



The Regulation and
Quality Improvement
Authority

Derg Valley Care Centre
RQIA ID: 11171
5-7 Parkview Road
Castledearg
BT81 7BN

Inspector: Kylie Connor
Inspection ID: IN022980

Tel: 02881670764
Email: jayne@dergvalleycare.com

**Unannounced Care Inspection
of
Derg Valley Care Centre(Physically Disabled)**

11 December 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 11 December 2015 from 10.15 to 16.30. Overall on the day of the inspection the Day Care Setting was found to be delivering safe, effective and compassionate care. Standard 5 was found to be partially met and Standard 8 was found to be met. A number of issues were identified for follow-up by the registered person. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report.

This inspection was underpinned by The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Settings Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards 2012.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	5	3

The details of the QIP within this report were discussed with Gladys Armstrong, Registered Manager and Maureen McKeague, Responsible Person, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Derg Valley Care Ltd/Maureen Dorothy Florence McKeague	Registered Manager: Gladys Armstrong
Person in Charge of the Day Care Setting at the Time of Inspection: Gladys Armstrong	Date Manager Registered: 26 August 2010
Number of Service Users Accommodated on Day of Inspection: 26	Number of Registered Places: 40

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

Standard 5: Care Plan - Where appropriate service users receive individual continence promotion and support.

Standard 8: Service Users' Involvement - Service users' views and comments shape the quality of services and facilities provided by the Day Care Setting.

4. Methods/Process

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

Prior to inspection the following records were analysed:

- Record of notifications of events
- Returned Quality Improvement Plan from the previous care inspection undertaken on 28 October 2014

During the inspection the inspector met with:

- 26 service users, either individually and/or in one of two groups
- The registered manager
- The responsible person
- Two care staff and one staff member on a work placement

The following records were examined during the inspection:

- File records of four service users, including assessments, care plans, progress notes and review reports
- Statement of purpose
- Service user guide
- Minutes of service user meetings
- Minute of a staff meeting dated 5 October 2015
- Staff training records
- A matrix of mandatory training undertaken by staff

At the conclusion of the inspection, staff questionnaires and service user questionnaires were given to the registered manager for distribution and return to RQIA. There were no questionnaires returned in time for inclusion in this report.

Following the inspection the following records were inspected:

- Three randomly selected and requested monthly monitoring reports completed in September, October and November 2015.
- Policies and procedures associated with the standards inspected and previous QIP reviewed.

An inspection of the environment took place including: the main activity room, a store and the bathroom facilities.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the service was an announced care inspection dated 28 October 2014. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1</p> <p>Ref: Regulation 17.3</p>	<p>The registered provider should expand the use of audits of working practices as a means to enhance quality assurance of the service and include the findings within the monthly monitoring report for the month they were completed.</p> <p>Action taken as confirmed during the inspection: The responsible person reported that to address this requirement she had facilitated the staff team to complete a review of one or two of the minimum standards each month. The review of standards inspected did not demonstrate that an audit of working practices had been undertaken as required. Discussion took place with the registered manager and responsible person regarding the range and type of audits which would be expected to be undertaken, as detailed in Standard 27 of the DHSSPS Day Care Settings Minimum Standards. Audits of care records, staff training records, staff supervision and appraisal records, care review records, management of medicines and management of service users' money, were suggested for consideration. The registered manager provided evidence of an audit undertaken of annual care reviews completed and those which are outstanding. This requirement is stated for the third time. Failure to address satisfactorily may result in the Authority initiating enforcement action.</p>	<p>Partially Met</p>
<p>Requirement 2</p> <p>Ref: Regulation 14.2</p>	<p>The registered provider should ensure that the centre has a policy based on the principles outlined in the DHSSPS Guidance on Restraint and Seclusion and the European Convention on Human Rights, Article 5. Copies of these policies and guidance should be available to the staff team for reference.</p>	

