



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

## **Primary Announced Care Inspection**

<b>Name of Establishment:</b>	<b>Age NI Day Centre at Skainos Building</b>
<b>Establishment ID No:</b>	<b>11223</b>
<b>Date of Inspection:</b>	<b>15 May 2014</b>
<b>Inspector's Name:</b>	<b>Dermott Knox</b>
<b>Inspection No:</b>	<b>17712</b>

**The Regulation And Quality Improvement Authority**  
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<b>Name of centre:</b>	Age NI Day Centre at Skainos Building
<b>Address:</b>	239 Newtownards Road Belfast BT4 1AF
<b>Telephone number:</b>	(028) 9045 9793
<b>E mail address:</b>	wendy.mckillion@ageni.org
<b>Registered organisation/ Registered provider:</b>	Ms Linda Robinson Age NI
<b>Registered manager:</b>	Mrs Wendy McKillion
<b>Person in Charge of the centre at the time of inspection:</b>	Mrs Wendy McKillion
<b>Categories of care:</b>	DCS-I, DCS-MP ( E )
<b>Number of registered places:</b>	25
<b>Number of service users accommodated on day of inspection:</b>	25
<b>Scale of charges (per week):</b>	Trust rates
<b>Date and type of previous inspection:</b>	9 April 2013 Primary Announced Inspection
<b>Date and time of inspection:</b>	15 May 2014 10:00am – 4:30pm
<b>Name of inspector:</b>	Dermott Knox

## Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect day care settings. A minimum of one inspection per year is required.

This is a report of a primary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during the inspection were met.

## Purpose of the Inspection

The purpose of this inspection was to ensure that the service is compliant with relevant regulations and minimum standards and themes and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of day care settings, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Day Care Settings Regulations (Northern Ireland) 2007
- The Department of Health, Social Services and Public Safety's (DHSSPS) Day Care Settings Minimum Standards (January 2012)

Other published standards which guide best practice may also be referenced during the inspection process.

## Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the minimum standards.

The inspection process has three key parts; self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

Specific methods/processes used in this inspection include the following:

- Analysis of pre-inspection information
- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Tour of the premises
- Evaluation and feedback

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

### Consultation Process

During the course of the inspection, the inspector spoke to the following:

Service users	9
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	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:

<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**

The Age NI day centre is located on the first floor of the recently constructed Skianos Building situated on the lower Newtownards Rd in East Belfast. The centre provides a service for up to twenty-five people each day and had over one hundred and twenty people registered with it, at the time of this inspection.

The building was in an excellent state of repair, was comfortably and attractively furnished and included activity rooms, a dining area, kitchen and well-appointed shower and toilet facilities.

A cook is employed who provides a lunchtime meal for service users on a daily basis.

The purpose of the centre is to provide older people with physical or mental health conditions, or potentially damaging social isolation, with support to remain independent and as active as possible.

## **Summary of Inspection**

A primary announced inspection was undertaken in Age NI Day Centre on Thursday 15 May 2014 from 10:00am to 4:30pm. Prior to the inspection the service provider submitted a self-assessment of the day centre's performance in the one standard and two themes forming the focus of the inspection. The following evidence sources were accessed during the inspection:

- Analysis of pre-inspection information and questionnaires
- Discussion with the registered manager, staff and service users
- Examination of a sample of service user individual file records including needs and risk assessments, the complaints record, staff training record, individual staff records, incidents and accidents record, monthly monitoring records, the centres statement of purpose, service user guide and policies & procedures

The inspector met with the manager, two staff and one volunteer regarding team working, management support, supervision and the overall quality of the service provided. Nine service users contributed to discussions, regarding their experiences of the service and their views on the support provided. Staff members reported satisfactory arrangements were in place with regard to supervision, training, staffing arrangements, confidentiality and recording.

Discussions with service users indicated a high level of satisfaction with the activities provided and the caring relationships that they enjoyed with the staff and with other people they have met at the centre.

One requirement and four recommendations from the previous inspection had been met by Age NI and there was good evidence of the manager having made progress with the local Trust in gaining inputs to service users' annual reviews.

