

Unannounced Care Inspection Report 02 August 2017



Valley Centre

Type of Service: Day Care Setting

**Address: Unit 11 Glendermott Business Park, Tullyalley Road,
Derry, BT47 3QR**

Tel No: 02871321117

Inspector: Dermott Knox

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a day care setting with 25 places that provides care and day time activities for adults with a learning disability.

3.0 Service details

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| Organisation/Registered Provider: Western HSC Trust | Registered Manager: Mrs Caroline Anne Morewood |
| Responsible Individual(s): Mrs Elaine Way | |

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| CBE | |
| Person in charge at the time of inspection: Mr Patrick Robertson, Day Care Worker | Date manager registered: 22 February 2013 |
| Number of registered places: 25 - DCS-LD, DCS-LD(E) | |

4.0 Inspection summary

An unannounced inspection took place on 02 August 2017 from 10.30 to 16.00.

This inspection was underpinned by the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the day care service was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the provision of fulfilling activities for service users, communication with service users, assessment of needs for some service users, care planning and staff training.

Areas requiring improvement were identified and included the accuracy of one service user's records, the Western Health and Social Care Trust's compliance with Regulation 28, infrequent formal supervision of staff and assessment information for two service users.

Service users said:

- "I work up at the garden centre and it's good. Just come back here in the evening and get my bus home. Got to go now, there's my bus."
- "I have to check the windows and do the curtains and blinds. I do that every day."
- "Mostly I get on well with everybody. I help in the kitchen and today we're going bowling."
- "We went to the café this morning. It was really nice."

The findings of this report will provide the day centre with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

4.1 Inspection outcome

| | Regulations | Standards |
|----------------------------------------------|-------------|-----------|
| Total number of areas for improvement | 3 | 5 |

Details of the Quality Improvement Plan (QIP) were discussed with Mr Patrick Robertson, Day Care Worker, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 02 September 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 02 September 2016.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Record of notifications of events
- Record of complaints
- The Statement of Purpose
- Quality Improvement Plan from the previous inspection on 02 September 2016.

During the inspection the inspector met with:

- Two service users in a group setting
- Five service users individually
- Two care staff, in individual discussions
- The day care worker in charge, at the commencement and conclusion of the inspection.

Questionnaires were left with the person in charge to be distributed to service users, staff and a number of relatives or carers of service users. Six completed questionnaires were returned to the inspector by the conclusion of the inspection visit, four from staff members, one from a service user and one from a relative.

The following records were examined during the inspection:

- File records for three service users, including assessments and review reports
- Progress records for three service users
- Four monitoring reports, for the months of April, May, June and July 2017
- Minutes of a Service User Meeting for February 2017
- Training records for two staff members
- Records of supervision for one staff member
- Selected policy and procedure documents
- Fire safety records.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 07 December 2016

The most recent inspection of the day centre was an announced premises inspection.
 The completed QIP was returned and approved by the estates inspector.

6.2 Review of areas for improvement from the last care inspection dated 02 September 2016

| Areas for improvement from the last care inspection | | |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007 | | Validation of compliance |
| Area for improvement 1 Ref: Regulation 26(2)(j) Stated: First time | The registered persons shall, having regard to the number and needs of service users: (a) Ensure that suitable adaptations are made to meet the needs of physically disabled service users. This includes a review of disabled access in the centre and make reasonable adjustments where considered appropriate. Consideration should be given to the provision of powered semi-automatic opening devices on doors with a suitably wide opening clearance to facilitate unrestricted passage by disabled wheelchair service users. | Met |
| | Action taken as confirmed during the inspection: Powered opening devices have been fitted to all doors that service users are required to use when accessing the various parts of the premises. One service user confirmed that these adaptations had been very helpful to him. | |

| Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012 | | Validation of compliance |
|----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| Area for improvement 1 Ref: Standard 17.10 Stated: Second time To be completed by: 30 September 2016 | The registered person should ensure monthly monitoring reports of the Valley centre are retained in the centre and made available for inspection purposes. | Met |
| | Action taken as confirmed during the inspection: Monthly monitoring reports for January to June 2017 were available in the centre. (A separate requirement is made with regard to the provider's advice note to the manager that no monitoring visit would be made in July 2017, due to work commitments and holidays). | |
| Area for improvement 2 Ref: Standard 13.7 Stated: First time To be completed by: 10 October 2016 | The registered provider should request that a copy of the final outcome report of one adult safeguarding referral, dated 04 September 2015, is forwarded to her from the designated officer. RQIA to be notified in this regard. | Met |
| | Action taken as confirmed during the inspection: The safeguarding referral had been screened out by the Trust's Adult Safeguarding Officer and this information was filed appropriately in the centre's records. | |
| Area for improvement 3 Ref: Standard 13.1 Stated: First time To be completed by: 30 December 2016 | The registered provider should ensure that a review and revision of the adult safeguarding policy is undertaken in light of the DHSSPS policy entitled "Adult Safeguarding Prevention and protection in Partnership" (July 2015). | Met |
| | Action taken as confirmed during the inspection: The manager confirmed that this review was underway within the WHSCT. | |
| Area for improvement 4 Ref: Standard 18.5 Stated: First time To be completed by: 31 November 2016 | The registered provider should ensure that cross referencing of hard copies with those held electronically is undertaken to ensure these match as several hard copies held require to be updated. | Met |
| | (Policies and procedures recommended for day care settings are referenced within appendix 2 of Day Care Settings Minimum Standards. January 2012) | |

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| | <p>Action taken as confirmed during the inspection: The day care worker in charge of the centre confirmed that cross referencing of policies and procedures had been completed.</p> | |
| <p>Area for improvement 5 Ref: Standard 23.7 Stated: First time To be completed by: 30 September 2016</p> | <p>The registered manager should ensure that her time spent within the Valley centre is recorded within the staff duty roster.</p> | <p>Met</p> |
| | <p>Action taken as confirmed during the inspection: The registered manager's time in the centre was recorded as part of the staff rota information for each week.</p> | |

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The day centre premises were well maintained and in good decorative order, with no obvious hazards for service users or staff. There are two large and two small rooms available for group activities and for individual work with service users, when necessary. Both office and storage space are very limited. Work on the installation of electric door openers had been completed since the previous inspection and two service users commented on the benefits of these for anyone with restricted mobility. Fire safety records were well kept and up to date, showing that an evacuation of the premises had been carried out on 28 April 2017 and that weekly fire alarm tests were completed. Fire exits were unobstructed.

Three staff members expressed commitment to their work with service users, which, they confirmed, is demanding but also enjoyable and fulfilling. New staff undertake a detailed induction programme, as evidenced in the file records of one staff member. Two staff members, who met with the inspector, confirmed that they have confidence in the practice of all members of the staff team in their work with service users. They also demonstrated an understanding of safeguarding procedures and confirmed that they had the confidence to report poor practice, should they identify it. There were systems in place to ensure that risks to service users were assessed regularly and managed appropriately and this included inputs by community based professionals, service users and, where appropriate, a carer.

During the seven months of 2017, to the date of this inspection, twelve different agency staff had been employed in the centre, some quite regularly and others on only one or two occasions. Permanent staff members stated that the agency workers had contributed positively to the work of the centre and that the two or three agency workers who were employed most frequently had become like permanent staff. This degree of use of agency staff is excessive

and it is recommended that the provider should review this approach to staffing, in consideration of the importance of stability of relationships between staff and service users, particularly where intimate personal care, or responding to specific communication methods are constituents of the care plans.

Risk assessments with regard to transport, mobility and moving and handling, or other areas, such as choking or aggressive responses to others, specific to an individual, were present where relevant and each one had been signed as agreed, either by the service user or a representative. Staff members were observed interacting sensitively with service users and being attentive to each person's needs. Observation of the delivery of care, throughout the period of this inspection, indicated that service users' needs were being met safely by the staff on duty.

During the inspection visit, several service users spoke positively of their enjoyment of attending the centre and confirmed that they felt safe and well cared for in the premises and in the transport vehicles. Staff presented as being well informed of the needs of service users and of methods of helping to meet these needs safely. Service users' rights and feelings, and the methods available to them of raising a concern or making a complaint were set out in the service user guide and verbal explanations and guidance had been provided for service users in their periodic meetings. The monitoring officer includes safety checks in each visit, reports of six of which were examined.

Areas of good practice

Examples of good practice found throughout the inspection included, staff induction, staff training, empowerment of service users, adult safeguarding, risk management and the care of the environment.

Areas for improvement

The staffing provision for the centre should be reviewed to ensure compliance with Regulation 20(1)(b), regarding the employment of persons on a temporary basis.

| | Regulations | Standards |
|----------------------------------------------|-------------|-----------|
| Total number of areas for improvement | 1 | 0 |

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

The centre's Statement of Purpose and the Service User's Guide provide a range of the information required by the regulations and the minimum standards. The Service User's Guide includes some pictorial support for the written information and the manager, staff and service users have completed the development of a DVD version of the guide, making the information much more accessible to all service users. Further comment on the Statement of Purpose is included under the domain heading, "Is the service well led?"

