Primary Announced Care Inspection

Name of Establishment:	**Avondale Day Centre**
Establishment ID No:	**10990**
Date of Inspection:	**6 May 2014**
Inspector's Name:	**Dermott Knox**
Inspection No:	**17706**

The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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Name of centre:	Avondale Day Centre
Address:	203 South Street Newtownards BT23 4JY
Telephone number:	(028) 9181 2063
E mail address:	Jennifer.zebedee@foldgroup.co.uk
Registered organisation/ Registered provider:	Mrs Fiona McAnespie
Registered manager:	Miss Jennifer Zebedee
Person in Charge of the centre at the time of inspection:	Miss Jennifer Zebedee
Categories of care:	DCS-LD
Number of registered places:	20
Number of service users accommodated on day of inspection:	19
Scale of charges (per week):	As per Trust contract
Date and type of previous inspection:	29 April 2013 Primary Unannounced
Date and time of inspection:	6 May 2014 10:30am – 4:30pm
Name of inspector:	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	4	4

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:

Guidance - Compliance Statements		
Compliance statement	**Definition**	**Resulting Action in Inspection Report**
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	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
3 - Moving towards compliance	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
4 - Substantially Compliant	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
5 - Compliant	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

Avondale Centre opened in 1991 under the management of Fold Housing Association. The Day Centre is registered to provide day care for people over the age of 50 years, who have a Learning Disability.

The Centre is open from 9.00am to 4.30pm Monday to Friday.

The building is located on the outskirts of Newtownards with good access for local bus routes and local shops. Access is via a long driveway off South Street and limited car parking is available at the front of the facility.

The building is single storey, designed around one central arrival area with a number of smaller multi-function rooms set off the main area. A large hall is used as the dining room and also provides space for a snooker table and a TV corner. There are adequate toilet and washing facilities available for service users.

Use of the Centre is shared with various community groups including the local Gateway Club. The catchment area of the centre takes in Bangor, Newtownards, Comber, Ballygowan, and Killinchy, stretching to Donaghadee and Millisle.

Summary of Inspection

A primary announced inspection was undertaken in Avondale Day Centre on Tuesday 6 May 2014 from 10:30am to 4:30pm. Prior to the inspection the service provider submitted a self-assessment of the day centre's performance in the one standard and two themes forming the focus of the inspection. The following evidence sources were accessed during the inspection:

- Analysis of pre-inspection information and questionnaires
- Discussion with the registered manager, staff and service users
- Examination of a sample of service user individual file records including needs and risk assessments; the complaints record; staff training record; individual staff records; incidents and accidents record; evidence of service user consultation, monthly monitoring records; the centres statement of purpose; service user guide and policies & procedures
- Tour of the premises.

The inspector met with the manager and three staff regarding record keeping, team working, management support, supervision and the overall quality of the service provided. Eight service users contributed to discussions, regarding their experiences of the service and their views on the support provided.

Four completed questionnaires were returned by staff members, who reported satisfactory arrangements were in place with regard to supervision, staff training, staffing and management arrangements, responding to challenging behaviour, confidentiality and recording. Positive comments were made regarding the quality of care provided, including: "Provides choice and promotes independence in each service user", and "-------- listening and caring at all times".

Discussions with service users indicated a high level of satisfaction with the activities provided and the caring relationships that they enjoyed with the staff.

Requirements and recommendations from the previous inspection had been met, as far as was possible by Fold, with one issue of correspondence from the referring Trust remaining to be followed up by RQIA.

On the basis of the evidence presented, two recommendations are made in the Quality Improvement Plan, accompanying this report. These were discussed with the manager at the conclusion of the inspection.

The inspector wishes to acknowledge the work undertaken by the manager and staff in preparation for this inspection and their open and constructive approach throughout the inspection process. Gratitude is also extended to members, who warmly welcomed the inspector to the centre and contributed to the evaluation of the service provided.

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.

The centre has written policies and procedures pertaining to confidentiality, recording and reporting, data protection and storage and disposal of closed files. The policies and procedures were available for staff reference. The registered person had arrangements in place to audit policies and procedures with regard to the requirements of the minimum standards, in order to ensure that they were up to date and accurate. The Care Services Manager, who visited the centre during the inspection, said that an extensive programme of policy reviews was underway. One specific policy issue, regarding access to records by service users, was discussed and the manager confirmed that this had already been identified for revision by Fold management.

In the sample of four care records examined, there were many examples of service users having signed to indicate their involvement and agreement with the content. This developing sense of service users having some ownership of their records is encouraging. All service users had agreed to have a recent photograph included in their file.

The centre was judged to be operating in compliance with this standard.

