



The Regulation and
Quality Improvement
Authority

Primary Announced Care Inspection

Name of Service and ID: Age NI (11053)
Date of Inspection: 29 July 2014
Inspector's Name: Maire Marley
Inspection ID: 20075

The Regulation And Quality Improvement Authority
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General Information

Name of centre:	Age NI (11053)
Address:	2-4 Little Scotch Street Dungannon BT70 1AP
Telephone number:	(028) 8775 2383
E mail address:	pat.kearney@ageni.org
Registered organisation/ Registered provider:	Age NI
Registered manager:	Patricia Kearney
Person in Charge of the centre at the time of inspection:	Patricia Kearney
Categories of care:	DCS-I, DCS-DE
Number of registered places:	20
Number of service users accommodated on day of inspection:	20
Date and type of previous inspection:	9 September 2013 Primary Announced Inspection
Date and time of inspection:	29 July 2014 10.00am - 3.30pm
Name of inspector:	Maire Marley

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	20
Staff	2
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	3	1

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

Age NI Day Care Centre (Dungannon) is situated in the town centre close to all amenities.

The centre was established approximately twenty years ago and provides day care on Monday, Tuesday and Friday for a maximum of twenty older people who have needs associated with a disability or social isolation, and on Wednesday, Thursday and Saturday, for 10 people with a diagnosed dementia related condition.

Transport is provided for those service users who cannot make their own way to the facility.

Facilities include a lounge, kitchen area, dining room, toilet/bathroom facilities, domestic store, storage room and office.

Summary of Inspection

This announced primary care inspection of Age NI Day Care Centre was undertaken by Maire Marley an inspector from the RQIA on 29 July 2014 between the hours of 10.00am and 3.30pm. Patrica Kearney registered manager was available during the inspection.

The one requirement and three recommendations made as a result of the previous inspection in September 2013 were examined. Observations and discussion demonstrated that the centre had in the main responded positively and details of the actions taken can be viewed in the section following this summary. One recommendation in regard to the development of the monitoring policy had not been fully addressed and is therefore restated in this report.

The focus of the inspection was to assess the centre's compliance with the one standard and two themes chosen from the Day Care Settings Minimum Standards 2012 and The Day Care Settings Regulations (Northern Ireland) 2007. During the inspection the inspector used the following evidence sources;

- Discussion with the registered manager and staff
- Discussion with service users
- Observation of practice
- Examination of a sample of service user individual file records including evidence of behaviour management and support assessments; the complaints record; staff training record; individual staff records; incidents and incident and accidents record; evidence of service user consultation, monthly monitoring records; statement of purpose; service users guide and policies & procedures
- Tour of the premises.

The provider submitted a self-assessment of the one standard and two themes inspected. The responses were examined and were not altered in any way by the RQIA.

One questionnaire was returned by staff who reported satisfactory arrangements were in place with regard to NISCC codes of practice; supervision; staff training; staffing and management arrangements. Staff reported "I enjoy coming to work"

Satisfaction was also reported in regard to responding to service users' behaviour, confidentiality and recording. Staff commented positively in regard to the quality of care

provided which the staff described as: “quality of day care is excellent” “I hope there is a place like this when I get to that age”

The inspector greeted all of the service users who were in the day care setting at the time of the inspection and spoke directly with the group of twenty service users to gather evidence for the standard inspected and the two themes.

Service users presented at ease in their environment and there was a range of activities being delivered from singing, reminisce, bingo and a quiz. It was evident that service users have developed strong friendships with each other and enjoy a good relationship with the staff team.

Service users commented positively on all aspects of care and confirmed they were content in the centre and commented “it’s a great place”, “I really look forward to coming here”, “we all get on really well, we are good friends.”

Service users were aware that if they had any concerns or issues they could approach any of the staff or the registered manager who is based in the centre.

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 organisation has written policies and procedures pertaining to recording and reporting, data protection, access to records and confidentiality. The policies and procedures were available for staff reference.

The inspector spoke with a senior care assistant and a care assistant regarding the standards inspected, their views about working in the centre and the quality of service provided. Positive comments were made in regard to the maintenance of records and the recording and reporting arrangement’s in this day care setting. The inspector concluded that staff record as and when required and there was evidence that services users are involved in the process when possible.

There were examples in care plans of service users having signed the record to indicate their involvement and agreement with the content. A recommendation was made to ensure service users are informed about how they can access their records as in discussions with the inspector service users were not clear in this regard.

