



The **Regulation** and
Quality Improvement
Authority

Primary Announced Care Inspection

Name of Establishment: Killadeas Day Centre
Establishment ID No: 11231
Date of Inspection: 26 March 2015
Inspector's Name: Priscilla Clayton
Inspection No: IN020664

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:	Killadeas Day Centre (11231)
Address:	Share Unit Derryadd Lisnaskea Co Fermanagh BT92 OEQ
Telephone number:	028 6772 2798
E mail address:	patricia.griffith@westerntrust.hscni.net
Registered organisation/ Registered provider:	Western Health and Social Service Trust
Registered manager:	Patricia Griffiths
Person in Charge of the centre at the time of inspection:	Patricia Griffiths
Categories of care:	DCS-LD
Number of registered places:	28
Number of service users accommodated on day of inspection:	18
Date and type of previous inspection:	24 June 2013 Primary Announced
Date and time of inspection:	26 March 2015: 10am – 3pm
Name of inspector:	Priscilla Clayton

1.0 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.

2.0 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.

3.0 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.

4.0 Consultation Process

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

Service users	18
Staff	4
Relatives	1
Visiting Professionals	nil

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	6	1

5.0 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.

6.0 Profile of Service

Killadeas Day Centre (Share Unit) is a statutory facility located in the grounds of the community Share Centre three miles from the town centre of Lisnaskea. Day care is provided by the Western Health and Social Care Trust to 28 adults with varying degrees of learning disability. The catchment area covers Fivemiletown, Brookeborough, Lisnaskea, Newtownbutler and Rosslea.

The focus of the centre is to promote independence through programmes of integration and interaction within the local community where the service user resides.

The centre includes a central therapeutic activity area, toilets, kitchen, administrative space and domestic facility.

The centre is open each weekday between 08.45 hours to 16.15 hours and closes on bank holidays and for staff training at certain times of the year.

There is ample parking available for visitors.

7.0 Summary of Inspection

The primary announced inspection of Killadeas Day Centre (Share Centre) took place on 26 March 2015 between the hours of 10.00am and 3pm. The registered manager, Patricia Griffith and a mixed skill team of care staff were on duty.

Three requirement and two recommendations made at the previous inspection conducted on 24 June 2013 had been addressed.

During the inspection the inspector met with service users and staff, discussed the day to day arrangements in relation to the conduct of the day centre and standard of care provided to service users, observed care practice, examined a selection of records and carried out a general inspection of the environment.

Prior to the inspection, the registered manager completed a self -assessment of the standard and two Themes to be inspected. The comments provided by the registered manager in the self- assessment were not altered in any way by RQIA.

7.1 Inspection findings

Standard 7 – Individual service user records and reporting arrangements.

Policies and procedures on Confidentiality, Data protection and Management of Records were in place and available to staff who demonstrated knowledge and understanding in regard to recording and record keeping including assessment, care planning and review. Care records examined reflected user / representative consultation in regard to assessment, care planning, care reviews and other necessary documents as set within Day Care Settings Minimum Standards (DHSSPS) 2012.

Care records were being securely stored.

The supporting evidence gathered through the inspection process concluded that Killadeas Day Centre (Share Centre) was compliant with Standard 7. This is to be commended.

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

The inspector reviewed the arrangements in place for responding to service user's behaviour. The centre had a policy and procedure which reflected best practice guidance in relation to management of actual and potential aggression, restraint, seclusion and human rights. Through observation, review of documentation and discussion with staff and service users, confirmation was obtained that restraint would only ever be used as a last resort and that no form of restrictive practice was in place.

Staff training on managing and prevention of aggression (MAPA) and challenging behaviour was being provided annually. Staff who spoke with the inspector demonstrated knowledge and understanding of the WHSC Trust policy and procedure should challenging behaviour ever arise.

The manager and staff confirmed that restrictive practice is not used in the centre.

