



The **Regulation** and
Quality Improvement
Authority

Primary Announced Care Inspection

Name of Establishment:	Valley Centre
Establishment ID No:	11229
Date of Inspection:	10 February 2015
Inspector's Name:	Dermott Knox
Inspection No:	20331

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

Name of centre:	Valley Centre
Address:	Unit 11 Glendermott Business Park Tullyalley Road Derry BT47 3QR
Telephone number:	(028) 7132 1117
E mail address:	caroline.morewood@westerntrust.hscni.net
Registered organisation/ Registered provider:	Ms Elaine Way CBE
Registered manager:	Mrs Caroline Morewood
Person in Charge of the centre at the time of inspection:	Mrs Caroline Morewood
Categories of care:	DCS-LD, DCS-LD(E)
Number of registered places:	25
Number of service users accommodated on day of inspection:	21
Date and type of previous inspection:	19 March 2014 Primary Announced Inspection
Date and time of inspection:	10 February 2015 10:30am–5.00pm
Name of inspector:	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	7
Staff	3
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	10	5

Inspection Focus

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

- **Standard 7 - Individual service user records and reporting arrangements:**
Records are kept on each service user's situation, actions taken by staff and reports made to others.
- **Theme 1 - The use of restrictive practice within the context of protecting service user's human rights**
- **Theme 2 - Management and control of operations:**
Management systems and arrangements are in place that support and promote the delivery of quality care services.

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

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

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

Profile of Service

The Valley Day Centre is operated and run by the Western Health and Social Care Trust (WHSCCT). The day care centre is located within Glendermott Business Park on the outskirts of Londonderry.

The centre provides support, personal care and therapeutic interventions for up to twenty five people who are over 18 years of age and have been assessed as having a learning disability.

The primary focus of the centre is to promote independence through programmes of integration and interaction within the local community. Individuals who attend the centre partake in a full range of activities incorporating leisure, education, crafts and work based experience, including work in a garden centre.

Referral to the service is via the Community Learning Disability Team.

Mr Robert Dougherty, Senior Day Care Worker manages the centre on a day to day basis with the support of a team of care staff. Ms Caroline Morewood, Registered Manager, has overall responsibility for the centre and other centres in the Derry area. The service is delivered within office hours, five days per week.

Summary of Inspection

A primary unannounced inspection was undertaken in Valley Day Centre on Tuesday 10 February 2015 from 10:30am until 5:00pm. In advance of the inspection visit, the service provider had submitted a self-assessment of the centre's performance in the one standard and two themes forming the focus of the inspection. There was one requirement and five recommendations from the previous inspection, all of which had been addressed satisfactorily by the management and staff of the centre.

The inspector was introduced to many of the service users attending the centre and met for discussions with six people, either in their groups, or individually in informal settings. Individual discussions were held with the manager, the senior day care worker, who has day to day responsibility for the centre's operations, and three staff, one of whom commenced work in the centre approximately one year ago. Discussions focussed mainly on the standards, team working, management support, supervision and the overall quality of the service provided.

Discussions with all contributors elicited a positive view of the service provided in the centre and indicated a strong commitment by the manager and the staff team to comply with, or to exceed, the minimum standards for day care settings. Service users spoke highly of the staff and of the service they provided. An issue of staffs' dissatisfaction with the staffing of the centre on Fridays had recently been addressed with the allocation (currently on a temporary basis) of more paid hours for that day. The Trust should make this provision permanent, as the necessity for the staff to client ratio has been demonstrated and does not change on Fridays.

There was evidence from discussions and in written records to indicate a high level of involvement of service users in discussions regarding their care plans and the activities in which they participated. These included a range of work placements, cultural, educational, leisure and entertainment activities, some of which took place in the local community.

Thanks are due to service users who welcomed the inspector to the centre and contributed to the evaluation by sharing their experiences. The inspector also wishes to acknowledge the open and helpful approach of the manager and staff throughout the inspection process.

Overall there was wide-ranging evidence to confirm that the Valley Centre provides a valuable, high quality service to those who attend. There are two requirements and two recommendations arising from this inspection and these are set out in the accompanying Quality Improvement Plan, which includes timescales for their completion.

