



The **Regulation** and
Quality Improvement
Authority

Unannounced Primary Care Inspection

Name of Establishment:	Age NI
RQIA Number:	11224
Date of Inspection:	26 November 2014
Inspector's Name:	Suzanne Cunningham
Inspection ID:	IN020641

The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

1.0 General Information

Name of centre:	Castlewellan Day Centre
Address:	The Lodge 1 Dublin Road Castlewellan Co Down BT31 9AG
Telephone number:	(028) 4377 1723
E mail address:	Karen.graham@ageni.org
Registered organisation/ Registered provider:	Age NI
Registered manager:	Mrs Karen Graham
Person in Charge of the centre at the time of inspection:	Mrs Karen Graham
Categories of care:	People with Dementia
Number of registered places each day	10
Number of service users accommodated on day of inspection:	9
Scale of charges (per week):	Trust Rates
Date and type of previous inspection:	1 May 2013
Date and time of inspection:	26 November 2014 10:00 – 15:00
Name of inspector:	Suzanne Cunningham

2.0 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.

3.0 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.

4.0 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.

5.0 Consultation Process

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

Service users	8
Staff	2
Relatives	1
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	2	0

6.0 Inspection Focus

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

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

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

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

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

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

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

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

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

7.0 Profile of Service

Age NI Day Centre is situated in a modern community-owned building close to the centre of Castlewellan. The day centre occupies one room in the building and has access, when necessary, to communal facilities such as a kitchen and toilets.

The centre is currently operated on three days per week, providing day care to a maximum of ten people who have a diagnosis of dementia. The service is available to people living within a ten mile radius of Castlewellan and transport is provided by Age NI. The centre is staffed by a manager and two day care workers.

8.0 Summary of Inspection

A primary inspection was undertaken in Age NI (Castlewellan) Day Centre on 26 November 2014 from 10:00 to 15:00. This was a total inspection time of five hours. The inspection was unannounced.

The focus of the inspection was to assess the centre's compliance with the two standards and one theme chosen from the Day Care Settings minimum standards 2012. Post inspection the provider submitted a self-assessment of the two standards and one theme inspected and the providers' statements were analysed against the inspection findings. During the inspection the inspector used the following evidence sources:

- 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 evidence of review and safeguarding information; the complaints record; staff training record; incidents and accidents recording; evidence of service user consultation, monthly monitoring records; the centres statement of purpose; service users guide and policies & procedures
- Tour of the premises.

The inspector spoke to two staff regarding the standards inspected and their views about working in the centre. This generated positive feedback regarding records and reporting arrangements including recording; and the management arrangement's in this day care setting. Staff identified the service user records are kept securely; service users and their representatives are encouraged to look at the care plan and review records during the review and other meetings and staff stated they want to be consistent in their recording and are aware of the importance of recording accurately and in a timely manner to ensure care is accurate and current. Staff discussed their understanding of exceptional circumstances and was clear they have never used restraint in this setting and do not anticipate using restraint as good communication, 1 to 1 time, diversion, calming and using the environment meets the needs of the service users who are currently using the service. Finally both staff were satisfied with the management arrangements and if the registered manager is absent the cover arrangements were shared between the support worker and the monitoring officer of the service. Both staff described feeling happy at work and their only criticism of the service was the small amount of space they have in the building. Overall the discussion with staff provided a very positive view of the care provided in this day centre and a staff expressed a commitment to improve practice in compliance with the day care setting standards.

The inspector spoke with all of the service users and one representative in the setting regarding the standard inspected and the two themes, some of service users memory and ability to process questions and answers was impaired by their diagnosis therefore discussion was limited with some service users. The discussion generated positive comments regarding attending the centre, the activities they had taken part in; and the care provided by the staff. The representative and some service users discussed their understanding of records kept in the day care setting about them and that they can access the information by asking staff. Service users told the inspector they knew Karen is in charge of the day centre and if they had a problem or wanted to discuss something about the day care setting they felt they could talk to any of the staff in the day care setting. Specific comments were made during the discussion such as: "it's a fun place to come to"; "I am very happy, with the day centre and mum is very happy to come here".

The previous announced inspection carried out on 1 May 2013 had resulted in no requirements and two recommendations regarding improving the getting to know you information and standard formats for assessment, care planning and reviews. Improvements were not evidenced during this inspection and these recommendations are restated for a second time.

