



The **Regulation** and
Quality Improvement
Authority

Primary Announced Care Inspection

Name of Establishment:	Prospects
Establishment ID No:	10991
Date of Inspection:	19 January 2015
Inspector's Name:	Priscilla Clayton
Inspection No:	20061

The Regulation And Quality Improvement Authority
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Name of centre:	Prospects
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Telephone number:	(028) 3025 2501
E mail address:	lizaw@prospects.org.uk
Registered organisation/ Registered provider:	John Mervyn Bothwell (Practice Director)
Registered manager:	Liza Wiseman (Acting pending application approval with RQIA)
Person in Charge of the centre at the time of inspection:	Liza Wiseman
Categories of care:	DCS- LD
Number of registered places:	22
Number of service users accommodated on day of inspection:	15
Date and type of previous inspection:	6 March 2014 Primary Unannounced Inspection
Date and time of inspection:	19 January 2015 10.00am–5.00pm
Name of inspector:	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
- 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	15 in group format
Staff	4 plus the manager
Relatives	one
Visiting Professionals	No visits during the inspection

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	7 distributed	3

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

Prospects Day Care in Newry is based in ground-floor premises of a small business park close to the city centre. The centre comprises a large main room, a small kitchen area, adjoining office, meeting room, toilets and stores. Prospects Day Care provides support for up to 22 people (adults) per day, who have a learning disability and places an emphasis upon citizenship, empowerment and user involvement in their communities. The centre is adjacent to amenities such as shops, cafes and various health care facilities.

Summary of Inspection

A primary announced inspection was undertaken in Prospect Day Care Centre on 19 January 2015 from 10:00 am until 5:00pm. Prior to the inspection the manager submitted to RQIA a self-assessment of the centre's performance in one standard and two themes forming the focus of the inspection. There was one requirement and eleven recommendations from the previous inspection conducted on 06 March 2014. Validation of the level of compliance with the requirement and recommendations evidenced that the requirement and ten of the recommendations has been addressed. One recommendation relating to competency and capability assessments, which is work in progress, has been reiterated for a second time.

The inspector was introduced to the service users and met for discussions with them in small group format. Discussions were also held with the manager, two team leaders and three staff regarding standards, team working, management support, supervision and the quality of the service provided. One relative who met with the inspector gave positive feedback in regard to the service provided and commended the staff in this regard.

Overall, discussions with service users and with staff contributed a positive view of the service provided in the centre. There was evidence from discussions and in written records examined indication of a high level of inclusion and involvement of service users in decision making with regard to the service provided. Service users' spoke highly of the support they experienced and the opportunities provided by the staff for their enjoyment and development.

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 had policies and procedures regarding confidentiality, recording and reporting and data protection. Policies and procedures are available for staff reference and were known by staff who met with the inspector. Care records examined were observed to be legible, dated, and securely stored. Progress notes for service users were being kept, as were records of reviews undertaken. There was also recorded evidence of multi-professional collaboration and service user/representative in planned care.

Improvements recommended related to recording within daily diary, making corrections and ensuring all care plans are signed. The centre was substantially compliant with this standard.

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

The centre has a written policy and guidelines on the use of restrictive interventions, which was available to staff. Discussions with staff confirmed that there was no restrictive practice used within the centre. The manager explained there was a clear policy, which was known by staff, and training provided should this ever be necessary in the best interest of service users' health

and safety. Action taken would include for example: multi-disciplinary discussion, planning for such events, risk management, engaging with service user/representative monitoring by staff of those practices, to ensure the comfort and well-being of the service users concerned. There was resource information available to staff on human rights, deprivation of liberty and restraint.

Discussion with staff evidenced they were familiar with Deprivation of Liberty Safeguards / Guidance document on Restraint and Seclusion and associated trust corporate policies/ procedures which were available to them in the centre.

The centre was compliant with the criteria of this theme. This is to be commended.

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 staffing structure and reporting arrangements were clearly set out in within the Statement of Purpose, for reference by all stakeholders. Review of the staff duty roster evidenced staff on duty and hours worked. One requirement made related to ensuring that the manager records her time on duty within the centre as she also has management responsibility for another facility in Lisburn.

Staff mandatory and other staff professional development training had been provided with records retained.

Systems were in place for supervision, appraisal and promoting staffs' learning. Records were being maintained of formal staff supervision/appraisal, staff meetings, accidents/ incidents, complaints and audits.

Staff presented as being enthusiastic, knowledgeable, competent and confident in their roles and responsibilities and their learning in specific areas of interest was encouraged and facilitated where possible. Monthly monitoring arrangements are undertaken and recorded by Mervyn Bothwell, Practice Director.

The centre was compliant with this theme.

