



The **Regulation** and
Quality Improvement
Authority

Primary Announced Care Inspection

Name of Establishment:	Manor Court Day Centre
Establishment ID No:	11147
Date of Inspection:	17 September 2014
Inspector's Name:	Maire Marley
Inspection No:	20399

The Regulation And Quality Improvement Authority
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Name of centre:	Manor Court Day Centre
Address:	Sloan Street Lurgan BT66 8RN
Telephone number:	(028) 3832 9701
E mail address:	donna.reilly@foldgroup.co.uk
Registered organisation/ Registered provider:	Mrs Fiona McAnespie
Registered manager:	Ms Donna Reilly
Person in Charge of the centre at the time of inspection:	Ms Donna Reilly
Categories of care:	MAX, DCS-DE, DCS-I
Number of registered places:	10
Number of service users accommodated on day of inspection:	10
Date and type of previous inspection:	26 February 2014 Primary Unannounced Inspection
Date and time of inspection:	17 September 2014 9.30am - 3.30pm
Name of inspector:	Maire Marley

Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect day care settings. A minimum of one inspection per year is required.

This is a report of a primary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during the inspection were met.

Purpose of the Inspection

The purpose of this inspection was to ensure that the service is compliant with relevant regulations and minimum standards and themes and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of day care settings, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Day Care Settings Regulations (Northern Ireland) 2007
- The Department of Health, Social Services and Public Safety's (DHSSPS) Day Care Settings Minimum Standards (January 2012)

Other published standards which guide best practice may also be referenced during the inspection process.

Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the minimum standards.

The inspection process has three key parts; self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

Specific methods/processes used in this inspection include the following:

- Analysis of pre-inspection information
- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Tour of the premises
- Evaluation and feedback

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

Consultation Process

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

Service users	10
Staff	2
Relatives	0
Visiting Professionals	0

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

Issued To	Number issued	Number returned
Staff	2	2

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

Manor Court Day Care Centre is situated within the main Manor Court Residential care building and is a separate facility operated by Fold Housing. The management and staffing arrangements are separate from those of the residential facility. Facilities include a designated dining area, activity room, staff office, toilets and bathroom.

The setting is within walking distance of Lurgan town centre, with local shops and hospital close by.

The centre provides day care Monday to Friday, 10.00am – 3.00pm, each week and is registered to facilitate a daily maximum number of eight service users.

Mid-day main meals and mid-morning and afternoon teas are provided.

Summary of Inspection

This announced primary care inspection of Manor Court Fold Day Centre was undertaken by Maire Marley on 17 September 2014 between the hours of 9.30am and 3.00pm. The Acting Manager, Ms Donna Reilly was available throughout the inspection.

A poster was displayed at the entrance to the centre to inform service users, representatives and professionals of the date and time for this inspection.

There were no improvements identified during the previous inspection in February 2014.

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

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

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

There were two questionnaires returned in time for inclusion in this report. Staff reported satisfactory arrangements were in place with regard to NISCC codes of practice, supervision, staff training, staffing and management arrangements. Satisfaction was also reported in regard to responding to service users' behaviour; confidentiality and recording. Staff commented positively in regard to the quality of care provided; which was described as "excellent."

During the inspection, the inspector was introduced to all of the service users who were in the day care centre. The inspector spoke directly with the ten service users to gather evidence for the standard inspected and the two themes. Service users related the benefits of attending the centre and it was evident that they were at ease in their environment. Service users consulted stated that if he had any concerns or issues they would speak directly to the acting manager who is based in the centre daily.

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

The organisation had written policies and procedures pertaining to the management of records, recording and reporting, data protection, access to records and confidentiality. The policies and procedures were available for staff reference and were deemed satisfactory.

The inspector spoke with the acting manager and a member of staff regarding the standards inspected, their views about working in the centre and the quality of service provided. Positive comments were made in regard to the maintenance of records and the recording and reporting arrangement's in this day care setting. Staff consulted competently answered questions in regard to the codes of confidentiality and how to protect service user's information.