Observations of service users; discussion with staff; and review of six service users’ individual files provided evidence that the centre is performing well regarding storage of service user’s information, recording procedures and reporting information on to professionals involved in the service users care.

Based on the evidence reviewed the inspector assessed the centre as substantially compliant in this standard. One recommendation is made with regard to this standard.

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

Age NI has clear policies and procedures that states there is no restrictive practice within the day centre. Copies of the Deprivation of Liberty Safeguards (DOLS), and the Human Rights Act 1998 was maintained in the policy manual and were available to the staff team.

Evidence available from discussions with service users, staff and a review of the written records, verified that there had not been any instances of practices such as restraint or seclusion in the centre.

Observations of group interactions during the inspection confirmed that service users were very supportive of one another and identified strongly with the centre, its ethos and the staff team.

Staff presented as committed to responding to behaviour in the least restrictive manner and demonstrated knowledge of service users assessed needs and spoke of the use of diversional and diffusing interventions to de-escalate behaviours. The staff team had worked in the centre for several years and were knowledgeable in regard to each person's needs and preferences. They recognised the importance of approaching service users in a sensitive, supportive manner and were aware of individual signs that would indicate a service user was not feeling their usual self.

Staff discussed training provided which included using diversional therapies, good communication, calming and diffusing techniques and knowing their service users' needs, care plan and personalities.

Based on the evidence reviewed the inspector assessed the centre as compliant in 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.

The registered manager reported that she is a qualified nurse and has several years' experience working in the caring profession. The other staff had acquired NVQ in direct care and have worked in the centre for several years.

The organisational structure and reporting arrangements were clearly set out in the statement of purpose. Staff confirmed their awareness of reporting arrangements within the organisation, should any notifiable event arise.

Staff were clear in regard to their roles and responsibilities and there was evidence that the management arrangements are suitable with appropriate policies in place for the operation of the day care centre.

There was evidence from discussions with staff to confirm that members of the team work supportively and well with one another. The registered manager had systems in place for supervision and performance appraisal and staff expressed that they felt supported by the management team.

A review of staff training revealed that not all mandatory training was up to date. A requirement is made in this regard.

There was evidence of the monitoring arrangements that included monthly unannounced monitoring visits. A recommendation is restated in this report regarding the monitoring procedures. There was evidence that the organisation undertake an annual review of the service.

Based on the evidence reviewed the inspector has assessed the centre as substantially compliant in this theme.

Additional Areas Examined

The inspector undertook a tour of the premises, reviewed the complaints record, examined seven service users individual files, validated the registered manager's pre inspection questionnaire, reviewed the staff questionnaire and viewed the environment. One recommendation was made in regard to the recording of complaints.

The inspector wishes to acknowledge the work undertaken by the registered manager and staff in preparation for this inspection and their open and constructive approach throughout the inspection process. Gratitude is also extended to the service users who welcomed the inspector to their centre and engaged with her during the inspection.

As a result of this inspection one requirement and two recommendations have been made. One recommendation is restated from the previous report. Details can be found in the Quality Improvement Plan attached to this report.

Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	29	<p>The registered person shall give notice to the Regulation and Quality Improvement Authority without delay of the occurrence of:</p> <p>(d) any event in the day care setting which adversely affects the wellbeing or safety of any service user;</p> <p>(f) any accident in the day care setting;</p> <p>Refer to additional areas on page 8 and 9 of the report.</p>	<p>The registered manager reported there had been no further events or accidents that required to be notified to the RQIA. A review of accident records confirmed the information provided.</p>	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	6.8	<p>Policies on 'restraint' and on 'service users' behaviours' were brief and should be revised to include issues such as, responding to aggressive behaviours either between service users or directed toward staff.</p> <p>Policies should also be specific to day care and reflect good practise in day care services.</p>	A review of the policies found that they had been updated and revised in April 2014. No issues were identified on this occasion.	Compliant
2	13.2	Local safeguarding reporting procedures should be on display. The procedure should include contact details of the local health and social care trust's safeguarding professionals in the event of a concern being raised.	The local safeguarding reporting procedures were on display in the office. The procedure included the contact details of the local health and social care trust's safeguarding professionals.	Compliant
3	17.10	Procedures detailing monitoring arrangements at the centre needs to include arrangements in place when the responsible person is on leave.	There was evidence that policy had been revised in April 2014. The document detailed the arrangements in regard to the absence of the registered manager. The procedures had been revised however the arrangements when the responsible person is on leave had not been included. This recommendation is restated.	Working towards compliance