On the basis of the evidence presented for this inspection, two requirements and three recommendations are made in the Quality Improvement Plan, accompanying the report. These matters were discussed with the manager at the conclusion of the inspection.

The inspector wishes to acknowledge the work undertaken by the manager and staff in preparation for this inspection and their open and constructive approach throughout the inspection process. Gratitude is also extended to service users, who warmly welcomed the inspector to the centre and contributed to the evaluation of the service provided.

**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 pertaining to recording and reporting, data protection, access to records and, confidentiality. The policies and procedures were available for staff reference. The registered person had arrangements in place to audit policies and procedures and to review them, with regard to the requirements of the minimum standards. The Regional Day Care Manager, who carries out monitoring visits, implements a programme of policy reviews on an on-going basis. The manager was advised on the value of including reference to the Deprivation of Liberty Safeguards (DOLS), in the policy on restraint.

In the sample of four care records examined, there were examples in care plans of service users having signed to indicate their involvement and agreement with the content. This should be extended to include the records of reviews and it is recommended that review record forms, and other relevant service user records, should include a dedicated space at the end, for the signature of the service user, or a representative. All service users had agreed to have a recent self-portrait photograph included in their file.

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**

Age NI has a policy and clear guidelines on the use of restrictive practices, which states, "Age NI operates and promotes a non-restraint policy". The evidence available from service users, staff and the written records, verified that there had not been any instances of practices such as restraint or seclusion in the centre. Staff discussed the use of good communication and the importance of having a good understanding of each person's needs and preferences. They expressed the view that there were friendly and trusting working relationships between staff and service users and no instances of behaviours that might lead to a consideration of restrictive practices. Observations of group interactions during the inspection confirmed that service users were very supportive of one another and identified strongly with the centre, its ethos and its staff.

The manager confirmed that the Trust staff who made referrals to the centre understood the criteria for admission. The process of initial assessment of those who were referred, in their own homes, meant that the manager had a clear understanding of the individual's needs in advance of a placement being offered.

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 qualified at QCF Level 4 in management and is experienced in managing the centre. The two care workers are both experienced over several years, with the longer serving worker having been assessed by the manager as competent to take charge in her absence. The manager stated her intention to pursue further training and qualification at QCF Level 5 within the coming year.

Staff confirmed their awareness of reporting arrangements within the Age NI organisation, should any notifiable event arise. There was evidence from discussions with staff to confirm that members of the team work supportively and well with one another. The manager had systems in place for supervision and performance appraisal and a recommendation is included with regard to supervision content.

The organisational structure and reporting arrangements were clearly set out in the statement of purpose, for reference by all stakeholders. Staff presented as being knowledgeable, appropriate to their roles and keen to further develop their skills in working with service users.

Monitoring arrangements are standardised across Age NI services and the monitoring reports examined were satisfactory.

Age NI Day Centre was operating substantially in compliance with the criteria in this theme.



## **Additional Areas Inspected**

### **Care Plans**

Care plans, in the four files examined, were well structured and, in most examples, had good identification of the person's needs and the actions required to meet them. In one file, the service user's assessed needs should be clarified in order to ensure that there is a relevant connection between needs, goals, and actions required to meet them.

It is recommended that the manager should audit care plans following each review to ensure the accuracy and relevance of the links between identified needs, goals and planned interventions.

### **Complaints**

No complaints had been received by the centre since the previous inspection.

### **Statement of Purpose**

Regulation 4(1)(c) requires the statement of purpose to address all of the matters set out in Schedule 1. These are numbered up to 18. The centre's current statement of purpose does not address numbers, 2, 3 and 17 and these should be included. A number of minor inaccuracies were also noted and should be corrected.

### **Service Users Guide**

The service user guide was examined and was found to need some additional content in order to comply fully with the minimum standards (1.2). It should address all of the matters set out in this standard and in a format that is readily accessible by service users, perhaps using larger print.