The inspector concluded that staff record as and when required and there was evidence that services users are involved in the process when possible.

There was evidence in records reviewed that care plans are discussed and agreed with the service users and/or their representative during the annual review.

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

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

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

The day centre has policies and procedures regarding restrictive practice in place and these are reflective of current national, regional and locally agreed protocols and guidance.

A copy of the Deprivation of Liberty Safeguards (DOLS) document was discussed with the acting manager and staff member on duty. There was evidence that they were familiar with the good practice elements detailed in the document and that they had discussed the document.

The acting manager and staff member adequately described restrictive practice, restraint and seclusion and confirmed that these practices had never had been implemented within the centre. The entrance to the centre is via the residential home entrance which is secured by a fob key. The acting manager related that the door is being replaced within the forthcoming weeks however was unsure if the replacement would enable service users to independently leave the building. A requirement is made in regard to the restrictions the entrance door places on service users and the acting manager was requested to review the restrictions and ensure service users do not have their freedom inappropriately restricted. Service users can move freely around the day centre and can access the garden area independently.

Staff demonstrated knowledge of service users assessed needs and reported that rarely would behaviour present any difficulties. It was evident in discussion with staff that they recognised the importance of approaching service users in a sensitive, supportive manner.

Observations of group interactions during the inspection confirmed that service users had developed friendships with one another and that they identified strongly with the centre, its ethos and its staff.

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

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

The acting manager has been in post for approximately eight months and has several years' experience working in the caring profession. There was evidence that suitable arrangements are in place to monitor and support the acting manager in her new position. Additionally the acting manager expressed that her line manager and the residential care manager were always available informally as and when required.

There was evidence that the acting manager is registered with the NISCC. One care assistant is currently in the process of registration. The organisational structure was clearly set out in the statement of purpose. Staff confirmed their awareness of the reporting arrangements within the organisation should any notifiable event arise.

The staff member on duty was clear in regard to her roles and responsibilities and there was evidence that management arrangements are suitable with appropriate policies in place for the day to day operation of the centre. In discussion with staff they confirmed that members of the team work supportively and well with one another.

The acting manager had arrangements in place for the supervision and performance appraisal of the staff team. It is recommended that the acting manager is provided with training in regard to the function and purpose of supervision. During discussions with staff they expressed that they felt supported by the management team. A review of staff training revealed that mandatory training was up to date.

There was evidence of monitoring arrangements that included monthly unannounced monitoring visits. The organisation undertakes an annual review of the service and service users experience is incorporated into the report.

The inspector was satisfied that the management arrangements in this centre were satisfactory. Based on the evidence reviewed the inspector has assessed the centre as compliant in this theme.

Additional Areas Examined

During the inspection the inspector examined the complaints record, the files pertaining to six service users, and validated the registered manager's pre inspection questionnaire and reviewed the environment.

All areas inspected during the tour of the building were found to be clean and fresh smelling.

As a result of this inspection one requirement and four recommendations have been made. Details can be found in the Quality Improvement Plan attached to this report.

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

Follow-Up on Previous Issues

No requirements or recommendations from pervious inspection.

Standard 7 - Individual service user records and reporting arrangements:	
Records are kept on each service user's situation, actions taken by staff and reports made to others.	
Criterion Assessed:	COMPLIANCE LEVEL
7.1 The legal and an ethical duty of confidentiality in respect of service users' personal information is maintained, where this does not infringe the rights of other people.	
Provider's Self-Assessment:	
All information relating to the Service User is retained within a locked cabinet/office at the Centre. Fold fully endorses and adheres to the principles of Data Protection as set out in the Data Protection Act 1998.	Compliant
Inspection Findings:	COMPLIANCE LEVEL
The day centre had a range of policies in regard to protecting the confidentiality of service user's information that included electronic and paper records. The procedures were available to the staff team. Discussion with staff and review of six service user individual records evidenced recording practices and storage of service user information was reflective of current national, regional and locally agreed protocols. The inspector observed that files are kept in a locked cabinet in the allocated office as detailed in the provider's self- assessment.	Compliant