The supporting evidence gathered through the inspection process concluded that Killadeas Day Care Centre (Share centre) was compliant with Theme 1. This is to be commended.

Theme 2 - Management and control of operations.

The defined management structure of the centre was reflected within the centre's Statement of Purpose.

The registered manager, Patricia Griffith is supported in her role at senior management level by Margaret Dolan, Head of Service, who meets with the registered manager on a regular basis. At operational level support is provided by a mixed skill team of care staff.

The registered manager is also registered with RQIA to manage five other day care centres in the WHSC Trust. The registered manager is contactable by mobile phone when out of the centre. A senior support worker, who is deemed competent and capable, "acts up" when the manager is out of the centre.

Supporting evidence of the level of compliance with this theme was obtained from examination of associated policies / procedures, examination of a sample records maintained including for example; staff induction records, staff appraisal, supervision, staff meetings, mandatory training, staffing levels / procurement, complaints, competency and capability assessments and discussion with staff and service users.

The manager confirmed that no complaints had been received since the previous care inspection conducted on 24 June 2013.

Examination of records and discussion with staff and service users evidenced that the centre was compliant with Theme 2. This is to be commended.

7.2 Service user, relative and staff consultation.

The inspector met with service users and three staff during the inspection.

Service users who were able to respond spoke openly with the inspector and indicated they liked attending the centre and staff was always very helpful and good fun.

No issues or concerns were raised or indicated by service users.

One relative who afforded time to meet with the inspector highly commended the staff on the quality of care provided to their relative.

Staff confirmed they felt supported in their respective roles and responsibilities and were provided with the adequate resources to do their work efficiently and effectively. Staff confirmed that supervision / appraisal and ongoing training were provided. No issues or concerns were raised or indicated by staff. Review of one completed staff questionnaire returned to RQIA evidenced positive responses to all questions.

7.3 Care practices

The atmosphere in the centre was friendly and welcoming. Staff observed treated service users with dignity and respect taking into account their views and preferences. During the inspection service users participated in planned activities including; cooking, music session and watching a DVD which was produced by the service users. This is to be commended.

Staff interactions with service users were noted to be unhurried, friendly and respectful.

Service users' choice was promoted and their privacy, dignity and independence were respected.

7.4 Environment

All areas viewed by the inspector were clean, tidy, organised, comfortably heated and fresh smelling throughout.

7.5 Additional Matters

A number of additional areas were also considered. These included pre inspection documents submitted to RQIA by the registered manager and accident / incidents. Further details can be found in section 9.0 of the report.

7.6 Conclusion.

The registered manager and staff are to be commended on the outcome of this inspection. Compliance was achieved in Standard 7 and Themes 1 and 2.

One recommendation made related to the sharing of one safeguarding matter with RQIA.

The inspector wishes to thank the service users, staff and the registered manager for their assistance and co-operation throughout the inspection.

8.0 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirement	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	28	<p>The registered provider must ensure that quality monitoring visits of the centre are undertaken in accordance with the agreement reached by them with RQIA on 04 April 2011.</p> <p>The monitoring report/s shall be attached to the returned QIP for the attention of the inspector.</p>	Bi -monthly monitoring visit reports were in place and fully completed.	Compliant
2	28 (4) (b)	The monitoring visit report shall include details and findings about the condition of the premises.	Examination of the reports held evidenced findings of the condition of the premises.	Compliant
3	28 (5)	Each report compiled of monitoring visits completed shall be made available to service users or their representative.	Reports were readily available to service users.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	15.5	<p>It is recommended that all elements listed below are addressed in the service user's review report.</p> <ul style="list-style-type: none"> • progress in attaining any personal outcomes sought by the service user; • the service user's views about their care and support; • any changes in the service user's carer's situation; • details of important events including incidents or accidents occurring since the previous review, and how they were addressed; • any matters regarding the current care plan, revision of objectives, expected outcomes and associated time frames where relevant, and management of risks; • the need for any rehabilitation or specialist services; • current transport arrangements and any changes required; • the need or wish to move on from the service; and • any other relevant matters regarding services and facilities provided by the day care service, or others. 	<p>Examination of two review reports evidenced that information was comprehensive and in accordance with Standard 15.5.</p>	<p>Compliant</p>
2	13.2	<p>It is recommended that a local procedure is developed that will provide details of local safeguarding liaison</p>	<p>The safeguarding procedure was available with a flowchart which</p>	<p>Compliant</p>

