

Primary Announced Care Inspection

Name of Establishment:	Rosebrook House
Establishment ID No:	11200
Date of Inspection:	19 March 2015
Inspector's Name:	Dermott Knox
Inspection No:	20479

The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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Name of centre:	Rosebrook House House
Address:	Brook House Coleraine BT52 1QG
Telephone number:	(028) 7034 3084
E mail address:	fiona.connor@northerntrust.hscni.net
Registered organisation/ Registered provider:	Dr Anthony Baxter Stevens
Registered manager:	Mrs Fiona Connor
Person in Charge of the centre at the time of inspection:	Mrs Fiona Connor
Categories of care:	DCS-DE
Number of registered places:	12
Number of service users accommodated on day of inspection:	9
Date and type of previous inspection:	12 November 2013 Primary Announced Inspection
Date and time of inspection:	19 March 2015 10:45am–3:15pm
Name of inspector:	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	4
Staff	3
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	3	0

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

Rosebrook House Therapy and Support Centre is provided by the Northern Health and Social Care Trust. The Centre is located close to Coleraine town centre and is designed to support people from the local and surrounding areas, who have a diagnosis of dementia.

Rosebrook House is a purpose built facility within the Brook Complex, a centre for dementia services in the northern part of the Trust's geographical area. The complex also provides accommodation for clients in supported living services and a residential facility for those requiring full-time support.

Rosebrook House was established in January 2006 and provides a maximum of twelve places per day. It has a homely dining room, a spacious sitting room and a kitchen, which is designed to facilitate assessments of service users' safety and ability. There are adequate toileting and bathing facilities. Meals are prepared by catering staff in the adjacent residential home.

Summary of Inspection

A primary announced inspection was undertaken in Rosebrook House Day Centre on Thursday 19 March 2015 from 11:00am until 3:15pm. In advance of the inspection visit, the registered provider had submitted a self-assessment of the centre's performance in the one standard and two themes forming the focus of the inspection. The inspection sought evidence to verify the self-assessment and to examine the actions and the related outcomes arising from the three requirements and five recommendations made at the previous inspection, in November 2013.

The inspector was introduced to many of the service users attending the centre and had discussions with five people in the course of the day. Individual discussions were held with the manager, the day care worker who has day to day responsibility for the centre's operations, and one support worker. Discussions focussed mainly on activities, the standards, team working, management support, supervision and the overall quality of the service provided.

Most of the evidence presented a positive view of the service provided in the centre, although current management arrangements result in unsatisfactory levels of staff support and poor standards of quality assurance by the Trust. There was evidence from discussions and in written records to indicate a satisfactory level of consultation with members and their representatives regarding their care plans and the activities in which they participate. It was evident throughout the period of the inspection that service users were well cared for and were enjoying the activities on offer.

The inspector acknowledges the welcoming responses by service users, staff and the manager and for their open and constructive approach throughout the inspection process. There are four requirements and six recommendations arising from this inspection and these are set out in the Quality Improvement Plan accompanying this report.

Standard 7 - Individual service user records and reporting arrangements:

Service users' files were found to be well organised and to contain all of the information required by this standard. A record of each service user's involvement and progress was kept in good detail and the frequency of record keeping met the requirement of the minimum standards. All staff members contributed to the records.

The Trust's written policies and procedures for recording and for reporting events were available to staff in the centre. Notifiable events and the reporting of these are included in the staff induction programme, though there had not been any notifiable events in the period since the previous inspection. There was some evidence of an improvement in the frequency of completion of progress records and the manager should ensure that this standard is monitored and maintained.

Rosebrook House Day Centre was judged to be substantially compliant with this standard.

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

There was no evidence to indicate the use of restrictive practice in Rosebrook House Day Centre. Staff were aware of the Trust's policy and procedures regarding such practices and confirmed that there were no members at the centre who presented behaviours that might require the use of a restrictive practice. When devising or reviewing a member's individual care plan, the manager and staff discuss proposed action plans with the member and his or her representative/s to ensure that interventions are necessary and proportionate and do not infringe the person's human rights.

Staff discussed the use of restraint or seclusion, including how members' human rights are protected. Service users expressed their satisfaction with the care provided in Rosebrook House. Observations of staff's interactions with members, throughout the day, confirmed that work was carried out with respect for the individual member's rights and dignity.

Rosebrook House Day Centre was judged to be compliant with the criteria in this theme.

Theme 2 – Management and Control of Operations

The registered manager has management responsibility for a community team and for the day centre, but acknowledges that her time in the centre is limited by the demands of managing the team. This leaves much of the day to day leadership in the centre to a recently appointed Senior Day Care Worker. Response to the recommendations from the previous inspection was poor.

