



The **Regulation** and
Quality Improvement
Authority

Primary Unannounced Care Inspection

Name of Establishment: Faughanvale Community Project
Establishment ID No: 11000
Date of Inspection: 24 March 2015
Inspector's Name: Priscilla Clayton
Inspection No: IN020660

The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

Name of centre:	Faughanvale Community Project (11000)
Address:	The Vale Centre Unit 11 – 16 Clooney Road Greysteel BT47 3GE
Telephone number:	028 7181 1615
E mail address:	faughanvalecp@btconnect.com
Registered organisation/ Registered provider:	Faughanvale Community Project Ltd.
Registered manager:	Mary Watson
Person in Charge of the centre at the time of inspection:	Mary Watson
Categories of care:	Day Care Services for Physical Disability, learning disability, Elderly and Sensory Impairment DCS-PH, DCS-LD, DCS-E, DCS-SI
Number of registered places:	35
Number of service users accommodated on day of inspection:	23
Date and type of previous inspection:	27 November 2013 Primary Announced
Date and time of inspection:	24 March 2015: 10.30am – 3pm
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
- 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	14
Staff	5 including the manager
Relatives	Nil
Visiting Professionals	Nil

Staff questionnaires were provided following the inspection 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	11	7

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

Faughanvale Community Project Centre is situated within The Vale Centre off the Clooney Road on the outskirts of the village of Greysteel. The centre has been in operation since October 1992 and is run by a charitable organisation known as Faughanvale Community Project.

Mary Watson, who is registered manager with RQIA since 2005 is supported in her role by a mixed skill team of care staff and volunteers. Support at senior level is provided by Mrs Meena Moore, from the Board of Directors, who based in the centre.

Currently the centre provides support, personal care and therapeutic interventions for up to 35 persons from 18 years old. Categories of care include; learning disability, physical disability, mental health needs and for persons over the age of 65 years.

The Western Health and Social Care Trust (WHSCT) is the main commissioner of the service. The service is delivered within office hours three days per week, Tuesday, Wednesday and Thursday 48 weeks of the year. The centre is closed over festive periods and statutory holidays.

Facilities include large common room with dining room area, service user kitchen, main kitchen, toilets / shower, games area, storage rooms and office accommodation for staff.

Summary of Inspection

The primary unannounced care inspection of Faughanvale Community Project Centre took place on 24 March 2015 between the hours of 10.30am and 3pm. The registered manager, Mary Watson and a mixed skill team of care staff were on duty. Meena Moore, member of the board of directors was also present throughout the inspection.

One requirement and three recommendations made at the previous inspection conducted on 27 November 2014 had been addressed.

Prior to the inspection, the registered manager completed a self -assessment of the Standard 7 and Themes 1 and 2 to be inspected. The comments provided by the registered manager in the self- assessment of the report 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 environment.

7.0 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 in regard to recording and record keeping including assessment, care planning, review and confidentiality. Care records examined reflected user / representative consultation in regard to assessment, 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 Faughanvale Community Care Project 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 user's behaviour. The centre had a policy and procedure which reflected best practice guidance in relation to management of actual and potential aggression, restraint, seclusion and human rights. Through observation, review of documentation and discussion with staff and service users, confirmation was obtained that restraint is not used.

Staff training in challenging behaviour and restraint had been provided as shown within records retained. Staff who spoke with the inspector demonstrated knowledge of the policy and procedure to follow should challenging behaviour ever arise.

The supporting evidence gathered through the inspection process concluded that Faughanvale Community Project was compliant with Theme 1. This is to be commended.

Theme 2 - Management and control of operations.

The defined management structure of the centre was reflected within the Statement of Purpose.

The registered manager is supported in her role at senior management level by Meena Moore Director, who has an office in the centre. At operational level the registered manager is supported by a mixed skill team of care and ancillary staff.

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, complaints management, competency and capability assessments and discussion with staff and service users.