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 six criterion criteria within this standard were reviewed during this inspection. Two of the criteria were assessed as compliant by the inspector, two were assessed as substantially compliant and two were assessed as moving towards compliance. Three recommendations were made regarding making arrangements for service user recording and access to records clear in the information given to service users; improve audit and quality assurance of service user's information to ensure practice is consistent with the settings policies and procedures and improve the policy and procedure regarding referrals or information being reported to other professionals. One requirement is made regarding improving assessment, care plans and review recording.

Discussions with service users and staff and review of three service users' individual files provided evidence that the centre does need to improve areas of their practice regarding standard 7. The discussions with service users and the relative provided clear examples of how staff encourage and assist service users to get the most out of their day care experience. Service users said they like the social aspect of attending the centre as well as the activities and the food that is provided. The inspector concluded the centre promotes service users social needs, stimulating intellectual activity; and independence.

Based on the evidence reviewed the inspector assessed the centre as substantially compliant in this standard. One requirement and three recommendations have been made regarding the examination of this standard.

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

Two criterion from regulation 14 were inspected which examined compliance with the use of any restrictive practices in this day care setting within the context of human rights. One criterion was assessed as compliant and one criterion was assessed as not applicable because the setting has a no restraint policy and therefore no incidents have been or would be reported through to RQIA.

Discussions with the manager, staff and examination of records provided evidence that the centre was using clear operational systems and processes which promote the needs of the service users who attend the centre. Staff discussed using good communication, diversion, calming techniques and knowing their service users' needs. The staff believe this assists them in ensuring service users behaviour does not escalate.

Based on the evidence reviewed the inspector assessed the centre as compliant in this theme and this is commendable.

Theme 2 - Management and control of operations: Management systems and arrangements are in place that support and promote the delivery of quality care services.

Two criteria from regulation 20 and one criterion from regulation 21 were inspected which provided the evidence to examine this theme. The three criteria were assessed as substantially compliant. No requirements are made and two recommendations are made to improve the training record and improve frequency of supervision for one staff member.

Discussion with the manager and staff provided evidence that the organisation had in place monitoring arrangements; and they had a general approach of promoting quality care. Overall the improvements identified are to strengthen the management arrangements in place and assure staff are confident and competent when delivering day care in this setting.

Based on the evidence reviewed the inspector has assessed the centre as substantially compliant in this theme; no requirements and two recommendations are made.

Additional Areas Examined

The inspector undertook a tour of the premises, reviewed the complaints record, examined three service users individual files, validated the registered manager's questionnaire and viewed the environment. This did reveal two further areas of improvement. The first is a requirement to improve the setting statement of purpose so it includes a plan and room sizes of the area used to deliver day care in the building. The second improvement is regarding the monthly monitoring arrangements which should monitor improvements and compliance.

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 the service users who welcomed the inspector to their centre and engaged with her during the inspection. Overall the inspector commends the creative approach to day care that is delivered in this centre that presents as in tune with the needs of the service users for support, stimulation and to meet their social needs.

As a result of the inspection a total of three requirements regarding improving service user records and reviews; including in the statement of purpose the day care setting room sizes and plan; and improving the monitoring of improvements. Six recommendations are made regarding improving the getting to know you service user records; detailing how service users can access information kept about them; audit of working practices; policies and procedures; completing a training matrix; and improving the frequency of supervision. This was reported to the management team at the conclusion of the inspection and assurances were made these would be addressed as a priority.

9.0 Follow-Up on Previous Issues

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1	Standard 4.3	In some cases the "Getting to know you", records for service users were rather brief and staff are encouraged to add to them as new information is discovered.	The three files inspected did not evidence progress in this regard and if these formats are to be used to record important information that staff should know about service users they should be completed and updates as new information becomes known. This is restated for a second time.	Moving towards compliance
2	Standard 5.2	It is recommended that Age NI should decide on a standard format for assessments, care plans and reviews, which best serves the objectives of their work in supporting their clients and which takes account of the minimum standard. (Ref. Stds. 4,5 & 15)	The inspector did not evidence a change had been implemented in this regard. The service user's information that was reviewed had not been updated in the last twelve months and was not compliant with the standards stated. The inspector identified the introduction of clear reviewing processes would improve this and a requirement is made in this regard.	Moving towards compliance

