



The **Regulation** and  
**Quality Improvement**  
Authority

## **Primary Announced Care Inspection**

<b>Name of Establishment:</b>	<b>Age NI, Laurehill</b>
<b>Establishment ID No:</b>	<b>11090</b>
<b>Date of Inspection:</b>	<b>21 July 2014</b>
<b>Inspector's Name:</b>	<b>Suzanne Cunningham</b>
<b>Inspection No:</b>	<b>17642</b>

**The Regulation And Quality Improvement Authority**  
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**General information**

<b>Name of centre:</b>	Age NI, Laurehill
<b>Address:</b>	Laurehill 1a Ballymacash Road Lisburn BT28 3EX
<b>Telephone number:</b>	(028) 9266 0801
<b>E mail address:</b>	myrtle.johnston@ageni.org
<b>Registered organisation/ Registered provider:</b>	Ms Linda Robinson, Age NI
<b>Registered manager:</b>	Ms Myrtle Johnston
<b>Person in Charge of the centre at the time of inspection:</b>	Ms Myrtle Johnston
<b>Categories of care:</b>	DCS-MAX, MAX, DCS-DE
<b>Number of registered places:</b>	10
<b>Number of service users accommodated on day of inspection:</b>	7
<b>Date and type of previous inspection:</b>	29 January 2014 Primary announced inspection
<b>Date and time of inspection:</b>	21 July 2014 10:00 – 15:45
<b>Name of inspector:</b>	Suzanne Cunningham

## 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	7
Staff	1
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	1	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:

<b>Guidance - Compliance Statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>2 - Not compliant</b>	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
<b>3 - Moving towards compliance</b>	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
<b>4 - Substantially Compliant</b>	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
<b>5 - Compliant</b>	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, Laurelhill Day Care Centre is situated in Laurelhill House Resource Centre, the building is owned by the South Eastern Health and Social Care Trust though the day services are the responsibility of Age NI.

The centre provides day care to a maximum of ten clients daily who have a diagnosis of dementia. The service operates Monday to Friday 9:00 to 17:00, all referrals are made following an assessment of needs and are in accordance with Trust procedures. Transport is provided either by family members or Age NI transport.

Meals are provided by Laurelhill Residential Home for a set fee and hot and cold drinks and snacks are available on site.

The accommodation consists of an activity room, small dining room, two washrooms, office and storage provision. A seating area is available in the entrance hall.

The building and fittings are well maintained.

## **Summary of Inspection**

A primary inspection was undertaken in Age NI (Laurelhill) Day Centre on 21 July 2014 from 10:00 to 15:45. This was a total inspection time of five hours and forty five minutes. The inspection was announced.

Prior to this inspection the provider submitted a self-assessment of the one standard and two themes inspected. 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 providers' statements were verified. During the inspection the inspector used the following evidence sources:

- Analysis of pre-inspection information and questionnaires
- Discussion with the registered manager, staff and service users
- Examination of a sample of service user individual file records including evidence of review and safeguarding information; the complaints record; staff training record; incidents and incident and accidents record; evidence of service user consultation, monthly monitoring records; the centres statement of purpose; service users guide and policies & procedures
- Tour of the premises.

The inspector spoke to the manager and care worker regarding the standards inspected and their views about working in the centre. This generated positive feedback regarding records and reporting arrangements including recording; recording using a person centred approach to records and the management arrangements in this day care setting. Myrtle is an experienced manager in this day care setting and the inspection did not reveal any concerns regarding her competence in this role.

One questionnaire was returned by a staff member which reported satisfactory arrangements were in place with regard to NISCC codes of practice; supervision; staff training; staffing and management arrangements; responding to service users behaviour; confidentiality and recording. The staff member praised the quality of care provided; which the staff member described as: I think the provision is of a high standard because we meet all the needs of everyone who comes to the centre.