6.1 Care Practices

The atmosphere in the centre was friendly and welcoming. Staff was observed to treat the service users with dignity and respect taking into account their views. Very good relationships were evident between service users and staff. A well planned organised therapeutic activity programme was displayed on the notice board. Responses from service users and one relative who spoke with the inspector were positive in regard to the care provided. No issues or concerns were expressed or indicated by service users.

6.3 Environment

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be satisfactory. One recommendation was made in regard to the toilet floor covering which requires additional cleaning.

7.0 Conclusion

In conclusion two requirements and three recommendations were made as a result of this inspection. One of the four recommendations made has been reiterated for a second time. Details of improvements are contained within the report and the appended Quality Improvement Plan.

The inspector wishes to acknowledge the open and constructive approach of the manager and staff throughout the inspection process. Gratitude is extended to service users, who welcomed the inspector to the centre and contributed to the evaluation of the service provided.

Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Regulation 4 (1)	<p>Statement of purpose to be further developed to include the arrangements for reviews.</p> <p>Information pertaining to the role and function of the RQIA in relation to complaints should be clarified.</p>	<p>Discussion with the manager and examination of the Statement of Purpose (dated Jan 2015) evidenced that this requirement had been addressed.</p>	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	15.3	An initial review should take place four weeks after commencement.	No new service users had commenced day care since the previous inspection. However the manager confirmed that review would take place as recommended and included within the policy / procedure on assessment.	Compliant
2	15.5	The monitoring visit should include regular audit of reviews held and follow-up actions.	Examination of monthly monitoring visits evidenced that review of care was undertaken and followed up where necessary.	Compliant
3	15.5	The policy and procedure for assessment care planning and review reflected that information in relation to review was limited. This should be developed in accordance with legislation and guidance.	Examination of policy/procedure evidenced that review details were included. A new enabling care plan tool is now in place. The reviewed policy/procedure examined was dated January 2015.	Complaint
4	15.6	The care plan should be revised and updated and signed appropriately following review.	Examination of care plan referred to evidenced that that review and revision had taken place as recommended.	Compliant

5	13.1 ref; 21.1	Staff who are newly appointed, agency staff and students are required to complete structured orientation and induction.	Structured orientation/induction plans were in place for two newly appointed staff.	Compliant
6	13.1 ref; 21.9	Staff to complete a written evaluation of training undertaken over the last five months.	Evaluations of all training undertaken since the last inspection were recorded by staff.	Compliant
7	13.4	Training on the day care standards to be carried out.	Training on the Minimum Standards has been provided and recorded as recommended.	Compliant
8	13.4	Staff to receive training on Prader-Willi Syndrome.	Staff training in Prader- Willi Syndrome has been provided and recorded. Training was confirmed by staff who spoke with the inspector	Compliant
9	23.3	A competency and capability assessment should be carried out on the person who has responsibility for the day to day running the centre in the absence of the manager.	The manager explained that this was now work in progress and should be completed by 31 January 2015.	Working towards compliance
10	17.10	The monitoring visit should include an audit of all working practises in order to ensure compliance with the standard.	Information in this regard was verified through examination of recorded visits.	Compliant
11	14.10	The centre should maintain a complaints record in keeping with the standard.	Discussion with the manager and examination of records evidenced that no complaints had been received since the last inspection. The manager explained the recording process including the maintenance of a tracker/register.	Compliant

			In order to enhance the minimum standard it is recommended that a complaint template, with reference number, is developed so that all incoming complaint details are collated and recorded.	
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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:	COMPLIANCE LEVEL
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.	
Provider’s Self-Assessment:	
Every person has an enabling plan which is stored in a lockable cabinet in a lockable cabinet. In addition everyone supported has a daily diary. Prospects staff read and sign the confidentiality policy.	Compliant
Inspection Findings:	COMPLIANCE LEVEL
All care records were securely stored in accordance with the corporate policy on Confidentiality. Staff demonstrated awareness of policy.	Compliant
Criterion Assessed:	COMPLIANCE LEVEL
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.	
Provider’s Self-Assessment:	
Monthly keyworking meeting with each supported individual. Individuals supported are involved in development of enabling plans. Should a person supported or their advocate wish to see their records these will be made available upon request. Electronic record of all requests for access to individual case notes is maintained.	Compliant
Inspection Findings:	COMPLIANCE LEVEL
Information as illustrated y the manager was verified through discussion with the manager and staff and examination of corporate policy.	Compliant

<p>Criterion Assessed:</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"> • 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. 	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p> <p>All service users have care plans in place and annual reviews (or as and when required). Activities in the day centre change on a 3 monthly programme chosen by the service users. All incidents and accidents are recorded and reported accordingly.</p>	<p>Compliant</p>
<p>Inspection Findings:</p> <p>Examination of three care records randomly selected evidenced that these contained all of the listed records. There was evidence of good multiprofessional collaboration in planned care including review.</p> <p>The centre has policies/procedures in regard to care records.</p>	<p>COMPLIANCE LEVEL</p> <p>Compliant</p>