	<p>Action taken as confirmed during the inspection: A code of practice (reviewed 28 October 2014) was made available following the inspection. It did not fully reflect the requirement made. The policy must include the types of restraint and restrictive practices and the range of techniques available to manage. The policy must clearly state the process of assessment of need, decision-making, recording, monitoring and review, including the involvement of the trust, service user and their representative, if appropriate. The policy and procedure should provide direction and guidance to staff. A number of relevant references regarding best practice guidance were provided to the responsible person following the inspection. This requirement is stated for the second time.</p>	Not Met
<p>Requirement 3 Ref: Regulation 13 (1) (a)</p>	<p>The registered manager must ensure that</p> <ul style="list-style-type: none"> a) the tasks volunteers undertake are clearly defined b) suitable arrangements must be in place to monitor that volunteers are operating within the guidance provided by the organisation. <p>Action taken as confirmed during the inspection: The responsible person stated that the day care setting currently has two volunteers. One works in the kitchen and one facilitates art and craft activities with service users. An inspection of the Volunteer Policy (Reviewed February 2015) demonstrated that it detailed volunteer roles but not specific tasks associated with the roles. The responsible person confirmed that the volunteers work alongside other paid staff and the registered manager monitors practice and provides supervision. We advised that a volunteer should not assist with or undertake personal care tasks. The policy did not include all types of volunteer roles including those on work placement. In addition, the responsible person was advised that the policy did not provide clear and accurate information in regard to recruitment and selection procedures. This requirement is stated for the second time.</p>	Not Met
<p>Requirement 4 Ref: Regulation 4 (1) (a) (b) (c)</p>	<p>The organisation is requested to review the statement of purpose for the centre and ensure the document fully reflects all of the matters detailed in Regulation 4.</p>	

	<p>Action taken as confirmed during the inspection: The statement of purpose was inspected. The responsible person was advised that that the Care Standards Act 2000 referred to does not apply to Northern Ireland, that fire training for staff should be included in the fire precautions section, that complaints should be investigated within 20 days in line with DHSSPS Complaints in Health and Social Care Standards and Guidelines for Resolution and Learning (updated October 2013), and relevant qualifications (if any) of all persons employed should be stated. Whilst some minor improvements are necessary, this had been addressed.</p>	Met
<p>Requirement 5 Ref: Regulation 6 (1)</p>	<p>The registered person/manager must ensure that the cost of meals is clearly reflected in the service user's agreement.</p> <p>A record of, and receipts for all transactions undertaken by staff must be recorded. Procedures detailing the process for collecting and recording the monies should be in place and known by all staff.</p> <p>Action taken as confirmed during the inspection: Inspection of the Service Users Agreement confirmed that the cost of meals is stated.</p> <p>Discussion with the registered manager, responsible person and inspection of the record of dinner money received from service users identified that no signatures are recorded nor is a receipt or copy of a receipt retained. The organisation should review the system in use and ensure that two signatures are obtained for all financial transactions. Where a service user and a staff member are signing such a record, that this can be carried out whilst ensuring that the confidentiality of their record and those of others are maintained. Where service users sign the record along with one staff a receipt is not required.</p> <p>Records inspected regarding messages/groceries purchased for service users by staff found that only one staff signature is recorded and a comment made which indicates that purchases were made and change given. No receipts or a copy of a receipt is retained. This system should be reviewed as described above. This is stated for the second time.</p>	Partially Met