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 legal requirements regarding confidentiality are maintained within the centre	Compliant
Inspection Findings:	COMPLIANCE LEVEL
The day care setting had policies in place in regard to confidentiality that were available to the staff team. Discussion with staff confirmed that they have adequate knowledge about the duty of confidentiality and their role and responsibility in the management of service users’ personal information. Records requested on the day were stored securely.	Compliant

<p>Criterion Assessed:</p> <p>7.2 A service user and, with his or her consent, another person acting on his or her behalf should normally expect to see his or her case records / notes.</p> <p>7.3 A record of all requests for access to individual case records/notes and their outcomes should be maintained.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p>	
<p>Service users and their representated are informed at the initial assessment that a care plan will be implemented and on completion are invitedto read the document.They are advised that at any time they can request to read it.During reviews they are also invitedto read their review notes and care plan.If a request is made to see their notes this will be recorded</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The inspector reviewed a sample of eight individual service user records and the findings indicated that the records are maintained in compliance with Regulation 19 Schedule 4.</p> <p>Discussion with staff and review of eight service user individual records evidenced recording practices and storage of service user information is reflective of current national, regional and locally agreed protocols.</p> <p>Staff working in the centre were knowledgeable regarding consent and access to records commensurate with their role and responsibilities. There were examples in care plans of service users having signed the record to indicate their involvement and agreement with the content. However in discussions with the inspector service users were not clear on how to access their records. Information should be available to inform service users on how to access their records and the information should also be included in the service user guide.</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. 	COMPLIANCE LEVEL
<p>Provider's Self-Assessment:</p>	
<p>All of the above records are maintained for each service user</p>	Compliant
<p>Inspection Findings:</p>	COMPLIANCE LEVEL
<p>There was evidence in the random sample of care files examined that each service user had a care record in accordance with this criterion. Records viewed were up to date and it was noted that staff recorded changes in the service user's needs or behaviour and detailed the action taken by staff.</p>	Compliant
<p>Criterion Assessed:</p> <p>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.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment:</p>	
<p>A daily record form is included in each service users notes and all recordable events are recorded. Where no such events occur a 4/5 weekly entry is made to reflect this.</p>	Compliant

Inspection Findings:	COMPLIANCE LEVEL
A sample of service user care records examined provided evidence that individual care records have a written entry at least once every five attendances. The records viewed were satisfactory.	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:	
Staff are fully aware of procedures regarding reporting, and have access to all policies pertaining to such issues	Compliant
Inspection Findings:	COMPLIANCE LEVEL
The inspector viewed the policies and procedures pertaining to communication, confidentiality, consent, management of records, monitoring of records, recording and reporting care practices. Staff consulted were fully familiar with issues that required to be reported to Trusts, representatives and other primary health care teams.	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 legible, accurate and signed by the relevant person	Compliant

Inspection Findings:	COMPLIANCE LEVEL
A sample of service user individual records were reviewed and found to be legible, accurate, up to date, signed and dated by the person making the entry. Staff consulted were aware of their responsibility in relation to maintaining accurate records and the purpose of such records. Staff spoken with and who completed the inspection questionnaire confirmed that procedures are in place to achieve this criterion.	Compliant
PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL Provider to complete
INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL Substantially 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>Age N.I. have a no restraint policy .There are clear guidelines for staff on how to deal with exceptional circumstances</p>	Compliant
Inspection Findings:	
<p>A written policy on restraint was examined and clearly stated there are no restrictive practices within this day centre.</p> <p>Staff reported that restraint, restriction or seclusion had never been used in the centre and there were no records of such practices. Discussion with staff revealed they do not anticipate an occasion when restraint would need to be used with the current service user group. Furthermore, no behaviours had ever escalated to a level where any restrictive intervention was required.</p> <p>Staff reported that they use professional assessments in conjunction with their own assessment to complete a comprehensive plan of how the service user’s needs will be met.</p> <p>The day centre has policies and procedures pertaining to assessment, care planning and review; managing aggression and challenging behaviours; recording and reporting care practices; reporting adverse incidents; responding to service users behaviour; restraint and seclusion; and untoward incidents which are available for staff reference.</p> <p>Discussion with staff regarding service user’s human rights revealed staff are aware of service user’s rights, and information on the Deprivation of Liberty Standards (DOLS) guidance produced by the Department was available for staff.</p>	Compliant

