

Primary Unannounced Care Inspection

Name of Establishment:	Millview Resource Centre
Establishment ID No:	11208
Date of Inspection:	07 May 2014
Inspector's Name:	Margaret Coary
Inspection No:	16575

The Regulation And Quality Improvement Authority
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS
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Name of centre:	Millview Resource Centre
Address:	College Square West Bessbrook Co Armagh BT35 7NA
Telephone number:	(028) 3083 0347
E mail address:	carmel.mcgrath@southerntrust.hscni.net
Registered organisation/ Registered provider:	Southern Health and Social Care Trust Mrs Mairead McAlinden, Chief Executive
Registered manager:	Ms Carmel McGrath
Person in Charge of the centre at the time of inspection:	Ms Gemma Sloan
Categories of care:	DCS-PH, DCS-SI
Number of registered places:	30
Number of service users accommodated on day of inspection:	14
Scale of charges (per week):	As per Trust rates
Date and type of previous inspection:	02 September 2013 Primary Announced
Date and time of inspection:	07 May 2014: 10.15 hours -14.30 hours
Name of inspector:	Margaret Coary

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	2
Relatives	0
Visiting Professionals	2

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	10	4

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

Millview Resource Centre is a statutory day care facility situated in the village of Bessbrook and provided by the Southern Health and Social Care Trust.

Mr Darren Campbell, the Acting Manager, is also responsible for two other day centres, Binnian Lodge in Kilkeel and Copperfields in Banbridge. A senior day care worker has responsibility for the day to day operation of the centre in the absence of the manager.

Millview is a listed building and was originally built as a school in 1849. The Trust recently completed remedial work to the building fabric and overall decor and agreed timescales for the completion of the remaining work.

The centre operates from Monday to Friday 9.00 am - 4.30 pm and, although registered for a maximum of 30 service users per day, usually provides for 16 to 20 people each day. The service is for people aged 18 to 64 years who have a physical disability, sensory impairment or brain injury and live within the Southern Health and Social Care Trust's catchment area. A picture framing service is provided at the centre and is strongly supported by the community.

Referrals and allocation of days are in accordance with the Trust procedures with placements offered following an assessment of need. Service users can avail of a hot meal on a daily basis or they can bring a packed lunch.

The core purpose of the centre is to provide rehabilitation, maintenance and / or respite. The day care model uses a partnership approach with other disciplines which enable service users to access a wide range of opportunities geared towards maximising personal development.

Summary of Inspection

This is the report for the primary unannounced inspection of Millview Resource Centre.

This unannounced inspection was carried out on 07 May 2014 from 10.15 hours to 14.30 hours. The aim of the inspection was to consider whether the services provided to service users were in compliance with legislative requirements and day care minimum standards.

The inspector was made welcome by Ms Gemma Sloane Care Support Worker who was in charge of the centre on the day of inspection; Mr Darren Campbell Acting Manager was on an extended period of sick leave.

Mrs Carmel McGrath, Manager and Mrs Maureen Carvill, Deputy Manager joined the inspector for part of the inspection.

The inspector had a short meeting and agreed the inspection process with Ms Sloan. The inspector selected criterion for inspection from standard 7, and Themes 1 and 2. Feedback was given at the end of the inspection.

The centre had not submitted a self-assessment prior to inspection therefore the inspector validated evidence throughout the inspection using the following methods:

Review and scrutiny of a variety of records pertaining to each standard.

Discreet observation of staff/service user interaction throughout the inspection process.

Discussion with four service users.

Discussion with two staff members and two allied professionals.

Four completed staff questionnaires.

Verbal contribution from the Day Care support worker in relation to any other information that was requested.

The inspection sought to assess progress with the issues raised from the previous inspection and to establish the level of compliance achieved with respect to selected criterion from the following DHSSPS Day Care Settings Minimum Standards and Themes 1 and 2.

- **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 inspected: 7.1, 7.2, 7.3, 7.4 and 7.7

The inspector found that the centre have relevant policies and procedures established regarding service user records and recording, these are accessible and available to staff. Staff spoken with were confident and experienced and fully aware of responsibilities commensurate with their role.

