

## **Primary Announced Care Inspection**

<b>Name of Establishment:</b>	<b>Thackeray Day Centre</b>
<b>Establishment ID No:</b>	<b>11215</b>
<b>Date of Inspection:</b>	<b>7 November 2014</b>
<b>Inspector's Name:</b>	<b>Dermott Knox</b>
<b>Inspection No:</b>	<b>20332</b>

**The Regulation And Quality Improvement Authority**  
**9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT**  
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<b>Name of centre:</b>	Thackeray Day Centre
<b>Address:</b>	12 Ballyclose Street Limavady BT49 0BE
<b>Telephone number:</b>	(028) 7776 9450
<b>E mail address:</b>	sonia.mcdermott@westerntrust.hscni.net
<b>Registered organisation/ Registered provider:</b>	Ms Elaine Way CBE Western Health and Social Care Trust
<b>Registered manager:</b>	Mr Dale Connolly
<b>Person in Charge of the centre at the time of inspection:</b>	Mr Dale Connolly, Registered manager
<b>Categories of care:</b>	DCS-MAX, MAX, DCS-DE, DCS-I
<b>Number of registered places:</b>	20
<b>Number of service users accommodated on day of inspection:</b>	13
<b>Date and type of previous inspection:</b>	24 October 2013 Primary Announced Care Inspection
<b>Date and time of inspection:</b>	7 November 2014 10:30am–5:00pm
<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	5
Staff	2
Relatives	0
Visiting Professionals	0

Questionnaires were provided, prior to the inspection, to staff to find out their views regarding the service. Matters raised from the questionnaires were addressed by the inspector in the course of this inspection.

Issued To	Number issued	Number returned
Staff	4	1

### Inspection Focus

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

- **Standard 7 - Individual service user records and reporting arrangements:**

**Records are kept on each service user's situation, actions taken by staff and reports made to others.**

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

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

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

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

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

<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**

Thackeray Day Centre, opened in 1996, is operated by the Western Health and Social Care Trust. The Centre adjoins Thackeray Residential Care Home which provides catering services to the centre. Thackeray is located close to Limavady town centre and amenities. Provision is made for up to 20 service users on Monday, Tuesday, Thursday and Friday. On Wednesdays, day care is provided for up to 10 service users with dementia, although usually the number of people attending is lower than this WHSCT transport buses are used to bring service users to and from the centre.

## **Summary of Inspection**

A primary announced inspection was carried out in Thackeray Day Centre on Friday 7 November 2014 from 10:30am until 5:00pm. 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. There was one requirement and three recommendations from the previous inspection and evidence of compliance with all but one of these was verified. This recommendation is restated as follows, "The training records should include, for each training event, the qualification of the trainer and the content of the training programme."

The inspector met with many of the service users attending the centre and had discussions with five of them, either individually or in a group setting. Individual discussions were also held with the manager and two staff regarding the standards, team working, management support, supervision and the overall quality of the service provided. One completed questionnaire was returned by a staff member, who reported that the quality of care and the management support for the service were excellent.

Overall, discussions with service users and with staff contributed a positive view of the service provided in the centre and indicated a good commitment by the manager and the staff members to practice in compliance with the minimum standards for day care settings. There was evidence, from observations during the inspection and in written records, to indicate a high level of consultation with service users with regard to their involvement in the service provided. There was a relaxed and welcoming atmosphere in the centre and it was evident that service users, on that day, were responding positively to the staff and the activities.

The inspector is grateful to the manager and staff who were open and positive throughout the inspection process and to service users who were welcoming and contributed to the inspection findings. One requirement and three recommendations are made, arising from this inspection, with the aim of promoting further improvement in this good quality service.

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

The centre has written policies and procedures in place for recording and reporting, data protection, records management, confidentiality, records retention and disposal, which are in keeping with DHSSPS guidance

A sample of service users' care records was examined and there was consistent evidence to indicate the involvement and agreement of the individual or a representative with the content. Each of the service user's records included a recent photograph of the person, assessment of needs, service agreement, a care plan and review reports. Progress notes were being kept regularly by staff and were found to present a well-balanced record of the individual's

involvement in the centre. It is recommended that care plans should be developed to include greater detail and clarity of each person's care plan objectives and the associated actions required of staff.

