



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

## **Primary Unannounced Care Inspection**

<b>Name of Establishment:</b>	<b>Island Resource Centre</b>
<b>Establishment ID No:</b>	<b>10989</b>
<b>Date of Inspection:</b>	<b>6 March 2015</b>
<b>Inspector's Name:</b>	<b>Priscilla Clayton</b>
<b>Inspection No:</b>	<b>17648</b>

**The Regulation And Quality Improvement Authority**  
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<b>Name of centre:</b>	Island Resource Centre
<b>Address:</b>	Cuba Walk Belfast BT4 1EQ
<b>Telephone number:</b>	(028) 9045 4400
<b>E mail address:</b>	paddy.goan@belfasttrust.hscni.net
<b>Registered organisation/ Registered provider:</b>	Mr Martin Joseph Dillon
<b>Registered manager:</b>	Mr Patrick Goan
<b>Person in Charge of the centre at the time of inspection:</b>	Mr Patrick Goan
<b>Categories of care:</b>	DCS-E, DCS-PH, DCS-SI
<b>Number of registered places:</b>	60
<b>Number of service users accommodated on day of inspection:</b>	21
<b>Date and type of previous inspection:</b>	18 June 2013 Primary Announced Inspection
<b>Date and time of inspection:</b>	6 March 2015 10.30am–4.00pm
<b>Name of inspector:</b>	Priscilla Clayton

## 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	21
Staff	4
Relatives	Nil
Visiting Professionals	Nil

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	18	Nil

### 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**

Island Resource Centre is a purpose built single storey building situated in a small enclave of private residential dwellings, at the lower, city end of the Newtownards Road.

The centre has been granted for registration in the Categories - Physical Disability (PH) Sensory Impairment (S.1) and Service Users who are over sixty five and do not fall into the previous categories (E).

The centre is registered to provide care for up to sixty persons each day and offers a range of activities which are social, recreational, and therapeutic; personal care based.

## **Summary of Inspection**

The primary unannounced inspection of Island Resource Centre took place on 6 March 2015 between the hours of 10.30am and 4.00pm. The registered manager, Patrick Goan was on duty and was supported at operational level by a mixed skill team of care and ancillary staff. Support at senior management is provided by Colette Johnston, assistant service manager.

One requirement and two recommendations were made at the previous inspection conducted on 18 June 2013. The requirement which related to monthly monitoring visits was reiterated as this had not been fully addressed. Recommendations made had been addressed.

Following the inspection, the registered manager completed a self -assessment of the standard criteria to be inspected. The comments provided by the registered manager in the self-assessment were not altered in any way by RQIA.

During the inspection the inspector met with service users and staff, discussed the day to day arrangements in relation to the conduct of the day centre and standard of care provided to service users, observed care practice, examined a selection of records and carried out a general inspection of the day care environment.

Service users who spoke with the inspector at various times during the inspection expressed satisfaction with the provision of care, range of therapeutic activities provided, staffing, environment and meals provided.

Staff interactions and responses to service users was observed to be appropriate and was based on an understanding of individual service users conduct, behaviours and means of communication.

## **Inspection findings**

### **Standard 7 – Individual service user records and reporting arrangements.**

Policies and procedures on Confidentiality, Data Protection and Management of Records were in place and available to staff who demonstrated knowledge and understanding of good professional practice in regard to recording and record keeping including assessment, care planning and review.

Care records examined reflected user / representative consultation in regard to assessment and care planning, care reviews and other necessary documents as set within Day Care Settings Minimum Standards (DHSSPS) 2012.

The supporting evidence gathered through the inspection process concluded that Island Resource Centre was compliant with Standard 7. This is to be commended.

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

The inspector reviewed the arrangements in place for responding to service users behaviour. The centre had a policy and procedures in place which reflected best practice guidance in relation to management of actual and potential aggression (MAPA), restraint, seclusion and human rights. Through observation, review of documentation and discussion with staff and service users, confirmation was obtained that restraint would only ever be used as a last resort and no form of restrictive practice was in place.

Staff training In MAPA was provided and staff who spoke with the inspector demonstrated knowledge of the policy in place and procedure to follow should challenging behaviour arise.

The supporting evidence gathered through the inspection process concluded that Island Resource Centre was compliant with this theme. This is to be commended.

### **Theme 2 - Management and control of operations.**

There was a defined management structure showing the lines of accountability within the Statement of Purpose.

Roles and details of responsibilities are reflected within job descriptions issued to staff on commencement of employment.