Evidence in four files examined reflected that the manager and staff have a good understanding of the legislation and guidance and can transfer this knowledge to their recording practises.

The inspector has made two recommendations in relation to the criterion inspected.

The first recommends that the centre maintain a policy and procedure detailing recording and reporting care practises and the second pertains to ensuring that all information is "signed off" by the manager.

The centre have attained a substantially compliant level of achievement for the criterion inspected from Standard 7.

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

Criterion inspected: 14.4

The centre do not have any particular behaviour issues or use restrictive practise at present, however, policies and procedures are in place and are available for staff consultation should the need arise.

The inspector has made two recommendations in relation to additional training and evaluation of training undertaken.

The centre have attained a Substantially Compliant level of achievement for 14.4.

- **Theme 2 - Management and control of operations:**

Management systems and arrangements are in place that support and promote the delivery of quality care services.

20(1) 17.1

The inspector found that there were good arrangements in place to support and promote the delivery of quality care services.

The centre have compliant level of achievement for the criterion inspected.

Environment

The inspector found the premises to be clean, warm and comfortable.

There were 14 service users present on the day of inspection, and the inspector found that there were satisfactory numbers of staff on duty.

The service users have tutors from the tech to take a variety of classes from Monday to Friday; the class on the day of inspection was about photography and was very popular with service users. The centre run a varied programme and all activities are determined by service users themselves.

The inspector talked with four service users during the inspection and was given very positive feedback in relation to the support and care from staff through to the improved quality of life and friendships that attendance at the centre has enabled them to achieve. The service users stated that they felt fully involved in the day to day life of the centre and described how they felt that staff went “over and above” the call of duty to help them achieve their aspirations.

The centre recently held a fashion show in March and this proved to be a very enjoyable and cohesive experience with all members taking part. The venture raised £2,700 for the centre and all are to be commended for the work and effort involved.

The centre have four recommendations from this unannounced inspection.

The inspector would like to thank the staff and service users for their cooperation and assistance with this unannounced inspection.

Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
		N/A		

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Standard 16.2	It is recommended that the Trust should consider relevant options for facilitating the identified service user's future fulfilment when he reaches the age of 65 years. (In view of his long-term involvement in a specific craft activity in the centre). Ref. 15.5 in the inspection report.	The inspector viewed evidence which reflected that the centre have a process in place which ensured that options were explored for the particular interests pertaining to the service user.	Compliant
2	Standard 23.8	The registered person should ensure that there is clear distinction between the records of weekly briefings for the staff team and the minutes of staff meetings.	The centre now maintain two separate systems for the retention of minutes for staff meetings and weekly briefings.	Compliant
3	Standard 21.8	The registered person should ensure clarity in the records of individual staff's training, so that training undertaken in a previous employment is identified as such.	The staff training records have been amended to reflect previous training and current employment training.	Compliant
4	Standard 15.4	The registered manager should support staff to ensure the consistency of good quality review report preparation.	The centre have devised a checklist for staff members; this is retained at the front of each service users file and ensures consistency and good quality reviewing.	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: All staff are aware of their legal and ethical duty of confidentiality in respect of all service users records held, created or used within their work whether paper based or electronic including emails. Staff are required to be aware of the SHSCT Policies and Procedures on records management, confidentiality and I.T. security as well as an awareness of the Data Protection Act 1998, Code of Practice on Protecting the Confidentiality of Service Users Information (DHSSPSNI 2012), Minimum Day Care Standards (DHSSPSNI 2012) and NISCC Code of Practice. Staff must ensure that service user information is only shared on a need to know basis in accordance with policy guidance. Staff store information safely and securely within Millview Resource Centre.	Compliant
Inspection Findings: The inspector scrutinised the centres policies and procedures and noted that these included policies on Assessment Care Planning and Review, and Records Management and information for staff which referred to the Sharing of Information and duties of staff concerning confidentiality. The inspector noted that the centre does not have a policy and procedure for recording and reporting care practises, there is a recommendation in this regard. The centre also retains information in relation to Equality & Human Rights for Disabled People and this is available for staff consultation. The inspector talked with two staff members regarding their work in relation to person centred recording and confidentiality. The inspector found that both staff members were experienced and fully aware of their roles and responsibilities in this regard. The inspector examined four service users' files and confirmed that there was good evidence of consideration of individual human rights. The inspector noted that information was detailed and person centred reflecting that staff were diligent in their recording thus ensuring the best outcome for the service user.	Substantially Compliant