The manager confirmed that one complaint received since the previous inspection had been addressed and resolved satisfactorily

Faughanvale Community Project was found to be compliant with Theme 2. This is to be commended.

Service user and staff consultation.

The inspector met with service users, several individually, with others in group format and with five staff during the inspection. Additionally, seven completed staff questionnaires returned to RQIA post inspection were reviewed.

Service users spoke openly with the inspector and indicated satisfaction with the service and facilities and staff.

Staff confirmed that they felt supported in their respective roles and responsibilities, and were provided with the relevant resources, supervision and ongoing training. No issues or concerns were raised or indicated by service users or staff.

Care practices

The atmosphere in the centre was friendly and welcoming. Staff was observed to treat service users with dignity and respect taking into account their views and preferences.

Environment

All areas viewed by the inspector were clean, tidy, organised, comfortably heated and fresh smelling throughout.

Additional areas

A number of additional areas were also considered. These included pre inspection documents submitted to RQIA by the registered manager. Further details can be found in section nine of the report.

Conclusion

The registered manager and staff are to be commended on the outcome of this inspection with compliance achieved in Standard 7 and Themes 1 and 2.

One requirement and one recommendation were made as a result of this inspection. The details can be found in the main body of the report and the appended Quality Improvement Plan.

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.	Requirement	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	5 (1) 7 (a)	The registered manager must review the content of the service user's guide to ensure it is compliant with this regulation. Particular attention should be given to including a summary of the centre's statement of purpose.	Discussion with the manager and examination of the Service user Guide verified that this had been reviewed and revised.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	15.5	Care Records should be updated following formal review to ensure recommendations are followed through.	Discussion and examination of the care record evidenced that records were updated.	Compliant
2	17.10	Procedures detailing monitoring arrangements at the centre needs to describe the process of the visits, the dissemination of reports and arrangements in place when the responsible person is on leave.	Examination of visit records evidenced that these had been undertaken as require.	Compliant
3	1.2	Service User Guide document and other relevant records should be developed in a suitable and accessible format perhaps using makaton, picture and/or symbol methodology.	The manager explained that all service users can read and there is no necessity to develop other format for users at this time. However, staff training in Makaton has taken place with certificates issued and retained. The manager stated that a suitable guide would be developed if necessary to meet any identified service user need.	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:	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:	
All staff have a legal and ethical duty of confidentiality in respect of service users' personal information, where this does not infringe the rights of other people. Guidance is sought from "The DHSSPS Code of Practice on Protecting the Confidentiality of the Service User information 2009." All records are maintained in a safe and secure environment.	Compliant
Inspection Findings:	COMPLIANCE LEVEL
Service users care records were securely stored. DHSSPS Guidance documents were available and policy / procedures on Confidentiality and Management of Records were in place and known by staff who spoke with the inspector.	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:	
All service users or their representatives are aware that a service user record is kept and have been informed that they can access their records and details of how this can be brought about. Management and staff are aware of what can and cannot be disclosed and if permission to share this information has to be obtained from a health care professional i.e. social worker, G.P. Staff must ensure that all requests for access to individual case records/ notes must be recorded and maintained. Only Manager/Deputy can make decisions on requests.	Compliant

<p>No requests have been made to date.</p>	
<p>Inspection Findings:</p> <p>Examination of care records evidenced that service users were involved in recorded assessments / care plans, signatures of the service user / representative were recorded.</p> <p>The manager confirmed that no requests for information had been made and any requests for information would be retained in keeping with the centre’s policy.</p> <p>One recommendation made related to review and revision of the centre’s policy on Management of Records (November 2012) to include reference to the retention of records for eight years since the last date of entry in accordance with Regulation 19 (4) of the Day Care Setting (Northern Ireland) 2007.</p>	<p>COMPLIANCE LEVEL</p> <p>Compliant</p>
<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>