The inspector reviewed the arrangements in place in regard to the management and control of operations.

Supporting evidence of the level of compliance with this theme was obtained from associated policies/procedures, examination of a sample records maintained including for example; staff induction records, staff appraisal, supervision, staff meetings, mandatory training, staffing levels/procurement, complaints and discussion with staff and service users.

The supporting evidence gathered through the inspection process concluded that Island Resource Centre was compliant with this theme. This is to be commended.

### **Environment**

The internal environment of the centre was observed to be clean, tidy, organised and fresh smelling throughout.

### **Conclusion**

Three Requirements, one of which was reiterated for a second time related to monthly monitoring visits. The remaining two requirements related firstly to the development of a staff duty roster and secondly ensure that RQIA are notified of all accidents/incidents occurring in the centre. One recommendation was made in regard to complaints records.

The inspector wishes to thank the service users, staff and the registered manager for their assistance and co-operation throughout the inspection.

### Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	28 (3)	The Registered person must ensure the Regulation 28 visits and reports completed on behalf of the registered person are completed monthly. If the manager is absent this must be covered to ensure a monthly report is undertaken. Measures put in place to ensure this is complied with should be reported on the returned QIP.	Examination of monthly monitoring visits evidenced that February 2015 visit was not conducted.  This requirement has been reiterated for a second time.	Not compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	15.3, 15.4	The registered manager should review the preparation for the review evidence and ensure there is a record of a review report being written prior to the review with the service user and or their representative.	Examination of records retained evidenced that pre review reports were being written as recommended.	Compliant
2.	17.10 Appendix 2	The registered person should make arrangements for the review of the settings policy and procedure that has been developed regarding the monthly monitoring process. This should be expanded to include process; the report format used and should include who and how reports can be accessed.	A policy/procedure for monthly monitoring process had been developed as recommended.	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>
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.	
<b>Provider’s Self-Assessment:</b>	
All staff are informed of the importance of confidentiality during the induction process and this would be re-enforced throughout the working year. The BHSCT guidance document for staff on Confidentiality of Service User Information was discussed and signed by all staff at recent team meeting. Policy surrounding confidentiality is also readily available to staff in paper copy in the office and on the Trust Intranet. Standard 7 has been discussed at recent team meetings and a large poster of Standard 7, including the values underpinning it, is on display on the staff notice board.	Compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
The centre had policies and procedures covering ethical matters in regard to Confidentiality (2014), Data Protection (2014) and Records Management (2011).  Staff who spoke with the inspector demonstrated awareness of the policies/procedures to follow.	Compliant

<p><b>Criterion Assessed:</b></p> <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>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment:</b></p>	
<p>Staff have been advised of the policy in regard to this and that any request will need to be put forward in writing outlining the name of the requesting person and the reason for the request. To date there have been no requests for access to files but staff are aware of the possibility of such and the need to record any such requests should they occur.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>Information as illustrated in the self- assessment was verified through discussion with the manager who confirmed that service users/representatives are kept fully informed and access to their care records would always be accommodated.</p> <p>The manager confirmed that requests for access to information would be recorded although this has not been necessary to date.</p>	<p><b>COMPLIANCE LEVEL</b></p> <p>Compliant</p>

<p><b>Criterion Assessed:</b></p> <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>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment:</b></p> <p>All details in relation to the above can be found in both the service users e-file and the hard copy paper files that are kept in locked cabinets in the centre.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p> <p>Information as illustrated by the manager in the self-assessment was verified through discussion with staff and examination of four care records which confirmed that records were comprehensive with assessments including risk, care plans showing actual and potential needs and interventions to meet agreed objectives. There was good evidence of resident representative consultation and multi-professional collaboration in planned care.</p>	<p><b>COMPLIANCE LEVEL</b></p> <p>Compliant</p>

<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>	
This can be evidenced within the recordings carried out by staff and stored within each service user's electronic and paper copy file.	Compliant
<b>Inspection Findings:</b>	
Examination of a sample of service user care records evidenced that individual care records have a written entry at least once every five attendances for each individual service user.	Compliant
<b>Criterion Assessed:</b>	
7.6 There is guidance for staff on matters that need to be reported or referrals made to: <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>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment:</b>	
All staff are trained in reporting and recording service user information. All information is recorded in the service users files and includes all contact with the referral agent and other professionals/multi-disciplinary liaison. Staff have received training in incident reporting/recording and recently reviewed policy surrounding this at the team meeting.	Compliant
<b>Inspection Findings:</b>	
The centre had in place the relevant corporate policies with regard to reporting and management of events. Staff presented as being confident and competent in their roles and clear in their reporting procedures to the manager, service user representatives and other professional staff.	Compliant