Three service users' files were examined and each was found to contain some referral and assessment information on the individual and on his or her functioning. Assessments of needs for two of the three service users were in outdated formats and did not provide a clear

representation of those people's current needs. Written agreements on the service to be provided and the person's attendance and participation, were not present in two of the three files. Care planning information was included in the records of reviews and referred to the intended outcomes for service users. Care plans reflected the support and assistance required by the individual to achieve his or her goals. Part of the content of each person's care plan was written in the first person and each one was clearly individualised, indicating evidence of that person's involvement. Weekly and daily timetables for each person were presented in pictures, symbols and text. Overall, the care plan format was user friendly. One file contained a document titled "How I Communicate", which explained well the various methods that might be used and understood by that person.

Each of the files examined contained clear risk assessments appropriate to the individual, making the risks clear for staff involved in specific aspects of the work with that person. A "Human Rights Plan" had been completed for each person, indicating a commitment to promoting human rights for each individual and a detailed focus by staff on potential areas of restrictive practice and how these should be avoided or minimized. A record was kept of each service user's involvement and progress at the centre and entries were made in proportion to the frequency of attendance of the individual. Dates and signatures were present, where required, in all of the files examined. Records of annual reviews for each person demonstrated that an evaluation of the overall suitability of the placement had been discussed in detail and agreed.

The premises, on one floor, are just adequate for service users' groups and activities, with a number of service users attending work placements and other activities away from the centre. A wide range of activities is provided in the centre to support development of knowledge, skills and confidence with service users. There is no immediate outdoor space that is safe and useful for activities, though it was evident that groups of service users were taken regularly to leisure and social activities in and around the city.

Five service users spoke about their experiences of participating in the centre's activities and all were positive about the benefits they gained from these. Activities included using an I-pad, going shopping, helping in the kitchen, music and drama, ten-pin bowling, art, gardening (including a number of garden centre work placements) and walking groups for better fitness and mobility.

Four staff members completed RQIA questionnaires following the inspection and all were positive about the care and the service provided in Valley Centre. Three staff indicated that they were 'very satisfied' with all aspects of the service provision, while one person indicated that s/he was 'very satisfied' with the service in terms of effective and compassionate care and 'satisfied' with the provision of safe care and with the leadership of the service.

The evidence indicates that the care provided in Valley Day Centre is effective in many respects, but can be improved in the areas identified below.

Areas of good practice

Examples of good practice in effective care found throughout the inspection included, weekly planners, progress records, care reviews, communication between service users and staff, and the promotion of varied and fulfilling activities for some service users. There was evidence of positive links and relationships between the centre and a number of community based organisations.

Areas for improvement

There should be a structured, written agreement with each service user, in accordance with Standard 3 of the Minimum Standards for Day Care Settings.

An up to date, comprehensive assessment of needs should be included in each service user's records and should form the basis of care planning for him/her, in accordance with Standard 4.

| | Regulations | Standards |
|----------------------------------------------|-------------|-----------|
| Total number of areas for improvement | 0 | 2 |

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Observations of activities throughout the centre provided evidence of service users relating positively to staff and to each other. The centre provides a range of activities, as identified above in 6.5. In all of the interactions observed, service users were engaged with respect and encouragement and staff members were alert to the potential for aggravation between certain service users.

Service users confirmed that staff listen to them and involve them in deciding what they want to do during their time in the day centre. Service users were seen to be encouraged by staff and reminded or re-focused in constructive activities. A small number of service users chose to remain relatively inactive for significant periods. Staff members were observed interacting sensitively with service users and being attentive to each person's needs.

There were measures in place to ensure that the views and opinions of service users were sought and taken into account in all matters affecting them. These included an annual survey and a report of the findings, service user meetings and day to day discussions, either individually or in groups. Comments made by service users in the course of the inspection included,

- "All staff are good to me and to everyone."
- "I like being here, help with the kitchen, chairs, post."
- "I go to shops, bowling, walks on the beach."
- "Went to the café in the park this morning and going bowling this afternoon. I like bowling."

The views of a sample of service users were sought during each monthly monitoring visit and their views were reflected in all of the monitoring reports that were reviewed at this inspection. One service user returned a completed questionnaire to RQIA indicating that he was very satisfied with the quality of the service in all four domains, Is care safe?, Is care effective?, Is care compassionate? and, Is the service well led?

