



The **Regulation** and
Quality Improvement
Authority

Primary Announced Care Inspection

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| Name of Establishment: | Grove Day Centre Age NI |
| Establishment ID No: | 11068 |
| Date of Inspection: | 18 December 2014 |
| Inspector's Name: | Priscilla Clayton |
| Inspection No: | 17646 |

The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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| Name of centre: | Grove Day Centre Age NI |
| Address: | 8 Antrim Road Ballynahinch BT24 8AN |
| Telephone number: | (028) 9756 5631 |
| E mail address: | glynis.ellison@ageni.org |
| Registered organisation/ Registered provider: | Linda Robinson Age NI |
| Registered manager: | Glynis Ellison |
| Person in Charge of the centre at the time of inspection: | Glynis Ellison |
| Categories of care: | DCS-I, DCS-LD(E), DCS-PH(E) |
| Number of registered places: | 15 |
| Number of service users accommodated on day of inspection: | 10 |
| Date and type of previous inspection: | 24 June 2013 Primary Unannounced Care Inspection |
| Date and time of inspection: | 18 December 2014 10.00am–3.30pm |
| 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:

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| Service users | 10 |
| Staff | 2 |
| Relatives | No visits |
| Visiting Professionals | One care manager |

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 | 5 | Nil |

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

This centre provides a day care service to up to 15 service users with a range of needs. It is operated by Age NI. Grove Day Care Centre is located on the outskirts of Ballynahinch in the grounds of what was Grove Residential Care Home.

The philosophy of care of the organisation is to provide a friendly, caring and stimulating atmosphere which will support and encourage older people to remain active, independent and to enjoy life. It is hoped that attending the centre will be a positive experience for service users, where they feel valued and their rights are respected and upheld.

The day centre is open five days per week, Monday to Friday, from 9.00am to 5.00pm. The centre has two bathrooms and two day rooms, one with kitchen facilities. One of the day rooms is used as the dining room. A programme of activities is planned for each service user and is incorporated into their individual care plan.

Summary of Inspection

A primary announced inspection was undertaken in Grove Day Care Centre Age NI on 18 December 2014 from 10:00am until 3:30pm. Prior to the inspection the manager submitted a self-assessment of the centre's performance in one standard and two themes forming the focus of this inspection. There were two requirements and four recommendations from the previous inspection conducted on 24 June 2013. Validation of the level of compliance with the requirements and recommendations evidenced that all had been addressed in keeping with the managers response recorded within the returned Quality Improvement Plan.

The inspector was introduced to the service users attending the centre and met for discussions with them in small group format. Individual discussions were also held with the manager and two staff regarding the standards, team working, management support, supervision and the quality of the service provided.

The inspector spoke with one visiting commissioning trust professional who indicated satisfaction with the provision of care. No issues or concerns were raised.

Overall, discussions with service users and with staff contributed a positive view of the service provided in the centre and indicated a strong commitment by the manager and the staff team to practice in compliance with the minimum standards for day care settings. There was evidence from discussions and in written records to indicate a high level of inclusion and involvement of service users in decision making with regard to the day care provided. Service users' spoke highly of the support they experienced and the opportunities provided by the staff for their enjoyment and development.

Standard 7 - Individual service user records and reporting arrangements: Records are kept on each service user's situation, actions taken by staff and reports made to others.

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

The centre was compliant with this standard. This is to be commended.

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

The centre has a written policy and guidelines on the use of restrictive interventions, which was available to staff in the centre. Discussions with staff confirmed that there was no restrictive practice used. The manager explained there was a clear policy, which was known by staff, and training provided should this ever be necessary in the best interest of service users' health and safety. This would include for example: multi-disciplinary discussion, planning for such events, risk management, engaging with service user/representative monitoring by staff of those practices, to ensure the comfort and well-being of the service users concerned.