The 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**

The Western Trust has a clear written policy and guidelines on the use of restrictive interventions, which was available to members of staff. It is the organisation's policy that physical restraint should only be used with a service user as a last resort and only in certain specified circumstances. Staff's account of their practice confirmed compliance with this policy. Records were examined for four service users, in addition to the record of incidents, and no instances of restraint had been recorded.

Staff demonstrated in their practice, the use of good communication with individual service users, throughout the period of the inspection. The centre operates throughout several rooms, allowing for large group, lively activities and those in which the atmosphere provides a more calming influence. Observations during the inspection provided evidence of discrete and skilful work by staff in responding to anxieties and concerns of service users. Training had been provided to staff with regard to restrictive practices, deprivation of liberty and human rights and staff presented as being self-aware in those aspects of the work.

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.

There was evidence from discussions with staff to confirm that members of the staff team work supportively and well with one another. Systems were in place for formal, individual supervision and for the annual appraisal of each staff member's performance and development. Records of staff supervision and of annual appraisals were well detailed and up to date and had been signed by both the supervisor and the supervisee.

The staffing structure and reporting arrangements were clearly set out in writing in the statement of purpose, for reference by all stakeholders. The staff who met with the inspector presented as being competent and confident in their roles and responsibilities and enthusiastic in ensuring the provision of a high quality service.

Monitoring arrangements are standardised across the WHSCT Day Care services and the three monitoring reports examined, addressed all of the required matters. Monitoring was being carried out by the area manager and visits had been varied as to the day of the week and the time of day. This is good practice. Monitoring reports were well detailed and included good descriptive notes of discussions with service users and staff members. The centre was judged to be operating in compliance with this theme.

**Follow-Up on Previous Issues**

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Regulation 20(1)(c)(i)	The registered person must ensure that all staff undertake mandatory training in all of the identified practice areas, within the timeframes specified by RQIA. This refers specifically to 'Food Safety' on this occasion.	Training records verified that mandatory training for staff was up to date.	Compliant



No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Standard 21.8	The registered person should ensure that training records include, for each training event, the name and qualification of the trainer and the content of the training programme.	The training records examined did not contain the information required by this recommendation. This recommendation has been restated in the Quality Improvement Plan for the current inspection.	Not compliant
2	Standard 21.9	The annual training and development plan could be enhanced by the inclusion of plans for other practice related training and development, in addition to the mandatory areas.	A wide range of additional training and development areas had been added to the plan for 2014/15. Staff confirmed that they had good training opportunities available to them.	Compliant
3	Standard 25.7	The Arjo bath in the centre had slight damage at one end and this should be repaired so that there are no sharp surfaces that might cause injury to service users or staff.	The bath had been assessed by an Arjo technician and no improvement action had been deemed necessary.	Substantially 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> 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>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment:</b> The legal and ethical duty of confidentiality of service users information is maintained at all times..	Compliant
<b>Inspection Findings:</b> Service users' records provided written evidence of care and consideration being shown by staff for the personal information relating to the individual. In discussions with staff members, there was good evidence of the respectful and professional attitudes of staff members toward service users' rights and their personal information.	Compliant

<b>Criterion Assessed:</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>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment:</b> Service users are involved in the assessment, care planning and review process. During the review meeting held at Day Care, the service users care plan is shared and reviewed with them and their representatives.  Where access to records are requested by the service user/representative staff will be guided by the Freedom of Information Act and the Trust's Access to Records protocol.	Compliant
<b>Inspection Findings:</b> All four of the service user's files examined held evidence of a good level of involvement by the service user, or a representative, in the care planning and review processes. Assessments, care plans and review reports had all been signed to indicate agreement either by, or on behalf of, the service user.	<b>COMPLIANCE LEVEL</b>  Compliant

