



The **Regulation** and
Quality Improvement
Authority

Primary Announced Care Inspection

Name of Establishment:	Derg Valley Centre (Physically Disabled)
Establishment ID No:	11171
Date of Inspection:	29 October 2014
Inspector's Name:	Maire Marley
Inspection No:	20586

The Regulation And Quality Improvement Authority
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Name of centre:	Derg Valley Centre (Physically Disabled)
Address:	5-7 Parkview Road Castleberg BT81 7BN
Telephone number:	(028) 8167 0764
E mail address:	jayne@dergvalleycare.com
Registered organisation/ Registered provider:	Mrs Maureen Dorothy Florence McKeague
Registered manager:	Ms Gladys Armstrong
Person in Charge of the centre at the time of inspection:	Ms Gladys Armstrong
Categories of care:	DCS-MAX, MAX, DCS-SI, DCS-TI, DCS-A, DCS-PH(E), DCS-PH, DCS-LD(E), DCS-LD, DCS-MP(E), DCS-MP, DCS-DE, DCS-E, DCS-I
Number of registered places:	40
Number of service users accommodated on day of inspection:	17
Date and type of previous inspection:	2 September 2013
Date and time of inspection:	29 October 2014 9.00am - 2.00pm
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	17
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	9	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:

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

Derg Valley Day Care Services is owned and operated by Derg Valley Care a registered charity and registered with RQIA to provide day care services to persons that fall in a number of categories of care namely; learning disability and physical disability 18 years and older, mental disorder, terminally ill, sensory impairment, and service users aged over 65 years that do not fall within the category of old age.

The centre is situated within the town boundary and operates one day per week, Wednesday, 9:00am to 4.30pm. Referrals are self-referred however there are referrals from the Western Health and Social Care Trust. On the day of inspection there were three persons self-referred.

The facility is registered to accommodate a maximum of 40 people on any one day and comprises of a large day unit divided into a carpeted seating area, a wooden floored area which is used for activities and dining, a small hairdressing room, a screened area for rest/withdrawal, a store, toilets and showering facilities, a large kitchen and an office.

Service users are given tea and toast each morning on arrival and tea and a snack before they return home in the late afternoon. There is a choice of a hot meal for lunch and service users are consulted regarding their preferences.

The service has a written statement of purpose and this describes the services and a facility provided in detail and is available to all stakeholders.

Derg Valley Day Care Services under a separate registration, operate a similar service in the same centre on Monday Tuesday, Thursday and Friday each week. Within this report a requirement is made in regard to the statement of purpose.

Summary of Inspection

This announced primary care inspection of Derg Valley Day Care Services was undertaken by Maire Marley on 29 October 2014 between the hours of 9.00am and 2.00pm. The registered manager Ms Gladys Armstrong was available throughout the inspection and was joined by Mrs Maureen McKeague responsible individual at differing times of the inspection and for the feedback session.

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.

The five recommendations made as a result of the previous inspection undertaken in September 2013 were examined. Observations and discussion demonstrated that the centre had responded positively to the requested improvements. Details of the action taken can be viewed in the section following this summary.

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 the registered manager and responsible individual
- Discussion with staff and volunteers
- Consultation with service users

- Observation of practice
- Examination of records
- Tour of the premises
- Evaluation and feedback

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.

The inspector spoke with the registered manager, responsible individual, staff members and a volunteer regarding the standards inspected, team working, the involvement of Trust professionals, management support, supervision and the overall quality of the service. Everyone commented positively about the quality of care provided and the support of the management team.

There was one questionnaire returned in time for inclusion in this report. Staff consulted on the day reported satisfactory arrangements were in place with regard to 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", "we know our service users very well."

During the inspection, the inspector was introduced to all of the service users who were in the day care centre. The inspector spoke directly and in private with three service user 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 were content with the service and related if they had any concerns or issues they would speak with the registered manager or a member of staff. Every one spoke highly of the service provided and their relationships with staff and management. During the inspection staff were observed interacting with service users in a respectful manner.

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.

During the inspection the inspector noted that care records were securely stored and office desks were free of confidential information.

The inspector spoke with two members 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. During discussion with, and in the returned questionnaire staff competently answered questions in regard to confidentiality, access to records and the storage of records.

The inspector commended the centre for the quality of the care plans in place for each service user. These reflected accurately the specific care needs for each person and were well organised and provided an over-view of each service user.