The agenda for a recent service users' meeting provided evidence of a wide range of topics to be discussed, including those that had been requested by service users. A relative, who returned a questionnaire to RQIA following the inspection, had only completed the section

asking “Is care compassionate?” His response was that he was very satisfied with this aspect of the service.

Overall the evidence indicates that Valley Day Centre provides compassionate care to its service users.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to listening to and valuing service users, the involvement of service users in the care planning process and providing access to a range of social learning activities.

Areas for improvement

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|----------------------------------------------|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The registration certificate was up to date and displayed appropriately. At the beginning of the inspection the Day Care Worker in charge provided information on the operation of the centre and presented a range of documentary evidence to inform the inspection’s findings. These included minutes of staff meetings, service users’ meetings, monitoring reports, client files, staffing information, including staff training, the annual quality survey findings from 25 October 2016 and a sample of the centre’s policies and procedures. Valley Centre and the Western Health and Social Care Trust have systems in place to ensure that staff are well-informed on the responsibilities of their roles and the expected standards of practice.

At each monthly monitoring visit, the views of a sample of service users and staff were sought and their views were included in all six of the monitoring reports examined, which were for January to June 2017, inclusive. Monitoring reports showed that all of the required aspects of the centre’s operations were examined and that action plans were completed to ensure that identified, necessary improvements would be addressed within a specified timescale. The monitoring officers kept a record of which service users and staff member/s had been interviewed on each visit, thus ensuring that a broad range of peoples’ views might be accessed over an extended period. Included with the monitoring reports were two notes from a senior manager to those in charge of the centre, advising that there would not be a monitoring visit in December 2016, nor in July 2017. This contravenes Regulation 28(3) of The Day Care Setting Regulations (Northern Ireland) 2007, which requires that visits must take place “at least once a month”. In a setting that is one of six facilities or projects managed by one registered manager, who may normally be in the Valley Centre for no more than two hours per week and whose staffing has to be supplemented by twelve different agency workers in seven months, withdrawal by the provider from the statutory monitoring requirement is unacceptable.

There was evidence in records and from discussions with the Day Care Worker in charge to verify that staff training was well planned and delivered. There were a number of closure days throughout the year to facilitate training as a team, for example, all staff attended MAPA training on 19 June 17. As in many other services, e-learning methods are used in the delivery of several areas of training, although computer provision in the centre is insufficient to make this easy for staff to complete and this should be improved. Staff were required to take responsibility for ensuring they had completed the various parts of mandatory training each year. Staff verified, when asked, that formal, individual supervision was not being provided every three months, as is required by minimum standards. One staff record showed only two supervision sessions in the previous two year period.

There was evidence from discussions with staff members to confirm that working relationships within the staff team were good. In addition to quarterly staff meetings, the daily informal meetings between work colleagues were used by staff as a key part of communications in the team. Staff commented that the manager was available by phone and encouraged team members to take responsibility for the overall effectiveness of the centre.

It is usual at present for there to be around twenty three service users per day registering at the centre, although several people then go to work placements. Staffing provision of one senior day care worker, one day care worker and three care assistants makes it necessary for the person in charge of the centre to have regular periods of direct work with service users, including driving duties, to transport people to or from the centre, or to cover work in a group when another staff member is on driving duties or on an out of centre activity. The range and variety of needs amongst service users appears to place heavy demands on the staff team, which frequently needs to be supplemented by agency staff. In the seven months of 2017, to the date of this inspection, twelve different agency personnel had been employed, for varying periods of time, in the centre.

The centre's Statement of Purpose defines the Wessex Scale 1—4, as it relates to the presenting needs of people with a learning disability. It is important that it should also state clearly the areas of assessed need that this centre is designed to cater for, e.g. numbers of people within each division of the scale, degrees of autism, severity of epilepsy or physical disability. This would help in calculating the staffing provision and the decision making on which clients should be referred to and provided for in this centre. That will also dictate the specialist training and expertise required in the team. In view of the current lack of clarity regarding these matters, it is recommended that the registered person should review the Statement of Purpose and the operation of the centre, in terms of the matters identified above.

Areas of good practice

Service users expressed satisfaction with the quality of care provided.