<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
<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>	
<b>Provider's Self-Assessment:</b>	
All of the above information is maintained in each service user's individual case records.	Compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
<p>The service users' files examined during this inspection were found to be well organised and divided into appropriate sections, making access to specific information fairly straightforward. Case notes for each person were generally clear, although, in some files, there was a mixing of 'actions', 'needs' and 'objectives'. The registered manager should seek to clarify the form of care plan statements to ensure greater understanding of the identified need, the objective to be achieved, and the actions required of staff (and others where identified) in order to achieve the objective.</p>	Substantially compliant

<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>	
Day Care staff keyworker will record in each service users contact records at least on a weekly basis.	Compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
Progress notes were kept in satisfactory detail and at least once for every five attendances.	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>	
All Day Care staff are aware to report and record important matters to the registered manager. Liaison with the key worker/referral agent who is responsible for appropriate ongoing referrals to other health and social care professionals is ongoing. Family/carers are informed regarding any referrals made.	Compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
The centre has written procedures available to staff on the matters to be reported and the methods of completing this appropriately. In this small staff team there was evidence of close working relationships and good management support and staff confirmed that they found it easy to check on procedures and good practice whenever necessary.	Compliant

<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.	
<b>Provider's Self-Assessment:</b> Day Care staff ensure their records are legible, accurate, signed and dated. The Registered manager periodically reviews and signs off records completed by Day Care staff.	Compliant
<b>Inspection Findings:</b> There was clear evidence in the records examined, to verify compliance with this criterion. Service users' files were well organised and information was segmented and easy to access. Documents were consistently legible, accurate, signed and dated and up to date.	<b>COMPLIANCE LEVEL</b> Compliant

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

<b>INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

<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>	
<b>Regulation 14 (4) which states:</b>  <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>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment:</b>	
<p>There has been no incident of restraint carried out in Thackeray Day Centre. If restraint is used to secure the welfare of the client, and that of any other service user, a record of this will be made.</p> <p>All key stakeholders will be informed, to include community keyworker/referral agent, family/carer and RQIA. A Case review would be held to update service users care plan, and risk management protocol.</p>	Substantially compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
The manager and staff confirmed that no physical restraint was thought necessary or was used in Thackeray Day Centre, and there was no evidence to indicate that there had been any occasion for its use. No service users who present with challenging behaviours would normally be referred to the centre. Service users with advanced dementias attend the centre on Wednesdays with approximately half of the number of people who attend on other days of the week. This allows for higher staff to service user ratios and this is good practice.	Compliant

<b>Regulation 14 (5) which states:</b>	<b>COMPLIANCE LEVEL</b>
<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>	
<b>Provider's Self-Assessment:</b>	
At Present there are no service users on a specific behaviour programme. If the situation arose then the centre manager would record and report the incident to the necessary bodies including RQIA. This would result in a multi-disciplinary review of the service users care plan. Necessary training and guidance would be arranged for Day Care staff.	Substantially compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
There was no evidence to indicate the use of any restraint in the centre.	Not applicable

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

<b>INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	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><b>Provider's Self Assessment:</b></p>	
<p>Thackeray Day centre is staffed with qualified, competent and experienced persons in such numbers as are appropriate for the care of service users. There is a defined management structure in the Statement of Purpose. Arrangements for cover is displayed on notice board clearly identifying roles.</p>	Compliant
<p><b>Inspection Findings:</b></p>	COMPLIANCE LEVEL
<p>The manager emphasised the need for flexible staffing arrangements depending on the nature of the activities being offered at any given time and the availability of all members of the staff team. It was noted during the inspection that one staff member, writing progress notes for the day, did so in the background of a large activity room, so that she would be available for direct support with service users, should this be necessary.</p> <p>The management structure and the staff's lines of accountability were clearly set out in the statement of purpose.</p>	Compliant

<b>Regulation 20 (2) which states:</b> <ul style="list-style-type: none"> <li>The registered person shall ensure that persons working in the day care setting are appropriately supervised</li> </ul>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment:</b>	
<p>All staff with the exception of one who works at Thackeray Day Centre have either NVQ Level 2/3. Mandatory Training is held yearly within Day Care services. Other Training throughout the year is within the training calender. The centre manager nominates staff to attend relevant and appropriate courses which would benefit the service users, staff and the centre as a whole. These are relevant and highlighted during staff's annual appraisal.</p>	Compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
<p>There were well-detailed records of formal supervision, which had been held regularly and in compliance with the minimum standards. Staff confirmed that they always had access to a senior staff member for support or guidance.</p>	Compliant

