



The **Regulation** and
Quality Improvement
Authority

Primary Announced Care Inspection

Name of Establishment:	Palms Day Care Centre
Establishment ID No:	11058
Date of Inspection:	18 March 2015
Inspector's Name:	Priscilla Clayton
Inspection No:	20589

The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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Name of centre:	Palms Day Care Centre
Address:	The Jethro Centre Flush Place Lurgan BT66 7DT
Telephone number:	(028) 3832 5673
E mail address:	palms@jethrocentre.org
Registered organisation/ Registered provider:	Mr Andrew Norman George Dunlop
Registered manager:	Mrs Mary Boyce
Person in Charge of the centre at the time of inspection:	Mrs Mary Boyce
Categories of care:	DCS-DE, DCS-I, DCS-MP(E)
Number of registered places:	16
Number of service users accommodated on day of inspection:	15
Date and type of previous inspection:	4 December 2013 Primary Unannounced Inspection
Date and time of inspection:	18 March 2015 10.00am–3.15pm
Name of inspector:	Priscilla Clayton

1.0 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.

2.0 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.

3.0 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.

4.0 Consultation Process

During the course of the inspection, the inspector spoke to the following:

Service users	15
Staff	8 including the manager and 2 volunteers
Relatives	1
Visiting Professionals	Nil

Questionnaires were provided, prior to the inspection, to staff to find out their views regarding the service. Matters raised from the questionnaires were addressed by the inspector in the course of this inspection.

Issued To	Number issued	Number returned
Staff	4	Nil

5.0 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.

6.0 Profile of Service

A day care service was established by the Shankill Parish Caring Association in 1993 and was relocated to the Jethro Centre in 2005. It is known as the Palms Day Care Centre and provides services to older persons who live in the Lurgan area.

The centre provides a varied programme of activities which contributes to the maintenance of service users' physical, psychological and social needs. Activities include craft, music, reading, quizzes and gardening.

The Palms Day Care Centre is a self-contained unit; is purpose built and is located in The Jethro Centre. Facilities include the following accommodation: day/activity room; dining room; office, shower room/toilet and a disabled toilet.

There is access to the outdoors which has a small seated area. The day centre provides facilities and services for 16 service users on three days each week (Wednesday, Thursday and Friday) between the hours of 11.00am and 3.00pm. The service provides a social outlet, adds focus and gives structure to the lives of many service users who attend. Some service users' avail of day care one day a week, others attend up to two days depending on availability and are allocated on a waiting list and on priority of needs assessment.

7.0 Summary of Inspection

The primary announced inspection of Palms Day Centre took place on 18 March 2015 between the hours of 10.00am and 3.15pm. The registered manager, Susan Boyce was on duty. Carmel McKenna, Palms Day Centre team leader, undertook a lead role in the inspection process as part of her professional development. Four support workers and two volunteers were on duty

Requirements and Recommendations made at the previous inspection conducted on 4 December 2013 had been addressed.

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

A number of additional areas were also considered. These included returns regarding the management of complaints, monthly monitoring visits, registered manager's questionnaire and Statement of Purpose. Further details can be found in section nine of the report.

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, observed care practice, reviewed staff questionnaires, examined a selection of records and carried out a general inspection of the day care environment.

Standard 7 – Individual service user records and reporting arrangements.

Policies and procedures including Confidentiality/Data Protection/Access and Management of Records, Assessment, Care Planning and Review were in place and available to staff.

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

The supporting evidence gathered through the inspection process concluded that Palms Day Care was compliant with Standard 7. This is to be commended.

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

The inspector reviewed the arrangements in place for responding to service users' behaviour.

The centre had a policy and procedure in place 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 was not used in the day care centre.

Staff training was provided annually and staff who spoke with the inspector demonstrated knowledge of the policy and procedure to follow should challenging behaviour arise

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

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

Theme 2 - Management and control of operations.

There was a defined management structure which clearly evidenced lines of accountability, specifies roles and details responsibilities for areas of activity within the Statement of Purpose.

The inspector reviewed the arrangements in place in regard to the management and control of operations. At operational level the registered manager is supported by a team leader, support care workers and two volunteers.