Criterion Assessed:	COMPLIANCE LEVEL
<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>	
Provider's Self-Assessment:	
<p>A Service user and with his/her consent or another on his/her behalf will have access to their notes by requesting same to Registered Manager. Service Users are reminded of this at Service User Meetings.</p> <p>A request for access to individual case records/notes will be recorded on the communication record sheet.</p> <p>Fold fully endorses and adheres to the principles of Data Protection as set out in the Data Protection Act 1998.</p>	Compliant
Inspection Findings:	
<p>The day care setting had a policy detailing the process in the event a service user formally requests access to their care records. The acting manager and the staff member consulted confirmed that the policy is available and accessible to them for reference.</p> <p>Staff consulted were knowledgeable regarding consent and access to records commensurate with their role and responsibilities. The acting manager reported that information in regard to assessments, care plans, daily records and reviews reports are discussed with the service users on a regular basis and the inspector found evidence in care records to verify that service users are offered the opportunity to contribute to the care planning process. In discussion with service users it was obvious they were familiar with the care planning process and they confirmed care plans are discussed when changes occur.</p> <p>The registered manager confirmed that to date there had never been a formal request for access to an individual service user personal care records/notes.</p> <p>It is recommended that the service user's guide is updated to include information in regard to how service users' can access their records.</p>	Substantially 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. 	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p> <p>Individual case records which include all of the above information are maintained for each service user. Once the service ceases to be provided, the information is retained for eight years.</p>	<p>Compliant</p>
<p>Inspection Findings:</p> <p>The care records examined in regard to six service users provided clear evidence that the criterion was fully compliant. There was evidence that care records are continuously updated and detail all the elements of this criterion. It is recommended that an identified care plan relating to the management of potential bleeds for a service user on warfarin includes the immediate first aid to be applied by staff.</p>	<p>COMPLIANCE LEVEL</p> <p>Substantially 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:	
A daily entry is made in the general report for each service user to reflect their enjoyment, health and wellbeing while at the day centre. Each Service User has a designated keyworker.	Compliant
Inspection Findings:	
The inspector was able to confirm the provider's self- assessment during the review of six service user care records. Each record had a written entry for the day of the service user's attendance at the centre.	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:	
Fold provide guidance for staff in respect of all reportable incidents and each service user file has a communication record to record all non regulatory referrals and communication.	Compliant
Inspection Findings:	
Evidence was provided to confirm the information detailed in the provider's self- assessment. In addition the acting manager and staff member were knowledgeable in regard to reportable events/incidents. The care files examined provided good evidence that all matters were appropriately reported to representatives and referral agents.	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: All records are completed as per 7.7. These are periodically reviewed and signed off by the Registered Manager and the Care Services Manager as part of the monthly compulsory audit.</p>	Compliant
<p>Inspection Findings:</p>	COMPLIANCE LEVEL
<p>Records viewed on the day were fully compliant with the elements of this criterion.</p>	Compliant

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

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

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>Restraint and seclusion are not practiced and fervently discouraged within the Day Centre. A restraint policy is in place and is read in conjunction with the challenging behaviour policy. Staff are aware of these policies and of the guidance on restraint. Training provided in these areas is in line with the mandatory training requirements.</p>	Compliant
Inspection Findings:	
<p>The findings of the inspector confirmed the information detailed in the provider’s self -assessment. The organisation had a suite of policies that include a restraint policy, guidance for responding to challenging behaviour, Deprivation of Liberty Safeguards and guidance on restraint and seclusion. These documents were found to be relevant and comprehensive. There was evidence that staff had attended training in regard to challenging behaviour in the elderly and frail service users which detailed how to manage service users with challenging behaviour without the use of restraint.</p> <p>The entrance to the centre is via the residential entrance which is secured by a fob key. The inspector noted the front door cannot be egressed by service users. The acting manager related that the door is being replaced within the forthcoming weeks however was unsure if the replacement would enable service users to independently leave the building. Safeguard arrangements should ensure that a day centre only deprives someone of their liberty when it is in the best interests of the person. A requirement is made in regard to the restrictions the entrance door places on service users and the acting manager was requested to review the restrictions and ensure service users do not have their freedom inappropriately restricted.</p>	COMPLIANCE LEVEL Substantially compliant

