



The **Regulation** and  
**Quality Improvement**  
Authority

## **Primary Unannounced Care Inspection**

<b>Name of Establishment:</b>	<b>Ravara Training &amp; Resource Centre</b>
<b>Establishment ID No:</b>	<b>10794</b>
<b>Date of Inspection:</b>	<b>26 January 2015</b>
<b>Inspector's Name:</b>	<b>Dermott Knox</b>
<b>Inspection No:</b>	<b>20327</b>

**The Regulation And Quality Improvement Authority**  
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<b>Name of centre:</b>	Ravara Training & Resource Centre
<b>Address:</b>	14 Ravara Gardens Kilcooley Estate Bangor BT19 1SD
<b>Telephone number:</b>	(028) 9127 1304
<b>E mail address:</b>	belinda.mccormack@setrust.hscni.net
<b>Registered organisation/ Registered provider:</b>	Mr Hugh McCaughey
<b>Registered manager:</b>	Mrs Belinda McCormack
<b>Person in Charge of the centre at the time of inspection:</b>	Mrs Belinda McCormack
<b>Categories of care:</b>	DCS-LD
<b>Number of registered places:</b>	82
<b>Number of service users accommodated on day of inspection:</b>	64
<b>Date and type of previous inspection:</b>	21 February 2014 Primary Announced Inspection
<b>Date and time of inspection:</b>	26 January 2015 10:30am–4.15pm
<b>Name of inspector:</b>	Dermott Knox

## Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect day care settings. A minimum of one inspection per year is required.

This is a report of a primary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during the inspection were met.

## Purpose of the Inspection

The purpose of this inspection was to ensure that the service is compliant with relevant regulations and minimum standards and themes and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of day care settings, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Day Care Settings Regulations (Northern Ireland) 2007
- The Department of Health, Social Services and Public Safety's (DHSSPS) Day Care Settings Minimum Standards (January 2012)

Other published standards which guide best practice may also be referenced during the inspection process.

## Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the minimum standards.

The inspection process has three key parts; self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

Specific methods/processes used in this inspection include the following:

- Analysis of pre-inspection information
- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Tour of the premises
- Evaluation and feedback

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

### Consultation Process

During the course of the inspection, the inspector spoke to the following:

Service users	8
Staff	3
Relatives	0
Visiting Professionals	0

Questionnaires were provided, prior to the inspection, to staff to find out their views regarding the service. Matters raised from the questionnaires were addressed by the inspector in the course of this inspection.

Issued To	Number issued	Number returned
Staff	25 on day of inspection	Still being logged

### Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Day Care Settings Minimum Standards and theme:

- **Standard 7 - Individual service user records and reporting arrangements:**

**Records are kept on each service user's situation, actions taken by staff and reports made to others.**

- **Theme 1 - The use of restrictive practice within the context of protecting service user's human rights**

- **Theme 2 - Management and control of operations:**

**Management systems and arrangements are in place that support and promote the delivery of quality care services.**

The registered provider and the inspector have rated the centre's compliance level against each criterion and also against each standard and theme.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

<b>Guidance - Compliance Statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>2 - Not compliant</b>	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>3 - Moving towards compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>4 - Substantially Compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

## **Profile of Service**

Ravara Training and Resource Centre is a statutory day care centre in the South Eastern Health and Social Care Trust. It was established in 1974 within the learning disability programme and provides day care support for up to eighty two trainees. Due to the complexity of service users' needs currently, the number attending the centre daily is significantly lower than the maximum. The building was adapted from the original workshop design and was extended in 1986 to include an intensive support area for higher dependency trainees.

The building is single storey and is located on the outskirts of the town within a large housing executive estate. There is good access for local bus routes and shops. Good car parking space is available.

The catchment area of the centre takes in Newtownards, Comber, Ballygowan, Killinchy, Millisle and throughout the Ards Peninsula including Kircubbin, Portavogie and Portaferry.

The Trust has recruited a nurse to the team to develop a "well person" clinic within the centre. This has been seen to be beneficial as there is a large number of trainees who have complex care and health needs.

The day care workers and care assistants carry out programmes of care within the centre and provide support to the families and carers of those attending. Care centre staff regularly liaise with other professional teams in the community.