<p>Regulation 14 (5) which states:</p> <p>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.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p>	
<p>Age N. I. havea no restraint policy.In exceptional circumstances if for the protection of a service user or others the incident would be recorded and reported to AgeN.I. and R.Q.I.A. as soon as possible.To date this has never been necessary in this centre</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	<p>COMPLIANCE LEVEL</p>
<p>Records examined and discussions with the staff on duty confirmed the information detailed in the provider’s self-assessment.</p>	<p>Compliant</p>

<p>PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Provider to complete</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 Compliant</p>
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<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>The registered Manager ensures that at all times there are suitably trained and experienced staff on duty. In the absence of the Manager a senior care worker with many years service deputises for the manager. All staff are fully aware of their roles and responsibilities</p>	<p align="center">Compliant</p>
<p>Inspection Findings:</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>The management structure is clearly set out in the centre’s statement of purpose.</p> <p>Examination of the staffing rota, provided evidence that adequate staffing numbers were maintained in the day care setting. Staffing of the centre is normally the registered manager and two care staff.</p> <p>Discussion with staff working in the centre demonstrated that they were fully familiar with their role and responsibilities regarding the management arrangements of the day care setting. Staff expressed that they were supported in their roles through regular supervision, appraisal and staff meetings.</p>	<p align="center">Compliant</p>

<p>Service users were fully aware of the management structure and were able to identify who they would approach if they had any concerns.</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 in this centre are at all times appropriately supervised</p>	Compliant
<p>Inspection Findings:</p>	COMPLIANCE LEVEL
<p>Records showed that formal supervision was being provided quarterly and staff confirmed that informal day to day supervision was readily available. Staff expressed that the management team were very approachable and supportive.</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 	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment:</p>	
<p>All staff presently employed in this centre are suitably experienced and qualified and have been working here for many years</p>	Compliant
<p>Inspection Findings:</p>	COMPLIANCE LEVEL
<p>The registered manager is a qualified nurse and has several years’ experience in managing the day care settings. The two care staff have attained NVQs in direct care and have worked in the centre for several years. The registered manager is based in the centre and spends significant time each day working alongside other staff members and with service users, getting to know each of them well. Records viewed showed that not all the mandatory training was up to date. A requirement is made in this regard.</p>	Working towards compliance

PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Provider to complete

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

Additional Areas Examined

Complaints

The registered manager and staff were fully aware of the complaints procedure and the action to take should a service user express dis-satisfaction with any aspect of the service. A review of the complaint record resulted in a recommendation to ensure that complaints are recorded at the time of complaint. Each complaint should be recorded on a separate page.

Statement of Purpose

A review of the statement of purpose found that the information contained in the document was in keeping with the regulations.

Environment

An inspection the day centre environment was undertaken. All areas were found to clean and fresh smelling. No issues were identified on this occasion.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Patricia Kearney, 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:

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



Quality Improvement Plan

Primary Announced Care Inspection

Age NI (11053)

29 July 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 Mrs Patricia Kearney during 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	20 (1) (a)	The registered manager must ensure that mandatory training is up to date at all times.	One	Dates for mandatory training have been scheduled for September 2014	No later than 30 October 2014

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	14.10	The registered manager should ensure; (a) a complaint is recorded at the time of the complaint. (b) each complaint should be recorded on a separate page.	One	The format for compliments/complaints has been changed to one page per item, and all issues to be recorded asap	Immediate and on-going
2	17.10	Procedures detailing monitoring arrangements at the centre needs to include arrangements in place when the responsible person is on leave.	Two	In the event that the Regional manager is on leave the CEO will appoint a suitably qualified person to carry out monitoring. The person appointed may change from month to month	No later than 31 September 2014
3	7.2	The registered manager should ensure; (a) service users are informed about how they can access their records. (b) information in regard to how service users and their representatives can access records should be available and included in the service user guide.	One	Meetings have been held with all service users to discuss care plans and access to records. Regular meetings will be held probably twice per year. Records are also discussed at all review meetings	No later than 31 September 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	Patricia Kearney
Name of Responsible Person / Identified Responsible Person Approving Qip	Denise Mc Donald

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	M. Marley	16/9/14
Further information requested from provider			