10.0 Inspection Findings

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.	
<p>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.</p>	COMPLIANCE LEVEL
Provider’s Self-Assessment:	
<p>Age Ni has a confidentiality policy in place, which details the service users information that does not infringe on the rights of other people.</p>	Compliant
Inspection Findings:	
<p>The inspector reviewed a sample of three records of service users and other records to be kept in a day care setting, as described in schedule 5. The files are kept in an office area in a locked cabinet. Arrangements for confidentiality are described in the policy and procedure pertaining to confidentiality.</p> <p>Discussion with staff validated management and staff knowledge about the duty of confidentiality and their role and responsibility regarding the need to record, to assure the quality of recording and manage service users personal information in accordance with the settings policies and procedures. Discussion with service users and a representative confirmed they are informed regarding recording and storage of service users information in the day care setting.</p>	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>Care records are maintained for each service user who attends the day centre and these are agreed and signed by individual and if they wish can have a copy of care records .</p>	Compliant
Inspection Findings:	COMPLIANCE LEVEL
<p>The inspector found there is a policy and procedure pertaining to the access to records. However, the inspector was not able to gauge from this policy or the service user guide; including the service user agreement how service users can access information kept about them by the day care setting. A recommendation is made to make this information clearer for service users and representatives.</p> <p>Discussion with staff confirmed they aim to present a person centred approach in their recording and were knowledgeable of when and how service users see their records and how they respond to requests from service users and or their representative to access service user records. Service users and the representative were aware that a service user record is kept and that they can access the records.</p>	Substantially compliant

Criterion Assessed:	COMPLIANCE LEVEL
<p>7.4 Individual case records/notes (from referral to closure) related to activity within the day service are maintained for each service user, to include:</p> <ul style="list-style-type: none"> • Assessments of need (Standards 2 & 4); care plans (Standard 5) and care reviews (Standard 15); • All personal care and support provided; • Changes in the service user's needs or behaviour and any action taken by staff; • Changes in objectives, expected outcomes and associated timeframes where relevant; • Changes in the service user's usual programme; • Unusual or changed circumstances that affect the service user and any action taken by staff; • Contact with the service user's representative about matters or concerns regarding the health and well-being of the service user; • Contact between the staff and primary health and social care services regarding the service user; • Records of medicines; • Incidents, accidents, or near misses occurring and action taken; and • The information, documents and other records set out in Appendix 1. 	
Provider's Self-Assessment:	
<p>Each service user has a detailed care plan which includes their assessment of needs and any care reviews . The Day Centre aims to provide a comprehensive programme of care for the service users that are compatible to their individual needs , interests, and abilities .</p>	Compliant
Inspection Findings:	COMPLIANCE LEVEL
<p>The examination of a sample of three service user individual records evidenced the above records and notes are available on service users files however, they were not all updated regularly and the frequency of reviews was not consistent with standard 15. The overall approach to care planning and delivery of care must be improved to ensure care is current, relevant and responsive to need. A requirement is made regarding this and is linked to issues identified in the last inspection. In addition working practices should be systematically audited (for example regulation 28 visits) to ensure they are consistent with the day care settings documented policies and procedures, and action is taken when necessary, a recommendation is made in this regard.</p>	Moving towards compliance

<p>Criterion Assessed: 7.5 When no recordable events occur, for example as outlined in Standard 7.4, there is an entry at least every five attendances for each service user to confirm that this is the case.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment: Records are completed weekly for each service user who attends the Day Centre.</p>	Compliant
<p>Inspection Findings: The inspector examined a sample of three service user care records and evidenced individual care records have a written entry at least once every five attendances for each individual service user. The inspector gave advice regarding improving the quality of information recorded to ensure information can be used to inform future care and objectives.</p>	COMPLIANCE LEVEL Substantially compliant
<p>Criterion Assessed: 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"> • The registered manager; • The service user's representative; • The referral agent; and • Other relevant health or social care professionals. 	COMPLIANCE LEVEL
<p>Provider's Self-Assessment: As part of Age Ni s induction policy and training staff are informed of how to report on matters relating to service users relevant needs.</p>	Compliant

Inspection Findings:	COMPLIANCE LEVEL
<p>The setting has policies and procedures pertaining to recording and reporting care practices, this does not detail important issues such as gaining consent from service users to report information to other agencies and when consent may not be required. In service users plans there is clear indication of times when information may need to be passed onto other agencies such as the care manager or social worker, however it is not clear if this should be done with or without service user and or representative's consent. A recommendation is made to improve these arrangements.</p> <p>The representative said staff had discussed with them issues regarding consent and she said she was confident information is reported to the right people to ensure needs are met and care is appropriate.</p>	Moving towards compliance
<p>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.</p>	
<p>Provider's Self-Assessment: As the registered manager I ensure my staff are aware of the importance of all records being legible accurate and up to date through supervision and monitoring. I would review and sign off these records as required.</p>	Compliant
<p>Inspection Findings: Service user information sampled as part of this inspection presented as consistent with this criterion.</p>	Compliant