## **Summary of Inspection**

A primary, unannounced inspection was carried out at Ravara Training and Resource Centre, on Monday 26 January 2015, by an inspector from the Regulation and Quality Improvement Authority. The focus of the inspection was to assess the centre's compliance with one standard and two themes selected from the Day Care Settings Minimum Standards 2012. The manager completed a self-assessment of the centre's compliance with these standards and submitted it to RQIA within a few days of the inspection visit. An overview of the inspection findings can be found below.

The inspector was introduced to many of the service users and had detailed discussions with eight of them during the day. Service users were engaged in a range of activities, either individually or in groups with centre staff. Discussions were also held with three staff members and two relatives of service users. Time on the inspection visit was divided more or less equally between meetings with service users, relatives and staff, discussions with the manager, and examination of selected records. One recommendation arising from the inspection findings relates to the need to ensure that all personal records, relating to the care provided for service users, should be signed and dated by the person making the record.

Overall, there was good evidence to indicate that Ravara Training and Resource Centre was operating in compliance with almost all of the criteria in the standards which were the focus of this inspection. A welcoming, purposeful and supportive atmosphere was evident throughout the centre and there was written and verbal evidence of excellent staff team morale and of positive relationships amongst service users. Ravara management and staff are commended for the provision of a high quality service to those attending the centre. The participation of service users, staff and the manager in the inspection process is gratefully acknowledged.

**Standard 7: Individual service user records and reporting arrangements.**

Five service user's files were examined during the inspection and were found to be well organised and up to date. Files contained records of the involvement of service users and/or their carer/s, at all stages, from the referral, to the care planning and review processes. Individual care plans were presented in a clear and logical format which drew accurately from the assessment information. One example of good practice in this area was for people who had specific dietary and feeding needs and these were copied onto a placemat, which served as an immediate alert system or aide memoire for those who were providing food or assisting with feeding. Care plans had been signed as agreed, either by the service user or by a representative.

Assessment findings and care plan action guidance were written in a "What you should know about me" format, as if the service user was addressing staff members. The impact of this approach was seen to be positive, in that the identified needs and the planned care actions were clear and closely connected. There was written evidence to show that review decisions were carried forward into the care plans. A small number of examples were noted of records that had not been dated and the registered person should ensure that practice is improved in this area.

The centre has suitable, secure arrangements in place to ensure the safety and confidentiality of service users' personal information and staff confirmed their awareness of the importance of this aspect of their duties.

The centre was judged to be substantially compliant with this standard.

**Theme 1: The use of restrictive practice within the context of protecting service user's human rights**

Ravara provides a service to many people who have complex care and health needs, some of whom are totally reliant on others for their personal care, mobility and feeding. There is a significant input to these service users' care by community based professionals such as speech and language therapists, physiotherapists, psychologists and nurses. When devising or reviewing a service user's individual care and support plan, guidance regarding presenting behaviours and appropriate management techniques is provided by a range of professionals. Planned care for any individual's needs is reviewed and action plans are discussed to ensure that interventions remain necessary and proportionate and do not infringe a service user's human rights. Records relating to each service user's needs and the plans to meet these needs were well written and they clearly identified any issues of concern regarding the individual's rights or any consideration of the need for restrictive practice. There was no evidence in the records examined, of restraint having been used in the centre and this finding concurs with the provider's self-assessment.

Staff discussed the use of restraint or seclusion, including how service users' human rights are protected and they demonstrated an understanding of the Deprivation of Liberty Safeguards. (DOLS) – Interim Guidance.

Ravara was judged to be operating in compliance with the criteria in this theme.

## Theme 2 – Management and Control of Operations

Ravara TRC has a large staff team and, on the day of this inspection, staff were employed in sufficient numbers to meet the needs of the service users. Staff in Band 3 are supported by the Trust to gain a vocational qualification at level two. Four staff in Band 5 posts are currently engaged in development programmes leading to a Level 3 Leadership and Management qualification. Staff training records showed that mandatory training was up to date.

Acting-up arrangements have been in place to cover the manager's role and responsibilities in the centre for more than one year. There was evidence of good leadership and organisation under the current arrangements. The acting manager explained that day care services were under review within the Trust and that the outcomes of this review should lead to more permanent arrangements being put in place.