Standard 7 - Individual service user records and reporting arrangements:

Service users' files were found to be very well organised and to contain all of the information required by this standard. A weekly synopsis of each service user's involvement and progress was kept in sufficient detail. Notifiable events and the reporting of these is included in the induction programme for newly appointed staff members and the records of events were well written and up to date.

A number of different models of assessment were evident in the service user's files that were examined, some of these relating to the period in which the service user was first referred to the centre. It is recommended that the Trust should establish an up to date assessment model and documentation, based on current best practice and suitable for the range of needs of people who may be referred to Valley Day Centre.

The Trust's written policy and procedures for reporting events were available in the centre and accessible by staff. Staff also reported that they had ready access to senior staff when they felt it necessary to seek guidance.

Valley Day 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

There was no evidence to indicate the use of restrictive practice in Valley Day centre. Staff were knowledgeable of the Trust's policy and procedures regarding such practices and confirmed that there were no service users at the centre who presented behaviours that might require the use of a restrictive practice. When devising or reviewing a service user's individual care plan, the manager and staff discuss proposed action plans with the service user and his or her representative/s to ensure that interventions are necessary and proportionate and do not infringe the service user's human rights.

Staff discussed the use of restraint or seclusion, including how service users' human rights are protected and they demonstrated an understanding of the Deprivation of Liberty Safeguards. (DOLS) – Interim Guidance. Service users, who spoke to the inspector, expressed complete satisfaction with the care and support they experienced in the Valley Day Centre.

Valley Day Centre was judged to be compliant with the criteria in this theme.

Theme 2 – Management and Control of Operations

The registered manager has management responsibility for six facilities, leaving much of the day to day leadership in the centre to the Band 5 Day Care Worker. There was evidence to show that this staff member was a capable leader and competent in his designated role.

Previous dissatisfactions amongst staff members, regarding the reduced staffing level on Fridays, had been affected positively by the increased staffing, recently introduced on a temporary basis. It is recommended that this provision should be made permanent at the earliest possible time, as the necessity for the staff to client ratio has been demonstrated.

Monitoring arrangements put in place by the Trust were satisfactory in terms of their regularity and the numbers of service users and staff members who were asked for their views. Five monitoring reports were examined and all were found to address the required range of issues. During the latter half of 2014 three different senior managers had contributed to the monitoring process, providing beneficial variety in the quality evaluations. Each monitoring report concluded with an action plan, with progress on the matters identified being checked at the subsequent monitoring visit, providing a constructive contribution to the continuous improvement model.

Valley Day centre was judged to be operating in compliance with the criteria in this theme.

Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Regulation 20 (1) (a)	The registered provider must ensure that at all times suitably qualified, competent and experienced persons are working in the centre in such numbers as are appropriate for the care, social and recreational needs of all service users.	The additional staffing resource provided on Fridays has brought the staff to service user ratios to a satisfactory level.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Standard 15.3	It is recommended that the registered manager makes appropriate arrangements to ensure all initial reviews take place within four weeks of commencement of the placement.	A satisfactory system for the arrangement of initial reviews had been implemented.	Compliant
2	Standard 15.3	It is recommended that the registered manager makes appropriate arrangements to ensure reviews of care take place at least annually.	There was written evidence in service users' files to verify that care reviews were being held at least annually.	Compliant
3	Standard 7.5	It is recommended that staff ensure that there is an entry in the care records for at least every five attendances for each service user.	Satisfactory progress notes were being kept weekly for all service users.	Compliant
4	Standard 17.10	The registered person should ensure that reports from monthly monitoring visits detail action plans, persons responsible and time frames.	Five monitoring reports were examined and were found to comply with this standard.	Compliant
5	Standard 26.6	The registered person should ensure that all vehicles used to transport service users are suitable for purpose. Refers to comments made by staff regarding driving manoeuvrability of buses.	The Trust has modernised the transport provision for service users and this was reported by staff to be satisfactory.	Compliant