The inspector concluded that staff record as and when required, and the registered manager and staff reported that services users are involved in the process as far as possible. Service users expressed that they are involved in their care plans.

Written guidance was available for staff on matters that need to be reported to the relevant health or social care professionals. On the basis of the evidence available the inspector would be assured that any matters would be promptly reported by staff of the centre

Observations of practice, discussion with staff and service users along with the review of four 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 is in agreement with the provider's self-assessment and confirms the centre is substantially compliant in this standard.

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

Derg Valley Day Centre operates a no restraint policy. It is required 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.

There was evidence of the use of good communication and relationship building and the registered manager and staff team demonstrated the importance of developing a good understanding of their service users' needs and preferences.

The working atmosphere within the centre provided further evidence of the relaxed and encouraging methods in use to empower and facilitate service users in maintain their independence. Service users consulted spoke of how attendance at the centre assisted them with developing confidence, provided structure to their day and assisted them to engage in social interaction. Service users told the inspector their individual reasons for attending the centre and described the service as "life saving and necessary for mental well-being"

Evidence available from discussions with service users and staff verified that in the event of any restrictive practices staff were fully aware of the procedures and protocols to follow. It is recommended that the use of safety lap belts is fully reflected in the service user's care plan.

Staff presented as committed to responding to behaviour in the least restrictive manner and demonstrated knowledge of service users assessed needs. There have been no reports of restraint in this centre.

The registered manager, staff and service users were very welcoming and accommodating and the inspector found an easy relaxed atmosphere in the centre with any interactions observed between the staff and service users as friendly, informal and courteous. It was evident a good rapport had developed between staff, service users and their families.

Based on the evidence reviewed the inspector agreed with the provider's self-assessment and has assessed the centre as 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.

Records showed that the registered manager was a trained registered mental nurse and has the necessary experience to take charge of the centre. However the registered manager reported she is no longer on the Nursing and Midwifery Council (NMC) register and is currently registered with the Northern Ireland Social Care Council (NISCC).

In the absence of the registered manager, there is a designated support worker identified to assume responsibility for the centre. Staff working in the centre had acquired a range of vocational qualifications commensurate with their roles and responsibilities.

The organisation had systems in place for supervision and performance appraisal and staff expressed that they felt supported by the management team. Requested records required by regulations were in place. A review of staff training revealed that mandatory training was up to date. It is required that management review the arrangements in place for the deployment of volunteers in the centre.

The registered person monitors the quality of services and completes a monitoring report on a monthly basis. This report summarises any views of service users ascertained about the quality of the service provided.

The organisational structure was clearly set out in the statement of purpose. Staff confirmed their awareness of reporting arrangements within the organisation should any notifiable event arise.

Following a review of the statement of purpose and the current registration status the organisation are requested to review the purpose of having two registrations.

The inspector found the arrangements in place in regard to the costing of meals and activities required further development and a requirement is made in this regard.

The inspector concludes the arrangements in place for the registered manager to manage this day care setting and delegate tasks to the support care workers are suitable.

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

Additional Areas Examined

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

The inspector undertook a tour of the premises. All areas were found to clean and fresh smelling. The registered manager was requested to review the storage facilities as additional chairs and equipment is stored in the main activity room and could present a health and safety issue.

Four requirements and four recommendations have been made as a result of this inspection; one recommendation from the previous report is restated. Details can be found in the Quality Improvement Plan attached to this report.

Matters identified during this inspection were discussed with the responsible person and registered manager, assurances were given these would be addressed within an agreed timescale as highlighted in the appended Quality Improvement Plan.

The inspector would want to thank the service users, staff, volunteers, registered manager and responsible person for their warm welcome during this unannounced inspection.

Follow-Up on Previous Issues

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	15.3	The initial review should take place within four weeks of the commencement of the placement and Derg Valley Statement of Purpose document should be updated to reflect this.	In the records of two service users admitted since the last inspection there was evidence of a post admission review.	Compliant
2	15.5	<p>It is recommended that the review report address the following:</p> <ul style="list-style-type: none"> • progress in attaining any personal outcomes sought by the service user; • the service user's views about their care and support; • any changes in the service user's carer's situation; • details of important events including incidents or accidents occurring since the previous review, and how they were addressed; • any matters regarding the current care plan, revision of objectives, expected outcomes and associated time frames where relevant, and management of risks; • the need for any rehabilitation or specialist services; • current transport arrangements and any changes required; • the need or wish to move on from the service; and • any other relevant matters regarding services and 	Four files pertaining to service users were examined. Staff completed the review report and there was evidence that the reports contained the elements outlined in Standard 15.5. Service users in discussions stated staff involved them in their care review and reports had been signed by individual service users.	Complaint