Staff, who met with the inspector, confirmed that formal supervision was held regularly, exceeding the minimum standard requirements, and that annual appraisals were carried out in a supportive and developmental manner. Staff meetings were being held regularly and were regarded by staff as a useful forum for sharing information and for developing good practice.

Monitoring arrangements were satisfactory in terms of their regularity and the numbers of service users and staff members who were asked for their views. Monitoring visits and report preparation were carried out by a peer manager from another day-care centre.

Ravara TRC was operating in compliance with the criteria in this theme.



**Follow-Up on Previous Issues**

<b>No.</b>	<b>Regulation Ref.</b>	<b>Requirements</b>	<b>Action Taken - As Confirmed During This Inspection</b>	<b>Inspector's Validation Of Compliance</b>
1	Regulation 13(1)(a)	The registered person must take appropriate action to ensure that service users' transport needs are met consistently.	Transport arrangements had been reviewed and a number of changes implemented. The manager confirmed that this had resulted in significant improvements.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Standard 25.1	It is recommended that the condition and décor of the premises should be assessed and redecorated as necessary.	The décor has been assessed and the Trust is awaiting the outcome of the current service review before deciding on an action plan.	Substantially compliant

<b>Standard 7 - Individual service user records and reporting arrangements:</b>	
<b>Records are kept on each service user’s situation, actions taken by staff and reports made to others.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
<p>7.1 The legal and an ethical duty of confidentiality in respect of service users’ personal information is maintained, where this does not infringe the rights of other people.</p>	
<b>Provider’s Self-Assessment:</b>	
<p>At Ravara Training &amp; Resource Centre we operate an open door policy. We work in partnership with the service user and parent / carer to develop a service that is transparent and honest. An example of this is at the annual Person Centred Review which we have had in place since August 2013 the Service User and parent / carer has input into the full process and will be encouraged and enabled to participate in the decision making. This assessment formulates the service plan which signed by all relevant parties to including Parent/Carer and Service User. The service plan is filed alongside the Open Access file and stored in a locked filing cabinet in each group area. The DCW is responsible for safekeeping of the key for access to records..</p> <p>Where the service user is unable to sign the service plan a person acting on their behalf will go through the document and sign. Occasionally a request may be made for Freedom of Information, if this occurs they must request this in writing from the Information Governance Team based at Lough House Ards Hospital.</p>	Compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
<p>Personal information about service users was kept securely in Ravara. Day care Workers and Care Assistants confirmed that records were kept safely to maintain confidentiality and that information was never shared with anyone who was not authorised to have access to it.</p>	Compliant

<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
<p>7.2 A service user and, with his or her consent, another person acting on his or her behalf should normally expect to see his or her case records / notes.</p> <p>7.3 A record of all requests for access to individual case records/notes and their outcomes should be maintained.</p>	
<b>Provider's Self-Assessment:</b>	
<p>Within Ravara TRC each service user has an open access file . Staff record personal and relevant information to enable them provide a high standard and safe quality service that meets their individual needs. The files are stored in a locked cabinet to maintain confidentiality.</p> <p>Policies which staff adhere to:  Data Protection Policy Statement SET/Gen (60) 2012  Good Management, Good Record 2011  Code of Practice on Protecting the Confidentiality of Service User Information - January 2012</p> <p>If a service user or someone acting on their behalf requests personal information held within the Centre, I would ask them to request this in writing to myself or Lynda McAree Information Governanace Department based at Lough House Ards Hosptial.</p> <p>A record of all requests and responses should be retained for a minimum of three years. Redacted responses must be retained for ten years. The master file will be held by the Information Governance Department as per Trust Policy SET/Gen (61) Procedure for Dealing with Freedom of Information (FOI) Requests.</p> <p>DHSSPSNI.gov.uk retention - schedule gives guidance on retention periods and relevant legislation in relation to records management.</p>	Compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
<p>Service users confirmed that they were involved in preparing and agreeing care plans and day to day activity programmes. There was also both written and verbal evidence of service user's involvement in preparing for annual reviews. Two relatives spoke of the excellent communications they had with the manager and staff members.</p>	Compliant