Previous Inspection Recommendations	Validation of Compliance	
<p>Recommendation 1</p> <p>Ref: Standard 7.3</p>	<p>The registered manager should ensure that a restricted section is available in individual care plans for sensitive reports.</p> <p>Action taken as confirmed during the inspection: The registered manager stated that there was no need for a restricted section in any of the care records at present. Following an inspection of four care records, no restricted section was in place. Whilst the responsible person believed that a restricted section had been put in place, the registered manager stated that this had not been done because a restricted section was not needed at present. One care record which had been inspected will require a restricted section in the near future. The registered manager confirmed that the identified assessments would be urgently requested and gave assurances that a restricted section would be put in place in this file. A policy in regard to access to a service user's file had been updated to reflect arrangements in regard to a restricted section. The registered manager is aware when a restricted section should be in place. This is addressed.</p>	<p>Met</p>
<p>Recommendation 2</p> <p>Ref: Standard 5.2</p>	<p>The registered manager should ensure that for those service users who require lap belts the information is detailed in their individual care plans.</p> <p>Action taken as confirmed during the inspection: An inspection of one care record demonstrated that the care plan detailed the use of a lap-belt. The registered manager demonstrated knowledge in regard to recording arrangements pertaining to agreed restrictive practices.</p>	<p>Met</p>
<p>Recommendation 3</p> <p>Ref: Standard 27.3</p>	<p>The registered manager was requested to review the storage facilities within the day centre.</p> <p>Action taken as confirmed during the inspection: The registered manager and responsible person reported that they had reviewed storage facilities. They stated that they had disposed of some contents of the store and had plans to dispose of more. Both acknowledged that this would require on-going management. An inspection of the store demonstrated that there was access to an exterior door. The registered manager identified contents in</p>	<p>Met</p>

	the store which are to be disposed of. Discussion took place in regard to storage in the office. The responsible person agreed that improvements would be made in this area.	
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Areas for Improvement

A number of minor areas are to be followed up regarding obtaining an assessment completed by a member of the multi-disciplinary team for inclusion in a restricted section of a service user's file; making further improvements to the storage arrangements within Derg Valley and improving information within the statement of purpose. Four requirements have been re-stated for improvement. These include reviewing two policies and procedures, conducting audits of working practices for inclusion into the monthly monitoring reports and improving the system and recording practices for management of service users' money.

Number of Requirements:	4	Number of Recommendations:	0
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5.3 Standard 5: Care Plan - Where appropriate service users receive individual continence promotion and support

Is Care Safe?

A random sample of four service users' care records, including needs assessments and care plans were inspected. All were signed appropriately but were in need of updating to accurately and comprehensively reflect each individual's current needs. One care plan had not been updated in a timely manner following changes which included mobility and the care and support required to meet continence needs. The care plans did not provide sufficient detail of service users' care and support needs and the methods to be employed by staff to meet these. The abilities of each service user in respect of their care and support needs were not detailed. One requirement and one recommendation have been made.

The registered manager and three staff members were knowledgeable regarding the continence needs of service users, of the methods employed to meet these, including continence products used. They demonstrated knowledge of respecting each service user's privacy, dignity and of the importance of promoting independence.

The day centre does not supply any continence products as service users bring in their own products. Staff reported that service users may choose to keep their own personal products with them or they can be stored discreetly by staff upon arrival. Staff confirmed that they have access to an emergency supply of products if necessary. Service users reported that they felt the care provided to them was delivered by confident and courteous staff who knew their needs and preferences regarding how these should be met.

Care review records inspected showed that one service user had had an annual review and three service users' annual reviews were overdue by up to three months. However, the registered manager had completed a comprehensive pre-review report with each of these service users in preparation for their review. The registered manager stated that a date for these care reviews had not yet been scheduled. The most recent records of care reviews inspected included the opinions of service users, a relative or a relevant professional.

A basic training matrix inspected indicated that staff had participated in training which included moving and handling and continence promotion during 2015. Records of training undertaken in two staff files were not up to date. The registered manager confirmed that these records would be updated without delay. We advised the responsible person that the schedule/matrix used should state the date the training was undertaken, rather than just tick a box, for effective management. Staff confirmed that training provided is adequate to support them in the delivery of their roles and responsibilities. All staff and service users indicated their satisfaction with the day centre facilities.

Is Care Effective? (Quality of Management)

A policy on continence promotion inspected did not reflect current best practice guidance nor support staff in the delivery of continence care and promotion. A recommendation has been made.