		facilities provided by the day care service, or others.		
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3	Standard 17.3	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.	The registered provider outlined the arrangements implemented. Advice was provided by the inspector on the practices that needed to be audited and the methods required to demonstrate compliance.	Working towards compliance
4	23.8 17.3	Formal staff meetings should be held a minimum of three times each year with minutes generated. Monthly monitoring reports should be a standing item for discussion on staff meetings agenda.	The registered person provided the minutes of staff meetings that indicated meetings were held quarterly. There was evidence that the monthly monitoring reports were discussed at each meeting.	Compliant
5	18.1 to 18.5	It is recommended the centre carries out an audit of the policies and procedures and <ul style="list-style-type: none"> • Ensure relevant policies and procedures for the centre as listed at Appendix 2 in the minimum standards are in place within the centre • They are ratified by the organisation • An implementation date and review date is recorded • Following approval by the management board, policies/procedure should be available for staff to read. Review of five policies per month should be carried out as above.	The registered person provided evidence of the policies and procedures for the day care centre. There was evidence that the policies had been ratified by the organisation. The date of implementation and review was recorded on each policy.	Compliant

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:	
Personal information in relation to service users is held on file. Service-users are made aware of their right to access their files. Where a third party requests access to the file or information contained therein, the service-user is asked to consent where deemed to have capacity. Files are kept in a locked cabinet in the manager's office. Files are retained for eight years after last use. Each service-user has a designated key worker within the centre who makes regular entries into the client files, updating on participation and noting comments and concerns. Clients are involved in their reviews including a meeting with the manager before formal review with social worker where applicable. Staff are trained and fully conversant with the policies which cover this area including code of practice, confidentiality, record-keeping and data protection in line with The DHSSPS Code of Practice on Protecting the Confidentiality of the Service User Information (2009). Standard 7 was reviewed at staff meeting with Registered Provider May 2014.	Compliant
Inspection Findings:	COMPLIANCE LEVEL
The organisation had policies in place in regard to confidentiality that are available to the staff team. Discussion with management and staff confirmed that they have adequate knowledge about the duty of confidentiality and their role and responsibility in regard to the management of service users’ personal information. Records requested on the day were stored securely.	Compliant

<p>Criterion Assessed:</p> <p>7.2 A service user and, with his or her consent, another person acting on his or her behalf should normally expect to see his or her case records / notes.</p> <p>7.3 A record of all requests for access to individual case records/notes and their outcomes should be maintained.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment:</p>	
<p>Service-users may ask to view their file at any time. All service-users are aware of this. Where a service-user requests access to his file this is recorded. Review of the file is part of the annual review process at which the service-user is present. Access to files outside of this circumstance is recorded. Standard 7 was reviewed at staff meeting with Registered Provider May 2014 and staff are confident in their roles and responsibilities.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>Staff members consulted were knowledgeable regarding consent and access to records. There were examples in care plans of service users having signed the record to indicate their involvement and agreement with the content. During discussion with service users they confirmed that staff regularly discussed their care plans with them and they confirmed they had never requested a copy of their care plan. The registered manager confirmed there had been no formal requests for care records. It is recommended that when sensitive reports from third parties are received these are maintained in a restricted area of the care record.</p>	<p>Compliant</p>

Criterion Assessed:	COMPLIANCE LEVEL
<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. 	
Provider’s Self-Assessment:	
<p>The service-users files include initial referral, transport needs assessment and detailed care plan. Files contain all documentation specified in appendix one. The referral was subject to revision by the Trust in Spring 2014, increasing emphasis on outcomes for service-users. Ongoing records maintained by the key worker (designated in Centre) include any changes, actions taken and outcomes. Contact with the social worker, primary health etc is recorded. Where medication is administered, medication is stored in accordance with policy and records of administration are kept. Accidents and incidents are recorded in the accident book. Accidents incidents and complaints are reviewed after the event to ensure learning and reflection take place. Files contain detailed information per regulation, minimum standards including Appendix 1 information.</p> <p>Each client has a designated staff member in the role of key worker who completes daily records. This includes noting any changes in participation levels, circumstances, behaviours, etc. Following the advice of RQIA in 2012, details of personal care eg showering, toileting are not noted in daily records in respect of the dignity of the client</p> <p>Contact with primary care is recorded. Visits by healthcare professionals are recorded in the office diary. Incidents and accidents are recorded in the accident book and reported to the Registered Provider, commissioner and RQIA as</p>	<p>Compliant</p>