Staff discussed the use of good communication, the use of calming techniques and the importance of developing good understanding of each individual's needs and preferences. There was also a range of good resource information available to staff on human rights, deprivation of liberty and restraint.

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 manager is registered with RQIA as "acting" registered manager has been in this post since 2012. The manager is to be congratulated on the successful completion of QCF Level 5 in leadership/health and social care. The manager confirmed that day care workers are appropriately qualified and experienced to take charge of the centre in her absence. Competency and capability assessments were in place however, provision of training in Safeguarding, Fire safety and First Aid, were listed but not referenced as being completed by one staff member. The manager reported that training had been requested for all staff however this had been postponed by her line manager. The manager readily agreed to ensure that a further request for training is made and should there be any difficulty with the arrangement the chief executive of Age NI should be informed and RQIA notified.

Systems were in place for staff supervision and annual appraisal. Regular staff meetings take place with minutes recorded and retained.

The staffing structure and reporting arrangements were clearly set out in writing in the Statement of Purpose, for reference by all stakeholders. Staff presented as being enthusiastic, knowledgeable, competent and confident in their roles and responsibilities. Unannounced monthly monitoring arrangements are undertaken in day care centre and the three monitoring reports examined, addressed all of the required matters.

The centre was considered to be working towards compliance with this theme.

Care Practices

The atmosphere in the centre was friendly, relaxed and welcoming. Very good relationships were evident between service users and staff who were observed to treat the service users with dignity and respect taking into account their views. Organised therapeutic activities were ongoing throughout the day as reflected within the planned programme.

Environment

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be well maintained.

Conclusion

In conclusion three requirements and one recommendation, all of which relate to staff training, were made as a result of this inspection. Details of improvements are contained within the report and the appended Quality Improvement Plan.

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

Follow-Up on Previous Issues

| No. | Regulation Ref. | Requirements | Action Taken - As Confirmed During This Inspection | Inspector's Validation Of Compliance |
|------------|---------------------------------|---|--|---|
| 1 | 4 (1) (c) 5 (1) (a) 7 (a) | The registered manager should review the settings statement of purpose and service user guide to ensure these documents detail information regarding the review process including timescales, process and consultation. | Examination of both documents evidenced information as required. | Compliant |
| 2 | 14 (1) (c) | The registered manager must ensure the incident on the bus recorded in file one is reviewed and there is a clear plan in place to ensure the incident is prevented from reoccurrence. | Discussion with the manager and examination of records retained evidenced that this matter had been addressed with measures in place to minimise recurrence. | Compliant |

| No. | Minimum Standard Ref. | Recommendations | Action Taken - As Confirmed During This Inspection | Inspector's Validation Of Compliance |
|-----|-----------------------|--|---|--------------------------------------|
| 1 | 15.1 | The registered person should review the Age NI policy and procedure regarding care planning and needs assessment and make amendments to ensure it describes the review process including timescales, the process for service user consultation, who should attend and what should be discussed/recorded. | Examination of the policy, review date July 2013, evidenced that this information was included as recommended. | Compliant |
| 2 | 15.4 | The registered manager should incorporate should review the preparation completed with the service user, prior to the review regarding the review. For example a pre review questionnaire, discussion regarding how the meeting should be held, who should be invited, and refreshment's to be served. | This detail was discussed with the manager who confirmed work was completed and a new format developed which is currently in use. | Compliant |
| 3 | 17.10 Appendix 2 | The registered person should ensure there is a policy and procedure developed which outlines the purpose, content, process of the Regulation 28 visits, how the regulation 28 reports are disseminated and to whom | This information is now included within the revised policy and procedure. | Compliant |
| 4 | 7.7 | The registered manager must ensure the review minutes are signed by the author of the minutes and or manager of the day care setting. This should be completed for all future reviews. | Minute templates have been reviewed and revised to include signature as recommended. | Compliant |

| Standard 7 - Individual service user records and reporting arrangements: | |
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| 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: | |
| Service User information, records / notes are stored in accordance with Age NI policy and procedures. | Compliant |
| Inspection Findings: | COMPLIANCE LEVEL |
| Information as illustrated in the manager's self- assessment was verified through discussion with the manager and staff who demonstrated awareness of their ethical duty in respect of confidentiality of service user information. Resource information available to staff included a policy/procedure entitled Confidentiality, dated June 2012 and mental health Act/Human Rights. | 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: | |
| A service user records can be accessed when requested by the service user a representative can also access the information with the service user's consent. all files are restricted to protect the privacy of each service user | Compliant |