Supporting evidence of the level of compliance with this theme was obtained from associated policies/procedures, examination of records maintained including for example; staff induction records, staff appraisal, supervision, staff meetings, mandatory training, staffing levels/ procurement, complaints, accidents/incidents, monthly monitoring visits by the registered provider and returned pre inspection documentation submitted to RQIA prior to the inspection.

Discussions with staff evidenced that they were supported in their respective roles. Staff confirmed that they were provided with the relevant resources and training to undertake their respective duties.

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

Service users views

In discussions with service users they indicated that that they were very happy and content with the day care service provided, with the facility and their relationship with staff. One relative indicated their satisfaction with the service and care provided and complemented staff in this regard. No issues or concerns were raised or indicated.

Conclusion

The registered manager, team leader and staff team in Palms Day Care Centre is to be commended on achieving compliance with Standard 7 and themes 1 and 2.

Services users, staff and one visitor who spoke with the inspector gave positive responses in regard to the overall provision of care. No issues or concerns were raised or indicated.

The environment was well maintained, comfortably heated, clean tidy and organised.

Three recommendations were made as a result of the primary announced inspection. The details of which can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the service users, one relative, registered manager, registered provider and staff for their assistance and co-operation throughout the inspection process.

8.0 Follow-Up on previous inspection dated 4 December 2013

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	20	Competency and capability assessments for staff in charge of the centre in the absence of the manager must be completed. The assessment should reflect evidence of training and knowledge of the centre's policy/procedures including reporting in keeping with the commissioning trust protocol/procedure. Refer to 13.4	The evidence in regard to competency and capability of the team leader in charge when the manager is off duty was in place. The manager is developing a new template layout to include all duties currently undertaken.	Compliant
2	14	All staff to be trained on safeguarding matters, this includes volunteers. Staff training should include the role and responsibilities of the safeguarding team and how to contact them in any event.	Examination of staff training records evidenced that all staff has received training as required.	Compliant
3	28 (1) (3)	A policy/procedure should be in place which outlines the purpose, content, dissemination of quality monitoring reports and arrangements in place when registered person/s, or their representative, is on leave.	A policy/procedure had been developed by the registered manager and was available on the day of inspection.	Compliant
4	28 (5)	The registered provider shall make available a copy of the monitoring report on request to a service user or his representative.	Copies of all monitoring visits were available in the centre.	Compliant
5	19(2)	The duty rota will identify the person in charge of the centre each day.	Examination of the staff duty roster evidenced who was in charge each day the centre is open.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	17.6	<p>The manager should review Palm Day Care Centre's statement of purpose so that it fully reflects all of the information in Schedule 1, Regulation 4(1)(c) of The Day Care Setting Regulations (Northern Ireland) 2007.</p> <p>This relates to paragraphs 15: arrangements made for dealing with reviews of the service user's plan referred to in regulation 16(1), and paragraph 17: details of any specific therapeutic techniques used in the day care setting and arrangements made for their supervision.</p>	Examination of the centre's Statement of Purpose evidenced that this had been reviewed and revised as recommended.	Compliant
2	17.8	The manager must review and update Palms Day Care Centre's Service Users' Guide so that it fully reflects all information stated in minimum standard 1.2. More information is needed regarding consultation with service users, fire safety; general service user qualitative feedback concerning the quality of the day service and facilities.	Examination of the Service User Guide evidenced this had been reviewed and revised as recommended.	Compliant
3	15	<p>The manager must ensure the outstanding annual review of the identified service user's day care placement takes place as soon as possible.</p> <p>Annual care review programme should be developed and made available on request to the designated person carrying out the monthly visit as assurance that this matter is kept under review.</p>	The registered manager confirmed that this review was undertaken as recommended and that the programme had been established. This was verified during the inspection.	Compliant