appropriate.	
Inspection Findings:	COMPLIANCE LEVEL
The inspector reviewed a total of four service user files. Contact with service user's representatives and professionals along with any visits to service users are recorded in individual service users' files. A daily record is completed for each member at least every five days of attendance and includes any contacts, changes in behaviour, activities participated and any incidents or accidents. The registered manager and staff confirmed there were no medicines administered in the centre. The inspector was informed that staff hold medication for safety for service users who collect items from the pharmacy on their way to day care. These medicines are kept in their sealed bags in a locked cupboard and returned to the service users when they leave for home. The files examined provided evidence that a review of the member's circumstances was undertaken annually. Discussion was held in regard to a care plan relating to the support required for an identified service user. The care plan was immediately amended to include all the care and support provided to the identified service user.	Compliant
Criterion Assessed:	COMPLIANCE LEVEL
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.	
Provider's Self-Assessment:	
Each service-user has a designated key worker in the centre who maintains regular records of attendance, outcomes and notes any changes. Entries reflect that this is more frequent than the minimum standard states.	Compliant
Inspection Findings:	COMPLIANCE LEVEL
Records viewed were up to date and it was noted that staff record changes in the service user's needs or behaviour and detail the action taken by staff.	Compliant

<p>Criterion Assessed: 7.6 There is guidance for staff on matters that need to be reported or referrals made to:</p> <ul style="list-style-type: none"> • The registered manager; • The service user’s representative; • The referral agent; and • Other relevant health or social care professionals. 	COMPLIANCE LEVEL
Provider’s Self-Assessment:	
<p>Staff are fully aware of reporting and recording duties and responsibilities. Standard 7 was reviewed at staff meeting with Registered Provider May 2014 and staff are confident in their roles and responsibilities. The centre has a designated first aid and safeguarding officer and a wall mounted notice informs staff and visitors of responsibilities of staff. This was reviewed and updated in September 2014.</p>	Compliant
Inspection Findings:	
<p>The management team and staff members consulted were fully familiar with issues that required to be reported to safeguarding teams, representatives and other primary health care teams. The inspector viewed the policies and procedures pertaining to communication, confidentiality, consent, management of records, recording and reporting care practices.</p>	Compliant
Criterion Assessed:	
<p>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>	
Provider’s Self-Assessment:	
<p>Records are legible, neat, well-kept, accurate and up to date, Staff are aware of their responsibility to sign and date entries when made. These are reviewed and signed off by the registered manager. Periodic QA reviews by the registered provider have identified that records were not dated. However this has been highlighted and included in audit of working practices as indicated.</p>	Moving towards compliance

Inspection Findings:	COMPLIANCE LEVEL
There was written evidence of the involvement by service users in agreeing and signing their records. There was evidence that the registered manager carried out regular checks on care files to ensure that they were accurate and up to date.	Substantially compliant

PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

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:	
Regulation 14 (4) which states: 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.	COMPLIANCE LEVEL
Provider’s Self-Assessment:	
The centre operates a policy of no restraint. Distraction is used. All staff confirm a confident working knowledge of the policy and a full understanding of the parameters of restraint where it has been prescribed, confirming knowledge of the need to have this reviewed, monitored and time-bounded. In an exceptional circumstance and to prevent self and others from harm, staff must act in accordance with emergency procedures. All staff are aware of their duty of care and their responsibility to keep self and others safe (Health and Safety at Work Act 1974). Staff are aware of the issue of inadvertent restraint including poor positioning of reclining chairs, negligence with lap belts, etc. No incidents of inadvertent restraint have been reported. Restrictive practices are not used in this centre. Where challenging behaviour is identified, the commissioner provides a management plan which is shared with all staff by the key worker. This management plan is kept under review during end of day reports. Excellent communication in the Centre improves the effectiveness of monitoring.	Compliant
Inspection Findings:	
The findings of the inspector confirmed the information detailed in the provider’s self -assessment. The centre had a range of procedures however it is required 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. There have been no reports of restraint from this centre. It is recommended that service users who require lap belts have the directions for their use recorded in their care plans.	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>Staff have signed to acknowledge receipt of the correct reporting procedures for RQIA. These are available to all staff in the manager's office. No such occasions have occurred. However if such did occur, staff are conversant with policy and reporting procedures. All incidents and accidents are reported by the Registered Manager to the Registered Provider on the date of occurrence.</p>	<p>Compliant</p>
<p>Inspection Findings:</p> <p>The examination of six care records and discussion with management, staff members and ten service users revealed there was no evidence to indicate there were any restrictive practices within this day care setting. The evidence examined indicated a person centred approach was adopted.</p>	<p>COMPLIANCE LEVEL</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>
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<p>INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p> <p>Compliant</p>
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<p align="center">Theme 2 – Management and Control of Operations</p>	<p align="center">COMPLIANCE LEVEL</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>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>Staff employed in the centre have been in post for many years. They continue to upskill and improve and are willing to engage in new forms of training. This year staff have benefitted from WHSCT Safeguarding training and LGBT awareness in addition to other training opportunities. Volunteers support staff where, due to increased complexity of client needs, staff lack the time to serve food and maintain the kitchen environment. The kitchen receives regular inspection by Environmental Health and kitchen staff have Food Hygiene certification. Staff roles and responsibilities are clearly outlined and a notice displayed informs service-users and visitors who the staff are and details specific roles eg First Aid, Safeguarding.</p>	<p align="center">Compliant</p>

Inspection Findings:	COMPLIANCE LEVEL
<p>The provider’s self-assessment was verified through examination of the arrangements for staffing the centre, the training records, and selected other records, and discussion with staff and service users. The management structure is clearly set out in the centre’s statement of purpose. The qualifications of the registered manager must be clearly outlined in the statement of purpose. There was evidence that adequate staffing numbers were maintained in the day care setting. The management team and staff consulted reported that the staffing levels are sufficient to meet the needs of the service users in the day centre. It is required that the tasks volunteers undertake are clearly defined and management must ensure arrangements are in place to monitor volunteers are operating within the guidance provided by the organisation. Discussion with staff 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>	Substantially compliant
<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
Provider’s Self-Assessment:	
<p>Staff are provided with quarterly supervision including observation in practice. In addition, at the end of each day, all staff come into the managers office to complete end of day key worker reports on their clients. This is an excellent opportunity for staff to share day to day issues and take instant action where required. Staff have embraced the role of key worker to designated clients; and the system, recommended by RQIA at a previous inspection, works very well and alleviates the managers workload.</p>	Compliant
Inspection Findings:	COMPLIANCE LEVEL
<p>There was good evidence of supervision records in place for the registered manager and staff team. Being a small centre, the registered manager works closely with staff and demonstrated a good understanding of each person’s support and development needs. Staff confirmed that informal day to day supervision was readily available and there was evidence of regular staff meetings. In addition staff meet each day for a daily brief and are updated in regard to any changes in a service users circumstances or day to day issues. Staff expressed that the management team were very approachable and supportive. The inspector examined the professional registration, qualifications, experience and evidence of competence of the registered manager. The manager is not on the live register of the UKCC however is registered with NISCC. The Statement of Purpose should reflect the current qualifications of the registered manager.</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 	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p>	
<p>Staff are experienced and skilled, competent in their work roles and confident in the policies and procedures. An ongoing review of policies and procedures, recommended by RQIA in 2013, has been implemented and has been very effective in improving working practices and engaging staff in broader issues.</p> <p>Staff receive mandatory training as stated in the schedule. The impact of training is monitored by the registered provider, through questioning clients on staff practices. Accidents and incidents as well as complaints are reviewed to identify whether practice could be improved. Reduced hours and flexibility has been granted to older workers to ensure management of personal health and well-being. Observation in practice enables the manager to assess that staff are adequately trained. Bank and relief staff come from the domiciliary section of Derg Valley Care's business and receive on the job training.</p> <p>New staff receive appropriate induction and the induction provided meets NISCC standards. This also applies to work placements and volunteers.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>On the basis of the evidence available the inspector would be assured that staff have the skills and experience necessary for this day care setting. The inspector was able to confirm the provider’s self-assessment for this criterion and also identified that training for staff had taken place in March 2012 with an update scheduled for staff training this coming year.</p>	<p>COMPLIANCE LEVEL</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>
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<p>INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p> <p>Compliant</p>
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Additional Areas Examined

Complaints

The information on the annual complaints return submitted by the registered provider prior to the inspection has been examined along with the record of complaints held in the centre. All elements of the centre's complaints management were found to be satisfactory. When asked service users indicated, that if they had a concern no matter how small, they would discuss this with the registered manager or any staff member. Service users were keen to let the inspector know they had no complaints. The registered manager and staff were fully aware of the complaints procedure and the action to take should a service user express dis-satisfaction with any aspect of the service.