The inspector spoke with the seven service users generally about their experiences in the day care setting. The inspector was not able to gauge their specific thoughts about the standard inspected and the two themes due to their diagnosis which made recollection of information difficult and memories of what they had been told and experiences were not clear. The service users did provide the inspector with positive comments regarding attending the centre, the activities they had taken part in; and the care provided by the staff. Service users made specific comments during the discussion such as “it’s a lovely centre”; “it gets me out of the home”; “were well looked after”; “I enjoy singing”. In conclusion the discussion with service users provided the inspector with service users’ views about why this day centre is important for them and why they like to come to the day care setting.

The previous announced inspection carried out on 29 January 2014 had resulted in no requirements and one recommendation was made regarding the secured front door when the day centre is in operation. Action had been taken to record need in assessments and information regarding the key pad at the front door was written in the service users guide and agreement.

**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 six criterion criteria within this standard were reviewed during this inspection. Two of the criteria were assessed as substantially compliant and the remaining four were assessed as compliant by the inspector. No requirements and two recommendations are made regarding informing service users and their representatives what information is kept about them in the day care setting and how this is kept confidential; consent to records and how service users and their representatives can access records.

Discussions with service users and staff and review of three service users’ individual files provided evidence that the centre is performing well regarding standard 15. The discussions with service users provided examples of how staff encourage service users to get the most out of their day care experience and guide them to take part in activities. Service users spoke about enjoying the social aspect of attending the centre and how much they appreciate staff attention and support. Some service users said they wouldn’t get out if they didn’t come to this centre and therefore it is clear this day care setting is an important source of support and social stimulation for the group.

Based on the evidence reviewed the inspector assessed the centre as compliant in this standard. No requirements and two recommendations have been made regarding the examination of this standard.

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

Two criterion from regulation 14 were inspected which examined compliance with the use of any restrictive practices in this day care setting within the context of human rights. One criterion was assessed as compliant and one criterion was assessed as not applicable because the setting has a no restraint policy and therefore no incidents have been or would be reported through to RQIA.

Discussions with the manager, staff and examination of records provided evidence that the centre was using clear operational systems and processes which promote the needs of the service users who attend the centre and they do not accept referrals for a service user who may need a behaviour management plan as part of their care. Staff discussed using good communication, diversion, calming, diffusing techniques and knowing their service users' needs and personalities. They strongly believe this assists them in ensuring service users behaviour does not escalate.

Based on the evidence reviewed the inspector assessed the centre as compliant in this theme and this is commendable.

**Theme 2 - Management and control of operations: Management systems and arrangements are in place that support and promote the delivery of quality care services.**

Two criteria from regulation 20 and one criterion from regulation 21 were inspected which provided the evidence to examine this theme. Two criteria were assessed as compliant and one as moving towards compliance. One requirement is made to ensure the staff member who acts up in the absence of the manager has a competency assessment completed by the manager to evidence they have the skills, knowledge, training and understanding of the role and responsibility to act up in the managers absence.

Discussion with the manager and staff provided evidence that the organisation had in place monitoring arrangements; and they had a general approach of promoting quality care. Overall the improvement identified is to strengthen the management arrangements in place and assure staff are confident and competent if and when left in charge of the day care setting, in the managers absence.

Based on the evidence reviewed the inspector has assessed the centre as substantially compliant in this theme; one requirement and no recommendations are made.

**Additional Areas Examined**

The inspector undertook a tour of the premises, reviewed the complaints record, examined three service users individual files, validated the registered manager's pre inspection questionnaire, reviewed the staff questionnaire and viewed the environment. This revealed one area for improvement regarding the environment and a requirement is made.

The inspector wishes to acknowledge the work undertaken by the 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. Overall the inspector commends the proactive approach to day care that is delivered in this centre, there is a clear approach of support, homeliness and social support in this day care setting which is entirely consistent with the day care settings statement of purpose. In conclusion the care presents as in tune with the needs of the service users for support, stimulation and to meet their social needs.



As a result of the inspection a total of two requirements have been made regarding a competency assessment must be undertaken on the staff member who acts up in the manager's absence and fixing the conservatory roof. Two recommendations have been made regarding informing service users and their representatives how information is kept confidential regarding service users and consent to records; and access to records. This was reported to the management team at the conclusion of the inspection and assurances were made these would be addressed as a priority.

