



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

## **Primary Announced Care Inspection**

<b>Name of Establishment:</b>	<b>Rathmoyle Resource Centre incorporating 'Sheskburn House'</b>
<b>Establishment ID No:</b>	<b>11188</b>
<b>Date of Inspection:</b>	<b>16 October 2014</b>
<b>Inspector's Name:</b>	<b>Dermott Knox</b>
<b>Inspection No:</b>	<b>20321</b>

**The Regulation And Quality Improvement Authority**  
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<b>Name of centre:</b>	Rathmoyle Resource Centre incorporating 'Sheskburn House'
<b>Address:</b>	6 Mary Street Ballycastle BT54 6QH
<b>Telephone number:</b>	(028) 2076 2713
<b>E mail address:</b>	patricia.brown@northerntrust.hscni.net
<b>Registered organisation/ Registered provider:</b>	Mr Tony Stevens
<b>Registered manager:</b>	Mrs Patricia Brown
<b>Person in Charge of the centre at the time of inspection:</b>	Mrs Patricia Brown
<b>Categories of care:</b>	DCS-MAX, MAX, DCS-LD(E), DCS-PH(E), DCS-PH, DCS-LD, DCS-MP(E), DCS-MP, DCS-DE,DCS-I
<b>Number of registered places:</b>	55
<b>Number of service users accommodated on day of inspection:</b>	49
<b>Date and type of previous inspection:</b>	7 November 2013 Primary Announced Care Inspection
<b>Date and time of inspection:</b>	16 October 2014 10:15am–6:30pm
<b>Name of inspector:</b>	Dermott Knox

## 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	8
Staff	4
Relatives	1
Visiting Professionals	1 Student

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	20	8

### Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Day Care Settings Minimum Standards and theme:

- **Standard 7 - Individual service user records and reporting arrangements:**  
**Records are kept on each service user's situation, actions taken by staff and reports made to others.**
- **Theme 1 - The use of restrictive practice within the context of protecting service user's human rights**
- **Theme 2 - Management and control of operations:**  
**Management systems and arrangements are in place that support and promote the delivery of quality care services.**

The registered provider and the inspector have rated the centre's compliance level against each criterion and also against each standard and theme.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

<b>Guidance - Compliance Statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>2 - Not compliant</b>	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>3 - Moving towards compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>4 - Substantially Compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

## **Profile of Service**

Rathmoyle Resource Centre is a purpose built, single storey centre, situated near Ballycastle seafront and within easy reach of the town's facilities. Alterations, renovation and a partial extension of the centre took place in the summer of 2012.

The centre is a statutory facility managed by the Northern Health and Social Care Trust and has day care facilities for up to 55 people each day in four group rooms and a small withdrawal room for 1:1 work. Services are provided for people with a wide range of needs, principally learning difficulties, but including those with physical disabilities, mental ill health or dementia and each service user is facilitated in a group in which his or her needs can best be met.

Activities and programmes are provided for service users in the Rathmoyle Resource Centre building and in a workshop which is separate but adjoining the main centre. There is a satellite unit, Sheskburn House, located a short walk away in a local council building. This unit usually has around 15 service users per day and has a quieter atmosphere, suited to the needs of its group members. Sheskburn is staffed by a day care worker and two care assistants.

## **Summary of Inspection**

A primary announced inspection was undertaken in Rathmoyle Day Centre on Thursday 16 October 2014 from 10:15am until 6:30pm. Prior to the inspection the service provider submitted a self-assessment of the centre's performance in the one standard and two themes forming the focus of the inspection. All four recommended improvements from the previous inspection had been implemented.

The inspector was introduced to many of the service users attending the centre and met for discussions with eight people, either at lunch, or during relaxation time. Individual discussions were held with the manager, four staff, one relative and one social work student, regarding the standards, team working, management support, supervision and the overall quality of the service provided. Eight completed questionnaires were returned by staff members, who all reported that a high standard of care was provided in the centre. Five staff stated that there were sufficient staff in the centre each day, while three staff said that there were not.

Overall, discussions with all contributors elicited a positive view of the service provided in the centre and indicated a good commitment by the manager and the staff team to comply with, or to exceed, the minimum standards for day care settings. Following a recent Health and Safety audit of the centre, the advisor wrote that he was "—extremely pleased with the overall standard". There was some concern expressed by a staff member with regard to staffing and the continuity of the service provided. This issue was being addressed by the manager.