Criterion Assessed:	COMPLIANCE LEVEL
<p>7.2 A service user and, with his or her consent, another person acting on his or her behalf should normally expect to see his or her case records / notes.</p> <p>7.3 A record of all requests for access to individual case records/notes and their outcomes should be maintained.</p>	
Provider's Self-Assessment:	
<p>The records that are kept within the centre are completed with the service user who works in partnership with their keyworker to update all information annually or more often if required. Should the service user request full access to their file the centre will liaise directly with the community keyworker and the individual will be asked to place his/her request in writing or email. A service user may request a representative of their own choice to act on their behalf in this process. Staff will ensure appropriate forms are completed on the Trust's 'Consent to Release Personal Information to an Elected Representative' form. All requests for service users records should be actioned without delay in accordance with SHSCT Data Protection Guidance Note Subject Access Request for Social Services Record. A copy of access to records is forwarded to information governance team to monitor the progress of the request under the Data Protection Act 1998. A record of request for access are kept in the individual's file and the outcomes recorded.</p>	Compliant
Inspection Findings:	COMPLIANCE LEVEL
<p>The inspector found that there were policies and procedures in place in relation to Confidentiality, Communication with Carers and Relatives, Consent and Management of records, Code of Practise on Protecting Confidentiality and Service User Information. All policies and procedures were relevant to the stated criterion and were available for consultation.</p> <p>Discussion with two staff members confirmed that they were aware of relevant policies and procedures and could follow proper processes in relation to access to records.</p> <p>The inspector talked with four service users' all were aware of the content of their files and stated that they had input in relation to their individual records and could have access to them if they so desired.</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>Individual assessments are completed with the service user after commencing daycare. Service users are involved in developing their own care plans, choosing activities and outlining their objectives and aspirations for the coming year in day care. These are reviewed annually or more frequently if required. Service users and their families or representatives are invited to attend annual reviews along with other multidisciplinary professionals who are involved with the individual. Should there be changes in the service users needs or behaviour during the year this will be recorded in contact records and their community key worker will be informed and advice will be sought from relevant professionals if required. With the service users agreement the next of kin is kept up to date with any concerns or issues. Contact records reflect daily activities, input from other health services, medicine management and any incident or accidents. Service users who require assistance with medication will have this recorded in their medicine management plan and Guidelines for Administering Medicines are adhered to. All service user files are audited on a regular basis by the Registered Manager or Assistant Manager in her absence.</p>	Compliant
Inspection Findings:	COMPLIANCE LEVEL
The inspector examined a selection of four service user's files and noted that they were completed in accordance with	Substantially Compliant

<p>the standard. All records were person focused and gave clear and detailed information so that needs were addressed and met. Information was regularly updated and communications from other professionals retained and followed up. The inspector noted that reviews were held in accordance with guidance.</p> <p>The records evidenced that the centre were diligent in ensuring that all service users were shown respect and given dignity thus taking their human rights in to account at all times.</p> <p>The inspector also examined a selection of monthly monitoring records and found that there was regular audit of files and working practises were systematically monitored.</p> <p>The inspector has made one recommendation regarding ensuring that the manager “signs off” all relevant documentation in the service users’ files.</p>	
<p>Criterion Assessed:</p> <p>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.</p>	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment:</p> <p>Where no recordable events occur or if the service user is absent a record is made in the service users file at least every five days.</p>	Compliant
<p>Inspection Findings:</p>	COMPLIANCE LEVEL
<p>The inspector confirmed that the records were regularly updated.</p>	Compliant