Staff confirmed that a number of service users had assessed needs related to continence promotion. Whilst need assessments and care plans are in need of improvement to accurately reflect current care and support needs and the techniques to deliver these, there was evidence from discussions with staff members and service users to confirm that effective care was provided to meet current needs in a discreet and person-centred manner.

Staff confirmed that they had access to adequate supplies of personal protective equipment and continence products. An inspection of the environment confirmed that clean, suitably maintained odour free toilet facilities were available.

Monthly monitoring visits and reports were being completed regularly by the responsible person and a sampled report was found to address all of the matters required. The responsible person met with a number of service users and with staff to ascertain their satisfaction with service outcomes and with the operation of the centre. The responsible person was advised to ensure that a system is developed to protect the identity of persons spoken to during these visits while also enabling the record to be open and transparent.

Is Care Compassionate?

Staff members were consulted individually and spoke of the importance of knowing each service users individual needs and preferences and of promoting their independence. Staff confirmed their confidence in the compassionate care practices of their colleagues.

Observations of staff member's interactions with service users throughout the inspection demonstrated good quality compassionate care being delivered. Service users' views on the quality of the care and support provided were positive and complimentary.

Areas for Improvement

A number of areas were identified for follow-up including the monthly monitoring reports, updating staff training records in staff files and ensuring that the training matrix includes the dates training had been undertaken. Three areas for improvement were identified. These pertained to assessment records, care plans and a policy and procedure. The standard was assessed as being partially met.

Number of Requirements:	1	Number of Recommendations:	2
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5.4 Standard 8: Service Users' Involvement - Service users' views and comments shape the quality of services and facilities provided by the Day Care setting

Is Care Safe?

Staff members spoken to confirmed that they were experienced in their designated roles. The registered manager and care staff have many years' experience in social care roles. The staff, who met with the inspector, confirmed that they were confident in their practice and of other members of the staff team. Staff confirmed that the registered manager was supportive and approachable and that the day centre was well run and managed.

Whilst it was evident that the day centre has a dedicated and knowledgeable staff team who work well together, it was evident that the role of the registered manager needs adjustment to ensure that the day to day management tasks are completed in a timely manner. This was discussed with the responsible person during feedback specifically in regard to the improvements identified in regard to need assessments and care plans. An adjustment would ensure that the systems in place to ensure that risks to service users were assessed continually and managed appropriately would be strengthened. Following the inspection, discussion took place with the responsible person in regard to the role and responsibilities of a registered manager and a responsible person. The responsible person provided assurances that the current arrangement was appropriate.

Following discussions with service users, staff and an inspection of records, we confirmed that a high level of consultation takes place with service users and their representatives. Methods included: care planning, annual care reviews, service user meetings, monthly registered provider visits, an annual quality review report and daily conversations which include meals and activities.

Service users were keen to engage in the inspection process and spoke of their enjoyment in having friends at the centre, of the benefits they derive from attendance and taking part in the range of activities provided.

Is Care Effective? (Quality of Management)

The responsible person, registered manager and staff confirmed that a quality assurance system is in place, through which the centre's operations are monitored and staff's practice and performance is evaluated. This includes staff supervision, annual appraisal and monthly registered provider monitoring visits conducted by the responsible person and an annual quality review report. A number of policies and procedures associated with this standard were not in place and a recommendation has been made.

Care records were sampled by the responsible person who also spoke individually to a number of service users and their representatives during monthly registered provider visits. One monitoring report inspected was found to address the required range of issues. Advice given to improve the report is referenced in the section pertaining to Standard 5.

Staff confirmed that training on relevant aspects of care work was provided, in addition to the mandatory training for each year.

Service users participate in annual care reviews which evaluate the suitability of each service user's placement. Staff presented as being knowledgeable about the needs of service users and the methods to be employed in meeting these. Staff demonstrated knowledge of service users likes, dislikes and preferences and care records detailed these.