There was evidence from discussions and in written records to indicate a good level of involvement of service users in decision making with regard to their care plans. Service users spoke highly of the support and the opportunities provided by the staff for their enjoyment and development. These included a range of cultural and educational activities in the community, including an active pool competition team, some of whose members had won major trophies.

Gratitude is extended to service users who welcomed the inspector to the centre and contributed to the evaluation of the service provided. Also to the parent of one service user, who gave her time and views on the provision of services. The inspector also wishes to acknowledge the open and helpful approach of the manager and staff throughout the inspection process. There are three requirements and three recommendations arising from this inspection.

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

Rathmoyle Day Centre has written policies and procedures regarding confidentiality, recording and reporting and data protection. The policies and procedures are available for staff reference. The registered person had arrangements in place to review policies and procedures in order to ensure that they were kept up to date and accurate.

In the sample of five service user care records examined, there were examples of members or their representatives having signed to indicate their involvement and agreement with the content. Files were structured and maintained in a consistent manner by the key workers and were in keeping with the Trust's procedures.

Good quality progress notes were being kept, as were assessments, care plans and records of reviews. The manager and day care workers were consistent in their reporting of untoward events. A planning meeting is held each week at the same time and this encourages staff members to raise any issues on which they may need guidance. This is good practice.

Rathmoyle Day Centre was judged to be operating in compliance with this standard.

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

The NH&SCT has a written policy and guidelines on the use of restrictive interventions, which was available to members of staff. Both the written records and discussions with staff confirmed that there had been no instances of physical restraint having been used. Staff confirmed that calming and diffusing techniques, developed through training, were found to be successful in responding to service users behaviours, if necessary. The levels of supervision and support for service users varied in accordance with their assessed needs and, in discussion with the manager, it was recommended that each person's care plan and review report should contain a section for the identification and consideration of any restrictive practice matters that may apply.

Staff discussed the use of a range of activities to motivate and develop individual service users and the importance of having a good understanding of each person's needs and wishes. NH&SCT also has a written policy and procedures for 'Managing aggression and Challenging Behaviour', and staff confirmed the benefits of the 'Respect' training which helps to identify a positive and supportive approach to working with any individual whose behaviour is challenging to others. Written guidance was available to staff with regard to restrictive practices, deprivation of liberty and human rights and staff who met with the inspector were committed to maintaining best practice in these areas.

The centre was judged to be operating in compliance with 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.**

Staff records showed that the registered manager is appropriately qualified and experienced to take charge of the centre. Training for key aspects of this role had been provided, including for the responsibilities of supervision and appraisal. Day Care Workers who have responsibility for formal supervision and performance appraisal should also be trained for all aspects of these roles.

There was evidence from discussions with staff to confirm that members of the staff team work supportively with one another and that there is a degree of flexibility with regard to staff expanding their areas of responsibility when necessary. Systems were in place for supervision, appraisal and promoting staffs' learning and development. While records of staff training were up to date, some staffs' formal supervision sessions were not being provided in compliance with the minimum standard requirement. A small number of staff, including some who had worked in the centre for several years, did not have a relevant qualification for their job. A requirement in this regard is included in the Quality Improvement Plan.

The staffing structure and reporting arrangements were clearly set out in writing in the statement of purpose, for reference by all stakeholders. Staff who met with the inspector presented as being confident in their roles and responsibilities.

Monitoring arrangements are standardised across the NH&SCT day care services and the two monitoring reports examined, addressed all of the required matters. Monitoring was carried out by a locality manager representing the Trust.

The evidence indicates that the centre is moving toward compliance with this theme.

## Follow-Up on Previous Issues

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Standard 7.5	Progress notes for service users were included in each file, but they were not being written as frequently as is required by the minimum standard and this should be improved.	Well detailed progress notes in each of the five service user's files examined were being kept regularly and were up to date.	Compliant
2	Standard 15.1	A clearly identified signature space for the service user or a representative would present a more positively inclusive message in all care planning and review documents.	Care plans and review documents had been amended to include the relevant signature spaces and there was evidence of a good level of service user involvement.	Compliant
3	Standard 21.9	The centre was in the process of developing a format for a Training and Development Plan and this should be completed in accordance with Standard 21.9 and be available by the end of February 2014.	A written training and development plan for staff was in place.	Compliant
4	Standard 17.10	Four monitoring reports were sampled and were found to address all of the issues stipulated by Regulation 28, though not all of the reports were appropriately signed and dated and this should be consistent.	Two recent monitoring reports were examined and each had been appropriately signed and dated.	Compliant