<b>Regulation 21 (3) (b) which states:</b> <ul style="list-style-type: none"> <li>• (3) For the purposes of paragraphs (1) and (2), a person is not fit to work at a day care setting unless –</li> <li>• (b) he has qualifications or training suitable to the work that he is to perform, and the skills and experience necessary for such work</li> </ul>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment:</b> All students, tutors, group facilitators, work men who work within Thackeray Day Centre are supervised in their role by staff within the centre. The centre manager will ensure the safety of the service users and those working in the centre. Any person who is required to be on the premises for longer than two weeks are subject to Access NI checks.	Compliant
<b>Inspection Findings:</b> The manager stated that two staff were enrolled to commence QCF Level 3 assessment within the coming year. All staff employed in the centre have significant experience in care work. Staff members confirmed that their training opportunities were good and the records showed that all mandatory training had been completed for 2014. Several additional training courses, such as "Art for Dance" and "Hearing and Visual Impairment", had been offered by the Trust and had been attended by some staff.	<b>COMPLIANCE LEVEL</b> Compliant

<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>
	Compliant

## **Additional Areas Examined**

### **Complaints**

Thackeray Day Centre had an excellent, clear complaints procedure for service users, which was displayed in the centre and was given as a leaflet, to each person when they first attended the centre.

There were three complaints recorded in 2014, one regarding a menu item and two in relation to the temperature in the centre during January and February. All three complaints had been resolved to the satisfaction of the complainants.

## **Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Mr Dale Connolly, as part of the inspection process.

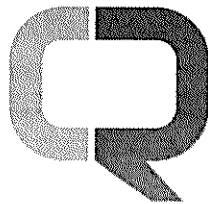
The timescales for completion commence from the date of inspection.

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**



The Regulation and  
Quality Improvement  
Authority

## Quality Improvement Plan

### Primary Announced Care Inspection

Thackeray Day Centre

7 November 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 Mr Dale Connolly, 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 7(a)	The registered person should review and revise the Service User Guide for Thackeray Day Centre to make it more accessible to service users and their representatives.	One	The Service Users Guide is reviewed annually with Service User's being consulted through this process in the form of Service Users Meetings, whilst taking into account The Day Care Settings Regulations (NI) 2007.	30 January 2015

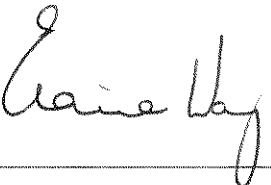
**Recommendations**


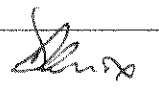
These recommendations are based on The Day Care Settings Minimum Standards January 2012. This quality improvement plan may reiterate recommendations which were based on The Day Care Settings Minimum Standards (draft) and for information and continuity purposes, the draft standard reference is referred 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 17.2	The registered person should ensure that the self-assessment, prepared by the provider in advance of the inspection visit, contains sufficient narrative to support the stated compliance level.	One	The Registered Manager will ensure that there is sufficient narrative information to support each compliance level in submitted Self Assessments for future inspections	For future inspections.
2	Standard 21.8	The training records should include, for each training event, the qualification of the trainer and the content of the training programme. This recommendation was made at the previous inspection and is restated here.	Two	The Registered Manager will ensure that handouts from all Day Centre training will be held in the Day Care Setting with evidence to show that all facilitators are qualified WHSCT appointed trainers.	Immediate and on-going
3	Standard 5.2	It is recommended that care plans should be developed to include greater detail and clarity of each person's care plan objectives and the associated actions required of staff.	One	The Registered Manager will ensure that Care Plans are developed to include greater detail and clarity of each person's care plan objectives with associated actions required by Day Care staff. Currently this is being reviewed in conjunction with Service Users and/or there representatives.	30 January 2015 and ongoing



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	Dale Connolly
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			03/02/15
Further information requested from provider	_____	_____	_____