Criterion Assessed: 7.6 There is guidance for staff on matters that need to be reported or referrals made to: <ul style="list-style-type: none"> • The registered manager; • The service user's representative; • The referral agent; and • Other relevant health or social care professionals. 	COMPLIANCE LEVEL
Provider's Self-Assessment: Noted concerns or issues will be reported to the appropriate staff that is Day Care Keyworker, Community Keyworker, relevant Allied Health Professional and the Registered Manager and Deputy Manager as deemed necessary. Changes that require assessment from other disciplines or agencies are made via the Day Care Worker and Community Keyworker. A copy of all such contacts / referrals are held on the individuals file. Formal guidance for staff on matters that need to be reported are currently being developed.	Compliant
Inspection Findings: Not inspected on this occasion.	COMPLIANCE LEVEL Not applicable
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 written in a factual and legible manner in partnership with the service user and his / her Day Care Key Worker. A summary of these records are reviewed annually at the individual's annual review and should there be changes these will be updated. All service user records are periodically audited and signed by the Registered Manager.	Substantially compliant
Inspection Findings: There is a previous recommendation in this regard.	COMPLIANCE LEVEL 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:

Our staff are MAPA trained and use the concept 'keep me safe, treat me with respect' in line with individuals overall human rights. MOVA strategy number 8 use of Restrictive Physical Intervention (RPI) seeks to ensure RPI is used as infrequently as possible and in the best interest of the service user. In Millview we use de-escalation methods as outlined by the Psychologist and the Behaviour Support Team at all times ensuring the human rights of the individual are respected. Any planned use of restrictive practice will only be implemented following consultation with the service user, his / her carer and multi-disciplinary team and notification to RQIA.

Registered Managers are currently developing a set of guidelines and protocol for use of Restrictive Practice within Day Care.

Substantially compliant

Inspection Findings:

The Day Care Support worker advised that the centre do not have any service user subject to restraint at present. The inspector examined four files and care plans and found that the centre have good processes and systems in place to ensure that behaviours are properly managed whilst ensuring the human rights and dignity of the service user.

The inspector noted that there were policies and procedures in place regarding Assessment, Care Planning and Review, Managing Aggression and Challenging Behaviours, Responding to service users behaviour and a policy on Restraint and Seclusion.

There is a previous recommendation that the centre maintain a policy and procedure on Recording and Reporting Care Practises.

The inspector looked at the training records and discussed training with two care staff. The inspector noted that staff have not had recent training on Challenging Behaviour and has made a recommendation in relation to this. The inspector has also made a recommendation that staff have training on Schizophrenia to assist them in their day to day

COMPLIANCE LEVEL

Substantially Compliant

work. The inspector also found that staff do not complete an evaluation on training undertaken, there is also a recommendation that an evaluation of all training is completed and retained in individual staff files.	
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: There are no recorded occasions where a service user has been subject to restraint within Millview. Staff are aware of the need to report any such incidences to RQIA, other relevant staff and recorded in the individual service user file. If restraint were required in the event of an emergency staff would apply their MAPA training and Trust MOVA Policies and Procedures using the concept 'keep me safe, treat me with respect'.	Not applicable
Inspection Findings:	COMPLIANCE LEVEL
Not inspected on this occasion.	Not applicable

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
	Substantially Compliant

Theme 2 – Management and Control of Operations	COMPLIANCE LEVEL
<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>The Registered Manager ensures that at all times there is a suitable qualified, competent and experienced Day Care Worker Band 5 assuming responsibility in the absence of the Assistant Manager and Registered Manager at all times. The Registered Manager and Assistant Manager visit the centre on a weekly basis and are contactable at all times. There is a defined Managerial / Organisational Structure in place which is outlined in Millview's Statement of Purpose.</p> <p>A draft SHSCT Disability Division Day Care 'Procedure for Assessing the Competency and Capability of Staff Assuming Responsibility in the Absence of the Registered Manager' is in place and will be presented to the Director at the Managers Meeting in June 2014.</p>	Substantially compliant
<p>Inspection Findings:</p>	COMPLIANCE LEVEL
<p>The assistant manager is currently on sick leave and the day to day running of the centre is managed by two Band 5 staff at present. The inspector met with both staff and looked at their training, supervision and appraisal records and was satisfied that both had the competency and capability to carry out the role. In the event of any concerns staff stated that they could contact the manager or the deputy manager.</p>	Compliant