Examination of care records evidenced multi-professional collaboration in planned care, reporting and sharing of information with representatives of service users.	
<b>Criterion Assessed:</b> 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.	
<b>Provider's Self-Assessment:</b> This is evidenced within each service user's file. The manager reviews all records during supervision with staff on a regular basis.	Compliant
<b>Inspection Findings:</b> Examination of a sample of four care records evidence that these were legible, current signed and dated by the staff member and reviewed signed off by the manager.	<b>COMPLIANCE LEVEL</b> Compliant

<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>
	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>Restraint has never been used on any service user attending the Island Resource Centre. Staff are regularly trained in MAPA technique and a list of disengagement skills successfully taught are listed on the back of the completed course certificate that they receive.</p>	Compliant
<b>Inspection Findings:</b>	
<p>The centre’s had a policy/procedure on Restraint and Seclusion (2014).</p> <p>Information as illustrated in the self- assessment was verified through discussion with the manager, staff and observation. All staff confirmed that no form of seclusion or restraint is used.</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>To date no service user has required restraint when attending the centre. Should restraint ever have to be used in exceptional circumstances this would immediately be recorded and reported by staff to both the BHSCT and the RQIA</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p> <p>Information as illustrated in the self-assessment was verified through discussion with the manager and staff who confirmed that no physical restraint has been necessary.</p> <p>Staff training records evidenced that staff training in restrictive intervention was provided (MAPA).</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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<p align="center"><b>Theme 2 – Management and Control of Operations</b></p>	<p align="center"><b>COMPLIANCE LEVEL</b></p>
<p><b>Management systems and arrangements are in place that support and promote the delivery of quality care services.</b></p> <p><b>Theme covers the level of competence of any person designated as being in charge in the absence of the registered manager.</b></p>	
<p><b>Regulation 20 (1) which states:</b></p> <p><b>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 -</b></p> <p style="padding-left: 40px;"><b>(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;</b></p> <p><b>Standard 17.1 which states:</b></p> <p><b>There is a defined management structure that clearly identifies lines of accountability, specifies roles and details responsibilities for areas of activity.</b></p>	
<p><b>Provider’s Self Assessment:</b></p>	
<p>Information on the notice board in reception is completed each morning giving details of the staff on duty and which activities they are responsible for on that day. A paper copy of this is also kept on file.</p> <p>The Manager and/or senior day care worker are on site at all times and copies of their NISCC registration are kept in the office.</p>	<p align="center">Compliant</p>



<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
<p>Information as illustrated by the manager was verified through discussion with staff and examination of a number of documents including policies and procedures.</p> <p>The organisational structure of the centre was reflected within the Statement of Purpose.</p> <p>There was evidence of induction programme for all new staff which is signed by the employee when competent in each of the activities/factors listed.</p> <p>Staff meetings are held quarterly with minutes recorded. Staff supervision and annual appraisal is conducted with records retained.</p> <p>Staff mandatory training was being provided with records retained. Opportunity for other professional development training was also provided.</p> <p>Several staff hold qualifications in NVQ and QCF.</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>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment:</b>	
<p>Regular supervision sessions are carried out with all care staff working in the centre.</p> <p>There is a weekly staff meeting each Thursday for the passing on of information and staff sign that they have attended or read the minutes if not present. Continued daily contact with all staff gives an added level of supervision.</p>	Compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
<p>Information as illustrated by the manager was evidenced through examination of records retained and policy / procedure on supervision.</p> <p>Staff confirmed that supervision was provided on a regular basis. Records were being retained by the manager.</p>	Compliant

<p>One requirement was made in regard to the development of a staff duty roster in accordance with Regulation 19(2) Schedule 5. 7</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>These are laid down in the original post advertising and are also required to be provided as documentation during the interview process. Minimal requirements are part of the shortlisting process for vacant posts that may arise. The current registered manager is a qualified social worker . The senior day care worker is currently confirming option to complete QFC Level 5 Diploma in Leadership for Health &amp; Social Care Services.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p> <p>Information as illustrated by the manager was verified through examination of staff training records, discussions with staff and observation of care practice.</p> <p>As confirmed by the manager several care staff hold qualifications NVQ Level 2 or 3.</p> <p>Records retained evidenced that newly appointed staff receives an induction programme which covers all necessary activity and skill to work within the centre. Additionally ongoing staff meetings, reflective practice, supervision and appraisal are provided in keeping with the SHSC Trust policy/procedures and governance arrangements.</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>
<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>

## **9.0 Additional Areas Examined**

### **9.1 Complaints**

The centre retains records of all complaints received. Examination of the records evidenced that action taken and any lesson learned was not recorded. One recommendation was made in this regard.