		<p>arrangements for the centre. The procedure should include contact details of identified professionals available for staff to report concerns to.</p>	<p>included contact details which were known to staff who spoke with the inspector.</p>	
--	--	---	---	--

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:	
All service user information is stored securely and shared on a need to know basis only and in line with WHSCT Data Protection and Confidentiality Policy (Nov 2013). Service user agreement is sought, where possible, before sharing any information.	Compliant
Inspection Findings:	COMPLIANCE LEVEL
Information as illustrated by the manager was verified through discussion with staff, examination of policy entitled Data Protection and Confidentiality (Nov 2013).	Compliant
Criterion Assessed:	COMPLIANCE LEVEL
7.2 A service user and, with his or her consent, another person acting on his or her behalf should normally expect to see his or her case records / notes.	
7.3 A record of all requests for access to individual case records/notes and their outcomes should be maintained.	
Provider's Self-Assessment:	
Service users are encouraged to review their personal files and to seek clarification on any information contained, if they desire. Service users have been encouraged to review their files, by the manager through their 'Members Council Meetings'. Findings of assessments carried out, are shared with service users and those who support them at annual review or as and when circumstances change . Any such request will be responded to, in writing, and accommodated, where possible WHSCT policies and procedures in relation to Data Protection and Confidentiality Policy Nov 13 & Records Management Policy Nov 13.	Compliant

Inspection Findings:	COMPLIANCE LEVEL
Information as illustrated by the registered manager in the self- assessment was verified through discussion with staff, examination of care plans which were signed by service user / representative and staff.	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:	
All of the above records are maintained for each service user and stored in the service user's personal files and/or files specific to the identified documents.	Compliant
Inspection Findings:	COMPLIANCE LEVEL
Information as listed within this criterion was contained with four care records examined.	Compliant
Criterion Assessed:	COMPLIANCE LEVEL
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.	
Provider's Self-Assessment:	

Staff record information in each service user's 'contact sheet' as a minimum of one entry per every 5 days of attendance.	Compliant
Inspection Findings:	COMPLIANCE LEVEL
Examination of four care records evidenced that contact information sheets were written at least once in every five attendances for each individual service user.	Compliant
Criterion Assessed: 7.6 There is guidance for staff on matters that need to be reported or referrals made to:	COMPLIANCE LEVEL
<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. 	
Provider's Self-Assessment:	
Staff are provided with guidance on reporting concerns ref service users through supervision, memos from the manager, Managerial Health Checks, Multi-Disciplinary Reports and through case discussions. This guidance may include guidance on the completion of referrals to relevant health and social care practitioners. Copies of such referrals are kept in service user files for reference.	Compliant
Inspection Findings:	COMPLIANCE LEVEL
Information as illustrated by the registered manager, discussion with staff and examination of policies and procedures evidenced that staff report matters as required. Care records examined evidenced multi- collaboration in planned care	Compliant
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.	
Provider's Self-Assessment:	
Staff ensure all records are legible, accurate, up to date, signed and dated by the person making the entry. These are reviewed and signed off by the registered manager at the monthly unit health checks or as and when required.	Compliant