**Follow-Up on Previous Issues**

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Regulation 19(1)(a)	It is a requirement of the regulations that a recent photograph of each service user should be held on file.	Photographs were available in each of the files examined.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Standard 15.4	It is recommended that review reports and meetings should be formalised and, where possible and desirable, should include a representative or family member of the service user.	Compliance with this recommendation was verified through examination of a sample of records and from discussion with the manager.	Compliant
2	Standard 15.5	Review reports should address all of the points listed in standard 15.5.	Review records were found to be satisfactory.	Compliant
3	Standard 15.3	An initial review should be held within four weeks of the commencement of a day care placement and a record of this meeting should be kept.	The manager had introduced the practice of holding reviews after four weeks attendance.	Compliant
4	Standard 15.2	It is recommended that the registered person should seek the Trust's involvement in reviews, or, at least, their signed agreement with review outcomes.	There was evidence on file and from discussions with staff, to confirm that Trust staff's involvement in reviews had been encouraged and developed.	Compliant

<b>Standard 7 - Individual service user records and reporting arrangements:</b>	
<b>Records are kept on each service user’s situation, actions taken by staff and reports made to others.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
7.1 The legal and an ethical duty of confidentiality in respect of service users’ personal information is maintained, where this does not infringe the rights of other people.	
<b>Provider’s Self-Assessment:</b>	
Confidentiality is very important at the day centre. Each service user has an individual working file and the contents of these are personal information and treated as very confidential. A confidential policy is in place at the day centre and all staff have read same. All personal files are stored in the managers office and office door remains locked when the manager leaves the office	Compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
The manager and staff confirmed their understanding of the importance of maintaining confidentiality with regard to service users’ personal information. Written guidance on confidentiality was available and accessible by staff.	Compliant

<p><b>Criterion Assessed:</b></p> <p>7.2 A service user and, with his or her consent, another person acting on his or her behalf should normally expect to see his or her case records / notes.</p> <p>7.3 A record of all requests for access to individual case records/notes and their outcomes should be maintained.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment:</b></p>	
<p>Care records/ notes can be seen by the service user when required. A representative can also see the service users case records/notes with the consent of the service user or when appropriate. All records kept at the day centre are restricted to a high standard to protect privacy and confidentiality. If a service user/Representative request to see their records/notes this would be recorded and dated with the attendance of the day centre manager at all times.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>The centre has written policies and procedures relating to, access to records, management of records and service user agreement. The policies and procedures were available for staff reference and had been discussed with staff in advance of this inspection. The manager and staff were aware of procedures to be followed regarding issues of confidentiality, consent and access to records and there were numerous examples of service users having signed their own assessments, care plans, review reports and progress notes. Two service users confirmed that they knew how to access their files, by asking staff.</p>	<p><b>COMPLIANCE LEVEL</b></p> <p>Compliant</p>

<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>	
<p>At Skainos day centre individual files are compiled to suit their individual needs. These Assessments/ careplans etc are regularly reviewed and changed to suit the needs of the service user. The staff at skainos day centre use the careplans to deliver the care and support required and to meet the service users needs. If staff notice any changes to the service users needs or behaviour this will reported to the Day centre manager immediately to enableme to assess the circumstances and involve primary health/ care management if required. Medication is not dispensed at Skainos centre and those who attend administrate their own independently. If an accident was to happen at the day centre both the R.Q.I.A and Age N.I head office would be notified.Regular reviews are carried out with the service users to seek out any needs or possible objectives they may have.A new annual review is now being introduced and i will be using this new format for all service users. Staff use our policies as guidance at the day centre and are fully aware that all information is confidential.Da</p>	<p>Compliant</p>

<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
A sample of four service user's files was examined and all were found to contain the required documentation, where relevant. In some cases there were no representatives of service users, who demonstrated clearly their ability to represent themselves.	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>	
Daily evaluations are carried out on our service users every day that they attend and those who are absent will be marked not in and if a reason has been given it would also be recorded. These daily evaluations are filled in by care staff and over seen by the day centre manager.	Compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
Staff made a brief written record regarding each service user on every occasion that they attended. Staff explained that the records were used to inform discussion at review meetings or to identify any developing patterns relating to the individual's wellbeing. This is commendable.	Compliant