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

Fold has a policy and clear guidelines on the use of restrictive practices, which states that staff are not to use physical restraint or physical intervention with service users. The evidence available from service users, staff and the written records, verified that there had not been any instances of such practices in the centre. Staff discussed the use of good communication, calming and diffusing techniques, for which training is provided, and the importance of developing a good understanding of each person's needs and preferences. They expressed the view that the development of trusting working relationships helps service users to seek support from staff before acting in a way that might be threatening to others.

The centre was judged to be operating in compliance with this theme.

Theme 2 - Management and control of operations: Management systems and arrangements are in place that support and promote the delivery of quality care services.

Staff records showed that the registered manager is qualified at Level 4 in management and is experienced in managing the centre. The well-experienced care workers, one of whom has gained QCF Level 3 in Care, are capable of taking charge in the manager's absence. The manager acknowledged the need for her to pursue her own further training and qualification at QCF Level 5 and this is recommended.

Staff confirmed their awareness of reporting arrangements, both within the Fold organisation and in the local Trust, should any notifiable event arise. There was evidence from discussions with staff to confirm that members of the staff team work supportively and well with one another. The manager demonstrated a good understanding of the training needs of each staff member and had systems in place for supervision and performance appraisal. Records of staff training and supervision were satisfactory and up to date.

The staffing structure and reporting arrangements were clearly set out in writing in the statement of purpose, for reference by all stakeholders. Staff presented as being knowledgeable, appropriate to their roles and keen to improve their skills in working with service users.

Monitoring arrangements are standardised across Fold services, and the attention to detail in the monitoring visits and reports is commendable.

Avondale Day Centre was operating in compliance with the criteria in this theme.

Additional Areas Inspected

Care Plans

Care plans, in the four files examined, were well structured and had good identification of the actions required by staff to meet the needs identified. However, the section on desired outcomes for the service user, in relation to each identified need, did not, in most cases, describe an outcome that could be seen to have been achieved, or against which progress by the service user could readily be measured.

It is recommended that the manager and staff should research the writing of achievable goals, discussed at the conclusion of the inspection, and should seek to develop a more outcome oriented approach to supporting achievement by service users.

Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Regulation 19(1)(a)	With regard to a specific safeguarding incident identified by the provider at 13.6, Fold should pursue information from the relevant Trust personnel, so that the conclusion to the centre's reporting of the event may be recorded appropriately.	While the centre manager had pursued this issue with the Trust, there is not yet any standardised procedure by which Designated Persons in the Trust respond routinely to a reporting agency on the screening decision taken.	Substantially compliant
2	Regulation 19(2)	The registered manager should ensure that the record of the identified concern is completed, (as discussed with the manager).	The manager provided evidence of compliance in this regard.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Standard 17.8	The service user guide should be revised to make it much more user friendly and accessible to those who have widely differing abilities in understanding written, pictorial, auditory and signed information.	The service user guide had been revised and is now presented in a much more accessible format for service users.	Compliant
2	Standard 17.9	There was some evidence of audit activity that was not formally recorded and it is recommended that a more structured approach to the auditing of working practices should be developed.	Records of audits of a range of working practices were available for inspection.	Compliant

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.**	
Criterion Assessed: 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.	**COMPLIANCE LEVEL**
Provider's Self-Assessment:	
All information relating to the Service User is retained within a locked cabinet/office at the Centre. Fold fully endorses and adheres to the principles of Data Protection as set out in the Data Protection Act 1998.	Substantially compliant
Inspection Findings:	**COMPLIANCE LEVEL**
Fold has well-structured written policies and procedures, relevant to this criterion. Staff confirmed their awareness of the importance of maintaining confidentiality with regard to service users' information.	Compliant
Criterion Assessed: 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. 7.3 A record of all requests for access to individual case records/notes and their outcomes should be maintained.	**COMPLIANCE LEVEL**
Provider's Self-Assessment:	
A Service user and with his/her consent another on his or her behalf will have access to their notes. A request for access to individual case records/notes will be recorded on the communication record sheet. Fold fully endorses and adheres to the principles of Data Protection as set out in the Data Protection Act 1998.	Substantially compliant