4	12	The manager should ensure each service user's transport assessment states their approximate pick up and drop off times on the days they attend the centre.	Information in this regard had been addressed by the registered manager.	Compliant
5	21.9	The manager is advised to ensure Palms Day Care Centre's written training and development plan is up to date. This plan should be an on-going working document that is updated throughout the year.	Examination of the day care plan was noted to be current.	Compliant
6	21.8	The manager must ensure the centre's staff training record includes: (a) The names and signatures of those attending the training. (b) A profile of the name and qualification of the trainer or the training.	Examination of staff training records evidenced compliance with this recommendation	Compliant
7	15.5	Review reports address: <ul style="list-style-type: none"> • progress in attaining any personal outcomes sought by the service user; • the service user's views about their care and support; • any changes in the service user's carer's situation; • details of important events including incidents or accidents occurring since the previous review, and how they were addressed; • any matters regarding the current care plan, revision of objectives, expected outcomes and associated time frames where relevant, and management of risks; 	Examination of review reports evidenced that full information was included as recommended.	Compliant

		<ul style="list-style-type: none"> • the need for any rehabilitation or specialist services; • current transport arrangements and any changes required; • the need or wish to move on from the service; and • any other relevant matters regarding services and facilities provided by the day care service, or others. 		
8	13.2	<p>A procedure detailing safeguarding liaison arrangements in easy read format is displayed within the setting. The procedure should identify appropriately trained members of staff with whom concerns should be reported to.</p> <p>The introduction of this procedure should be discussed at the next staff meeting and at a staff training session.</p>	Information in regard to reporting safeguarding issues was displayed and known to staff who spoke with the inspector.	Compliant
9	17.10	To ensure that the organisation is being managed in accordance with minimum standards. The monitoring visit and report should be more qualitative based, see comments made in the relevant section under this theme in the attached report and throughout the report.	Examination of the monthly monitoring reports evidenced these reflected detailed information in accordance with recommendation.	Compliant
10	25	It is recommended and good practice that an audit of the Palms Day Care Centre environment is undertaken by an independent individual experienced and knowledgeable in the areas of dementia and sensory impairment. A report should be completed and an action plan devised with timeframes.	The manager explained that the commissioning trust resource professional for dementia undertook a visit and made recommendations which had been addressed with some visual notices displayed.	Compliant

			<p>There were no reported behavioural management issues with service users who have a diagnosis of dementia.</p>	
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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:	
Policy on confidentiality (ref 10) is held in the policy file and the staff are aware of the contents and adhere to same. Staff have training on confidentiality and details of training is available. All records are held within locked cupboards in locked office. Reviews are held in private with those in attendance as agreed with service users. Opportunity is provided on a day to day basis for service users to speak in confidence with management or key worker and a key workers system is in place to support this process.	Substantially compliant
Inspection Findings:	COMPLIANCE LEVEL
Information as illustrated by the manager was verified through discussion and examination of policy entitled Confidentiality. Staff who spoke with the inspector demonstrated knowledge and understanding of their legal and ethical duty in this regard. Service users’ records were being securely stored.	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>Reveiw notes and plan of care are viewed by service user and/or family member/next of kin for signature at time of review. Changes to records, plan of care are recorded and shared with the persons concerned or person responsible for them if required. All reveiws notes are signed by the service user/careror next of kin. To date no requests have been made for access to records or notes but should this occur the request would be facilitated in accordance with the policy (ref 2) and procedure.</p>	<p>Substantially compliant</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>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>
<p>Provider’s Self-Assessment:</p> <p>Service users files contain assessment of need care plan, which includes any personal care support provided and by whom. Changes in needs are recorded when change occurs and records of action taken. Care plans are revised updated, signed and dated.</p> <p>All contact between service users, carers health and social care services are maintained and can be viewed in service users personal file.</p> <p>Incidents/accidents or near misses are recorded appropriately and records are available for inspection.</p> <p>Documentation meets the requirements of appendix 1.</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p> <p>Care records examined evidenced recorded entries were made as illustrated by the manager in the self- assessment.</p> <p>One recommendation made related to ensuring that no unrecorded spaces are left between the dated statements.</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:	
This has just been put in place in line with requirements.	Moving towards complian
Inspection Findings:	COMPLIANCE LEVEL
Records examined reflected an entry at least every five days.	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:	
Any accidents or incidents are reported as per RQIA requirements i.e. to family, social worker, GP or Trust/RQIA as required. Records of all contact is kept in the clients file.	Moving towards complian
Inspection Findings:	COMPLIANCE LEVEL
Examination of policies/procedures including; safeguarding/managing challenging behaviour evidenced that information in regard to referrals and reporting to the manager, representative where applicable and other professional staff. No accidents or incidents had occurred since the last inspection. One recommendation was made in regard to ensuring that the policy on Accidents/Incidents reflects notification to RQIA in accordance with Regulation 29 of The Day Care Setting (Northern Ireland) 2007.	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: Daily records and incident/accident forms are available for inspection in each service users file. Manager has commenced audit of records and this is being completed on on-going basis with three monthly audit completed and recorded and further used if required to inform review process. Outcome of audit has been used to inform training and development in record keeping specifically around what to record in persoanal files, accidents, incidents, near misses and any changes in service users health or situation.</p>	Moving towards complian
<p>Inspection Findings:</p>	<p>COMPLIANCE LEVEL</p>
<p>Three randomly selected care records examined evidenced that records were in keeping with this criterion.</p>	<p>Compliant</p>