<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
<p>7.4 Individual case records/notes (from referral to closure) related to activity within the day service are maintained for each service user, to include:</p> <ul style="list-style-type: none"> <li>• Assessments of need (Standards 2 &amp; 4); care plans (Standard 5) and care reviews (Standard 15);</li> <li>• All personal care and support provided;</li> <li>• Changes in the service user’s needs or behaviour and any action taken by staff;</li> <li>• Changes in objectives, expected outcomes and associated timeframes where relevant;</li> <li>• Changes in the service user’s usual programme;</li> <li>• Unusual or changed circumstances that affect the service user and any action taken by staff;</li> <li>• Contact with the service user’s representative about matters or concerns regarding the health and well-being of the service user;</li> <li>• Contact between the staff and primary health and social care services regarding the service user;</li> <li>• Records of medicines;</li> <li>• Incidents, accidents, or near misses occurring and action taken; and</li> <li>• The information, documents and other records set out in Appendix 1.</li> </ul>	
<b>Provider’s Self-Assessment:</b>	
<p>The service plan is kept along side the Service user open access file. The open access file is divided into sections which include - Correspondence between family, Health Professionals , Recording, Medical, Review/Report, Education/employment, assessments, Legal and Restricted documentation. The induction is planned on an individual basis as to what is best for the service user. Within 10 days of commencement the " All About Me " assessment is completed with the individual. This details their story so far, what we need to know about them, what is important to them now and for their future etc.</p> <p>4 - 6 weeks of commencement of placement the service user will have their first Person Centred Review. At this stage the service plan will be developed ensuring that support systems are recorded i.e. personal care requirements, behaviour support strategies, risk assessments, swallow guidelines and parient handling assessments. These are drawn up and reflected in the plan. The review thereafter will take place annually or sooner if required. Within the service plan is an action plan which staff review monthly to ensure actions are being achieved and if not they must record reason why.</p> <p>Accident / incidents are recorded on a NMIR report, contact to RQIA via 1A Notification Event Form and were appropriate VA1 to Team Leader</p>	<p>Compliant</p>

<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
Five service users' files were examined and were found to contain all of the information required by this standard. The "All about Me" assessments were well written and provided excellent clarity of information on which to base the care plan objectives. With the exception of a few undated documents, the service user records were of a high standard.	Compliant
<b>Criterion Assessed:</b> 7.5 When no recordable events occur, for example as outlined in Standard 7.4, there is an entry at least every five attendances for each service user to confirm that this is the case.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment:</b>	
Within Ravara TRC each Day Care Worker maintains a daily attendance record of activity-this includes positive / negative feedback from the service users. This enables staff to complete the fifth day of attendance record.	Compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
Good records were available of each service user's attendances and involvement in their care programmes. Record keeping with regard to service users included regular identification of changes and updates required to care plans, in some cases, five or more times in one year. The provider's self-assessment was verified.	Compliant

<p><b>Criterion Assessed:</b> 7.6 There is guidance for staff on matters that need to be reported or referrals made to:</p> <ul style="list-style-type: none"> <li>• The registered manager;</li> <li>• The service user’s representative;</li> <li>• The referral agent; and</li> <li>• Other relevant health or social care professionals.</li> </ul>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment:</b></p>	
<p>Basic information sheet for staff has been developed as a guide to what needs to be reported or referred this is displayed in Manager’s Office, also all DCW have been emailed their own copy.</p>	<p>Provider to complete</p>
<p><b>Inspection Findings:</b></p>	
<p>Written guidance for staff was available in the centre and staff members confirmed that they had been provided with this information and were confident of being able to follow the correct procedures in the event of having to report any matter.</p>	<p>Compliant</p>
<p><b>Criterion Assessed:</b></p>	
<p>7.7 All records are legible, accurate, up to date, signed and dated by the person making the entry and periodically reviewed and signed-off by the registered manager.</p>	
<p><b>Provider’s Self-Assessment:</b></p>	
<p>All records are legible, accurate up to date and signed by person making the entry. The registered manager will sample and sign off several open access files during supervision. As this is an audit process recommendations are made and followed up at the next supervision.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>Most of the records examined were found to be accurate, legible, up to date and signed and dated appropriately. However, there were a few records that had been signed by a staff member, but not dated. A recommendation in this regard has been made in the accompanying Quality Improvement Plan.</p>	<p><b>COMPLIANCE LEVEL</b> Substantially compliant</p>