Provider's Self-Assessment:	
Faughanvale Day Centre uses the "Roper, Logan and Tierney System" for all service users using our centre. All service users are made aware and taken through the process when they commence day care. These records are all maintained, reviewed and revised as necessary and kept in a secure and safe facility. Individual care records/notes "From referral to closure" include all the criterion set down in standard 7.4. Medication is not given in the day centre.	Compliant
Inspection Findings:	COMPLIANCE LEVEL
Four care records randomly selected and examined evidenced details, as set within this criterion, had been included.	Compliant
Criterion Assessed:	COMPLIANCE LEVEL
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.	
Provider's Self-Assessment:	
Staff complete information sheets as to the progress of each individual receiving day care. All events are recorded and if no recordable events occur then this is confirmed. There is an entry for every three days.	Compliant
Inspection Findings:	COMPLIANCE LEVEL
Care records examined evidenced recorded entries were made as illustrated by the registered manager in the self- assessment.	Compliant
Criterion Assessed:	COMPLIANCE LEVEL
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. 	

Provider's Self-Assessment:	
All staff have training on reporting and recording and this is updated annually. They are aware of obtaining and recording information which is accurate and relevant and how to deal with insufficient, contradictory or ambiguous information. The manager then decides if this information is to be shared with the service user's representatives, the referral agent or other health care professionals.	Compliant
Inspection Findings:	COMPLIANCE LEVEL
Examination of policies / procedures including; safeguarding / managing challenging behaviour / restraint evidenced that information in regard to referrals and reporting to the manager, representative – where applicable, and other professional staff / agents.	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:	
Staff are aware that all records must be legible, accurate, up to date, signed and dated by the person making the entry, and reviewed periodically (monthly or as necessary) and signed off by the registered manager/deputy manager. Discussions at team meetings regarding this standard take place and suggestions for improvement are welcome as to the way information is recorded and stored.	Compliant
Inspection Findings:	COMPLIANCE LEVEL C
Four randomly selected care records examined evidenced that records were in keeping with this criterion.	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	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:	
<p>Regulation 14 (4) which states:</p> <p>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.</p>	COMPLIANCE LEVEL
Provider’s Self-Assessment:	
<p>All staff are trained in dealing with challenging behaviour and the use of restraint. They understand:</p> <ul style="list-style-type: none"> * What restraint is * Provide person centred care that minimises the need for restraint * Understand the legal and ethical frameworks relevant to restraint * Know what to do if they suspect inappropriate or abusive use of restraint * Understand how to minimise the risks if restraint is used * Restraint has never been used within the centre 	Compliant
Inspection Findings:	
<p>Staff and service users confirmed that restraint is not used in the centre.</p> <p>The centre has policies on Challenging Behaviours and Restraint / Seclusion, dated November 2012. Staff training had been provided with records of attendances and training content retained.</p> <p>Recommendation was made in regard to review and revision of both policies as the policy on Challenging Behaviour dated November 2012 makes reference to “residents”, “carers” and “nurse in charge”. Additionally reference should be made to notification to the commissioning Trust care manager.</p> <p>The policy on Restraint should include notification to RQIA should restraint ever be used in accordance with Regulation 14 (5) of The Day Care Setting Regulations (Northern Ireland) 2007.</p>	Complaint

Staff who spoke with the inspector demonstrated awareness of the procedure to follow should challenging behaviour arise.	
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: No restraint methods are used within this day facility.	Not applicable
Inspection Findings: Staff and the registered manager confirmed that restraint is not used in the centre.	COMPLIANCE LEVEL Not applicable