<p><b>Criterion Assessed:</b> 7.6 There is guidance for staff on matters that need to be reported or referrals made to:</p> <ul style="list-style-type: none"> <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>
<p><b>Provider’s Self-Assessment:</b> The staff at Skainos are fully aware of the importance of reporting all matters and referrals to the Day centre manager. If other professional bodies need to be involved with the service user i would involve the service users/ representatives at all times</p>	Compliant
<p><b>Inspection Findings:</b> Staff presented as being competent and confident regarding the procedures for reporting matters of consequence within the centre. On almost all occasions, the manager was on duty to ensure that notifiable events were reported appropriately.</p>	<b>COMPLIANCE LEVEL</b> Compliant
<p><b>Criterion Assessed:</b> 7.7 All records are legible, accurate, up to date, signed and dated by the person making the entry and periodically reviewed and signed-off by the registered manager.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider’s Self-Assessment:</b> All records are legible, accurate and up to date. We constantly monitor our service users and care plans etc are reviewed on an ongoing basis and when changes with service users take place. All paper work within the day centre will always have a signature.</p>	Compliant

<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
Records were found to be legible and accurate and, for the most part, up to date. However, a number of records had been dated with just the month and the year, for example, supervision records. The registered person should ensure that complete dates are included in all written records.	Substantially 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>
	Substantially 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>	
<p><b>Regulation 14 (4) which states:</b></p> <p>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.</p>	<b>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment:</b>	
<p>At Skainos day centre restraint of any kind will not be used for any of our service users. Staff have full training on vulnerable adults and challenging behaviour and work using policies and procedures as their guide.</p>	Compliant
<b>Inspection Findings:</b>	
<p>A written Policy on Restraint was examined and clearly directs staff not to use physical restraint with service users. Staff confirmed that they use calming techniques and would aim to move other service users away if there was an occurrence of aggression. Staff training records showed that, in the eighteen months prior to this inspection, the manager and one staff member had attended dementia awareness training, which was reported to have been helpful in furthering their understanding of the management of presenting behaviours from some service users. There was no evidence of restraint having being used in the centre and service users confirmed in discussion that their relationships with each other and with staff were very positive and supportive.</p>	Compliant

<p><b>Regulation 14 (5) which states:</b></p> <p><b>On any occasions on which a service user is subject to restraint, the registered person shall record the circumstances, including the nature of the restraint. These details should also be reported to the Regulation and Quality Improvement Authority as soon as is practicable.</b></p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment:</b></p> <p>The registered manager at Skainos is fully aware of the importance of reporting any restraint incidents to the R.Q.I.A.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p> <p>Service users confirmed that their attendance at the centre was based on their own wishes and records showed that service users had signed an agreement for their involvement in the care planning and review process. Service users normally have regular contact with other health and social care professionals, in the community and there was both written and verbal evidence of communication between all those involved in a service user’s care plan and review arrangements.</p> <p>The manager and staff confirmed that there was never any use of restraint, or restrictive practices in the Age NI Day Centre. Care plans were reviewed at least annually to ensure their goals remained relevant and did not infringe on the person’s human rights. Staff confirmed that they try to promote each person’s involvement in the decision making process and this was reflected in observations during the inspection and in the review reports that were examined.</p>	<p><b>COMPLIANCE LEVEL</b></p> <p>Compliant</p>