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| Inspection Findings: | COMPLIANCE LEVEL |
| Information as illustrated in the manager's self -assessment was verified through discussion with staff and examination of care records which were signed by service users. Staff demonstrated awareness of the centre's Policy/procedure on Access to Records including freedom of information. | Compliant |
| <p>Criterion Assessed:</p> <p>7.4 Individual case records/notes (from referral to closure) related to activity within the day service are maintained for each service user, to include:</p> <ul style="list-style-type: none"> • Assessments of need (Standards 2 & 4); care plans (Standard 5) and care reviews (Standard 15); • All personal care and support provided; • Changes in the service user's needs or behaviour and any action taken by staff; • Changes in objectives, expected outcomes and associated timeframes where relevant; • Changes in the service user's usual programme; • Unusual or changed circumstances that affect the service user and any action taken by staff; • Contact with the service user's representative about matters or concerns regarding the health and well-being of the service user; • Contact between the staff and primary health and social care services regarding the service user; • Records of medicines; • Incidents, accidents, or near misses occurring and action taken; and • The information, documents and other records set out in Appendix 1. | COMPLIANCE LEVEL |
| Provider's Self-Assessment: | |
| <p>Individual files are in place to suit each Service User's individual needs. This includes Care Plans and assessments these are all reviewed on an annual basis or as and when required e.g. when there is a change to the Service User's condition/health. Staff at Grove Day Centre use these to deliver tailored care to each of our Service User;s any changes are always reported to me to enable me to reassess and inform social service team if required.</p> <p>Medication is not administered at the centre and any Service User's who take medication administer this independantly. any incidents/accidents if they occur will be reported to RQIA and Age N. I. as soon as they happen.</p> | Compliant |

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| At Grove Day Centre all staff are aware of the POLICY'S AND Procedures and adhere to same | |
| Inspection Findings: | COMPLIANCE LEVEL |
| <p>The centre had a policy/procedure on Assessment, care planning and Review which was dated July 2013 which was readily available to staff.</p> <p>Individual care records were being maintained for service users. Records randomly selected and examined evidence these reflected all pf the areas within this criterion.</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 |
| Provider's Self-Assessment: | |
| Any events which occur are always recorded if no events occur with a Service User there is always an entry to the Daily notes atleast every 5 th day | Compliant |
| Inspection Findings: | COMPLIANCE LEVEL |
| Service user care records examined evidenced individual care records had a written entry at least once every five attendances for each individual service user. One recommendation to further enhance the quality of record keeping related to ensuring that staff ceases to leave gaps between recorded evaluations. | Compliant |

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| <p>Criterion Assessed: 7.6 There is guidance for staff on matters that need to be reported or referrals made to:</p> <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 |
| <p>Provider's Self-Assessment: all staff are aware of the importance of reporting and recording information/concerns to me as the day centre Manager if other health Care Professionals need to be involved the Service User and representative are always informed/involved</p> | Compliant |
| <p>Inspection Findings: Discussion with staff demonstrated they had good knowledge of the modes of communication with the manager and commissioning trust professional staff. Referral guidance is set within corporate policies and procedures retained within the centre.</p> | COMPLIANCE LEVEL 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> | COMPLIANCE LEVEL |
| <p>Provider's Self-Assessment: All records are signed and dated by the person making the entry and the manager signs off the records periodically</p> | Compliant |
| <p>Inspection Findings: Care records randomly selected were legible, up to date, signed and dated by staff and the manager.</p> | COMPLIANCE LEVEL Compliant |