**Follow-Up on Previous Issues**

<b>No.</b>	<b>Minimum Standard Ref.</b>	<b>Recommendations</b>	<b>Action Taken - As Confirmed During This Inspection</b>	<b>Inspector's Validation Of Compliance</b>
1.	6.8	The registered manager should review the restrictive practice of securing the front door which has a key pad lock on. This security measure does restrict service user's movement and therefore should be part of each service user's assessment to ensure the action is the least restrictive measure to keep each service user safe. Action required to ensure the restrictive practice does not infringe a service users human rights, if necessary, should be described in each service users care plan.	Recording was evident for service users who should not to be out alone due to diagnosis of dementia and other conditions such as poor sight, history of falls etc. in the assessment and the need for the secure front door was described in the service user guide / agreement.	Compliant

**Inspection Findings**

<b>Standard 7 - Individual service user records and reporting arrangements:</b>	
<b>Records are kept on each service user's situation, actions taken by staff and reports made to others.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
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.	
<b>Provider's Self-Assessment:</b>	
All service users personal information is secured in a locked cabinet. This does not infringe the rights of other people	Compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
<p>The records stored in this day care setting in respect of each service user, as described in schedule 4; and other records to be kept in a day care setting, as described in schedule 5 were being stored securely as described above. Arrangements for confidentiality was described in the policies and procedures pertaining to the access to records, communication, confidentiality, consent, management of records, monitoring of records, recording and reporting care practices and they were available for staff reference. However the inspector did reveal the service user agreement or service user guide did not reflect arrangements in place in this day care setting to meet this criterion and fully inform service users and their representative's arrangements for keeping service users information confidential, a recommendation is made in this regard.</p> <p>Discussion with staff validated management and staff knowledge about the duty of confidentiality and their role and responsibility regarding the need to record, maintaining the quality of recording and managing service users personal information; commensurate with their role and responsibility.</p>	Substantially compliant

<p><b>Criterion Assessed:</b></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>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment:</b>	
There is a Policy in regard to accessing records. Any request for same would be maintained.	Compliant
<b>Inspection Findings:</b>	
<p>The setting has policies and procedures pertaining to: the access to records however the policy is not clear regarding how service users and their relatives / representatives are informed that records are kept, how they are stored and how they can be accessed by the service user or their relative / representative. A recommendation is made in this regard.</p> <p>Discussion with staff validated their knowledge commensurate with their role and responsibilities regarding ensuring staff record using a person centred approach. They were also aware of when and how service users see their records commensurate with their role and responsibilities and how they respond to requests from service users and or their representative to access service user records.</p>	Substantially compliant

<p><b>Criterion Assessed:</b></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"> <li>• Assessments of need (Standards 2 &amp; 4); care plans (Standard 5) and care reviews (Standard 15);</li> <li>• All personal care and support provided;</li> <li>• Changes in the service user's needs or behaviour and any action taken by staff;</li> <li>• Changes in objectives, expected outcomes and associated timeframes where relevant;</li> <li>• Changes in the service user's usual programme;</li> <li>• Unusual or changed circumstances that affect the service user and any action taken by staff;</li> <li>• Contact with the service user's representative about matters or concerns regarding the health and well-being of the service user;</li> <li>• Contact between the staff and primary health and social care services regarding the service user;</li> <li>• Records of medicines;</li> <li>• Incidents, accidents, or near misses occurring and action taken; and</li> <li>• The information, documents and other records set out in Appendix 1.</li> </ul>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment:</b></p> <p>All records/notes within the day care service are maintained for each service user as above.</p>	Compliant
<p><b>Inspection Findings:</b></p> <p>The examination of a sample of three service user individual records evidenced the above records and notes are available and had been maintained. The recording and reporting care practices are monitored through the monthly monitoring process, supervision and audits.</p> <p>The case records and notes examined had been updated as required; the daily recording was current, presented as focused on the person and noted any important or significant information.</p> <p>Care reviews were recorded in the files examined and were taking place as described in standard 15 criterion 3 and the settings policy and procedure.</p>	<b>COMPLIANCE LEVEL</b> Compliant