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:	
Individual diaries are updated every attendance.	Compliant
Inspection Findings:	COMPLIANCE LEVEL
Examination of three records evidenced that this criterion was further enhanced as staff made a daily record of all service user attendances. Daily records were retained within a diary. Several service users record their own evaluation. This is to be commended. One recommendation made related to ensuring staff cease to leave spaces between recorded entries within records.	Compliant
Criterion Assessed: 7.6 There is guidance for staff on matters that need to be reported or referrals made to: <ul style="list-style-type: none"> • 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:	
All staff given guidance in supervision and staff meeting re. upward reporting in Prospects. Staff also trained in Safeguarding Vulnerable Adults as per RQIA standards.	Substantially compliant
Inspection Findings:	COMPLIANCE LEVEL
Discussion with staff and examination of associated policies/procedures referenced reporting issues to the manager, service user representative and other health and social care professional staff /agencies	Compliant

<p>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.</p>	
<p>Provider's Self-Assessment: in transition period of moving to new files.</p>	Moving towards compliance
<p>Inspection Findings: Examination of care three care records evidenced that these were legible, current and correct. However two care plans were unsigned. One recommendation was made in this regard. Additionally recommendation for further improvement related to ensuring no spaces are left between daily notes recorded in each service user's evaluation diary and when staff make a correction in records this should be done by placing one line through the word and initialled.</p>	<p>COMPLIANCE LEVEL Working towards compliance</p>

<p>PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Moving towards compliance</p>

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

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:	COMPLIANCE LEVEL
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.	
Provider’s Self-Assessment:	
Only one instance of restraint currently used where a service user who is using her own wheelchair which has a lap strap. She is happy to have this as it is employed as the only practicable means of securing her welfare.	Compliant
Inspection Findings:	COMPLIANCE LEVEL
The manager and staff confirmed that no form of restraint was ever used to control service user behaviour. The use of a lap strap on one wheel chair was prescribed as a safety mechanism to reduce the risk of fall from the chair when in use. This is not seen as a form of restraint. As with all prescribed care consultation and consent is sought from the service user. Where capacity to consent requires assessment this is sought from the psychiatrist via the general practitioner and care manager.	Compliant
Regulation 14 (5) which states:	COMPLIANCE LEVEL
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.	
Provider’s Self-Assessment:	
Appropriate recording and reporting in place.	Compliant

Inspection Findings:	COMPLIANCE LEVEL
The manager and staff reported this would be reported in keeping with policy/procedure on restraint and Requirement 14 (5) of The Day Care Setting Regulations (Northern Ireland) 2007.	Compliant

PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

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

<p align="center">Theme 2 – Management and Control of Operations</p>	<p align="center">COMPLIANCE LEVEL</p>
<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>Provider’s Self Assessment:</p>	
<p>Currently 31 hours of senior staff cover per week in Newry Day Opps. At all times there are 3 contact support workers on duty, currently Prospects employs 3 full time SWL2 / day opportunity workers.</p>	<p align="center">Compliant</p>
<p>Inspection Findings:</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>The manager explained the composition of the staff team, roles and responsibilities. Staffing levels were deemed to be satisfactory by staff and service users who spoke with the inspector. The management and staff structure of the centre is reflected within the Statement of Purpose. Mandatory staff training is provided with records retained. Staff who spoke with the inspector demonstrated awareness of compliance with the NISCC Code of Conduct. An issue about lack of the manager’s presence in the centre was raised by one staff member in a questionnaire</p>	<p align="center">Compliant</p>

<p>returned to RQIA prior to inspection. This was discussed with the manager who advised that she aimed to be in the centre one day each week and a new team leader had been appointed. The manager explained she had management responsibility for supported living / domiciliary care in Lisburn. The manager confirmed is contactable via mobile telephone when not in the day care centre. The inclusion of the manager's time spent within the centre must be recorded within the duty roster.</p> <p>The manager, staff and service users confirmed that staffing levels were sufficient to meet the needs of service users and the appointment of a team leader three days each week was welcomed.</p> <p>As discussed the actual time spent by the manager in the centre needs to be recorded within the duty roster in accordance with Regulation 19 (2) Sch 7 of The Day Care Setting Regulations (Northern Ireland (2007)). Additionally competency and capability assessment of the staff member in charge when the manager is not in the centre is necessary. The named person in charge of the centre when the manager is not present should be indicated within the duty roster.</p> <p>The manager and staff confirmed that staff supervision, appraisal and team meetings are held with records retained. Examination of records evidenced that this support was being provided in keeping with the principles of good staff management.</p> <p>A wide range of Policies and procedures were in place and known by staff who met with the inspector.</p>	
<p>Regulation 20 (2) which states:</p> <ul style="list-style-type: none"> The registered person shall ensure that persons working in the day care setting are appropriately supervised 	COMPLIANCE LEVEL
<p>Provider's Self-Assessment:</p>	
<p>Staff receive formal supervision at least bi-monthly or at shorter intervals should circumstances determine. There is a supervisory / management presence 4 days on site per week.</p>	Compliant
<p>Inspection Findings:</p>	COMPLIANCE LEVEL
<p>Information as illustrated in the managers self -assessment was verified through examination of supervision records and discussion with staff.</p> <p>The staff supervision policy was dated 1 February 2012.</p>	Compliant