<p>The inspector examined the staffing rota and was satisfied that there were sufficient numbers on duty to meet the needs of the service users.</p> <p>The inspector found that the centre had appropriate policies and procedures in place to ensure that the service is delivered effectively. All policies and procedures were available for staff reference.</p> <p>There were also records of staff meetings available for inspection and these were held in accordance with guidance. The inspector discussed training with two care staff and observed the training records; there are two previous recommendations in relation to further training.</p> <p>The inspector talked with four service users throughout the inspection and was satisfied that they were informed regarding the management structure in the centre.</p> <p>The inspector also looked at records of monitoring visits and confirmed that these reflected that staffing levels and working practises were included in the inspection.</p>	
<p>Regulation 20 (2) which states:</p> <ul style="list-style-type: none"> The registered person shall ensure that persons working in the day care setting are appropriately supervised 	COMPLIANCE LEVEL
Provider's Self-Assessment:	
<p>Staff within Millview receive regular supervision in line with the Trust's Supervision Policy Standards and Criteria for Social Care Workers and RQIA Day Care Settings Minimum Standards (2012). Supervision records are maintained on individual staff member files and regularly audited through the Trust Governance Department.</p>	Compliant
Inspection Findings:	COMPLIANCE LEVEL
Not applicable.	Not applicable

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: All staff are in receipt of Trust induction and Trust mandatory training which the centre facilitates through 4-5 training days each year. The centre also offers service specific training within the identified training days. Individual staff training needs are identified through supervision, KSF and PDP Reviews. Staffs' qualifications are outlined in the centre's Statement of Purpose.	Compliant
Inspection Findings: Not inspected on this occasion.	COMPLIANCE LEVEL Not applicable

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
	Compliant

Additional Areas Examined

Complaints

The inspector examined the complaints record and confirmed that these were managed in accordance with guidance.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Ms Gemma Sloane Care Support Worker, 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:

Margaret Coary
The Regulation and Quality Improvement Authority
Hilltop
Tyrone & Fermanagh Hospital
Omagh
BT79 0NS



Quality Improvement Plan

Primary Announced Care Inspection

Millview Resource Centre

07 May 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 Gemma Sloane Care Support Worker 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

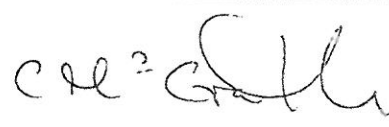
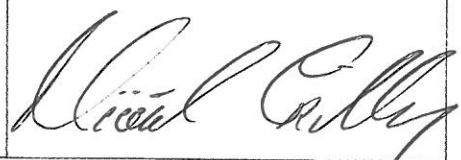
This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Day Care Settings Regulations (NI) 2007

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
		No requirements were made as a result of this inspection.			

Recommendations					
These recommendations are based on The Day Care Settings Minimum Standards January 2012. This quality improvement plan may reiterate recommendations which were based on The Day Care Settings Minimum Standards (draft) and for information and continuity purposes, the draft standard reference is referred to in brackets. These recommendations are also based on research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.					
No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details of Action Taken By Registered Person(S)	Timescale
1	7.1	The centre should have a policy and procedure for recording and reporting care practises.	One	New recording and reporting policy has been established and is kept in policies and procedures file within the Centre .	One month
2	7.4 Ref. Standard 4.3 and 5.3	The manager should ensure that all relevant documentation is appropriately signed.	One	Registered Manager audits files on a regular basis and sign off careplans, individual assessments etc. Staff will note designation along with signature when completing contacts etc.	Ongoing
3	14.4	Staff to receive training on Challenging Behaviour and Schizophrenia.	One	Training team has been notified of the requirement stated in 14.4 and we are awaiting confirmation of dates for training in challenging behaviour and schizophrenia. Proposed date September 2014.	Three months
4	14.4	Staff to complete an evaluation on all training undertaken this should be retained in individual files.	One	Training Team have been advised of this requirement and time will be allocated after training sessions to ensure completion of same. Staff have been advised of their	Ongoing

				responsibility to complete this and the centres Personal Staff Training Evaluation Record for each course attended. This will be retained on individual staff files and monitored by management.	
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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	
Name of Responsible Person / Identified Responsible Person Approving Qip	

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable			
Further information requested from provider			

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Maire Marley	07 January 2015
Further information requested from provider			