<p><b>Criterion Assessed:</b> 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>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment:</b></p>	
<p>A record is maintained on each occasion the service user attends the day centre.</p>	Compliant
<p><b>Inspection Findings:</b></p>	<b>COMPLIANCE LEVEL</b>
<p>The inspector examined a sample of three service user care records and evidenced individual care records have a written entry at least once every five attendances for each individual service user and the quality of information recorded was adequate to monitor what each service users enjoys or not and any significant information.</p>	Compliant
<p><b>Criterion Assessed:</b> 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"> <li>• The registered manager;</li> <li>• The service user's representative;</li> <li>• The referral agent; and</li> <li>• Other relevant health or social care professionals.</li> </ul>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment:</b></p>	
<p>A Policy in regard to referrals is in place.</p>	Compliant
<p><b>Inspection Findings:</b></p>	<b>COMPLIANCE LEVEL</b>
<p>Confirm policies and procedures are in place and the referral criteria are stated in the settings statement of purpose. Review of a sample of three service users' individual files evidenced matters had been reported on as necessary and this had been fully recorded.</p>	Compliant

<b>Criterion Assessed:</b> 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.	
<b>Provider's Self-Assessment:</b> All records meet the criteria above and are reviewed and signed off by the manager..	Compliant
<b>Inspection Findings:</b> Examination of a sample of three service user individual records evidenced this criterion was being met.  Consultation with a sample of staff working in the centre confirmed their understanding of this criterion and recording is monitored by the manager and monitoring officer.	<b>COMPLIANCE LEVEL</b> Compliant

<b>PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

<b>INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

<b>Theme 1: The use of restrictive practice within the context of protecting service user’s human rights</b>	
<b>Theme of “overall human rights” assessment to include:</b>	
<b>Regulation 14 (4) which states:</b>	<b>COMPLIANCE LEVEL</b>
<b>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.</b>	
<b>Provider’s Self-Assessment:</b>	
Age NI has a non restraint policy. The front door operates on a key pad system. The back door can be opened by the clients if the wish to go outside.. This arrangement is discussed with service user/ carer during the assessment visit prior to the admission of the client to the day centre. The Clients Service Guide/ Agreement is discussed with the service user/carers where it states the above arrangement. If agreed they sign the agreement and a copy is kept on file and a copy given to them	Compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
The inspector confirmed there is a non-restraint policy in place and no service users have restraint written up in their care plan. The three individual service users records reviewed detailed they cannot go out alone due to their diagnosis of dementia and other diagnosis or issues such as sight impairment; risk of falls etc. The key pad on the front door was detailed in the settings statement of purpose and service user guide as a measure in place to protect and assure the safety of service users.	Compliant
Staff are provided with management of challenging behaviour / restraint training which had been recorded for 2012 and is due for renewal this year. Discussion with staff regarding how they respond to service users’ behaviour and diffuse any challenges did not reveal any concerns. No incidents of restraint had been recorded in this day care setting and review of a sample of the service users’ records, accidents and incidents record and compliant records did not reveal any incidences of restraint, seclusion or restrictions in place. Discussion with staff validated management and staff knowledge regarding the non-restraint policy in this setting.	



<p><b>Regulation 14 (5) which states:</b></p> <p><b>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.</b></p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment:</b></p> <p>Age NI operates a non restraint policy.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p> <p>No service users had been subject to restraint and this setting has a draft no restraint policy which is consistent with the settings ethos, statement of purpose and aims of the service. <i>Guidance on Restraint and Seclusion in Health and Personal Social Services</i>, Department of Health, Social Services and Public Safety, Human Rights Working Group, August 2005 is available for staff information.</p>	<p><b>COMPLIANCE LEVEL</b></p> <p>Not Applicable</p>

<p><b>PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b></p>
	<p>Compliant</p>

<p><b>INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b></p>
	<p>Compliant</p>