<p><b>PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b></p> <p>Compliant</p>
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<p><b>INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b></p> <p>Compliant</p>
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Theme 2 – Management and Control of Operations	COMPLIANCE LEVEL
<p>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>All staff at Skainos are fully trained, competent and experienced. When the registered manager is away from the day centre there is capable staff left to run the centre as usual. My permanent full time member of staff would be appointed to be in charge and a full hand over given on my return. The numbers and ratio of staff is calculated using a method that is determined by R.Q.I.A</p>	Compliant
<p><b>Inspection Findings:</b></p>	COMPLIANCE LEVEL
<p>The management structure is clearly set out in the centre's statement of purpose. Staffing of the centre is normally two care staff, the manager and the cook. Sociable discussions with cups of tea or coffee constitute an important part of what service users said they enjoyed about spending time in the centre. There was evidence of a number of very supportive, long term friendships having developed between service users, which had contributed significantly to reducing social isolation for those concerned. Staff demonstrated a keen awareness of the importance of this aspect of the service and there was evidence of staff's flexibility in working arrangements, in support of these goals.</p>	Compliant

The manager and staff are commended for their commitment to reducing social isolation and promoting positive mental health.	
<b>Regulation 20 (2) which states:</b> <ul style="list-style-type: none"> <li>• <b>The registered person shall ensure that persons working in the day care setting are appropriately supervised</b></li> </ul>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment:</b>	
The staff at Skainos have ongoing supervision. This enables me as their manager to ensure that their needs, objectives and possible outcomes are met. Staff at Skainos have mandatory training enabling them to have the knowledge and tools to deliver a high standard of care. At Skainos day centre the manager will be approachable at all times and strive to ensure that staff have the ability and requirements to deliver a high standard of care.	Compliant
<b>Inspection Findings:</b>	
Records showed that formal supervision was being provided quarterly and staff confirmed that day to day supervision was readily available and supportive.	Compliant
<b>Regulation 21 (3) (b) which states:</b> <ul style="list-style-type: none"> <li>• <b>(3) For the purposes of paragraphs (1) and (2), a person is not fit to work at a day care setting unless –</b></li> <li>• <b>(b) he has qualifications or training suitable to the work that he is to perform, and the skills and experience necessary for such work</b></li> </ul>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment:</b>	
At Skainos day centre there is a competent person in charge at all times. The staff are fully trained, experienced and very capable.	Compliant
<b>Inspection Findings:</b>	
The manager in this small staff team spends significant time each day working alongside other staff members and with service users, getting to know each of them well. Staff had completed the mandatory training in the year to March 31 2014 and the manager was planning the training schedule for the 2014/15 year. The registered person should promote staff's further development toward QCF awards at the appropriate time.	Substantially 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>
	Substantially compliant

## **Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Wendy McKillion, 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:

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



## Quality Improvement Plan

### Primary Announced Care Inspection

AgeNI Belfast, Skainos Centre

15 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 Mrs Wendy McKillion, 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 16(1)	The manager should check care plans following each review to ensure the accuracy and relevance of the links between identified needs, goals and planned interventions. (One care plan was discussed with the manager to illustrate this issue).	One	The registered manager will ensure the accuracy of the care plans are checked after each review to ensure service users needs are met to a high standard.	30 June 2014 and on-going
2	Regulation 4(1)(c)	Regulation 4(1)(c) requires the statement of purpose to address all of the matters set out in Schedule 1. These are numbered up to 18. The centre's current statement of purpose does not address numbers, 2, 3 and 17 and these should be included. A number of minor inaccuracies were also noted and should be corrected.	One	Already working on completion on the Statement of Purposr	30 June 2014



**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 7.7	The registered person should ensure that complete dates are included in all written records.	One	Full dates will be applied to all written work ongoing.	Immediate and on-going
2	Standard 21.7	The registered person should promote staff's further development toward vocational qualifications at the earliest appropriate time.	One	The registered manager will speak to appropriate members of staff from Head office and request information for my staff on vocational qualifications. I will request when and where this training can be completed.	Immediate and on-going
3	Standard 1.2	The service user guide should be revised to address all of the matters set out in this standard and in a format that is readily accessible by service users.	One	Already working on the service user guide adding the information required	31 July 2014

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

<b>Name of Registered Manager Completing Qip</b>	Wendy McKillion
<b>Name of Responsible Person / Identified Responsible Person Approving Qip</b>	Linda Robinson

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	Yes	D Knox	10 June 2014
Further information requested from provider	No	D Knox	10 June 2014