to fulfil the duties of their role. Discussion with staff on the day of inspection confirmed that they had received sufficient training to enable them to fulfil their duties and responsibilities. In addition to the registered manager identifying and monitoring the training needs of the staff team, the organisation's learning and development team provide a monthly report to the registered manager detailing an overview of training and levels of compliance, requiring any outstanding training to be addressed. It was positive to note that the day centre had been awarded a certificate on a number of occasions by the organisation for 100 per cent compliance with training requirements. A review of the staff training matrix and discussion with the registered manager confirmed that arrangements were in place to identify and meet ongoing training updates as part of an ongoing programme of training. In addition, staff were required to complete a competency assessment annually for each training area. This practice is to be commended.

The day care setting's governance arrangements in place that identify and manage risk were inspected. This confirmed that an effective incident/accident reporting policy and system was in place. Incidents and accidents are required to be recorded on an electronic system which is then reviewed and audited by the registered manager, the area manager and the organisation's health and safety officer. A paper record was also maintained of all incidents and accidents and these had been audited on a monthly basis as part of the monthly quality monitoring visits. The review of records since the last inspection evidenced that there had been six incidents, which had been managed appropriately and effectively documented.

Discussions with the registered manager and staff on the day of inspection revealed they were knowledgeable regarding their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns and maintain written records. An adult safeguarding pathway was available to staff on the notice board and clearly identified the organisation's Adult Safeguarding Champion (ASC). There had been one adult safeguarding referral made to the South Health and Social Care Trust (SHSCT) since the last inspection which was subsequently screened out of adult safeguarding procedures. Discussion with the registered manager and review of records identified that staff had promptly referred the allegations to relevant persons for investigation in accordance with safeguarding procedures. The day centre also undertook a review of the incident and assessments and support plans were updated accordingly to minimise any risk of reoccurrence.

The registered manager spoke in a knowledgeable manner about managing risks to service users' wellbeing while maintaining their human rights, namely, ensuring that any intervention is the least restrictive as possible and agreed in partnership with the service user, their relatives and the multi-disciplinary team. The registered manager advised that there were no restrictive practices in place within the setting other than the use of a lap belt for a specific service user who uses a wheelchair. This decision had been made following assessment by the Occupational Therapist in agreement with the service user and their representative, and a deprivation of liberty review had also been completed by the SHSCT multi-disciplinary team. In addition, two service users are accompanied by their own support staff from a supported living setting to enable them to take part in the day centre's activities.

Discussion with the registered manager and review of the environment confirmed that furniture, aids and appliances were fit for purpose for the needs of the service users. Fire exits were clear and free from obstruction. Cleaning rota checklists are maintained; a sample of rota's viewed evidenced that they had not always been completed. This was discussed with the registered manager who confirmed that a recent audit of the records identified this issue and

there was evidence that it had been addressed with staff in team meeting in January 2019. Feedback from staff was that cleaning tasks were being completed as outlined in the rotas but staff were forgetting to update the rota. The registered manager agreed to monitor this.

Records examined identified that a number of weekly and monthly safety fire precaution checks were undertaken. The last full evacuation drill was undertaken on 25 October 2018; however, the inspector identified that the record of the evacuation should be improved to include: service users present, duration of fire evacuation, outcomes, action required (if applicable) with timescales, who is responsible and when achieved. The registered manager agreed to address this. A fire risk assessment was completed February 2018 with the date for review noted to be February 2019 with all actions addressed. The registered manager advised that arrangements were underway with the organisation's health and safety officer to arrange an updated fire risk assessment. The registered manager agreed to inform RQIA when the fire risk assessment has been updated.

Discussion with two relatives and staff evidenced that they felt the care provided was safe. The following is a sample of comments made:

Staff comments:

- "Training is very good."
- "We are aware of everyone's needs from reading their files and sharing relevant information each day."

Relatives' comments:

- "Staff are fantastic, they are really approachable."
- "No concerns about the place at all, it's great."
- "I trust the staff implicitly."

Seven service user/relative questionnaire responses were returned to RQIA. All respondents indicated they were very satisfied that care provided in the setting was safe. One relative commented: "Xxxx has never been happier."

### Areas of good practice

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

### Areas for improvement

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

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 is outlined within the Statement of Purpose. Discussion with the registered manager established that staff in the day care setting responded appropriately to and met the assessed needs of the service users.