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>As per our management structure (Statement of Purpose) there is a suitably qualified person to take charge in the absence of the manager.</p> <p>There is a clearly set out management structure in our statement of purpose to ensure good quality care for our service users and that at all times suitably qualified, competent and experienced persons are working in such numbers as are appropriate for the care of service users.</p> <p>There is a defined management structure that clearly identifies lines of accountability, specific roles, responsibilities and to whom they are to report and who to seek guidance from. All staff will be fully aware of their roles and responsibilities, with regular staff meetings, staffing arrangements, staff rotas and be aware of statement of purpose, policies and procedures and have good knowledge, commensurate with their role and responsibilities regarding management arrangements of the day care setting.</p> <p>Regulation 28 report carried out by a Director of the agency will evidence the staffing arrangements in place for the month being inspected. For example Are the staffing arrangements effective and compliant with regulations and standards.</p>	<p align="center">Compliant</p>

Inspection Findings:	COMPLIANCE LEVEL
<p>The management structure is clearly set out within the centre's Statement of Purpose.</p> <p>Records examined and discussion with staff evidenced that staff hold qualifications in NVQ and are provided with ongoing mandatory training. Staff induction programme, using NISC induction templates, were being developed and would be utilised for new employees.</p> <p>Records retained in the centre by the manager included evidence of staff supervision, appraisal, staff training and staff meetings. Policies / procedures were readily available to staff.</p> <p>Monthly monitoring visits were undertaken, with records retained in accordance with Regulation 28 of The Day Care Settings (Northern Ireland) 2007</p> <p>Discussion with the manager on the staffing levels and examination of the daily staff duties evidence sufficient staff number was on duty to meet the number and needs of service users. One requirement was made in regard to the development of a staff duty roster showing all staff on duty and hours worked.</p>	Compliant
<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
Provider's Self-Assessment:	
<p>Managers and supervisory staff are trained in supervision and performance appraisal. Each staff member has a recorded formal supervision every 3 months according to the day care settings procedures. They are planned in advance and a dedicated time set aside. Supervisory staff will report to the manager if any serious or reoccurring issues arise. Staff will then receive support and guidance as appropriate.</p>	Compliant
Inspection Findings:	COMPLIANCE LEVEL
<p>Information as illustrated by the registered manager in the self- assessment was verified through examination of supervision records and discussion with staff on duty.</p> <p>Review of responses in staff questionnaires returned to RQIA evidenced all staff receives supervision.</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 in the day care setting will have qualifications, experience and evidence of competence according to their roles and responsibilities. Records will show they have supervision and appraisal, training and development and management will ensure that the staff regard themselves as suitably qualified, experienced and in receipt of suitable training to undertake their role and responsibilities.</p> <p>The manager will ensure a qualified and experience person will manage in the absence of the manager. The manager will ensure that policies and procedures are available for staff references and reflect day to day practice.</p>	<p>Compliant</p>
<p>Inspection Findings:</p> <p>Information as illustrated by the manager in the self- assessment was verified through discussion with staff and examination of training records. Staff confirmed that mandatory training and other professional development subjects, including for example, person centred care, dementia awareness and Parkinson's disease.</p> <p>Staff also confirmed the provision of ongoing supervision, annual appraisal and good support provided from the manager. Additionally, staff meetings are held on a regular three monthly basis with minutes recorded.</p>	<p>COMPLIANCE LEVEL</p> <p>Compliant</p>

<p>PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p> <p>Compliant</p>
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<p>INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p> <p>Compliant</p>
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Additional Areas Examined

9.1 Complaints

Discussion with the manager and examination of complaints records confirmed that one complaint received had been appropriately managed and resolved satisfactorily. Information on how to complain was contained within the Statement of Purpose and Service User Guide. Service users who spoke with the inspector knew how to complain.

9.2 Registered Manager Questionnaire.

The completed questionnaire was returned by the registered manager to RQIA pre inspection as requested. Review of the information evidenced that governance and management arrangements including staff supervision / appraisal, retention of policies and procedures, responding to service users behaviour and staff response to care practice were in place. Positive responses were recorded by the manager in all areas.

9.3 Staff questionnaire / views

Responses from staff who met with the inspector and review of the seven questionnaires returned to RQIA confirmed that staff felt the provision of care was good, restraint was not used and that no service user presented with behavioural management issues. Positive comments in regard to the quality of care were made by all staff. No issues or concerns were raised or indicated by staff.