<b>Standard 7 - Individual service user records and reporting arrangements:</b>	
<b>Records are kept on each service user's situation, actions taken by staff and reports made to others.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
7.1 The legal and an ethical duty of confidentiality in respect of service users' personal information is maintained, where this does not infringe the rights of other people.	
<b>Provider's Self-Assessment:</b>	
As aspects of confidentiality are explained to service users at all opportunities. See list of information Governance Training.	Compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
The provider's self-assessment was verified through examination of selected policies and procedures and from discussions with a relative of a service user, the manager and four staff members. There were examples of good practice regarding confidentiality in some of the selected service users' records that were examined.	Compliant
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
7.2 A service user and, with his or her consent, another person acting on his or her behalf should normally expect to see his or her case records / notes.	
7.3 A record of all requests for access to individual case records/notes and their outcomes should be maintained.	
<b>Provider's Self-Assessment:</b>	
"Request book for accessing case records" shows no entries	Compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
One service user and one relative of another service user confirmed that they were able to access the records if they wished to. Copies of care plans were offered to either the service user or a representative and this offer was usually declined.	Compliant

<p><b>Criterion Assessed:</b></p> <p>7.4 Individual case records/notes (from referral to closure) related to activity within the day service are maintained for each service user, to include:</p> <ul style="list-style-type: none"> <li>• Assessments of need (Standards 2 &amp; 4); care plans (Standard 5) and care reviews (Standard 15);</li> <li>• All personal care and support provided;</li> <li>• Changes in the service user’s needs or behaviour and any action taken by staff;</li> <li>• Changes in objectives, expected outcomes and associated timeframes where relevant;</li> <li>• Changes in the service user’s usual programme;</li> <li>• Unusual or changed circumstances that affect the service user and any action taken by staff;</li> <li>• Contact with the service user’s representative about matters or concerns regarding the health and well-being of the service user;</li> <li>• Contact between the staff and primary health and social care services regarding the service user;</li> <li>• Records of medicines;</li> <li>• Incidents, accidents, or near misses occurring and action taken; and</li> <li>• The information, documents and other records set out in Appendix 1.</li> </ul>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment:</b></p> <p>See service users file. Medical cardex incident/accident book</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p> <p>Relevant policies and procedures including, access to records, confidentiality, management of records and recording and reporting care practices, were in place for staff reference. There was written evidence to show that working practices are systematically audited by the manager, with additional auditing being carried out by the locality manager during monitoring visits. Each service user had an activity programme, a copy of which was contained in the file.</p>	<p><b>COMPLIANCE LEVEL</b></p> <p>Compliant</p>

<b>Criterion Assessed:</b> 7.5 When no recordable events occur, for example as outlined in Standard 7.4, there is an entry at least every five attendances for each service user to confirm that this is the case.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment:</b> See diary of events sheets	Compliant
<b>Inspection Findings:</b> A sample of service users' care records was examined and each was found to have a written entry at least once every five attendances. Day care workers confirmed that accurate recording was an important part of their responsibilities and was essential to the safety and wellbeing of each service user.	<b>COMPLIANCE LEVEL</b> Compliant
<b>Criterion Assessed:</b> 7.6 There is guidance for staff on matters that need to be reported or referrals made to: <ul style="list-style-type: none"> <li>• The registered manager;</li> <li>• The service user's representative;</li> <li>• The referral agent; and</li> <li>• Other relevant health or social care professionals.</li> </ul>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment:</b> see Whistle Blowing, Vulnerable Adults Procedures and Management Contact List.	Compliant
<b>Inspection Findings:</b> The necessary policy and written guidance for staff were in place regarding the recording and reporting of incidents and accidents. One relative of a service user confirmed that communication between the centre and her family was excellent.	<b>COMPLIANCE LEVEL</b> Compliant

<p><b>Criterion Assessed:</b> 7.7 All records are legible, accurate, up to date, signed and dated by the person making the entry and periodically reviewed and signed-off by the registered manager.</p>	
<p><b>Provider’s Self-Assessment:</b> See Services Users files.</p>	Compliant
<p><b>Inspection Findings:</b> There were many examples of good quality record keeping with regard to service users’ day to day progress, records of incidents and review reports. All were found to comply with this criterion.</p>	<p><b>COMPLIANCE LEVEL</b> Compliant</p>