Inspection Findings:	**COMPLIANCE LEVEL**
The centre has a written policies and procedures relating to, access to records, management of records and service user agreement. The policies and procedures were available for staff reference and had been discussed with staff in advance of this inspection. The manager and staff were aware of procedures to be followed regarding issues of confidentiality, consent and access to records and there were numerous examples of service users having signed their own assessments, care plans, review reports and progress notes. Two service users confirmed that they knew how to access their files, by asking staff.	Compliant
Criterion Assessed: 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: • Assessments of need (Standards 2 & 4); care plans (Standard 5) and care reviews (Standard 15); • All personal care and support provided; • Changes in the service user's needs or behaviour and any action taken by staff; • Changes in objectives, expected outcomes and associated timeframes where relevant; • Changes in the service user's usual programme; • Unusual or changed circumstances that affect the service user and any action taken by staff; • Contact with the service user's representative about matters or concerns regarding the health and well-being of the service user; • Contact between the staff and primary health and social care services regarding the service user; • Records of medicines; • Incidents, accidents, or near misses occurring and action taken; and • The information, documents and other records set out in Appendix 1.	**COMPLIANCE LEVEL**
Provider's Self-Assessment:	
Individual case records which include all of the above information are maintained for each service user. Once a service user leaves the information is retained for eight years.	Substantially compliant

Inspection Findings:	**COMPLIANCE LEVEL**
The provider's self-assessment was verified through examination of four members' records, all of which were found to be well-organised and complete in all of the matters identified in this criterion. Records were relevant to the assessed needs and each care plan had been signed by the service user, or, in one case, a representative. One issue regarding the writing and use of care plan goals and outcomes is identified separately, under Additional Areas Inspected, toward the end of this report.	**Compliant**
Criterion Assessed: 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.	**COMPLIANCE LEVEL**
Provider's Self-Assessment:	
When no recordable events occur an entry is recorded at least once each week.	Substantially compliant
Inspection Findings:	**COMPLIANCE LEVEL**
A sample of four care records provided evidence that written entries were made at least once every five attendances for each of those service users. The Keyworker system ensures that one designated staff member keeps track of the frequency and accuracy of recording in relation to each service user.	**Compliant**
Criterion Assessed: 7.6 There is guidance for staff on matters that need to be reported or referrals made to: • The registered manager; • The service user's representative; • The referral agent; and • Other relevant health or social care professionals.	**COMPLIANCE LEVEL**
Provider's Self-Assessment:	
Fold provide guidance for staff in respect of all reportable incidents and each service user file has a communication record to record all non regulatory referrals and communication.	Substantially compliant

Inspection Findings:	COMPLIANCE LEVEL
The provider's self-assessment was verified through examination of a sample of the relevant policy and procedure documents, which were of a high standard. These included, Safeguarding Vulnerable Adults and Incident Reporting and Management. Follow up action on any reported event was noted in the Regulation 28 monthly monitoring report.	**Compliant**
Criterion Assessed: 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.	
Provider's Self-Assessment:	
All records are completed as per 7.7. These are periodically reviewed and signed off by the Registered Manager and the Care Services Manager as part of the monthly compulsory audit.	Substantially compliant
Inspection Findings:	**COMPLIANCE LEVEL**
A sample of four service user records was examined and all were found to be legible, accurate, up to date and signed and dated by the person making the entry. Staff who met with the inspector confirmed their understanding of the recording requirements. They were aware that records were audited by the manager and also that they were sampled by the Care Services manager during monitoring visits. Staff confirmed that record keeping was discussed in supervision and in staff meetings.	**Compliant**

PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

Theme 1: The use of restrictive practice within the context of protecting service user's human rights **Theme of "overall human rights" assessment to include:**	
Regulation 14 (4) which states: **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.**	**COMPLIANCE LEVEL**
Provider's Self-Assessment:	
Restraint and seclusion is not practiced and fervantly discouraged within Avondale. A restraint policy is in place read in conjunction with challenging behaviour policy. Staff are aware of these policies and of the guidance on restraint.	Substantially compliant
Inspection Findings:	**COMPLIANCE LEVEL**
A written Policy on Restraint was examined and clearly directs staff not to use physical restraint with service users. Staff confirmed that their training prepares them to use diffusing techniques and to move other service users away if there is an occurrence of violence. Staff training records showed that, in the year prior to this inspection, three of the four staff members had participated in training on management of challenging behaviour.	Compliant
Regulation 14 (5) which states: **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.**	**COMPLIANCE LEVEL**
Provider's Self-Assessment:	
With reference to 14 (4) Fold do not practice restraint. Should such ever be required to ensure the health safety and welfare of a Service User this would be recorded and notified immediately to RQIA and Commissioning Body.	Substantially compliant