Monitoring arrangements put in place by the Trust had improved a little since the previous inspection, but in terms of their regularity, were still not satisfactory. Few of the eight reports that were available for 2014 included reference to the views of relatives/carers and this aspect must be increased, particularly in view of the inability of most service users to recall events with accuracy, or in sufficient detail to provide quality assurance information. There was no evidence of minuted staff meetings during 2014 and neither the manager nor the monitoring officer had reported this or other failings to the registered person.

Staffing of the centre is now satisfactory, allowing a range of group activities to be scheduled so that service users' participation was timetabled and varied. Some annual appraisals of staff's performance had been completed in accordance with the Trust's procedures, while the remainder were to be scheduled for the near future. Individual supervision requirements were not being met. Staff training records confirmed that mandatory training requirements were met and staff confirmed that they were afforded a number of additional development opportunities.

Rosebrook House was judged to have significant failings with regard to this theme but is judged to be moving toward compliance, given the improved staffing and the commitment of the supervising Trust manager.

Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Regulation 21(3)(b)	First Aid training for the manager and one staff member was overdue and should be provided at the earliest possible time.	First aid training for the manager and the identified staff member had been provided.	Compliant
2	Regulation 4(1)(c)	In the statement of purpose, information about the registered person should be expanded and the section on "Complaints" should be revised, as discussed with the manager.	The statement of purpose had been revised in keeping with this requirement.	Compliant
3	Regulation 28(3)	Evidence of monthly monitoring was inconsistent, with a period between May and November 2013, when no monitoring visits had taken place. The registered person must ensure compliance with Regulation 28.	Monthly monitoring was consistent following this requirement being made, until July 2014, following which, there were no visits or reports for four months. Visits had then been recommenced.	Moving toward compliance

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Standard 1.2	The registered manager should develop the draft service user guide to meet the requirements of this standard and to use best communication practice for the service users' needs.	The Service User Guide had been revised, but there remained a number of matters to be updated or clarified.	Moving toward compliance
2	Standard 15.3	The registered person should ensure that initial reviews are held as required by this standard, or within a proportionate timescale, for service users who attend the centre less frequently than daily.	The manager confirmed that current practice is for initial reviews to be held after six months. A format was discussed for reviews which will be held within a proportionate timescale	Moving toward compliance
3	Standard 15.5	It is recommended that staff with significant direct working experience with service users should be facilitated to attend review meetings.	There was evidence to confirm that staff members are involved in the review process.	Compliant
4	Standard 17.2	The registered manager should ensure that any shortcomings in the delivery of services and the monitoring of the day centre are reported to the registered person, in keeping with this standard.	Further work is required in this area to ensure compliance with all of Regulation 17.	Moving toward compliance
5	Standard 12.1	It is recommended that the transport arrangements for service users should be reviewed monthly, perhaps at monitoring visits, for the next three months, to ensure that people's needs are being met satisfactorily in this aspect of the service.	The manager and staff reported that transport arrangements were now satisfactory.	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: 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.	COMPLIANCE LEVEL
Provider's Self-Assessment: Staff are aware of and adhere to Trust Protection of Personal Information policy and procedures and their responsibility in respect of ensuring confidentiality of information pertaining to service users. Service user information is held within individual files which are in turn kept in secured filing cabinets within the staff office.	Compliant
Inspection Findings: The provider's self-assessment was verified through reference to the relevant Trust policies and procedures and from discussions with the manager and two staff members. Service users' personal files were accessed from secure cabinets.	Compliant
Criterion Assessed: 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.	COMPLIANCE LEVEL
Provider's Self-Assessment: The manager and staff adhere to Trust procedure with regards to service users, or someone acting on their behalf, accessing their case records, or notes. To date no requests have been made by either a service user or their representative, for access to records. In the event of this happening, staff will maintain a record of same.	Compliant

Inspection Findings:	COMPLIANCE LEVEL
<p>Service users confirmed in discussions that they enjoy their time in the centre and look forward to attending and meeting their friends and the staff members. Care plans had all been signed by the service user or a representative. There was evidence, during the inspection, to show that any service user who is unsettled in an activity has a more acceptable alternative provided.</p>	Compliant
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>Each individual attending day care at Rosebrook House has a file maintained by staff which includes assessment of their needs, care plan and reviews completed.</p> <p>Records are updated after attendance, by staff to reflect how the individual has presented on the day, including any assistance provided by staff. Staff also record any changes noted in respect of the service user's needs, programmes, etc. A record is also kept of any contact with service users' representatives, including verbal and written contact.</p> <p>Staff maintain records of discussion with NHSCT staff as well as any e-mail contact between day care staff and</p>	Compliant