<p>Regulation 21 (3) (b) which states:</p> <ul style="list-style-type: none"> • (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 	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment:</p>	
<p>All staff receive a full induction that adheres to the role of the day care worker and the NISCC standards, and Prospects policies and procedures. All staff receive training in day care minimum standards and in Prader-Willi syndrome.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>Information as illustrated by the manager in the self-assessment was verified through examination of comprehensive induction programmes and staff training records. Staff mandatory training and other professional development is provided. Records of all training were in place.</p>	<p>COMPLIANCE LEVEL Compliant</p>
<p>PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	
<p>COMPLIANCE LEVEL Compliant</p>	
<p>INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	
<p>COMPLIANCE LEVEL Compliant</p>	

Additional Areas Examined

Complaints

The manager confirmed that no complaints had been received since the previous inspection. The centre has a policy on complaints which is reflected within the Statement of Purpose. Service users, who were able to verbally communicate, demonstrated awareness on how to make a complaint. One recommendation was made in regard to the development of a complaint template so that staff can gather information in keeping with governance arrangements.

Statement of Purpose

The Statement of Purpose had been reviewed and updated January 2015.

Service Users Guide

The Service User Guide was informative and included all of the matters required by regulation.

Monthly Monitoring Reports

Three monitoring reports, September, October and November 2014 were examined and found to address all of the matters required by regulation and by the minimum standards. Reports were well-detailed and provided good evidence that a sample of service users and staff members were interviewed each month by a monitoring officer and had an opportunity to express their views on the quality of the service being provided in the centre.

Accident/Incident notifications

All accidents/incidents occurring in Prospects day care centre must be forwarded to RQIA within the three working day timescale.

The registered manager must ensure that the correct identification number for Prospects Day Care Centre is recorded in notifications submitted to RQIA as four submissions sent during 2014 contained incorrect information resulting in RQIA logging data against another facility.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Liza Wiseman, 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



Quality Improvement Plan

Primary Announced Care Inspection

Prospects

19 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 the manager and practice director 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 19 (2) Schedule 5. 7	<p><u>Staff Duty Roster</u></p> <p>The manager is required to ensure that her hours spent within the day centre are recorded within the duty roster.</p> <p>(Ref: Theme 2).</p>	One	This has now been implemented as requested.	Immediate and on-going
2	Regulation 29	<p><u>Accident / Incident notifications</u></p> <p>All accidents / incidents occurring in Prospects day care centre must be forwarded to RQIA within the three working day timescale.</p> <p>The registered manager must ensure that the <u>correct identification number</u> for Prospects Day Care Centre is recorded in notifications submitted to RQIA as four submissions sent during 2014 contained incorrect information resulting in RQIA logging data against another facility.</p>	One	Both of these points about notifications have been taken on board by the management team who will work to these directives.	Immediate and ongoing

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 23.3	<p><u>Competency and capability assessment</u></p> <p>It is recommended that a competency and capability assessment should be carried out on the person who has responsibility for the day to day running the centre in the absence of the manager.</p>	Twice	We now have a tool and have commenced implementation with relevant staff.	31 January 2015
2	Standard Appx 3.9	<p><u>Complaint template</u></p> <p>It is recommended that a complaint template, with reference number, is developed so that all incoming complaint details are recorded.</p>	Once	This is in the process of being developed.	27 February 2015
3	Standard 5.3	<p><u>Care records</u></p> <p>It is recommended that review of all care records is undertaken to ensure these are signed in accordance with criterion 5.3 Additionally recommendation for further improvement related to ensuring no spaces are left between daily notes recorded in each service user's evaluation diary and when staff make a correction in records</p>	One	Both of these points have now been actioned.	27 February 2015

		<p>this should be done by placing one line through the word and initialled.</p> <p>(Ref 7.7)</p>			
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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	Liza Wiseman
Name of Responsible Person / Identified Responsible Person Approving Qip	Mervyn Bothwell

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	P.Clayton	13 March 2015
Further information requested from provider			