Two service users' individual files were inspected. Files were organised and clearly indexed. They contained referral information, general risk assessments, personal emergency evacuation plans (PEEP) and a range of assessments as applicable; manual handling assessments; continence assessments; speech and language therapy assessment; epilepsy management plans and behavioural support plans. It was positive to note that the day centre maintained a one page missing person information profile. The day centre's current care plan was recorded in an "all about me" document which is an organisational document that would also be used in supported living settings. The document references that service user's human rights are given consideration, and that care provision is person centred, holistic and reflects service users' support needs. However, it was agreed with the registered manager that the document was required to be reviewed to ensure that it was specific to the day care setting. In addition, it was agreed that the document should also be amended to include service users and /or their representative's signature to evidence consultation and agreement with the care/support plan. The registered manager advised that a review of the day centre documentation had been ongoing which acknowledged these shortfalls and arrangements were in place to update service users' care records using the revised documents, a sample of which was shared with the inspector. It was noted that these new records provided an improved range of information and more clearly demonstrated service user consultation. The use of these new records will be reviewed at future inspections.

The inspector noted service users did not have a service user agreement. The registered manager provided assurances that service users' agreements would be implemented in accordance with the day care standards. An area for improvement is made in this regard.

The registered manager advised that service users had access to an initial and annual day care review in partnership with their Health and Social Care (HSCT) keyworker. The day centre staff prepare a report for these reviews, which also provides details about how the service users have been involved in writing the review report. The day centre's review document is to be commended as it demonstrated a value based approach which promotes positive outcomes and independence for service users.

The inspector noted that an annual review had not been completed for one service user either by the relevant HSCT or the day centre. This was discussed with the registered manager who agreed that the setting would conduct their own annual review for all service users in the absence of one being convened by the commissioning HSCT. It was agreed that the registered manager would arrange a day care review for the identified service user.

Discussion with staff verified that they recognised the importance of maintaining accurate and contemporaneous records to guide their practice and ensure that care provided was safe, effective and timely. The inspector noted that some staff used initials rather than writing their full name in keeping with best practice standards. The registered manager agreed to address this with staff.

The registered manager and staff described care practices that were focused on providing the right support safely and effectively. Staff demonstrated knowledge of how to escalate any concerns and how to liaise with the multi-disciplinary team as needed.

There was evidence of effective communication with service users' relatives or representatives with the provision of family focus meetings, records maintained of telephone contacts made and written correspondences sent. The inspector advised that the time of telephone calls should also be recorded. The registered manager agreed to address this. It was positive to note that the registered manager updated service users' relatives/ representatives and provided assurances regarding staffing arrangements when a number of different support staff who work within the organisation were providing temporary staff cover in the day care setting.

In addition, discussions with staff confirmed that they were aware of their obligations in relation to raising concerns with respect to poor practice, and were confident of an appropriate management response. Staff confirmed that they were aware of the setting's whistleblowing policy if they could not resolve their concerns locally, however they would be unlikely to need this due to the transparent working relationships that exist within the team. A poster was displayed on the staff notice board detailing a confidential whistleblowing hotline telephone number which staff could use if they wished to raise any whistleblowing concerns.

Discussion with the registered manager confirmed that they wished to continue to review and improve communication strategies with service users. Staff and service users have been practicing Makaton to improve communication with service users who have limited or no verbal communication. Within the two service users records viewed there was evidence of service user's specific communication needs reflected throughout. In one record viewed, there was a specific support plan to help the service user improve communication skills with others around them when they are in the day centre.

The inspector discussed the Royal College of Speech and Language Therapists Five Good Communication Standards (2013), which is a practical resource which can support service providers to recognise what good communication looks like, whether good communication is happening and detail useful resources to promote good communication. The registered manager agreed to review these standards to identify any best practice examples that could be implemented in the day centre.

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

Discussion with two relatives and staff evidenced that they felt the care provided was effective. The following is a sample of comments made:

Staff comments:

- "There is good communication between staff, relatives, carers and service users."

Relatives' comments:

- “Xxxx loves coming here, xxxx is so content here.”
- “They encourage xxxx to be independent which is great.”
- “Staff get to know the service users and what interests them and make an effort to provide individualised and person centred care.”