Four service users' care records inspected were found to be in need of improvement regarding the accuracy and relevance of current needs. Satisfactory records were kept of each service user's involvement and progress. The pre-care review reports inspected were up to date and accurate. However, needs assessments and care plans had not been reviewed and updated in a timely manner. A requirement has been made in the previous section of the report.

Service user meetings take place regularly and records inspected demonstrated that areas discussed included activities, transport, questionnaires and meals. The minutes of service user meetings and discussions with service users demonstrated that action had been taken or was being taken to address suggestions made by service users.

Following discussions with service users and from an inspection of care records we confirmed that service users enjoyed fulfilling and rewarding activities within the centre. Service users confirmed that there was a well organised activity programme in place. Service user confirmed that appropriate support was provided to facilitate their involvement in a range of activities which were enjoyable. These included gentle exercises, quizzes, boccia, arts and craft and bingo. On the day of the inspection, a hairdresser service was available.

Care and support provided is effective in terms of promoting each service user's independence, involvement, choice and wellbeing. Staff were observed informing service users that an RQIA inspector was conducting an inspection in the day centre and of seeking feedback from service users prior to and following activities.

Is Care Compassionate? (Quality of Care)

Service users and staff members presented a very positive view of the needs being met and of positive outcomes derived from attendance at the centre. Staff presented as being committed to ensuring positive outcomes resulted from their work. In all of the interactions observed, service users were engaged with warmth, respect and gentle encouragement. Service users spoke of the warmth and kindness of staff members. Staff members spoken to were knowledgeable regarding the values which are required and underpin the delivery of compassionate care.

Areas for Improvement

One area for improvement was identified. This pertains to the development of a number of associated policies and procedures. The standard was assessed as being met.

Number of Requirements:	0	Number of Recommendations:	1
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5.5 Additional Areas Examined

5.5.1 Service Users' Views/Questionnaires

Twenty-six service users were consulted and expressed positive views in regard to the activities available within Derg Valley and of the care and support delivered by staff. Service users confirmed that staff know them very well and that they feel very involved in the decisions and discussions pertaining to their care plans, annual reviews and in the arrangements made for meals and the programme of activities. No questionnaires were returned in time for inclusion in the report.

Some comments included:

- "Food is very good, excellent."
- "It gives you something to look forward to."
- "It's very worthwhile, you're made very welcome."
- "We'd be lost altogether without this place. Keeps you going."

5.5.2 Staff Views/Questionnaires

Staff were consulted individually and confirmed positive views in regard to the management and conduct of the day care setting, of the standard of service delivered and of training made available. Staff confirmed that the staff team work well together and the registered manager is approachable and supportive. No questionnaires were returned in time for inclusion in the report.

Some comments included:

- "There is good team work."
- "(Service users) get a powerful good service, anyone who comes never wants to leave, very happy here. It's a good centre."
- "They (service users) are happy and content with the way things are."

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Gladys Armstrong, Registered Manager and Maureen Dorothy Florence McKeague, Responsible Person as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP 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.

6.1 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 (Northern Ireland) 2007.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Day Care Settings Minimum Standards 2012. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to day.care@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory Requirements