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

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| 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 | |
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| 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>restraint has never been used at grove Day Centre all staff are trained in Vulnerable Adults and Behaviours that Challenge and adhere to our policy and proceedures</p> | Compliant |
| Inspection Findings: | |
| <p>Discussion with the manager and staff evidenced that restraint of a service user has never been required within the centre and that this would only ever be used in exceptional circumstances when, for example there was high risk to other service users/persons.</p> <p>Staff demonstrated awareness of the practical means of less restrictive practices and importance of multi-professional collaboration and behavioural management should this be required.</p> <p>Policies/procedures on Service Users Behaviours, dated November 2014 were in place.</p> | Compliant |

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| <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>As the registered manager of Grove Day Centre I am fully aware of reporting any restraints which occur to the RQIA as soon as possible</p> | <p>Compliant</p> |
| <p>Inspection Findings:</p> <p>The manager and staff confirmed that restraint of a service user has never been necessary within the centre and demonstrated knowledge of the procedure to follow if this was required. Reference was made to compliance with the corporate policy and necessity to notify RQIA.</p> | <p>COMPLIANCE LEVEL</p> <p>Compliant</p> |

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| <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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| <p style="text-align: center;">Theme 2 – Management and Control of Operations</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> | COMPLIANCE LEVEL |
| <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 style="padding-left: 40px;">(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>When the Registered Manager is away from the Centre 2 Fully trained staff will be in place the permanent care worker will be in-charge and i would always receive a full hand over report on my return to the centre RQIA have determined the staf and client ratio/nubers of the day Centre</p> | Compliant |
| <p>Inspection Findings:</p> | COMPLIANCE LEVEL |
| <p>Evidence as illustrated in the self- assessment was verified through discussion with the manager, staff, examination of competency/capability assessments and staff training records.</p> <p>The centre’s Statement of Purpose reflected the management structure/lines of accountability and staffing requirements to meet the number and dependency levels of service users in attendance.</p> <p>Examination of a random sample of staff supervision, appraisal, training and staff meetings evidenced compliance in keeping with this criterion, corporate governance arrangements, regulations and good professional practice.</p> | Compliance |

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| <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 | <p>COMPLIANCE LEVEL</p> |
| <p>Provider’s Self-Assessment:</p> | |
| <p>Supervision is completed monthly which enables me to ensure staff needs are being met and training is up to date Mandatory training is provided to help staff carry out their daily duties with confidence and also deliver a high standard of care Annual appraisal enables me to review staff performance and record a development plan at Grove Day Centre all staff are competent at their work and deliver a high standard of quality care</p> | <p>Compliant</p> |
| <p>Inspection Findings:</p> | |
| <p>The centre has a policy on staff supervision. Examination of random sample of records evidence supervision was being provided by the registered manager on a regular basis.</p> | <p>Compliant</p> |
| <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 employed are access NI checked also they have minimum level 2 NVQ in health and social care and all mandatory training is provided as part of an Induction using NISCC Standards</p> | <p>Compliant</p> |
| <p>Inspection Findings:</p> | |
| <p>Examination of staff training records evidence that the provision of staff mandatory training requires to be reviewed to ensure annual training is provided in accordance with Regulations and RQIA Guidance on Mandatory Training For Providers of Care in Regulated Services (2013).</p> | <p>Working towards compliance</p> |

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| <p>Competency and capability assessments were in place however, provision of training in Safeguarding, Fire safety and First Aid, were listed but not referenced as completed by one staff member who commenced employment in 2013. The manager reported that training had been requested for all staff however this had been postponed by her line manager. The manager readily agreed to ensure that a further request for training is made and should there be any difficulty with the arrangement the chief executive of Age NI should be informed and RQIA notified.</p> | |
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| <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>Working towards compliance</p> |

Additional Areas Examined

Service user views

During the inspection all service users were observed participating in organised activities and spoke freely with the inspector. Feedback on their views about the service was positive with positive comments made in regard to staffing, activities, meals and the environment. Staff interaction with service users was observed to be friendly and professional. No concerns or issues were raised or indicated by service users.