<p>PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Moving towards complian</p>
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<p>INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Compliant</p>
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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>No restraint policy (ref 56) exists within the centre and staff are aware of this. Service user information sessions of human rights and practice or situations that affect the human rights of older people is being held with each service user group over the three days of centre opening and is being continued on an on-going basis. Minutes of meetings are available for inspection to reflect sessions and discussions.</p>	Moving towards complian
Inspection Findings:	
<p>The centre has a policy which verifies that no form restraint is to be used in the centre. This was confirmed by staff who spoke with the inspector.</p>	Not applicable
<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>	COMPLIANCE LEVEL
Provider’s Self-Assessment:	
<p>This would not occur and a no restraint policy (ref 56) exists within the centre. Should circumstances change the policy would be reviewed and updated accordingly.</p>	Compliant

Inspection Findings:	COMPLIANCE LEVEL
Information as illustrated by the manager was verified through discussion with staff, service users and as reflected within the manager’s pre inspection questioner returned to RQIA.	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

Theme 2 – Management and Control of Operations	COMPLIANCE LEVEL
<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 the management structure is displayed within the centre and staff are aware of the roles and responsibilities of those identified. A senior to deputise for manager has now been appointed on a permanent basis. Roles and responsibilities have been identified in the job description, staff are aware of the new reporting regime and induction is now complete. Rota indicates person in charge each day.</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p>	<p>COMPLIANCE LEVEL</p>
<p>The management structure is clearly set out within the centre’s Statement of Purpose.</p> <p>Staff who spoke with the inspector demonstrated good knowledge of their roles and responsibilities.</p> <p>Records examined and discussion with staff evidenced that all staff are registered with Northern Ireland Social Care Council (NISCC) and are provided with ongoing mandatory training. Staff induction programme was in place and</p>	<p>Compliant</p>

<p>utilised for new employees.</p> <p>Staff meeting records evidenced that these are held on a three monthly basis or more frequently as required. Informal team discussions take place on a daily basis.</p> <p>Records retained in the centre by the registered manager included; staff supervision, appraisal, staff training, meetings, staff duty roster and record of the staff member who manages the day care setting in the registered manager’s absence.</p> <p>Monthly monitoring visits were undertaken in accordance with Regulation 28 of The Day Care Settings (Northern Ireland) 2007.</p> <p>Examination of the staff duty roster evidence sufficient staff number was on duty to meet the needs of service users.</p> <p>The team leader who “acts up” when the registered manager is not in the centre demonstrated good knowledge and understanding of the day to day management arrangements and had been deemed competent and capable to be in charge by the registered manager.</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>Registered Manager completes supervision on a three monthly basis with deputy manager/team leader and 1 support worker. Team Leader provides supervision with support staff and records are available for inspection. Registered person completes supervision and appraisal with registered manager and records are available in HR file.</p>	Substantially compliant
<p>Inspection Findings:</p> <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>	COMPLIANCE LEVEL 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 hold the necessary qualifications and certificates are available for inspection. Update training is identified via mandatory requirements and specifically identified via supervision. Certificates and training and development plans are available for inspection. CVs/ application forms reflect education and experience which compliment the training and development plan.</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p>	
<p>Information as illustrated by the manager in the self -assessment was verified through discussion with the registered manager and staff and examination of staff training profiles.</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 Moving towards complian</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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9.0 Additional Areas Examined

9.1 Complaints

Annual complaints data requested by RQIA was completed and returned by the registered manager to RQIA prior to inspection. Discussion with the manager and examination of complaints records retained in the centre found that complaints had been appropriately managed and resolved.