<p><b>PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b> Compliant</p>
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<p><b>INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b> Compliant</p>
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<b>Theme 1: The use of restrictive practice within the context of protecting service user’s human rights</b>	
<b>Theme of “overall human rights” assessment to include:</b>	
<p><b>Regulation 14 (4) which states:</b></p> <p><b>The registered person shall ensure that no service user is subject to restraint unless restraint of the kind employed is the only practicable means of securing the welfare of that or any other service user and there are exceptional circumstances.</b></p>	<b>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment:</b>	
<p>No Service Users is accessed as requiring restraint so nothing itemised in Care Plans.</p>	Not applicable
<b>Inspection Findings:</b>	
<p>There was no evidence to indicate that any service user was subject to restraint in the centre. To ensure that restrictive practice and human rights issues are fully considered, it is recommended that each person’s care plan and review report should contain a section for the consideration of any restrictive practice matters that may apply, including agreeing that any intervention used is proportionate to the risk of harm. (This might include, e.g. consideration of the appropriateness of asking a service user to remain seated, or in a particular room.)</p>	Compliant

<p><b>Regulation 14 (5) which states:</b></p> <p><b>On any occasions on which a service user is subject to restraint, the registered person shall record the circumstances, including the nature of the restraint. These details should also be reported to the Regulation and Quality Improvement Authority as soon as is practicable.</b></p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment:</b></p> <p>None required. However, staff are aware if restraint is used it is recorded and reported to RQIA.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p> <p>The centre had a written policy and written guidance ) in place and available to staff for reference, (<i>Guidance on Restraint and Seclusion in Health and Personal Social Services</i>, Department of Health, Social Services and Public Safety, Human Rights Working Group, August 2005.</p> <p>Staff confirmed that no restraint or seclusion was used in the centre. Issues regarding restraint and seclusion had been discussed in the staff team and individuals demonstrated an awareness of the rights of service users. Care plans, review reports and progress notes reflected a person centred approach to staff’s work in the centre.</p>	<p><b>COMPLIANCE LEVEL</b></p> <p>Compliant</p>

<p><b>PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b></p> <p>Compliant</p>
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<p><b>INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b></p> <p>Compliant</p>
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Theme 2 – Management and Control of Operations	COMPLIANCE LEVEL
<p><b>Management systems and arrangements are in place that support and promote the delivery of quality care services.</b></p> <p><b>Theme covers the level of competence of any person designated as being in charge in the absence of the registered manager.</b></p>	
<p><b>Regulation 20 (1) which states:</b></p> <p><b>The registered person shall, having regard to the size of the day care setting, the statement of purpose and the number and needs of service users -</b></p> <p><b>(a) ensure that at all times suitably qualified, competent and experienced persons are working in the day care setting in such numbers as are appropriate for the care of service users;</b></p> <p><b>Standard 17.1 which states:</b></p> <p><b>There is a defined management structure that clearly identifies lines of accountability, specifies roles and details responsibilities for areas of activity.</b></p>	
<p><b>Provider’s Self Assessment:</b></p>	
<p>See Statement of Purpose, Page 3, stating up to dates lines of accountability. Audited September 2014 by Locality Manager.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	<p><b>COMPLIANCE LEVEL</b></p>
<p>Rathmoyle Day centre has a well-organised staff team within which roles and responsibilities were clearly defined. Lines of accountability were clearly set out in the statement of purpose. The staff qualifications were a little below the expected level for a long-established day centre. Unqualified staff were, however, well experienced in the work and were deemed by the manager to be competent.</p> <p>The system of staff supervision was developing and there was evidence to indicate that it was working positively for the majority of staff. Staff members who met with the inspector were unanimously positive in their views of the team, the working arrangements and the management support.</p>	<p>Substantially compliant</p>