<p>Regulation 14 (5) which states:</p> <p>On any occasions on which a service user is subject to restraint, the registered person shall record the circumstances, including the nature of the restraint. These details should also be reported to the Regulation and Quality Improvement Authority as soon as is practicable.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p>	
<p>With reference to 14 (4) Fold do not practice restraint. Should such practice ever be required to ensure the health safety and welfare of a Service User this would be recorded and notified immediately to RQIA and Commissioning Body.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>There have been no reported incidents of restraint or seclusion from this centre. Management and staff confirmed that to date restraint had not been used in the day centre and they did not anticipate any occasion when this would be necessary. The information provided in discussion with the acting manager and staff was confirmed in discussions with service users, review of incidents and examination of care records.</p>	<p>Compliant</p>

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

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

<p 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>	<p align="center">COMPLIANCE LEVEL</p>
<p>Regulation 20 (1) which states:</p> <p>The registered person shall, having regard to the size of the day care setting, the statement of purpose and the number and needs of service users -</p> <p>(a) ensure that at all times suitably qualified, competent and experienced persons are working in the day care setting in such numbers as are appropriate for the care of service users;</p> <p>Standard 17.1 which states:</p> <p>There is a defined management structure that clearly identifies lines of accountability, specifies roles and details responsibilities for areas of activity.</p>	
<p>Provider’s Self Assessment:</p>	
<p>The management structure for the centre is contained with Statement of Purpose and clearly identifies lines of accountability, specific roles and details responsibilities for areas of activity. All staff have quarterly supervisions, an annual appraisal and attend staff meetings and mandatory training. Competence training and mentoring are all addressed via these forums by the registered manager.</p>	<p align="center">Compliant</p>
<p>Inspection Findings:</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>The provider’s self-assessment statement was confirmed in the review of the statement of purpose. The acting manager is based in the centre daily and is assisted by a care assistant. Examination of the staffing information provided evidence that adequate staffing numbers were maintained in the day care setting. The acting manager and staff member were satisfied that staffing levels are sufficient to meet the needs of the service users.</p>	<p align="center">Substantially compliant</p>

<p>Discussion with the staff working in the centre demonstrated that they were fully familiar with their role and responsibilities regarding the management arrangements of the day care setting. Staff expressed that they were supported in their roles through regular supervision, appraisal and staff meetings.</p>	
<p>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>All staff are appropriately supervised. Reference 17.1.</p>	Compliant
<p>Inspection Findings:</p>	COMPLIANCE LEVEL
<p>The inspector was provided with the dates of supervision for the acting manager. Records viewed confirmed that staff meetings are held at least four monthly and supervision is undertaken quarterly. There was evidence that staff are in receipt of annual appraisals. It is recommended that the acting manager is provided with training in regard to the purpose and function of supervision and appraisal.</p>	Substantially compliant
<p>Regulation 21 (3) (b) which states:</p> <ul style="list-style-type: none"> (3) For the purposes of paragraphs (1) and (2), a person is not fit to work at a day care setting unless – (b) he has qualifications or training suitable to the work that he is to perform, and the skills and experience necessary for such work 	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment:</p>	
<p>All staff are subject to a formal recruitment. Each job role has a job specification aligned to the Regulators requirements and the specific post. All staff are subject to a formal induction process and are required to attend mandatory training and have quarterly supervisions with the registered manager.</p>	Compliant
<p>Inspection Findings:</p>	COMPLIANCE LEVEL
<p>The inspector was satisfied that the organisation had appropriate recruitment procedures in place and the records relating to staff confirmed the information detailed in the provider’s self- assessment. Records viewed on the day confirmed that the acting manager was registered with NISCC. Mandatory training was found to be up to date.</p>	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

Additional Areas Examined

Complaints

The complaints information returned from the centre has been examined along with the record of complaints held in the centre. The inspector was satisfied staff were informed and knowledgeable regarding the management of complaints. The records viewed were found to satisfactory.