<b>PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

<b>INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Substantially compliant



<b>Theme 1: The use of restrictive practice within the context of protecting service user’s human rights</b>	
<b>Theme of “overall human rights” assessment to include:</b>	
<p><b>Regulation 14 (4) which states:</b></p> <p><b>The registered person shall ensure that no service user is subject to restraint unless restraint of the kind employed is the only practicable means of securing the welfare of that or any other service user and there are exceptional circumstances.</b></p>	<b>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment:</b>	
<p>The Registered Manager ensures that restraint of a service user is only employed under exceptional circumstances and as a last resort, after all other measures have been exhausted. The criteria for use of C&amp;R is clearly set out in The South Eastern Trust Procedure for the Use &amp; Recording of C&amp;R Techniques in Adult Disability Services. All staff have received a copy of this policy. Within Ravara we have not had to use any form of restraint since our last inspection. During 2015 staff will be expected to attend MAPPA training in place of Care &amp; Responsibility.</p>	Compliant
<b>Inspection Findings:</b>	
<p>Records relating to each service user’s needs and the plans to meet these needs were well written and they clearly identified any issues of concern regarding the individual’s rights or any consideration of the need for restrictive practice. There was no evidence in the records examined, of restraint having been used in the centre.</p>	Compliant

<p><b>Regulation 14 (5) which states:</b></p> <p><b>On any occasions on which a service user is subject to restraint, the registered person shall record the circumstances, including the nature of the restraint. These details should also be reported to the Regulation and Quality Improvement Authority as soon as is practicable.</b></p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment:</b></p> <p>If a service user requires the use of restraint the technique will be clearly documented in the service plan. When staff restrain a service user there are a number of forms that need completed: 1. RQIA - Form 1a Statutory Notification of Events, 2. Trust NMIR, Post Review Incident Form, Monthly Record of the Use of C&amp;R.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p> <p>Records of service users’ needs and the related action plans were well written and accurate. There had not been any restraint required within the period since the previous inspection in early 2014.</p>	<p><b>COMPLIANCE LEVEL</b></p> <p>Compliant</p>

<p><b>PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b></p> <p>Compliant</p>
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<p><b>INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b></p> <p>Compliant</p>
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Theme 2 – Management and Control of Operations	COMPLIANCE LEVEL
<p>Management systems and arrangements are in place that support and promote the delivery of quality care services.</p> <p>Theme covers the level of competence of any person designated as being in charge in the absence of the registered manager.</p>	
<p>Regulation 20 (1) which states:</p> <p>The registered person shall, having regard to the size of the day care setting, the statement of purpose and the number and needs of service users -</p> <p>(a) ensure that at all times suitably qualified, competent and experienced persons are working in the day care setting in such numbers as are appropriate for the care of service users;</p> <p>Standard 17.1 which states:</p> <p>There is a defined management structure that clearly identifies lines of accountability, specifies roles and details responsibilities for areas of activity.</p>	
<p><b>Provider's Self Assessment:</b></p>	
<p>The Statement of Purpose clearly defines the management structure,- lines of accountability and roles of staff within Ravara. When the manager is absent, Julie Cosgrove Senior day Care Worker will manage in her absence. If for any reason she is absent, a Band 5 staff member will be nominated to undertake Designated officer role. The registered manager has carried out a competency and a capability assessment with any Band 5 who is given the responsibility of being in charge of the centre during the manager's absence. The Staff Competency Assessment is kept on the staff members supervision file and viewed at any time and will be completed annually alongside appraisal form.</p>	Compliant
<p><b>Inspection Findings:</b></p>	COMPLIANCE LEVEL
<p>The provider's self-assessment was verified through examination of the record of the management structure and from discussions with the manager and staff members. The manager and Band 5 staff were in the process of re-organising formal supervision arrangements so that Band 5 staff will take responsibility for supervising Band 3 staff at the beginning of April 2015. Four Band 5 staff are currently undertaking training and assessment in Leadership and Management, in preparation for this role.</p>	Compliant