Standard 7 - Individual service user records and reporting arrangements:	
Records are kept on each service user's situation, actions taken by staff and reports made to others.	
Criterion Assessed:	COMPLIANCE LEVEL
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.	
Provider's Self-Assessment:	
The legal and ethical duty of confidentiality, in respect of service user's personal information, is maintained at the Valley Centre by adhering to all Western Health & Social Care Trust (WHCST) policy and procedure on Information Governance and Records Management. This includes policies such as Data Protection & Confidentiality (2013), Records Management (2013), Code of Practice on Protecting Confidentiality of Service User's Information (2012) and Procedure for Accessing Client Records (2011). Staff have attended training on Confidentiality, Data Protection, Freedom of Information and Good Record Keeping provided by the Western Trust Information Governance Department on 7/5/13.	Compliant
Inspection Findings:	COMPLIANCE LEVEL
Staff members in the centre were very aware of the confidentiality requirements in their work and were alert to the potential risks, should personal information not be kept securely. Written records for service users and for staff were stored in locked cabinets when not in use.	Compliant

<p>Criterion Assessed:</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>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p>	
<p>Service users have access to their records as and when required. Service users and/or their representatives are also encouraged to do so at annual review or signing of information held on file that has been changed or updated as necessary.</p> <p>Service user or representative consent has been obtained for access to case records/ notes. A record of access to individual case notes is located in each individual file. This details the reason for access and outcome.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>There was wide-ranging evidence in the written records to show that service users and/or their representatives were encouraged to participate in the assessment, care planning and review processes. Key workers prepared written reports for annual reviews, with the involvement of the relevant service user.</p>	<p>Compliant</p>

<p>Criterion Assessed:</p> <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. 	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p>	
<p>Each service user has an individual file containig documentation/ records which contain information as per standard 7.4</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	<p>COMPLIANCE LEVEL</p>
<p>Four service users’ files were selected randomly from the storage cabinet and examined in detail. Each file contained all of the information required by this standard. There was significant variation in the assessment formats in use across the files and it is recommended that the Trust should establish an up to date assessment model and documentation, based on current best practice and suitable for the range of needs of people who may be referred to Valley Day Centre.</p>	<p>Substantially compliant</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.	COMPLIANCE LEVEL
Provider's Self-Assessment:	
There is an entry into the service user records for at least every five attendances. Where there is a recordable event, then entries are made on the date they occurred.	Compliant
Inspection Findings:	COMPLIANCE LEVEL
Progress notes for each service user were kept at least weekly and provided a good record of the person's involvement in the day centre and in any community based activities, including work placements.	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. 	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p>	
<p>All staff are aware of and adhere to WHSCT and Day Centre policy and procedure on matters that need to be reported to individuals or agencies outlined in standard 7.6 Staff are aware of and follow the WHSCT Trust policy on Incident Reporting. An Incident Reporting Flowchart is available onsite and outlines the type of incident, the action required, and who the incident should be reported to. Staff are aware of and follow the WHSCT Adult Safeguarding Policy and reporting arrangements are highlighted on Adult Safe Guarding Flowchart. Referral forms are available onsite to other relevant health and social care professionals. Referrals to specialist services are recorded formally in the annual review process but can be made at any point. Discussion is held at staff meetings, supervision and other person centred meetings regarding reporting and referral processes. Staff received training on Complaints on 30/10/13, on Incident Reporting on 27/8/14 and on the Safeguarding of Vulnerable Adults on 18/3/14.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The WHSCT policy and procedures for reporting significant matters were available to staff in the centre. There were good records of staff’s training, relevant to these matters and the written records of events that had been reported verified that procedures had been followed appropriately.</p>	<p>Compliant</p>

<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: Records onsite have been developed in keeping with RQIA standards. Records are legible, accurate, up to date and dated by the member of staff making the entry. Records are periodically checked by the Senior Day Care Worker and signed off by the Registered Manager. Records have been reviewed through auditing of files known as "Periodic Service Reviews" and "Service Health Checks".</p>	Compliant
<p>Inspection Findings:</p>	COMPLIANCE LEVEL
<p>Records for service users in the Valley Day Centre were found to be of a high standard and met the requirements stated above. The Trust has rigorous systems in place to measure the quality of record keeping, as identified by the provider's self-assessment.</p>	Compliant