Registered Manager Questionnaire

The registered manager's submitted the completed registered manager's questionnaire. The inspector had a query in regard to the acting manager's response relating to policies on restraint. The response indicated the organisation did not have a policy however on the day the inspector viewed the policy and found it to be satisfactory.

Statement of Purpose

The statement of purpose was up to date and in keeping with the regulations.

Service Users' Guide

The service user's guide was examined and found to be accurate and up to date reflecting the nature and type of service provided by Manor Court Day Centre. It is recommended information on how service users access their records is included in the document.

Policies and procedures

The registered person/manager should ensure policies and procedures are up to date and relevant to the provision of day care services.

Staff views

The inspector had the opportunity to meet with a care staff member on duty during the inspection. The staff member had recently joined the team and confirmed that the induction provided was comprehensive. This staff member expressed that she had settled in really well and had been welcomed and supported in all areas by the acting manager. The staff member confirmed she had received mandatory training and was aware of how to raise concerns in regard to poor practice.

Service user's views

The inspector greeted all service users accommodated in the centre informally and consulted more formally with the group in the afternoon. Service users expressed complete satisfaction with the service provided and were keen for the inspector to hear how much they enjoyed their days in the centre. It was obvious the group enjoyed positive relationships with each other and the staff team. Service users knew who to report any concerns and were satisfied that they would be addressed by the acting manager. Comments made on the day by individual service users are detailed below;

“I enjoy the company”

“Great place would be lost without it”

“We all get on so well”

“I enjoy my dinner”

“The girls (staff) are lovely they would do anything for you”

“Absolutely no complaints”

Environment

The inspector viewed the day centre environment. All areas were found to clean and fresh smelling. No issues were identified on this occasion.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Ms Donna Reilly 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:

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The Regulation and Quality Improvement Authority
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5 Lanyon Place
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BT1 3BT



The Regulation and
Quality Improvement
Authority

Quality Improvement Plan

Primary Announced Care Inspection

Manor Court Day Centre

17 September 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 Donna Reilly during the inspection visit.

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

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

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

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

Statutory Requirements					
This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Day Care Settings Regulations (NI) 2007					
No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	14 (4)	The registered person/manager should confirm the restrictions the entrance door places on service users has been reviewed to ensure they do not have their freedom inappropriately restricted.	One	Bio metric door access system to be installed at access /egris point. Service users are aware that they have the right to come and go as they so wish The annual review document has been amended to include D.O.L issue	No later than 30 October 2014

Recommendations

These recommendations are based on The Day Care Settings Minimum Standards January 2012. This quality improvement plan may reiterate recommendations which were based on The Day Care Settings Minimum Standards (draft) and for information and continuity purposes, the draft standard reference is referred to in brackets. These recommendations are also based on research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details of Action Taken By Registered Person(S)	Timescale
1	7.3	The registered manager should confirm that the service user's guide has been updated to include information in regard to how service users' can access their records.	One	Actioned	No later than 30 October 2014
2	7.4	The registered manager should confirm that the identified care plan relating to the management of potential bleeds in regard to warfarin includes the immediate first aid to be applied by staff.	One	The care plan has been updated to clearly state immediate first aid actioned by staff	No later than 30 October 2014
3	22.1	The registered person/manager should provide training for the registered manager on the purpose and function of supervision.	One	Actioned	No later than 30 October 2014
4	18.4	The registered person/manager should ensure policies and procedures are up to date and relevant to the provision of day care services.	One	The policies and procedures are subject to review to ensure current and relevant to day care services	No later than 30 October 2014

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

Name of Registered Manager Completing Qip	Donna Reilly
Name of Responsible Person / Identified Responsible Person Approving Qip	Fiona McAnespie

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	yes	H. Madley	14/7/15
Further information requested from provider			