<p><b>Regulation 20 (2) which states:</b></p> <ul style="list-style-type: none"> <li><b>The registered person shall ensure that persons working in the day care setting are appropriately supervised</b></li> </ul>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider's Self-Assessment:</b></p> <p>All staff working in Ravara Training &amp; Resource Centre receive supervision. Frequency is recorded in their supervision agreement. Band 5 monthly and Band 3 bi-monthly. The supervision agreement sets out the frequency, length and functions of supervision. There are four functions of supervision management, development, support and engagement. In preparation staff draw up an agenda staff and supervisor contributes to this. Supervision minutes are agreed / signed, these are stored in the staff member's personal supervision file with a copy for the staff member. Supervision sessions are confidential however, the supervision record is an organisational document which may be seen by others for audit purposes. See South Eastern Trust Policy Supervision Policy for Social Care Workers in South Eastern Health and Social Care Trust ( SET/Gen (51) 2012 .After receiving training Band 5 will be expected to take on the role of supervision with Band 3 staff. In addition to this 4 Band 5 staff are currently completing ILM level 3 Award in Leadership&amp;Management</p> <p>Additional support is provided to staff at their annual appraisal ( Knowledge Skills Framework ) this allows staff to reflect on the knowledge / skills required for their job profile. Outcome of KSF a personal development plan will be devised - training plan for the incoming year. Progress is monitored via supervision process. Supervision and KSF should be viewed as a positive experience with time to discuss service users, training etc., reflect - give me the opportunity to praise staff for achievements and for going the extra mile.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p> <p>There was both written and verbal evidence to verify the provider's self-assessment. Staff confirmed that formal supervision was constructive and developmental. Monitoring visits were being carried out monthly and reports of these were available for inspection. Other relevant findings have been included under 17.1, above.</p>	<p><b>COMPLIANCE LEVEL</b></p> <p>Compliant</p>

<p><b>Regulation 21 (3) (b) which states:</b></p> <ul style="list-style-type: none"> <li>• (3) For the purposes of paragraphs (1) and (2), a person is not fit to work at a day care setting unless –</li> <li>• (b) he has qualifications or training suitable to the work that he is to perform, and the skills and experience necessary for such work</li> </ul>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider's Self-Assessment:</b></p> <p>The Job Description / Specification which is attached to the application form informs potential staff of what qualifications / training is required for the job. Essential criteria is used as part of the shortlisting process ie: Band 3 essential criteria is QCF II in care or equivalent or one years paid experience working in the caring environment and a requirement to complete equivalent to QCF II and completion of NISCC Induction. If an individual does not possess these, they will not be shortlisted to next stage of selection / recruitment process - interview. Access N.I, medical, reference check are also completed before appointment through Human Resources Department in partnership with day centre managers.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p> <p>The provider's self-assessment was verified through examination of staff training records, supervision records and from discussions with staff members, one of whom had been appointed recently to a permanent post and had undertaken induction training.</p>	<p><b>COMPLIANCE LEVEL</b></p> <p>Compliant</p>

<p><b>PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b></p> <p>Compliant</p>
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<p><b>INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b></p> <p>Compliant</p>
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## **Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Belinda McCormack, Acting Manager, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

**Dermott Knox,  
The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
Belfast  
BT1 3BT**



## Quality Improvement Plan

### Primary Unannounced Care Inspection

#### Ravara Training and Resource Centre

**26 January 2015**

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Belinda McCormack, Acting Manager, either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

**Recommendations**

These recommendations are based on The Day Care Settings Minimum Standards January 2012. This quality improvement plan may reiterate recommendations which were based on The Day Care Settings Minimum Standards (draft) and for information and continuity purposes, the draft standard reference is referred to in brackets. These recommendations are also based on research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details of Action Taken By Registered Person(S)	Timescale
1	Standard 7.7	Several examples were noted of records that had been signed by a staff member but not dated and the registered person should ensure that dating of records becomes standard practice for all staff.	One	Files audited by Inspector have been revised and dated. All staff have been made aware by memo and team briefs of recommendation to ensure all documents are signed and dated.	Immediate and on-going.



**Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:**

<b>Name of Registered Manager Completing Qip</b>	Belinda McCormack
<b>Name of Responsible Person / Identified Responsible Person Approving Qip</b>	Mandy Irvine, Acting Director Adult Services & Prison Healthcare obo Brendan Whittle

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	Yes	D Knox	10 March 2015
Further information requested from provider	No		