The manager confirmed that all complaints received had been resolved.

### **9.2 Registered Manager Questionnaire**

The registered manager completed, signed and returned the questionnaire following the unannounced inspection. Examination of the document evidenced that governance arrangements were in place including the listed corporate policies/procedures, staff induction, staff appraisals and registration with Northern Ireland Social Care Council. The manager also confirmed in the questionnaire that no service user presented with challenging behaviour and restraint is not undertaken.

Staff training in challenging behaviour, restraint, restriction and seclusion was confirmed.

### **9.3 Statement of Purpose**

The Statement of Purpose for the centre was forwarded to RQIA post inspection as requested. The document was found to be comprehensive and in accordance with Regulation 4 of The Day Care Setting Regulations (Northern Ireland) 2007.

### **9.4 Service Users Guide**

The Service User Guide for the centre was dated May 2014. The document was found to be comprehensive and in accordance with Regulation 5 of The Day Care Setting Regulations (Northern Ireland) 2007.

### **9.5 Monthly Monitoring Reports**

Monthly monitoring visits were being conducted as evidenced within records retained. Examination of the reports evidenced that on visit was conducted during February 2015. The manager advised that the monitoring staff member was on leave and no provision was made to undertake the visit. One requirement was made at the previous inspection in regard to visits. This requirement was reiterated for a second time.

### **9.7 Service users views**

The inspector met with all service users, several individually and in group format. Service users were observed participating in organised activities and socialising within their activity groups. In accordance with their capabilities all service users indicated/expressed that they enjoyed attending the centre and how much they looked forward to meeting up with other people. No issues or concerns were expressed or indicated by service users.

### **9.8 Staff views**

The inspector spoke with four staff of different grades. Comments made in regard to the provision of care were positive. Staff confirmed that they enjoyed working in the centre were

service users are always treated with dignity and respect. No staff questionnaires were returned to RQIA.

No issues or concerns were expressed or indicated by staff who spoke with the inspector.

## **9.9 Environment**

All areas within the centre were observed to be clean, tidy, organised and adequately heated throughout.

Fire doors were closed and fire exits unobstructed.

## **Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Mr Patrick Goan 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:

**Priscilla Clayton**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**



A completed Quality Improvement Plan from the inspection of this service has not yet been returned.

If you have any further enquiries regarding this report please contact RQIA through the e-mail address [info@rqia.org.uk](mailto:info@rqia.org.uk)



## Quality Improvement Plan

### Primary Unannounced Care Inspection

#### Island Resource Centre

6 March 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 the registered manager, Patrick Goan and the senior care worker at the conclusion of 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.

**Statutory Requirements**

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Day Care Settings Regulations (NI) 2007

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Regulation 28 (3)	<p><b><u>Monthly Monitoring Visits / Reports</u></b></p> <p>The Registered person must ensure the regulation 28 visits and reports completed on behalf of the registered person are completed monthly. If the manager is absent this must be covered to ensure a monthly report is undertaken. Measures put in place to ensure this is complied with should be reported on the returned QIP</p> <p>(Previous requirement from inspection dated 18 June 2013).</p>	Two		Each Month.
2	Regulation 19 (2) Schedule 5. 7.	<p><b><u>Staff duty roster</u></b></p> <p>The registered manager is required to develop a staff duty roster.</p> <p>(Following the inspection RQIA received confirmation from the registered manager that a duty roster had been established with a copy submitted).</p> <p>All further duty rosters to be retained in the centre and be available for RQIA inspection.</p>	One		Week commencing 9 March 2015 and on-going



3	Regulation 29 (d)	<p><b><u>Accident/incidents</u></b></p> <p>The registered manager must ensure that all accidents/incidents' are notified to RQIA as required.</p>	One		7 March 2015 and on-going
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**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 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 14.10	<p><b><u>Complaints recording</u></b></p> <p>It is recommended that the registered manager ensures a record is made on the outcome of complaints to include any lessons learned.</p>	One		30 March 2015

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>	
<b>Name of Responsible Person / Identified Responsible Person Approving Qip</b>	

<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			
Further information requested from provider			