9.4 Service user views

The inspector spoke with all service users in attendance at the centre. Service users responses were positive in regard to all aspects of care, facilities and staff who they commended on the good care and attention provided. No issues or concerns were raised or indicated. Comments included, for example:

- “I look forward to coming here each week and don’t know what I would do if I couldn’t attend.”
- “The staff are just great, very attentive and always ask what we would like to take part in the things organised.”
- “Staff are kind, friendly and can be really good fun.”
- “Staff always make us feel welcome and listen to what we say.”
- “The food is good, plenty to eat and can have choice.”

9.5 Statement of Purpose

The centre’s Statement of Purpose and Service User Guide were in place and available to service users.

9.6 Monthly Monitoring Reports

Monthly monitoring visits were being conducted in accordance with Regulation 5 of The Day Care Setting Regulations (Northern Ireland) 2007.

9.7 Environment

An inspection of the internal environment was undertaken. All areas were observed to be clean, tidy, organised and fresh smelling throughout. The centre was comfortably heated and service users were provided with a range of comfortable seating.

The centre had a good range of colourful pictorial notices and photographs displayed showing social events and art / craft work completed by service users.

Fire doors were closed and fire exits clear of obstruction.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with the May Watson, registered manager and Meena Moore, director, 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:

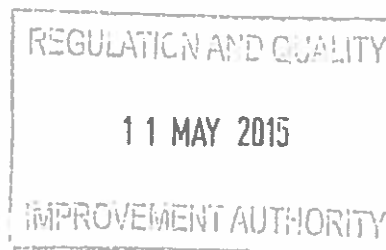
Priscilla Clayton
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

Priscilla Clayton
Inspector/Quality Reviewer

Date



The Regulation and
Quality Improvement
Authority



Quality Improvement Plan
Primary Unannounced Care Inspection
Faughanvale Community Project (11000)

24 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 Mary Watson, registered manager and Meena Moore, member of the board of directors on 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	Requirement	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 registered manager is required to have in place a staff duty roster showing all staff on duty, including the registered manager, and hours worked.</p> <p>(Ref: Theme 2)</p>	One	<i>Changes have been made to existing roster, to complement the inspector's requirements</i>	30 March 2015

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	Recommendation	Number Of Times Stated	Details of Action Taken By Registered Person(S)	Timescale
1	Standard 19.4	<p><u>Policy Review</u></p> <p>It is recommended that review and revision the policy entitled Management of Records (Nov 2012) is undertaken to include retention of records for eight years from the last date of entry.</p> <p>Review and revision policy entitled "Challenging Behaviour" dated November 2012 is recommended as reference is made to "residents", "carers" and "nurse in charge". Additionally reference should be made to notification to the commissioning Trust care manager when issues in regard to challenging behaviour arise.</p> <p>The policy on Restraint should include notification to RQIA should restraint ever be used in accordance with Regulation 14 (5) of The Day Care Setting Regulations (Northern Ireland) 2007.</p>	One	<i>will be completed within the timescale</i>	30 May 2015

The registered provider / manager is required to detail the action taken, or to be taken, in response to the issue(s) raised in the Quality Improvement Plan. The Quality Improvement Plan is then to be signed below by the registered provider and registered manager and returned to:

The Regulation and Quality Improvement Authority
 9th floor
 Riverside Tower
 5 Lanyon Place
 Belfast
 BT1 3BT

SIGNED: *Mary Watson*

NAME: MARY WATSON P.P. FAUGHANVALE
Community Project - LTD
 Registered Provider

DATE 6/5/15

SIGNED: *Mary Watson*

NAME: MARY WATSON
 Registered Manager

DATE 6/5/15

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	<i>Yes</i>	<i>[Signature]</i>	<i>22/6/15</i>
Further information requested from provider			