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

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

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:	
<p>Regulation 14 (4) which states:</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>	COMPLIANCE LEVEL
Provider’s Self-Assessment:	
<p>Within the Valley Centre physical restraint is not used.</p> <p>Any service users that would require a form of restraint would managed throught the WHSCT Restrictive Interventions Policy. This sets out clear multidisciplinary care planning for the use of restraint. This includes procedures to be followed on monitoring, recording and review.</p> <p>A Human Rights Care Plan is on file for each service user.</p> <p>Staff are trained in MAPA.</p>	Compliant
Inspection Findings:	
<p>There was no evidence to indicate the use of restrictive practice in Valley Day centre and staff were knowledgeable of the Trust’s policy and procedures in this regard. Each of the service user’s files, examined at this inspection, contained written consideration of the person’s human rights and the attention to these matters is commendable.</p> <p>In addition to personal care provided for some service users, there were several recorded incidents of staff attending to service users who had seizures. In some cases these had been prolonged and had required the attention of a paramedic service. Staff members were acutely attuned to the procedures required in these circumstances and had evidently provided excellent care when necessary.</p>	Compliant

<p>Regulation 14 (5) which states:</p> <p>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.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment:</p> <p>On any occasion on which a service user is subject to restraint the Registered Manager shall record the circumstances, including the nature of the restraint. The Registered Manager will follow WHSCT and RQIA reporting arrangements.</p>	<p>Compliant</p>
<p>Inspection Findings:</p> <p>There was no evidence to indicate the use of restraint with any service user attending the Valley Day Centre.</p>	<p>COMPLIANCE LEVEL</p> <p>Compliant</p>

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

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

<p align="center">Theme 2 – Management and Control of Operations</p> <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 align="center">COMPLIANCE LEVEL</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 style="padding-left: 40px;">(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>Within the Valley Centre there is a defined management structure which consists of a team of:</p> <p>1x Manager (Band 7) Manager is based at the Evergreen Centre.</p> <p>1 x Senior Day Care Worker (Band 5- Full-time)</p> <p>1 x Day Care Worker (Band 4 - 1Full time)</p> <p>3 x Care Assistants (Band 3 - 2 Full- time and 1 Part-time)</p> <p>1 x Domestic (Part-time)</p> <p>1 x Support Services Assistant (Part-time)</p> <p>The Community Services Manager and Head of Service in partnership with the Registered Manager continue to review the staffing compliment and skill mix within the Valley Centre so as to ensure that the number and needs of the service users are met.</p> <p>Each level of staff has a specific job description which outlines roles and responsibilities. Staff have been interviewed,</p>	<p align="center">Compliant</p>

<p>vetted and deemed qualified upon successful appointment to their post by the WHSCT Human Resources Department.</p> <p>The appraisal and supervision process has been used to ensure that competent and experienced staff are working at the Valley Centre. Competency and Capability Assessments are being introduced currently.</p> <p>Staff meetings held with Senior Day Care Workers support and promote the delivery of quality services.</p>	
<p>Inspection Findings:</p>	<p>COMPLIANCE LEVEL</p>
<p>The management and staffing structures are set out in the centre’s statement of purpose which verifies the provider’s self-assessment statement, above. Staff members were clear in their understanding of their roles and responsibilities and of their lines of reporting within the organisation.</p>	<p>Compliant</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 	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p>	
<p>The service user group within the Valley Centre is staffed by a team consisting of one Senior Day Care Worker, one Day Care Worker and 3 Care Assistants (two full-time and 1 part-time).</p> <p>The Senior Day Care Worker is responsible for the general day to day supervision of their staff team.</p> <p>The Senior Day Care Worker is accountable for providing overall staff supervision on a daily basis to promote and ensure standards are met and a quality service delivered.</p> <p>Formal supervision is carried out by the Registered Manager for Senior Day Care Worker.</p> <p>The Senior Day Care Worker carries out formal supervision with the Day Care Worker and the 3 Care Assistants.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	<p>COMPLIANCE LEVEL</p>
<p>There were excellent records of staff’s supervision, with well-detailed action plans at the conclusion of each session. Formal supervision sessions were held in accordance with the standard’s requirement. In addition, staff confirmed that they enjoyed good working relationships with their supervisor/s and that support and guidance were readily available.</p>	<p>Compliant</p>