Registered Manager Questionnaire

The registered manager submitted the completed questionnaire prior to the inspection. A review of the information found the questionnaire had been fully completed and no issues were identified. The information returned was confirmed during the inspection of records, discussion with management, staff and service users.

Statement of Purpose

A review of the statement of purpose submitted for this inspection found that the information contained in the document was compliant with The Day Care Regulations (Northern Ireland) 2007 Schedule 1. Discussion was held on the current registration status of the organisation. Presently the organisation operates two day care services from the one centre. Monday Tuesday, Thursday and Friday the centre provided a service for persons in the following categories;

SI, Sensory Impairment
 TI,
 DCS-A,
 PH-PH(E), Physical disability under and over sixty five
 LD-LD(E), Learning disability under and over sixty five
 MP-MP(E),
 D-D(E), Dementia under and over sixty five
 I- Old and Infirm

On Wednesday the centre provide the same service for the same categories using the same management structure, operational procedures and staffing arrangements.

The management team reported that initially the Wednesday group was for young persons with a disability however there were insufficient referrals to maintain the centre solely for this group. Currently the main difference relates to the referral process in that those service users availing of the service are self-referred and are not charged for the service. However management confirmed the Trust are referring service users and the inspector noted with the exception of three service users all other service users had attended the centre the previous day. The organisation is requested to review the statement of purpose for both centres and ensure the aims and objectives and the services to be provided is fully reflected in the service currently provided.

Service User's Monies

Discussion centred on the cost of the meals provided within the centre. Management must ensure the cost of meals is clearly reflected in the service user's agreement. In addition 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.

Environment

An inspection of the day centre was undertaken. All areas were found to clean and fresh smelling. The registered manager was requested to review the storage facilities as additional chairs and equipment is stored in the main room and could present a health and safety issue.

Quality Improvement Plan

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

Maire Marley
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



Quality Improvement Plan

Primary Announced Care Inspection

Derg Valley Centre Physically Disabled

29 October 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 Gladys Armstrong, Registered Manager, and Mrs Maureen McKeague, Responsible Person 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	14.2	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.	One	The policy has been revised to take account of matters raised in discussion with the inspector and in the inspection report, and has been sent to RQIA for comment, prior to ratification by board and issue to staff.	No later than 31 January 2015
2	13 (1) (a)	The registered person/manager should ensure; 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. c)	One	The Board will review the volunteer policy in its January meeting and will take a recommendation from the registered manager, following inspection as to tasks.	No later than 31 January 2015
3	4 (1) (a) (b) (c)	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.	One	The Board will undertake a review of the aims and objectives of the day care setting; the facilities and services which are to be provided to enable differentiation between services in its January meeting	No later than 31 January 2015

4	6 (1)	<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>	One	<p>The service-user agreement has been revised to reflect cost of meals DVC Accountant is working with Registered Manager to embed principles and practices which reflect appropriate management of service-users monies, and enable verification checks to be carried out on an ongoing basis.</p>	No later than 31 January 2015
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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	17.3	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.	Two	Audits of working practices are included in monthly reports commencing immediately after inspection verbal feedback	No later than 31 January 2015
2	7.3	The registered manager should ensure that a restricted section is available in individual care plans for sensitive reports.	One	Policy DCM 066 has been sent to RQIA for comment. This enables the creation of a restricted section in a service-users file where required	Immediate and ongoing
3	5.2	The registered manager should ensure that for those service users who require lap belts the information is detailed in their individual care plans.	One	The registered manager has arranged for an OT assessment for each client requiring use of lapbelts. Some of these have been conducted and the care plan updated accordingly. This will be embedded in practice in line with revised policy.	Immediate and ongoing

4	27.3	The registered manager was requested to review the storage facilities within the day centre.	One	Staff have been advised to review storage at RQIA inspection feedback session 16/12/14	Immediate and ongoing
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Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

Name of Registered Manager Completing Qip	Gladys Armstrong
Name of Responsible Person / Identified Responsible Person Approving Qip	Maureen McKeague

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	M. Marley	13/1/15
Further information requested from provider			