<p><b>Regulation 20 (2) which states:</b></p> <ul style="list-style-type: none"> <li><b>The registered person shall ensure that persons working in the day care setting are appropriately supervised</b></li> </ul>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment:</b></p>	
<p>See Supervision Files containing evidence of planned supervision, contract and auditing.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	<p><b>COMPLIANCE LEVEL</b></p>
<p>Most of the staff records examined provided evidence of regular, formal, individual supervision. A small number, however, had not been provided with such supervision as regularly as is required by the minimum standards. The registered person should ensure that staff have recorded individual, formal supervision sessions no less than every three months.</p> <p>It is acknowledged that the Trust has just recently produced a Supervision Audit Tool, which is well-structured and detailed. When this is being applied regularly it should have a positive impact on supervision practice.</p>	<p>Moving toward compliance</p>
<p><b>Regulation 21 (3) (b) which states:</b></p> <ul style="list-style-type: none"> <li><b>(3) For the purposes of paragraphs (1) and (2), a person is not fit to work at a day care setting unless –</b></li> <li><b>(b) he has qualifications or training suitable to the work that he is to perform, and the skills and experience necessary for such work</b></li> </ul>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment:</b></p>	
<p>See list of staff mandatory training and dates completed.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	<p><b>COMPLIANCE LEVEL</b></p>
<p>Compliance with this criterion was verified through examination of selected staff records, supervision records, training records and from discussions with the manager and staff members regarding their training and qualification opportunities. A small number of staff, who had been employed in Rathmoyle or Sheskburn for several years, did not have a relevant qualification for their jobs.</p> <p>The registered person shall ensure that all staff are suitably qualified for their roles and responsibilities.</p>	<p>Moving toward compliance</p>

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

<b>INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Moving toward compliance.

## **Additional Areas Examined**

### **Complaints**

The complaints record was reviewed and found to be satisfactory. One record was discussed with the manager by way of advice regarding the clarity of the outcome.

### **Service users' photographs**

In the course of the inspection, several service users identified themselves in photographs of activities, outings and award ceremonies and it was clear that these records were important to them. A staff member said that the Trust's Information Governance Department has recently ruled that such photographs should not be displayed where they can be seen by people from outside the staff and service user groups. This ruling, if interpreted as a blanket ban on displaying photographs of service users in the centre, conflicts with the minimum care standards which encourage the display of such material so that it is available to service users.

The registered person should ensure that programmes of activities and the records of those activities, including photographic records, are made available in appropriate locations so that service users can access them.

### **Premises**

Those parts of the premises visited during this inspection were clean and well decorated. There were attractive examples of service users' art and craft work on many of the walls and work was underway to decorate the centre with a Halloween theme, which many service users appeared to enjoy. The manager said that repairs to décor were being carried out on a small scale, as and when the specific area required it.

## **Quality Improvement Plan**

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

The timescales for completion commence from the date of inspection.

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

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

Enquiries relating to this report should be addressed to:

**Dermott Knox**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**



## Quality Improvement Plan

### Primary Announced Care Inspection

### Rathmoyle Resource Centre incorporating 'Sheskburn House'

16 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 Mrs Pat Brown, Registered Manager, either during or after the inspection visit.

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

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

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

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

**Statutory Requirements**

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

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Regulation 4(1)	The registered person shall ensure that the statement of purpose provides clear and accurate information on the identity of the registered person, in accordance with Regulation 8(2)(c).	One	NISCC Reg- 6009714  See AccessNI scanned copy  Training- All manatory training up to date  Commence QCF Level 5 in Feb 2015  See employment history	28 November 2014
2	Regulation 20(1)(c)(iii)	Any staff who have responsibility for supervision and appraisal of others should be trained appropriately for their roles.	One	Training Team contacted re K.S.F Training	31 December 2014
3	Regulation 20(1)(a)	The registered person shall ensure that all staff are suitably qualified for their roles and responsibilities.	One	One staff member is to commence QCF Level 2 in February 2015	30 September 2015

**Recommendations**

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

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details of Action Taken By Registered Person(S)	Timescale
1	Standard 6.8	It is recommended that each person's care plan and review report should contain a section for the identification and consideration of any restrictive practice matters that may apply, including agreeing that any intervention used is proportionate to the risk of harm. (Ref. Theme 1)	One	See anonymised pre review held here on the 3/12/2014	28 November 2014
2	Standard 9.9	Programmes of activities and the records of those activities, including photographic records should be made available in appropriate locations so that service users can access them.	One	All photographic celebrations of Service users events to be held in a centralizes file for service users to easily access.	Immediate and on-going.
3	Standard 22.2	The registered person should ensure that staff have recorded individual, formal supervision sessions no less than every three months.	One	Actioned	31 December 2014

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

<b>Name of Registered Manager Completing Qip</b>	Pat Brown
<b>Name of Responsible Person / Identified Responsible Person Approving Qip</b>	Tony Stevens

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	Yes	D Knox	17/12/14
Further information requested from provider	Yes	D Knox	17/12/14