Visiting Professional view

One visiting professional who spoke with the inspector gave positive feedback in regard to the quality of service provided for the commissioned service user's care. No issues or concerns were raised.

Complaints

Data submitted to RQIA by the manager pre inspection showed a record that no complaints were received during year 2013. However, examination of the complaints record held in the centre evidenced a record of four complaints received during this timescale. Three of the four complaints related dissatisfaction with meals which had been addressed by the manager. It is recommended that the manager continues to monitor the provision of meals and if necessary request a formal meeting with the provider.

Registered Manager Questionnaire

The manager's questionnaire was completed and returned to RQIA pre inspection. All sections completed evidenced the manager's response regarding governance arrangements.

Statement of Purpose

The centre's Statement of Purpose was submitted to RQIA pre-inspection reflected information in accordance with Regulation 4 of The Day Care Setting Regulations (Northern Ireland) 2007.

Service Users Guide

The centre's Service User Guide was submitted to RQIA pre-inspection reflected information in accordance with Regulation 5 of The Day Care Setting Regulations (Northern Ireland) 2007.

Monthly Monitoring Reports

Examination of monitoring reports for months July, August, September and October 2014 were in place and examined. Reports held showed that several were undertaken unannounced in accordance with Regulation 28 (3) of The Day Care Settings (Northern Ireland) (2007).

Environment

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be well maintained.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Glynis Ellison, Registered Manager, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

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

Grove Day Centre Age NI

18 December 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 registered manager during at the conclusion of the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Statutory Requirements

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Day Care Settings Regulations (NI) 2007

| No. | Regulation Reference | Requirements | Number Of Times Stated | Details Of Action Taken By Registered Person(S) | Timescale |
|-----|-----------------------|---|------------------------|---|--------------|
| 1 | Regulation 26 (4) (e) | <p><u>Staff Training – Fire safety</u></p> <p>The registered person is required to ensure that all staff receives annual Fire safety training from a competent capable experienced person.</p> | One | Fire Safety Training will be completed by Chubb Fire & Security to ensure that all staff receive annual Fire Safety Training. | 1 March 2015 |
| 2 | Regulation 14 (d) | <p><u>Staff training – First Aid</u></p> <p>The registered person must ensure that suitable arrangements are in place for the training in First Aid of care staff employed in the centre.</p> | One | The Registered Manager will complete a 3 day First Aide at Work Traininng with St Johns Ambulance. | 1 March 2015 |
| 3 | Regulation 14 (3) | <p><u>Staff training – Safeguarding</u></p> <p>The registered person must ensure that staff receives training in Safeguarding.</p> | One | All Staff have received Safegaurding Training. | 1 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 | Recommendations | Number Of Times Stated | Details of Action Taken By Registered Person(S) | Timescale |
|-----|--|---|------------------------|--|-----------|
| 1 | Guidance in Mandatory Training For Providers Of Care In Regulated Services (RQIA) 2013 | <p><u>First Aid</u></p> <p>It is recommended that annual updates in First Aid is provided in keeping with RQIA Guidance.</p> | One | Day Care Staff have been enrolled for annual up-date First Aid Training. | Ongoing |

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 | Glynis Ellison |
| Name of Responsible Person / Identified Responsible Person Approving Qip | Linda Robinson |

| QIP Position Based on Comments from Registered Persons | Yes | Inspector | Date |
|---|------------|------------------|------------------|
| Response assessed by inspector as acceptable | Yes | P.Clayton | 21 February 2015 |
| Further information requested from provider | | | |