Areas for improvement

- Staff supervision must be provided in accordance with the minimum standards
- Clarity of the stated purpose of the centre and related matters should be improved
- The breadth of the registered manager's responsibilities and the time available to her to oversee the operations of the Valley Centre should be reviewed
- Provider monitoring of the centre must be carried out, at least once per month
- Computer provision is insufficient for current needs.

| | Regulations | Standards |
|----------------------------------------------|-------------|-----------|
| Total number of areas for improvement | 1 | 4 |

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs, Caroline Morewood, by telephone following the inspection, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP 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 the day care setting. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP to Day.Care@rqia.org.uk for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan

Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007

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| <p>Area for improvement 1</p> <p>Ref: Regulation 20(1)(b)</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2017</p> | <p>The registered person shall review the staffing provision for the Valley Centre to ensure compliance with Regulation 20(1)(b), regarding the employment of persons on a temporary basis.</p> |
| | <p>Response by registered person detailing the actions taken: Manager has liaised with senior management regarding staffing needs in the Valley Centre. An additional care assistant has been put in place. A temporary experienced full-time care assistant is now in place in the Valley Centre. This is currently being kept under review by senior management.</p> |

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| <p>Area for improvement 2</p> <p>Ref: Regulation 28(3)</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2017</p> | <p>The registered person shall ensure that monitoring visits take place at least once a month, as required by Regulation 28(3) of The Day Care Setting Regulations (Northern Ireland) 2007.</p> |
| | <p>Response by registered person detailing the actions taken: Manager emailed the December 2016 Monthly Monitoring Report to Inspector. Senior management has reinforced the need for monitoring visits to take place monthly as per rota at Joint Managers Meeting. It is noted that monitoring visits were completed on a monthly basis except for July when the centre was closed for two weeks holiday. The CSM will ensure enhanced checks of dates ,details and findings of monthly monitoring visits going forward and this will be kept under review.</p> |

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| <p>Area for improvement 3</p> <p>Ref: Regulation 4(1)</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2017</p> | <p>The registered person shall ensure that clarity of the stated purpose of the centre and related matters is improved.</p> |
| | <p>Response by registered person detailing the actions taken: Manager in conjunction with Community services manager will review and amend the Statement of Purpose and email this to RQIA by 30th November 2017.</p> |

Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012

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| <p>Area for improvement 1</p> <p>Ref: Standard 3</p> <p>Stated: First time</p> <p>To be completed by: 31October 2017</p> | <p>The registered person should ensure that a structured, written agreement with each service user is completed and kept on file, in accordance with this standard.</p> |
| | <p>Response by registered person detailing the actions taken: A Service User Agreement is in place for all service users. Senior day care worker to ensure that this is kept on each service user's file. Registered manager will complete a review to ensure compliance by 31st October 2017.</p> |

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| <p>Area for improvement 2</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2017</p> | <p>The registered person should ensure that an up to date, comprehensive assessment of needs is included in each service user's records and this should form the basis of care planning for that person, in accordance with Standard 4.</p> <p>Response by registered person detailing the actions taken: The Star Profile assessment is in place for all service users for day care purposes and kept in each service user's file. Manager to clarify with RQIA Inspector if he is referring to a social work assessment or if he is recommending that a different assessment than the Star Profile is used.</p> |
| <p>Area for improvement 3</p> <p>Ref: Standard 21.4</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2017</p> | <p>The registered person should ensure that computer provision in the centre is sufficient to make staff's e-learning commitments achievable within realistic timescales.</p> <p>Response by registered person detailing the actions taken: Manager has requested an additional computer for the Valley Centre staff to use. However, in the meantime all staff are aware that a computer is available to use when required at a different centre.</p> |
| <p>Area for improvement 4</p> <p>Ref: Standard 22.2</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2017</p> | <p>The registered person should ensure that staff supervision is provided in accordance with the minimum standards.</p> <p>Response by registered person detailing the actions taken: Manager has advised Senior day care worker to attend Supervision training and to ensure that quarterly Supervision takes place. The Senior day care worker Supervision has been provided in accordance with minimum standards.</p> |
| <p>Area for improvement 5</p> <p>Ref: Standard 17.2</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2017</p> | <p>The registered person should ensure that the breadth of the registered manager's responsibilities and the time available to her to oversee the operations of the Valley Centre are reviewed and the management of the Valley Centre improved.</p> <p>Response by registered person detailing the actions taken: Community services manager is reviewing the registered manager's workload, responsibilities and arrangements have been made for responsibility for one of the Day Opportunities services that she manages to be managed by someone else.</p> |

Please ensure this document is completed in full and returned to Day.Care@rqia.org.uk from the authorised email address



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