<p>Requirement 1</p> <p>Ref: Regulation 17 (3)</p> <p>Stated: Third time</p> <p>To be Completed by: 31 March 2016</p>	<p>The registered provider should expand the use of audits of working practices as a means to enhance quality assurance of the service and include the findings within the monthly monitoring report for the month they were completed.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: We have sought clarity from RQIA in relation to this point. The outcome of this is that Audit templates will be agreed with RQIA prior to implementation to avoid nougatory work and ensure that audits meet the required standard. These will replace existing templates. A system will be devised creating a unique identifier for each client which will be used to cross-reference service-users in audits to preserve anonymity. Audits carried out in relation to client files will be retained at the front of the file and not removed from the file. Details of audits carried out will be provided to the registered person so that they may be included in the monthly report. The Health & Safety Officer will share audits conducted with the Registered Manager on a regular basis and these will, in future be made available to the inspector on the day. At future visits, analysis of Effectiveness of Training questionnaires (held centrally) and electronic records of appraisal and supervision will be made available to the inspector on the day of the inspection thus avoiding the generation of additional paper records but ensuring that the inspector is able to interrogate staff records to be assured that mandatory training, supervisions and appraisals are up to date and to view the live monitoring system. The training matrix facility is an integrated part of the personnel management software and cannot be amended. It provides only a tick box which indicates whether the activity has been completed within given dates to give a summative overview, however the system itself provides full details - in future the inspector will be given access to e-stored staff records which are used by the registered manager in daily practice and by the registered person in monitoring compliance. The registered person confirms that all mandatory training, supervision and appraisal is up to date.</p>
<p>Requirement 2</p> <p>Ref: Regulation 14 (2)</p> <p>Stated: Second time</p> <p>To be Completed by: 31 March 2016</p>	<p>The registered provider should ensure that the centre has a policy based on the principles outlined in the DHSSPS Guidance on Restraint and Seclusion and the European Convention on Human Rights, Article 5. Copies of these policies and guidance should be available to the staff team for reference.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: The restraint policy will be revised, taking into account the latest comments from RQIA and, following approval by the Board, will be implemented. Notes from Training delivered to staff on restraint detailing the principles of restraint and the types of restrictive practices</p>

	<p>(2015) will be available and accessible in the Day Centre. Key documents supporting the restraint policy will be kept in a more accessible location in the Manager's office in Day Care. Staff have evidenced their understanding of restraint and all service-users were assessed by OT in 2015 to identify potential for inadvertent restraint.</p>
<p>Requirement 3</p> <p>Ref: Regulation 13 (1) (a)</p> <p>Stated: Second time</p> <p>To be Completed by: 31 March 2016</p>	<p>The registered manager must ensure that</p> <ul style="list-style-type: none"> a) the tasks volunteers undertake are clearly defined b) suitable arrangements must be in place to monitor that volunteers are operating within the guidance provided by the organisation. <p>Response by Registered Person(s) Detailing the Actions Taken: The policy outlines a range of roles a volunteer may undertake but as all volunteers differ, tasks to be undertaken by the volunteer will be detailed in an individual job description held in the individual's personnel file. The registered manager will appoint a member of staff as mentor to each volunteer. This staff member will ensure that the volunteer operates within the limits of his/her job description. Volunteers participate in mandatory training with staff and contribute to team meetings. We will ensure in future that we retain Access NI records in relation to Volunteers placed by Volunteer Agencies for inspection. The volunteer policy has been revised to reflect this.</p>
<p>Requirement 4</p> <p>Ref: Regulation 6 (1)</p> <p>Stated: Second time</p> <p>To be Completed by: 1 March 2016</p>	<p>The registered manager must ensure that a record of, and receipts for all transactions undertaken by staff must be recorded. Procedures detailing the process for collecting and recording the monies should be in place and known by all staff.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: DVC finance officer will be asked again to review the procedures in relation to service-user monies. A workable system is to be developed in conjunction with service-users which will ensure that both staff and service-users are protected. In line with published statutory guidance we will ensure that there is a proportionate level of oversight of service-user's finances(HSC(F)2015). It is likely that this will include the creation of individual dinner money records for each client. Clients are reluctant to sign due to deterioration of health. In such cases, that will be noted and two staff signatures/initials will verify the transaction. Receipts will not be given for dinner money. In future all shopping carried out on behalf of clients will be done in line with DCM 019 Handling Money and Financial Matters on behalf of the Service User. Receipts are always given to clients and this will be noted in the record book. The record will bear two signatures. We deem this to be proportionate oversight.</p>