these staff. Medicines are stored and recorded as per RQIA standards and have been inspected accordingly. Any incidents, accidents or near misses are recorded in line with both NHSCT and RQIA standards.	
Inspection Findings:	COMPLIANCE LEVEL
Service users' personal records were well kept and comprehensive, with some excellent examples of NISAT assessments completed by community based social work staff. These were translated accurately into the care planning process by day care staff.	Compliant
Criterion Assessed: 7.5 When no recordable events occur, for example as outlined in Standard 7.4, there is an entry at least every five attendances for each service user to confirm that this is the case.	COMPLIANCE LEVEL
Provider's Self-Assessment:	
Whilst service user records are maintained and will reflect that no recordable events have occurred, this to date would not have been specified after every five attendances.	Moving towards compliance
Inspection Findings:	COMPLIANCE LEVEL
The provider's self-assessment was verified through examination of service users' files. There was some evidence of an improvement in the frequency of completion of progress records and the manager should ensure that this standard is monitored and maintained.	Moving toward compliance

Criterion Assessed: 7.6 There is guidance for staff on matters that need to be reported or referrals made to: <ul style="list-style-type: none"> • The registered manager; • The service user's representative; • The referral agent; and • Other relevant health or social care professionals. 	COMPLIANCE LEVEL
Provider's Self-Assessment:	
Guidance is in place for staff in relation to matters which are to be reported, or referred onward to registered manager, service user representative, referral agent and any other relevant professionals.	Compliant
Inspection Findings:	COMPLIANCE LEVEL
There was a written procedure for reporting all necessary matters and the registered manager confirmed that staff could check with her on a day to day basis, should they be uncertain on any matter. Two of the three care workers in the centre have experience of taking day to day charge and have been deemed competent in this respect.	Compliant
Criterion Assessed: 7.7 All records are legible, accurate, up to date, signed and dated by the person making the entry and periodically reviewed and signed-off by the registered manager.	
Provider's Self-Assessment:	
All records are legible, up to date and signed. The manager periodically reviews and signs off the entries	Substantially compliant
Inspection Findings:	COMPLIANCE LEVEL
A sample of five service users' records was inspected. All of the records examined were found to be legible, accurate, up to date and appropriately signed and dated.	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	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:	
Access and egress at the day care facility at Rosebrook House House, is facilitated by a key fob access system. Consideration is given at the time of screening at to the service user's individual needs and deprivation of liberty is addressed during care planning.	Compliant
Inspection Findings:	COMPLIANCE LEVEL
It is acknowledged that use of a secure entrance and exit system in Rosebrook House is the only practical means of securing the welfare of service users. An example of skilful calming and diversion practice by a staff member, with one service user, was observed during the inspection.	Compliant
Regulation 14 (5) which states: 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.	COMPLIANCE LEVEL
Provider's Self-Assessment:	
To date no additional restraint measures have been required for any individual/s attending day care. Manager and staff aware that both the Trust and RQIA should be informed should restraint be used.	Not applicable

Inspection Findings:	COMPLIANCE LEVEL
The provider's self-assessment was verified through examination of the relevant records and from discussions with the manager and two staff members.	Not applicable
PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant
INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

Theme 2 – Management and Control of Operations Management systems and arrangements are in place that support and promote the delivery of quality care services. Theme covers the level of competence of any person designated as being in charge in the absence of the registered manager.	COMPLIANCE LEVEL
Regulation 20 (1) which states: 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 - (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; Standard 17.1 which states: There is a defined management structure that clearly identifies lines of accountability, specifies roles and details responsibilities for areas of activity.	
Provider's Self Assessment: The registered provider has ensured that a Senior Day Care Worker is in post and that that individual is in charge in the absence of the registered manager. There is a clear management structure in place, so that staff are aware of which line manager to contact regarding issues/concerns, in the absence of the registered manager. At the time of completion of this assessment, three permanent staff are employed in the facility.	Substantially compliant
Inspection Findings: There was no evidence of minuted staff meetings during 2014 and neither the manager nor the monitoring officer had reported this failing to the registered person. Staffing was improved in December of 2014 with the appointment of a Senior Day Care Worker, however, a number of management functions remain unfulfilled as there is insufficient management commitment to the efficient and effective operation of the centre.	COMPLIANCE LEVEL Moving toward compliance