Inspection Findings:	COMPLIANCE LEVEL
Information as illustrated by the manager in the self- assessment was verified through examination of a random selection of four care records.	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
	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:	
<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>Day Care staff take each service users human rights into account before implementing any practice that may be considered restrictive in any way. Where restrictions of the service users rights are implemented for the health and safety of the service user, other service users, staff and members of the public, as identified in the WHSCT Policy of Restrictive Interventions of Adult Service Users Jan 2014 and the AMH&D Directorate's Guidance on the Deprivation of Liberty Oct 14, this will be agreed, signed and regularly reviewed by relevant members of a Multi-Disciplinary team, including the service user and their representatives.</p>	Compliant
Inspection Findings:	
<p>Information as illustrated by the registered manager was verified through examination of policies and procedures, observation and discussion with staff.</p> <p>Throughout the inspection staff was observed to treat service users with dignity and respect taking account of their views and preferences.</p> <p>Policies and procedures pertaining to the assessment, care planning and review; managing aggression and challenging behaviours; recording and reporting care practices; reporting adverse incidents; responding to service users behaviour; restraint and seclusion; and untoward incidents were available for staff reference. Staff who spoke with the inspector demonstrated knowledge and awareness of policies and procedures in place.</p> <p>The manager and staff confirmed that no form of restraint is used in the centre.</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>Killadeas Day Care currently to do not engage in restraint tactics, however, if a service user has to be restrained in any way, where restraint is the only practicable means of securing the welfare of that or any other service user and there are exceptional circumstances, all details will be recorded and reported as an incident to the WHSCT Risk Management Department, the Service User's Key Worker and RQIA as soon as possible.</p>	<p>Not applicable</p>
<p>Inspection Findings:</p> <p>The manager and staff confirmed that no form of restraint is used in the centre.</p> <p>The manager and staff were aware of the requirement to notify RQIA should restraint ever be used.</p>	<p>COMPLIANCE LEVEL</p> <p>Not applicable</p>

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

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>All staff employed by Killadeas Day Care are recruited in line with the WHSCT’s recruitment Policies and eligibility criteria.</p> <p>A record is kept on each staff members contract of employment, a record of their qualifications, supervision and appraisals.</p> <p>A staffing structure is in place in each unit’s Statement of Purpose as well as a clear reporting structure for staff to refer to when support is required.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	<p>COMPLIANCE LEVEL</p>
<p>Information as illustrated by the manager was verified through discussion with staff and examination of a number of documents including policies and procedures.</p> <p>The organisational structure of the centre was reflected within the Statement of Purpose.</p> <p>A senior care support worker undertakes responsibility for management when the manager is not in the centre. Staff</p>	<p>Compliant</p>

<p>confirmed that the registered manager is contactable via mobile telephone. Competency and capability assessment of staff were in place.</p> <p>There was evidence of induction programme for all new staff which is signed by the employee and the manager when deemed competent in each of the activities / factors listed.</p> <p>Staff meetings are held on a monthly basis for the two senior support workers and quarterly for day care staff. Minutes were recorded.</p> <p>Staff supervision is provided with records retained.</p> <p>Staff appraisal takes place on an annual basis with records retained by the registered manager.</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>All staff in Killadeas Day Care receive regular formal supervision in accordance with RQIA Day Care Minimum Standards.</p>	Compliant
<p>Inspection Findings:</p>	COMPLIANCE LEVEL
<p>Information as illustrated by the registered manager was evidenced through examination of supervision records and policy / procedure on supervision.</p> <p>Staff confirmed that supervision was provided monthly for senior day care support workers and three monthly for day care support workers.</p>	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>All staff employed by Killadeas Day Care are recruited in line with the WHSCT's recruitment Policies and eligibility criteria. A record is kept on each staff members contract of employment, a record of their qualifications, supervision and appraisals.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>Information as illustrated in the self- assessment was verified through discussion with the manager, staff and examination of records including; staff training, induction and competency and capability assessments. The manager confirmed that care staff employed hold NVQ Level 2 or 3 qualifications.</p>	<p>COMPLIANCE LEVEL 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>
---	--

9.0 Additional Areas Examined

9.1 Complaints / safeguarding

Discussion and examination of complaints records confirmed that no complaints had been received since the previous inspection.