Inspection Findings:	COMPLIANCE LEVEL
The manager and staff confirmed that there was never any use of restraint, or restrictive practices in Avondale Day Centre. It is commendable that human rights consideration is now being given proactively to relatively minor issues, such as prescribed restrictions in a service user's diet, in order to ensure that all such decisions are necessary, proportionate and agreed. Service users confirmed that their attendance at the centre was based on their own wishes and records showed that service users, or their representatives, had signed an agreement for their involvement in the care planning and review process. Service users normally have regular contact with other health and social care professionals, in the community and there was both written and verbal evidence of communication between all those involved in a service user's care plan and review arrangements. Care plans were reviewed at least annually to ensure their goals remained relevant and did not infringe on the person's human rights. Staff confirmed that they try to promote each person's involvement in the decision making process and this was reflected in the progress records and the review reports that were examined.	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

Theme 2 – Management and Control of Operations **Management systems and arrangements are in place that support and promote the delivery of quality care services.** **Theme covers the level of competence of any person designated as being in charge in the absence of the registered manager.**	**COMPLIANCE LEVEL**
Regulation 20 (1) which states: **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 -** **(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;** **Standard 17.1 which states:** **There is a defined management structure that clearly identifies lines of accountability, specifies roles and details responsibilities for areas of activity.**	
Provider's Self Assessment:	
The management structure for the centre is contained with Statment of Purpose and clearly identifies lines of accountability, specific roles and details responsibilities for areas of activity.	Compliant
Inspection Findings:	**COMPLIANCE LEVEL**
Staffing arrangements in Avondale enable the operation of at least two groups, in different activities, each morning and afternoon. Staff reported that they were also able to take small groups of service users to activities out of the centre. Staff presented as being confident in their working relationships with the members who attended the centre on the day of this inspection. Written records of work with members, either individually or in groups, provided further evidence of staffs' competence in responding appropriately to a wide range of presenting issues. Staff confirmed that they were clear about the lines of accountability.	Compliant

Regulation 20 (2) which states: • **The registered person shall ensure that persons working in the day care setting are appropriately supervised**	**COMPLIANCE LEVEL**
Provider's Self-Assessment:	
All staff are appropriately supervised.	Substantially compliant
Inspection Findings:	**COMPLIANCE LEVEL**
Two staff files were examined, which included supervision records. Formal supervision for each staff member was carried out every three months and the records showed that there was wide-ranging content, which was recorded in satisfactory detail. Staff confirmed that they have frequent working contact with the manager on a day to day basis, providing opportunities for discussions and clarification of any issues of uncertainty.	Compliant
Regulation 21 (3) (b) which states: • **(3) For the purposes of paragraphs (1) and (2), a person is not fit to work at a day care setting unless –** • **(b) he has qualifications or training suitable to the work that he is to perform, and the skills and experience necessary for such work**	**COMPLIANCE LEVEL**
Provider's Self-Assessment:	
All staff are subject to a formal recruitment. Each job role has a job specification aligned to the Regulators requirements and the specific post.	Substantially compliant
Inspection Findings:	**COMPLIANCE LEVEL**
Compliance with this criterion was verified through examination of a sample of staff records, showing qualifications, previous experience, training completed and regular supervision. Evidence of training attended and of qualifications gained, was contained in each file. Staff confirmed that the induction programme for new staff provided good preparatory training for the job. Performance appraisals were being carried out annually and helped to maintain a focus on each staff member's knowledge and skills development.	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

Additional Areas Examined

Complaints

The centre's record of complaints was examined and found to be satisfactory.

Care Plans

Care plans, in the four files examined, were well structured and had good identification of the actions required by staff to meet the needs identified. However, the section on desired outcomes for the service user, in relation to each identified need, in most cases, did not describe an outcome that could be seen to have been achieved, or against which progress by the service user could readily be measured.

It is recommended that the manager and staff should research the writing of achievable goals, discussed at the conclusion of the inspection, and should seek to develop a more outcome oriented approach to supporting achievement by service users.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Miss Jennifer Zebedee, Registered 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 Announced Care Inspection

Avondale Day Centre

6 May 2014

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 Miss Jennifer Zebedee, Registered 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 21.4	It is recommended that the registered person should promote the further qualification of the registered manager to QCF Level 5, within the year ahead.	One	Consideration being given by registered provider in respect of QCF Level 5 for registered manager subject to availability of funding.	By end of 2015
2	Standard 5.2	It is recommended that the manager and staff should research the writing of achievable goals, discussed at the conclusion of the inspection, and should seek to develop a more outcome oriented approach to supporting achievement by service users.	One	Actioned.	31 July 2014

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:

Name of Registered Manager Completing Qip	Jennifer Zebedee
Name of Responsible Person / Identified Responsible Person Approving Qip	Fiona McAnespie

QIP Position Based on Comments from Registered Persons	**Yes**	**Inspector**	**Date**
Response assessed by inspector as acceptable	Yes	D Knox	30 June 2014
Further information requested from provider	No	D Knox	30 June 2014