Theme 2 – Management and Control of Operations	COMPLIANCE LEVEL
<p><b>Management systems and arrangements are in place that support and promote the delivery of quality care services.</b></p> <p><b>Theme covers the level of competence of any person designated as being in charge in the absence of the registered manager.</b></p>	
<p><b>Regulation 20 (1) which states:</b></p> <p><b>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 -</b></p> <p style="padding-left: 40px;"><b>(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;</b></p> <p><b>Standard 17.1 which states:</b></p> <p><b>There is a defined management structure that clearly identifies lines of accountability, specifies roles and details responsibilities for areas of activity.</b></p>	
<p><b>Provider’s Self Assessment:</b></p>	
<p>There is a management structure in place which defines roles, responsibilities and accountability. In the managers absence for annual leave with his agreement the carer/driver takes responsibility for the day to day operation of the centre.</p>	<p>Compliant</p>

<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
<p>The manager is a qualified Nurse who is registered with NMC, she has been manager of this setting for 10 years and no concerns have been raised regarding her competence or suitability for this position. In the manager's absence the care worker acts up, he is registered with NISCC however, examination of his personal record revealed this is not part of his job description and there is no competency assessment to confirm he has the skills, knowledge and training to act up in the manager's absence. A requirement is made to improve evidence of competence and skill in this regard.</p> <p>If staff are absent cover is provided through volunteer staff or peripatetic staff in the organisation. The organisation has policies and procedures pertaining to the management and control of operations, for example: absence of the manager; inspections of the day care setting; management, control and monitoring of the setting; operational policy; staff meetings; staff records; staff supervision and appraisal; staff training and development; staffing arrangements and the settings statement of purpose, were available for staff reference and staff were aware of content.</p> <p>Discussion with staff working in the centre validated their knowledge commensurate with their role and responsibilities regarding management arrangements of the day care setting, they were clear regarding whom they report to; who should they seek support or guidance from; who supervises them and the effectiveness of the same.</p> <p>The management structure is clearly described in the settings statement of purpose and the records evidenced the manager of the day care setting is clear regarding her role and responsibilities, such as supervision and appraisal in line with the day care setting standards, ensuring training is up to date and their professional registration is maintained.</p> <p>Staff in this setting are clear they improve service users lives by giving them somewhere to socialise, try activities, somewhere that encourages them to plan, think and discuss ideas or current affairs, also somewhere to discuss memories and play games. The centre also gives their family members and carers respite. Improved outcomes are monitored through the review, assessment and care plan process.</p> <p>Finally the regulation 28 reports evidence the staffing arrangements in place for the month being inspected and form a view regarding: the effectiveness of staffing arrangements; staff views and compliance with regulations and standards regarding the same.</p>	<p>Moving towards compliance</p>

<p><b>Regulation 20 (2) which states:</b></p> <ul style="list-style-type: none"> <li><b>The registered person shall ensure that persons working in the day care setting are appropriately supervised</b></li> </ul>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment:</b></p>	
<p>Monthly supervision is undertaken by the Regional Manager.</p>	Compliant
<p><b>Inspection Findings:</b></p>	<b>COMPLIANCE LEVEL</b>
<p>The inspector examined the training, supervision, appraisal and staff record of the registered manager and those staff left in charge of the day care setting in the registered manager's absence and this did not reveal any concerns.</p>	Compliant
<p><b>Regulation 21 (3) (b) which states:</b></p> <ul style="list-style-type: none"> <li><b>(3) For the purposes of paragraphs (1) and (2), a person is not fit to work at a day care setting unless –</b></li> <li><b>(b) he has qualifications or training suitable to the work that he is to perform, and the skills and experience necessary for such work</b></li> </ul>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment:</b></p>	
<p>Staff have qualifications and/or training suitable for the work and the skills and experience necessary for such work. All staff attend yearly update training.</p>	Compliant
<p><b>Inspection Findings:</b></p>	<b>COMPLIANCE LEVEL</b>
<p>The registered manager is a fully qualified nurse who has maintained her NMC registration. The manager also maintains the training for herself, staff and volunteers.</p>	Compliant

<b>PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant
<b>INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Substantially compliant

## **Additional Areas Examined**

### **Complaints**

The complaints record was reviewed as part of this inspection. The annual complaints return for 2013 identified five complaints which were minor issues of dissatisfaction had been recorded. The inspector reviewed the complaints record which confirmed the return to RQIA and revealed the issues were of a minor nature and had been resolved locally in accordance with the organisations policy and procedure. This did not reveal any concerns regarding the record. Furthermore complaints or issues of dissatisfaction had been recorded for 2014. This review of the settings complaints log did not reveal any concerns regarding the recording, management and resolution of complaints or issues of dissatisfaction.