The manager is currently awaiting the outcome of one safeguarding investigation and is to inform RQIA when this is received.

9.2 Staff Questionnaires / views

One of the six staff questionnaires distributed prior to inspection was completed and returned to RQIA. Positive comment was received on the provision of care, resources available, training, supervision / appraisal. No issues or concerns were raised or indicated.

9.3 Registered Manager Questionnaire.

The completed questionnaire was returned by the registered manager to RQIA prior to the inspection. Review of the information evidenced that governance and management arrangements including staff appraisal, staff supervision / appraisal, policies and procedures, responding to service users' behaviour and staff response to care practice were in place. Confirmation was indicated that restraint was not used in accordance with WHSC Trust Restraint policy.

9.4 Service user views

The inspector spoke with all service users in attendance at the centre. Service users who were able to respond gave positive feedback in regard to care, activities and facilities provided. No issues or concerns were raised or indicated.

9.5 Statement of Purpose and Service User Guide

The centre's Statement of Purpose, dated June 2014, and Service User Guide were in place and available to service users. The service User Guide was available in pictorial format.

9.6 Monthly Monitoring Reports

Monthly monitoring visits were being conducted in accordance with Regulation 5 of The Day Care Setting Regulations (Northern Ireland) 2007.

9.7 Accident / Incidents

Cross referencing of accidents / incidents retained in the centre with those recently notified to RQIA confirmed compliance with Regulation 29 of The Day Care Setting (Northern Ireland) 2007. The registered manager agreed to notify RQIA of the outcome of one safeguarding matter currently being investigated by the WHSC Trust.

9.8 Environment

Inspection of the internal environment was undertaken. All areas were observed to be clean, tidy, organised and fresh smelling throughout. The centre was comfortably heated and service users were provided with a range of comfortable seating.

The centre had a good range of colourful pictorial notices and photographs displayed showing social events and art / craft work completed by service users. Consent to the use of displayed photographs had been obtained from service users / representatives.

Quality Improvement Plan

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

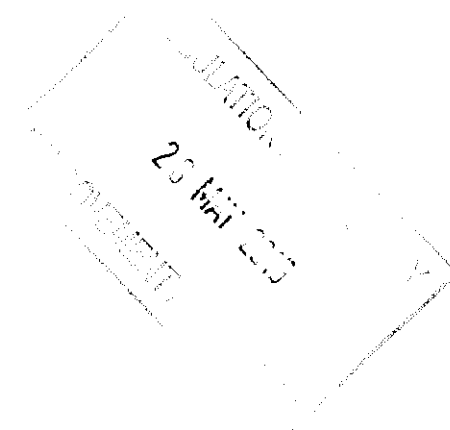
Priscilla Clayton
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



The Regulation and
Quality Improvement
Authority

Quality Improvement Plan
Primary Announced Care Inspection
Killadeas Day Centre (11231)

26 March 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 Patricia Griffith, registered manager at the conclusion of 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
		No requirements were made as a result of this 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	Recommendation	Number Of Times Stated	Details of Action Taken By Registered Person(S)	Timescale
1	Standard 13.8	Safeguarding The registered manager is to inform RQIA of the outcome of one reported safeguarding matter which is being investigated by the WHSC Trust.	One	WHSCCT have appointed a Designated Officer and Investigating Officer to this case, who will feedback outcomes to the Day Care Manager when investigations have been completed.	When investigation is completed

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	PATRICIA GRIDDON <i>P. Griddon - 28/4/15</i>
Name of Responsible Person / Identified Responsible Person Approving Qip	<i>Eaine Way</i>

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	<i>yn</i>	<i>Pleas</i>	<i>1/6/15</i>
Further information requested from provider			