Regulation 20 (2) which states: <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:	
Now that all staff are in post within the day care setting, processes for ensuring regular formal supervision are being formalised. Informal supervision takes place on a daily basis, or as required.	Moving towards compliance
Inspection Findings:	COMPLIANCE LEVEL
Throughout 2014 there had not been satisfactory individual supervision arrangements for staff. With the recent appointment of a Senior Day Care Worker this situation should improve. Monitoring arrangements put in place by the Trust had improved a little since the previous inspection, but in terms of their regularity, were still not satisfactory. Few of the eight reports that were available for 2014 included reference to the views of relatives/carers and this aspect must be increased, particularly in view of the inability of most service users to recall events with accuracy, or in sufficient detail to provide quality assurance information.	Moving toward compliance
Regulation 21 (3) (b) which states: <ul style="list-style-type: none"> (3) For the purposes of paragraphs (1) and (2), a person is not fit to work at a day care setting unless – (b) he has qualifications or training suitable to the work that he is to perform, and the skills and experience necessary for such work 	COMPLIANCE LEVEL
Provider's Self-Assessment:	
A record is maintained within the department, of staff training and of when a refresher or update is required. Training needs are reviewed and established at the time of supervision or appraisal. The manager forwards information circulated regarding any training pertinent to the staff group/roles.	Substantially compliant
Inspection Findings:	COMPLIANCE LEVEL
The centre's systems for recording and tracking staff's training needs should be improved, as discussed with the registered manager. The insufficient provision of formal supervision and of staff meetings impedes the satisfactory development of staff's training and qualifications progress.	Moving toward compliance

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

INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Moving toward compliance

Additional Areas Examined

Quality assurance

Quality assurance information was lacking in some respects, as no survey of service users and carers had been carried out during 2014. The registered person must ensure that the centre is compliant with all parts of Regulation 17. Additionally, there is a need for auditing of working practices to be further developed.

Complaints

The record of complaints was examined and was satisfactory. No complaints had been received since the previous inspection.

Monthly Monitoring Reports

Monitoring visits had not been made consistently and the registered person must ensure that these visits and the findings reports are completed at least monthly, in compliance with Regulation 28(3).

Service User Guide

The manager had reviewed the service user guide and had made several amendments. Advice was given on three further amendments that should be included.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Fiona Connor, 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
Rosebrook House Day Centre
19 March 2015

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 Fiona Connor, 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 28(3)	The registered person shall ensure that monitoring visits take place at least once a month and that reports of these visits are available in the centre.	Two	Monitoring visits are completed every 28 days by a representative of the registered person. Reports are compiled withing 7days of the visit and made available within the centre.	31 March 2015
2	Regulation 20(2)	The registered person shall ensure that persons working in the day care setting are appropriately supervised. (Ref. also to Standard 22).	One	An operational supervision rota has been compiled for B5 & B3 staff. They will receive individual quarterly supervision.	31 March 2015
3	Regulation 20(1)(c)	The registered person shall ensure that persons working in the day care setting receive appraisal, appropriate to the work they perform.	One	Annual appraisals will be carried out in line with NHSCT policies and procedures. The registered manager will complete appraisals for B5 staff. B5 staff wil lcomplete appraisals for B3 staff.	30 April 2015
4	Regulation 17	The registered person shall ensure compliance with all parts of this regulation.	One	A staff meeting has been arranged Wednesday 24 th June to action compliance with Management systems and arrangements are in place to support and promote the delivery of quality care services.	30 April 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 21.7	It is recommended that staff members are encouraged and supported to achieve vocational qualifications appropriate to their role and responsibilities.	One	Vocational training will be identified at annual appraisals Band 5, staff member is registered nurse live on NMC register. Band 3 - staff member has completed NVQII and has applied to do QCF III. Band 2 - has relevant experience and has applied to do QCF II. All mandatory training is up-to-date.	By end 2016
2	Standard 21.9	It is recommended that the annual training plan for staff should be linked in electronic records with the training that is undertaken, in order to provide clarity regarding met and unmet training needs.	One	NHSCT operate an electronic training record. All mandatory training is inputted by Social Services Training and Workforce Development Dept.	29 May 2015
3	Standard 23.8	Staff meetings should be held regularly and at least quarterly. Records of staff meetings should comply with this standard.	One	At 8 th June 2015 quarterly meetings have been arranged for Rosebrook Day Care.	30 April 2015

4	Standard 15.3	Initial reviews should be held as stipulated by this standard, or within a proportionate timescale for those who attend less frequently than daily.	Two	During staff meeting on 24 th June a review timetable will be implemented for those service users who attend less frequently.	Immediate and on-going
5	Standard 17.2	The registered manager should ensure that any shortcomings in compliance with the regulations and minimum standards are reported to the registered person.	Two	Reporting process and timescales to be clarified during supervision and monitoring visits.	Immediate and on-going
6	Standard 7.5	There was some evidence of an improvement in the frequency of completion of progress records and the manager should ensure that this standard is monitored and maintained.	Two	Ongoing compliance will be monitored during operational supervision of B5 Senior Day Care Worker.	Immediate and on-going

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	Lee Wilson
Name of Responsible Person / Identified Responsible Person Approving Qip	Tony Stevens

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	D Knox	9/8/15
Further information requested from provider	No		