### **Service User Records**

Three service user files were inspected as part of this inspection and this did not reveal any areas for improvement and were consistent with schedule 4.

### **Registered Manager Questionnaire**

The registered manager submitted a questionnaire to RQIA prior to this inspection. The information returned confirmed satisfactory arrangements were in place regarding governance and management arrangements, the manager's registration with NMC, staffing arrangements and support for staff, policies and procedures, responding to service user's behaviour and reporting of accidents and incidents. The information was validated during the inspection and this did not raise any concerns that required further discussion or analysis.

### **Staff Questionnaires**

One staff questionnaires had been returned by staff who reported satisfactory arrangements were in place with regard to NISCC codes of practice; supervision; staff training; staffing and management arrangements; responding to service users' behaviour; confidentiality and recording. Positive comments were made regarding the quality of care that was provided.

### **Statement of Purpose & Service Users Guide**

These documents were submitted for this inspection and the inspector made reference to them during the inspection. Examination of these documents did not reveal any concerns.

### **Environment**

The Laurelhill day centre is located in the site of a residential home; the day centre uses one large room and a smaller room to provide day care for up to ten service users daily. There is outside space accessible from the main room and the front door is kept secure to ensure none of the service users can wander out of the front door to the main road without staff knowing, this is a safety measure because as described in the admissions criteria service users who attend this setting have a diagnosis of dementia. The locked front door also ensures no one can walk in unannounced.

The inspector did notice on entering the day centre there was a shattered glass pane in the roof of the conservatory which is at the entrance. The manager assured this would be reported to maintenance in the mean time it was agreed no one would be encouraged to sit or stand in this area. A requirement is made to ensure this is fixed as a matter of urgency to assure the safety of all service users using this setting.

## **Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Ms Myrtle Johnston, 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:

**Suzanne Cunningham**  
**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, Laurehill (11090)**

**21 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 Ms Myrtle Johnston (**registered manager/ person receiving feedback**) either during or after 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 a competency assessment is completed with the care worker who acts up in the manager's absence to ensure and record he has the skills, knowledge and training to act up in the manager's absence. Any identified gaps in knowledge training or skills must be addressed through a written plan to achieve competence.	First	The registered manager will complete a competency assessment with the care worker in the event they will be acting up in the managers absence to ensure they have the skills knowledge and training required. Any gaps will be addressed through a written plan to achieve competence.	15 September 2014
2.	14 (1) (a)	The registered manager must ensure the glass pane in the roof of the room of the conservatory at the entrance of the day care setting is fixed as a matter of urgency and in the meantime the area must be made safe for the service users using this setting.	First	The pane of glass in the conservatory which was patched due to a leak is being replaced. The area is safe for the clients use and has been inspected by Kevin Monaghan.	15 September 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.	7.1	The registered manager should improve arrangements for confidentiality; service user and representative access to records and; confidentiality. This should be clearly described for service user and or representative reference and consent; for example in the service user agreement or service user guide.	First	The Service User Agreement and Guide now contains information in regard to confidentiality consent and the service user/representatives access to records.r	15 September 2014
2.	7.2 & 7.3	The registered manager should improve arrangements that inform service users and their relatives / representatives that records are kept, how they are stored and how they can be accessed by the service user or their relative / representative.	First	The Service User Agreement and Guide now contains the information that records are kept, that they are stored securely and how they can be accessed by the service user/representative. Presently copies of a number of records are already being given to the client/representative.	15 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:

<b>Name of Registered Manager Completing Qip</b>	Myrtle JohnstonJ
<b>Name of Responsible Person / Identified Responsible Person Approving Qip</b>	Linda Robinson

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	Yes	Suzanne Cunningham	15/09/14
Further information requested from provider			