Seven service user/relative questionnaire responses were returned to RQIA. Five respondents indicated they were very satisfied that care provided in the setting was effective. One respondent indicated that they were undecided, no further information was provided.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to promoting service users' rights and the management of concerns.

**Areas for improvement**

One area for improvement was identified in regards to service user agreements.

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

**6.6 Is care compassionate?**

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

The inspection sought to assess the day care setting's ability to treat service users with dignity, equality and respect and to fully involve service users in decisions affecting their care and support. Service users were informed regarding the RQIA inspector visiting the day care setting and were encouraged to engage with the inspector if they wished.

Discussion with and observation of service users and staff interactions demonstrated that service users were treated with dignity and respect while promoting and maintaining their independence. Service users related positively to staff and each other. The atmosphere was relaxed and service users were observed engaging spontaneously and enthusiastically with staff. Staff were observed providing clear information, using appropriate language, demonstrating active listening skills, checking understanding and service users' expectations.

Discussions with the registered manager and staff demonstrated that they were aware of what was important for each service user and their specific interests and organised meaningful activities to support this. Emphasis was placed on ensuring that service users had equal opportunity for access to meaningful activities and engagement with others. This was verified by discussions with service users who confirmed that they had access to a variety of activities to suit individual needs. Observations on the day of inspection evidenced that staff enabled and supported service users to participate in activities, tailored to meet their needs, promoting their strengths and providing choice. In discussions with several service users, they were able to identify activities planned for the day based on what they were going to choose to do individually or what had been agreed as a group activity.

Staff were also noted to support service user’s involvement in activities within the wider community, including visits to Tesco’s, which had been organised at the request of a service user and a visit to Stormont. A number of service users had also attended a local college and completed a course on life skills and proudly showed the inspector the photograph in the local paper of those involved receiving their certificates. It was positive to note that the day centre had also organised a visit from the local police to provide a talk on safety in the community.

Service users bring a packed lunch to the day centre. An observation of the lunch time routine confirmed that service users were given a choice in regards to drinks and the level of help and support required. Staff wore appropriate aprons when helping serve service users lunch. Service users were treated with dignity and respect. Staff afforded adequate time for service users to make decisions and choices and offered reassurance and assistance as appropriate. Staff interactions with service users were observed to be compassionate, caring and timely.

Staff described daily informal arrangements in place that ensure service users are consulted and their views and opinions sought. More formal arrangements to promote effective communication with service users and/or their representatives were facilitated through initial and annual care reviews and the monthly service user meeting. A review of minutes of meetings since the last inspection verified that the meetings were held monthly. The minutes of the last meeting held in January 2019 reflected information being shared with service users and service users’ views and opinions being sought and forming the basis of all discussions.

Discussion with two relatives and staff evidenced that they felt the care provided was compassionate. The following is a sample of comments made:

Staff comments:

- “The staff team are eager to learn and try new activities to improve the experience of service users.”

Relatives’ comments:

- “They do lots of activities and know xxxx needs well.”

Seven service user/relative questionnaire responses were returned to RQIA. All respondents indicated they were very satisfied that care provided in the setting was compassionate.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the day care setting, 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
<b>Total number of areas for improvement</b>	0	0

## 6.7 Is the service well led?

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

The inspector sought to assess the 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 a senior day care worker and a team of support workers. There was a clear organisational structure and the registration certificate was up to date and displayed appropriately. A certificate of public liability insurance for Autism Initiatives was current and displayed.

The Statement of Purpose for the day care service was reviewed and had been last updated by the provider in September 2017. The inspector advised that the range of needs the day centre provides support for, should be fully detailed in the Statement of Purpose. The registered manager agreed to action this and an amended Statement of Purpose was forwarded to RQIA post inspection and was found to be satisfactory. Evidence gathered at this inspection indicates that the service is currently operating in keeping with its Statement of Purpose. In addition, the inspector advised a number of small amendments to the Service User Guide; an amended Service User Guide was forwarded to RQIA post inspection and was found to be satisfactory.

Discussions with staff revealed that they felt there was good management support and team work which promoted open and supportive communication opportunities to ensure the team worked well together. Staff feedback evidenced that this promoted improved outcomes for service users, and helped staff grow in confidence and knowledge so that they can safely and effectively care for service users in the setting.