One recommendation was made in regard to the development of a registration template to complement the existing information retained. Additionally a record of the complaint's satisfaction with the outcome of investigation and inclusion of a reference number for each complaint is recommended.

9.2 Accidents/incidents

The Manager and team leader confirmed that no accidents/incidents had occurred since last inspection of the centre.

The manager and team leader demonstrated awareness to notify RQIA of any accident/incident occurring in accordance with Regulation 29 of The Day Care Setting Regulations (Northern Ireland) 2007. It was recommended that this information is reflected within the Accident/Incident policy/procedure dated 3 July 2014.

Service user views

The inspector spoke with all service users in attendance. Responses in regard to the provision of the day care service were positive and included, for example;

- "I really look forward to coming here as it can be lonely at home"
- " the staff are great, see to everything so well and are always happy and smiling"
- " I look forward to attending so much and meeting up with everyone"
- " I don't know what I would do if the service was stopped"
- "the meals are lovely, plenty to eat, even get a dessert and tea in the morning and afternoon, really nice"

No issues or concerns were raised or indicated by service users.

Staff views

A review of the 4 returned questionnaires and discussions with staff indicated that they were supported in their respective roles. Staff confirmed that they were provided with the relevant resources and training to undertake their respective duties and the provision of care and day to day management of the centre was excellent.

Registered Manager Questionnaire

The registered manager completed and returned the questionnaire to RQIA pre inspection. Examination of the questionnaire evidenced governance and management arrangements in place including retention of all listed policies and procedures. Confirmation that there was no behavioural management required and restraint is never used and it is not policy to do so.

Monthly Monitoring Reports

Two copies of monthly monitoring reports for the months of January 2015 and February 2015 were submitted to RQIA prior to inspection as requested. Examination of both documents evidenced that these were undertaken on behalf of the registered provider of Palms Day Care in accordance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007.

Environment

The inspector viewed the day care centre accompanied by the team leader and inspected all rooms and communal areas. The areas of the environment viewed by the inspector presented as clean, organised, comfortably heated and fresh smelling throughout.

Fire doors were closed and exits unobstructed. Fire awareness training had been provided as required and fire equipment checks undertaken.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with the registered manager and team leader 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

Palms Day Care Centre

18 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 Susan Boyce, registered manager, at 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.

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 19.4	<p><u>Care records</u></p> <p>It is recommended that the registered manager ensures staff cease to leave unrecorded spaces between the dated statements.</p> <p>Ref 7.4</p>	One	Staff have been advised of the need to correct this practice and practice has been revised to ensure no spaces left.	19 March 2015
2	Standard 7.6	<p><u>Policy development</u></p> <p>It is recommended that the registered manager reviews and revises the policy entitled Accidents/Incidents to include notification to RQIA in accordance with Regulation 29 of The Day Care Setting (Northern Ireland) 2007.</p>	One	Policy has been revised and is now in line with Regulation 29 of The Day Care Setting(NI) 2007.	30 May 2015
3	Standard 9.1	<p><u>Complaints records</u></p> <p>It is recommended that the registered manager develops a complaints' registration record template to complement the existing information retained. A record of the complaint's satisfaction with the outcome of</p>	One	A complaints registration record has been devised and will be used along side current documentation and cross referenced as recommended.	30 May 2015

		investigation and the inclusion of a reference number for each complaint received is recommended.			
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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	M S Boyce
Name of Responsible Person / Identified Responsible Person Approving Qip	A Dunlop

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	M. Marley	15/5/15
Further information requested from provider			