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

INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

Theme 1: The use of restrictive practice within the context of protecting service user’s human rights	
Theme of “overall human rights” assessment to include:	
Regulation 14 (4) which states:	COMPLIANCE LEVEL
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.	
Provider’s Self-Assessment:	
Age Ni have a non restraint policy in place.	Not applicable
Inspection Findings:	COMPLIANCE LEVEL
The inspector discussed this theme with staff, examined three individual service user records, reviewed the restraint policy and confirmed staff do not use restraint in this day centre. This confirmed no service users are looked after in this day care setting whose behaviour requires a plan for restraint and staff are trained to identify escalating behaviours, use diversion and diffuse any behaviours that have the potential to escalate into an aggressive or angry outburst.	Compliant
Regulation 14 (5) which states:	COMPLIANCE LEVEL
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.	
Provider’s Self-Assessment:	
Age Ni have a non restraint policy.	Not applicable

Inspection Findings:	COMPLIANCE LEVEL
<p>No service users had been subject to restraint and this setting has no plans in place that require restraint which is consistent with the settings ethos, statement of purpose and aims of the service.</p> <p><i>Guidance on Restraint and Seclusion in Health and Personal Social Services, Department of Health, Social Services and Public Safety, Human Rights Working Group, August 2005 is available for staff information.</i></p>	<p>Not Applicable</p>

PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	<p>Not applicable</p>

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

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 Day Centre has a defined management structure , this is outlined in the statement of purpose and service users guide.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	<p>COMPLIANCE LEVEL</p>
<p>The registered manager in this setting does not have the QCF level 5 or a professional qualification and was registered prior to the implementation of the day care setting standards. The manager is registered with NISCC The manager is supported by a day care worker and driver / day care worker to deliver day care and in the managers absence the day care worker acts up in her absence. The manager had completed a competency assessment with the day care worker earlier this year, which had been signed by the manager and day care worker and did not reveal any concerns regarding competency.</p>	<p>Substantially compliant</p>

<p>The manager had a record of training however, the inspector did not find this was clearly set out thus analysing what training staff had done and what they needed to do was a lengthy process. The inspector did conclude no gaps in training were identified. The inspector identified the setting should maintain a training matrix and a recommendation is made in this regard.</p> <p>Discussion with staff working in the centre revealed they are informed regarding management arrangements in the day care setting and described these work well. In the managers absence staff was clear they report to the monitoring officer if they need advice or guidance and in her absence they seek guidance from another day care manager. The staffing structure of the day care setting is clearly described in the settings statement of purpose and does describe day to day staffing. Observation of this setting during this inspection did not reveal any concerns regarding staffing numbers in this setting.</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
<p>Provider’s Self-Assessment:</p>	
<p>I carry out supervision on a three monthly basis.</p>	Compliant
<p>Inspection Findings:</p>	COMPLIANCE LEVEL
<p>The inspector reviewed the supervision records for the newest staff member; this identified the staff members supervision meetings had not been held on an individual basis at least once every three months, a recommendation is made in this regard. Supervision meetings for the other staff and induction of staff were observed to be satisfactory.</p>	Substantially compliant

<p>Regulation 21 (3) (b) which states:</p> <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 	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p>	
<p>Age NI have recruitment programme in place to ensure all staff have relevant qualifications and training to perform the skills required for the designated position.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	<p>COMPLIANCE LEVEL</p>
<p>The registered manager does not have the QCF level 5 qualifications or professional qualification as identified for registered managers in the day care settings standards and the inspector discussed with the manager the benefits for her own professional development with the manager in this setting.</p>	<p>Substantially compliant</p>

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

<p>INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Substantially compliant</p>
---	--

11.0 Additional Areas Examined

11.1 Complaints

The complaints record was reviewed as part of this inspection. The annual complaints return for 2013 identified one complaint had been recorded. The inspector's review of the complaints record confirmed the return to RQIA and did not reveal any concerns regarding the content of the record. One complaint had been made in 2014 regarding a minor issue of dissatisfaction. The record evidenced this had been responded to in a timely manner, in compliance with the settings compliant procedure and resolved to the complainants satisfaction.

11.2 Service user files

Three service user files were inspected as part of this inspection and this identified areas for improvement in the content and quality of information recorded. This is further discussed in the examination of standard seven.

In summary the service user reviews require improved evidence in terms of planning; evidence of minutes of the meeting and clear outcomes. Care plans and assessments must also be updated at the review with the written agreement which should detail if there is an increase in charges this is agreed with everyone formally. The service user individual recording had been completed weekly however the inspector gave advice regarding improving the quality to ensure recording contributes to improving care and outcomes for service users.