It was confirmed in discussions with the registered manager and staff that the setting has a comprehensive range of policies and procedures; which informs and guide staff practice, which could be accessed online on the staff website and within a policy folder held in the day centre.

Discussions with the registered manager and staff confirmed that there were systems in place to monitor staff performance and ensure that staff received 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. A review of a sample of records evidenced that staff had received three supervision sessions and an appraisal annually. It was discussed with the registered manager that staff should have four supervision sessions in addition to an annual appraisal. The registered manager agreed to action this and ensure the relevant policy is updated accordingly to ensure compliance.

The complaints records maintained by the day care setting evidenced that there had been one complaint since the last inspection. There was evidence that the complaint had been resolved and appropriate action taken. Discussion with staff confirmed that they knew how to receive and respond to complaints sensitively and were aware of their responsibility to report all complaints to the registered manager. Service users had access to an easy read complaints leaflet and this was also available on the service user notice board.

The inspector confirmed 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. The current annual report was in the process of being collated. This should be forwarded to RQIA with the returned QIP contained within this report. The Regulation 28 monthly quality monitoring visit reports were available to inspect; three quality monitoring reports were sampled for November 2018, December 2018 and January 2019 and found to be satisfactory. The reports adhered to RQIA guidelines and evidenced engagement with service users, staff and professionals, with positive feedback recorded and each month had a focus. For example, January 2019 focused on service user consultation and working files and February 2019's planned focus was performance management.

It was positive to note that a monthly service plan was compiled within the day care setting and returned to senior management within the organisation for review, which included audits of complaints, accidents/incidents, training, supervision and appraisal, infection prevention and control, environmental checks and NISCC registration.

The registered manager confirmed that staff meetings were typically held on a bi-monthly basis. A review of a sample of minutes of the meetings evidenced that there was a learning and quality improvement focus for the meetings. They included a review of service users' needs and sharing of relevant information such as: updates on changes in service users' speech and language therapy recommendations, new safeguarding flowchart and NISCC compliance. The registered manager had also developed a dementia file which provided staff with a resource for raising awareness and understanding of dementia, which had the potential to become relevant for some service users as they became older.

In addition to staff meetings held with the day care staff, the registered manager was also proactive in ensuring that staff from a supported living service who accompanied a service user to the day centre were updated on issues relevant to the day centre, by attending their staff meetings at regular intervals and sharing information as appropriate.

The inspector discussed the recent development of the NISCC website to include an adult social care learning zone; the registered manager agreed this may be beneficial for promoting staff development and training opportunities for use within team meetings in the day centres. The registered manager advised that she would review this resource and share with the staff team as appropriate.

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, it was confirmed that the day centre had not received any complaints in relation to equality issues from service users and/or their representatives.

The inspector noted that the day centre collects equality information in relation to service users, during the referral and assessment process. The data is used effectively and with individual service user and/or their representatives' involvement when a person centred care plan is developed.

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

- Effective communication

- Service user involvement
- Adult Safeguarding
- Advocacy
- Equity of care and support
- Individualised person centred care
- Individualised risk assessment
- Disability awareness

Discussion with two relatives and staff evidenced that they felt the service was well led. The following is a sample of comments made:

Staff comments:

- “It’s a great team, all the staff work hard to provide the best for the service users.”
- “Manager is approachable, have no concerns speaking with her or raising any concerns,”
- “We all work together as a team.”

Relatives’ comments:

- “I could talk to the manager or any of the staff they are very supportive.”

Seven service user/relative questionnaire responses were returned to RQIA. All respondents indicated they were very satisfied that the service was well led. One relative commented: “Xxxx is very happy in the day centre; staff are excellent, centre very clean and plenty of activities for each person’s needs. Xxxx is happy going every day.”

### Areas of good practice

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

### Areas for improvement

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

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 Patricia McKeaveney, 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</b>	
<b>Area for improvement 1</b>	The registered person shall ensure each service user has an individual written agreement detailing the services to be provided.
<b>Ref:</b> Standard 3	Ref: 6.5
<b>Stated:</b> First time	
<b>To be completed by:</b> 7 March 2019	<b>Response by registered person detailing the actions taken:</b> Each Bryansford Road Day Care service user now has an individual written agreement detailing the services to be provided in place.

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



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