<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>Staff successfully appointed to post are suitably qualified and go through the WHSCT Human Resources process. Details of staff qualifications can be found in the Statement of Purpose. Staff avail of mandatory and other training scheduled each year and training can also be requested by the Registered Manager necessary to support staff in their role and delivery of service. New staff are given an induction and supported through mentoring. The supervision process is used to support staff performance and skill as necessary.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>All staff are appointed following the WHSCT’s recruitment and selection process. The most recently appointed staff member described his induction in the post and had found this to be rigorous and helpful. Records of staff training confirmed that all staff members were appropriately trained for their roles and responsibilities. In addition to mandatory training, each staff member’s development needs are identified through the KSF process and individual training opportunities are pursued.</p>	<p>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 Compliant</p>
---	--

Additional areas inspected.

Provision of Meals

Meals are currently provided by a local "Take-away" food outlet and were reported to be of fairly good quality, although this cannot be assured to current Trust catering standards. There were also limitations in the range and choice of menus. The provision of meals to service users in the centre should comply with all aspects of Standard 10, and should include suitable choice of dishes and quality control measures.

Statement of Purpose

The centre's statement of purpose contained a number of superfluous paragraphs and some inaccurate or outdated information. The registered person must ensure that the statement of purpose is reviewed and revised as necessary and that a copy of the revised version is forwarded to RQIA within the timescale set out in the Quality Improvement Plan.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Caroline Morewood, Registered Manager and Mr Robert Dougherty, Senior Day Care Worker, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

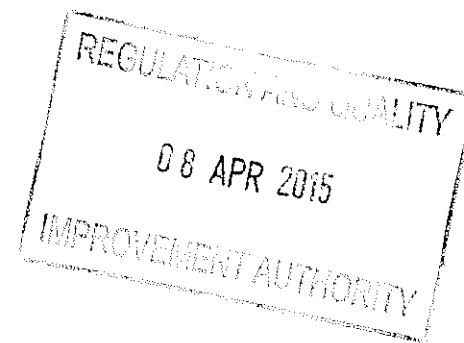
Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

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



The Regulation and
Quality Improvement
Authority



Quality Improvement Plan

Primary Announced Care Inspection

Valley Day Centre

10 February 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Ms Caroline Morewood, Registered Manager and Mr Robert Dougherty, Senior Day Care Worker, either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Statutory Requirements

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

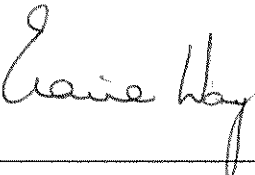
No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Regulation 20(1)(b)	The registered person shall ensure that the employment of any persons on a temporary basis in the day care setting will not prevent service users from receiving such continuity of care as is reasonable to meet their needs.	One	The service will ensure that the employment of any persons on a temporary basis will not prevent service users from receiving continuity of care. The service will seek to identify a source of funding to keep to a minimum, the use of temporary staffing.	On-going
2	Regulation 7(a) and 7(b)	The registered person shall keep under review and, where appropriate, revise the statement of purpose and notify RQIA of such revision within 28 days.	One	Manager and Senior Day Care Worker to review Statement of Purpose and forward to RQIA within the agreed timescale.	31 March 2015

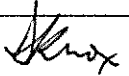
Recommendations

These recommendations are based on The Day Care Settings Minimum Standards January 2012. This quality improvement plan may reiterate recommendations which were based on The Day Care Settings Minimum Standards (draft) and for information and continuity purposes, the draft standard reference is referred to in brackets. These recommendations are also based on research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details of Action Taken By Registered Person(S)	Timescale
1	Standard 4	It is recommended that the Trust should establish an up to date assessment model and documentation, based on current best practice and suitable for the range of needs of people who may be referred to Valley Day Centre.	One	This need has been discussed at Managers' meetings and the Trust is currently exploring this issue. The Star profile is used currently.	30 April 2015
2	Standard 10	The provision of meals to service users in the centre should comply with all aspects of Standard 10, and should include suitable choice of dishes and quality control measures.	One	Community Services Manager has liaised with Support Services on this issue and they are currently exploring options to ensure this standard is compliant.	30 April 2015

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	Caroline Morewood
Name of Responsible Person / Identified Responsible Person Approving Qip	

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	✓		15/04/15
Further information requested from provider	No		