11.3 Registered Manager Questionnaire

The registered manager submitted a questionnaire to RQIA post inspection. The information returned confirmed satisfactory arrangements were in place regarding governance and management arrangements, the manager's registration with NISCC, staffing arrangements and support for staff, policies and procedures, responding to service user's behaviour and reporting of accidents and incidents. As already identified in this inspection report improvements regarding the staff training records and provision of supervision have been identified by the inspector and are detailed in the quality improvement plan for this inspection.

11.4 Statement of Purpose & Service Users Guide

These documents were submitted for this inspection and the inspector made reference to them during the inspection. Examination of these documents revealed the statement of purpose does not contain detail of room sizes or a plan of the day care setting area; a requirement is made in this regard. The service user guide can be improved to include information for service users about records kept regarding them by the setting and how they can access the same; a recommendation is made in this regard.

11.5 Monthly Monitoring Reports

The inspector sampled regulation 28 reports from January 2014 to October 2014 for this inspection. This revealed they had been undertaken monthly and a report written. However the reports had not identified the lack of improvement since the last inspection, a requirement is made in this regard.

11.6 Environment

The setting has the use of one small room for up to ten service users to deliver day care in. This is a small area for a group of service users who have memory loss however the manager did explain the organisation hopes to secure a bigger space in the near future and will keep RQIA appraised of the progress in this regard.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Karen Graham, 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:

Suzanne Cunningham
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



Quality Improvement Plan

Unannounced Primary Care Inspection

Age NI, Castlewellan (11224)

26 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 Karen Graham (registered manager/ person receiving feedback) 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.	16	<p>The registered manager must ensure the service users individual records are current and updated regularly, specific attention must be given to:</p> <ul style="list-style-type: none"> • the frequency; planning for; delivery of; and recording of reviews must be consistent with standard 15. • a standard format for assessments, care plans and reviews must be used, which best serves the objectives of the work in supporting the service users and which is compliant with the minimum standards 4,5 & 15). • the overall approach to care planning and delivery of care must be improved to ensure care is current, relevant and responsive to need . 	First (previously stated as a recommendation)	I have now updated the clients records to include a review schedule and have now assessed the care plans to ensure the care is relevant and up to date for each service users care records.	

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
2.	4 (1) (c)	The registered manager must ensure the statement of purpose contains detail of room sizes or a plan of the day care setting area.	First	The statement of purpose has been ammended.	
3.	28	<p>The responsible person must ensure the monitoring reports report on the conduct of the day care setting, monitor improvement's identified since the last inspection.</p> <p>The monitoring visit must evidence recommendations, requirements, regulations and standards are complied with fully and improvement is being monitored.</p>	First	The registerd person has now completed up to date monitoring reports and has identified quality improvement requirements since last 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	4.3	The registered manager must make adequate arrangements to improve the "Getting to know you", records for service users. They need to contain more detail and staff should add to them as new information is discovered.	Second	The "Getting to know you" forms have now been issued to each service users and their carers .	
2	7.2	The registered manager should review and improve the policy and procedure pertaining to the access to records and the reference to service user records within the service user's guide / agreement to include how service users can access information kept about them by the day care setting.	First	The policy for reporting and recording was updated in 2014 and had been included in previous inspections on how service users can access their personal files.	
3.	7.4	The registered manager should make appropriate arrangements to improve service user individual records and monitor improvements and compliance. Completion of regular and systematic audits (for example regulation 28 visits) will audit and evidence compliance with the day care settings documented policies and procedures, and action taken when necessary.	First	Care records are now being improved to a standard which is required of the RQIA.	

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details of Action Taken By Registered Person(S)	Timescale
4.	7.6	The registered manager should improve the settings policies and procedures pertaining to recording and reporting care practices. This procedure must detail important issues such as gaining consent from service users to report information to other agencies and when consent may not be required. In service users plans if it is identified information may need to be passed onto other agencies such as the care manager or social worker; it must be clear if this should be done with or without service user and or representative's consent.	First	The policy for reporting and recording has been updated to include Service user gaining consent of reporting information to other agencies.	
5.	21.8	The registered manager should maintain a record of training such as a training matrix.	First	A training matrix has now been put in place.	
6.	22.2	The registered manager must make appropriate arrangements to improve the supervision frequency for all staff in this day care setting, individual supervision must be provided for staff at least once every three months and a formal record must be kept of this meeting.	First	The registered manager carries out 3 monthly supervision in accordance to standard 22.	

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	Karen Graham
Name of Responsible Person / Identified Responsible Person Approving QIP	Linda Robinson

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Suzanne Cunningham	18/03/15
Further information requested from provider			