<p>Requirement 5</p> <p>Ref: Regulation 16 (1) (2)</p> <p>Stated: Second time</p> <p>To be Completed by: 1 March 2016</p>	<p>The registered manager must ensure that service users care plans are kept under review and updated when changes occur and the service user/representative are notified of any revision. This requirement was previously stated in the inspection report dated 2 September 2013. Therefore, this requirement is stated for a second time.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Service user care plans had been kept under review and a system in place to manage review dates. One care plan had not been updated on the date of inspection because the recent deterioration in mobility of the client had triggered an OT review and a revised risk assessment. The documentation had not been received from the social worker to enable the care plan to be updated. In future we will suspend the service for the client until the appropriate referral documentation has been received. A useful suggestion made by the inspector in relation to the layout of the care plan will be implemented. This will ensure ease of updating and maintaining records and facilitate client request that details of continence needs are not kept in the accessible part of the file.</p>
Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 4.4</p> <p>Stated: First time</p> <p>To be Completed by: 1 March 2016</p>	<p>The registered manager should ensure that all assessments are amended as changes occur and kept up to date to accurately reflect at all times the needs of the service user.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Service user care plans had been kept under review and a system in place to manage review dates. One care plan had not been updated on the date of inspection because the recent deterioration in mobility of the client had triggered an OT review and a revised risk assessment. The documentation had not been received from the social worker to enable the care plan to be updated. In future we will suspend the service for the client until the appropriate referral documentation has been received.</p>
<p>Recommendation 2</p> <p>Ref: Standard 18.1</p> <p>Stated: First time</p> <p>To be Completed by: 31 March 2016</p>	<p>The registered person should ensure that the policy on continence promotion is reviewed and includes a procedure which reflects current best practice guidance on continence promotion.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The policy on continence promotion is to be reviewed. Handouts from continence promotion training were not to hand at the date of inspection. Improved storage will facilitate the retention of more of the central records in the Day Care Manager's office, including training resources, policies and procedures. A useful suggestion made by the inspector in relation to the layout of the care plan will be implemented. This will ensure ease of updating and maintaining records and facilitate client request that details of continence needs are not kept in the accessible part of the file. It is accessible to staff and details current support needs and the techniques to deliver these. We note that service-users are</p>

	<p>satisfied with the sensitive way their continence needs are managed, as highlighted by the inspection report</p> <p>The introduction of unique identifiers will enable audits of sensitive areas such as continence to be included in monthly monitoring reports, where this had previously not been recorded.</p>		
<p>Recommendation 3</p> <p>Ref: Standard 18.1</p> <p>Stated: First time</p> <p>To be Completed by: 31 March 2016</p>	<p>The registered person should ensure that the following policies and procedures, as detailed in Appendix 2 of the DHSSPS Day Care Settings Minimum Standards (2012) are developed or reviewed and made available in the day centre in respect of:</p> <ul style="list-style-type: none"> • Consent • Involvement of service users in the running of the day care setting • Listening and responding to service users' views • Service Users Meetings and Forums • Safe and Healthy Working Practices • Service users' involvement in activities and events • Communications with carers and representatives • Quality Improvement 		
	<p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>These policies are all in place. At present these are stored centrally on computer in the main office. Policies held by e-storage will be cross-referenced against Appendix 2 and hard printed copies retained in day care centre. Over the course of the incoming year, staff will review these policies, paying regard to their effectiveness and compliance with minimum standards and regulation and confirm their understanding of their role in implementing policies, procedures and practices which ensure that care delivered is safe, effective and compassionate.</p>		
Registered Manager Completing QIP	Gladys Armstrong	Date Completed	3 Feb 2016
Registered Person Approving QIP	Maureen McKeague	Date Approved	3 Feb 2016
RQIA Inspector Assessing Response	Kylie Connor	Date Approved	11/02/16

Please ensure the QIP is completed in full and returned to day.care@rqia.org.uk from the authorised email address

**** NB Re: Requirement 1 – Feedback will be provided to the registered person regarding two new audit templates prior to their introduction by the service.*