Primary Announced Care Inspection

Name of Establishment:	**Gortmore Day Centre**
Establishment ID No:	**11235**
Date of Inspection:	**20 May 2014**
Inspector's Name:	**Margaret Coary**
Inspection No:	**16577**

The Regulation And Quality Improvement Authority
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS
Tel: 028 8224 5828 Fax: 028 8225 2544

Name of centre:	Gortmore Day Centre
Address:	18 Derry Road Gortmore Omagh BT78 5DR
Telephone number:	028 8224 4134
E mail address:	kelly.devenney@westerntrust.hscni.net
Registered organisation/ Registered provider:	Western Health and Social Care Trust
Registered manager:	Mrs Phyllis Kelly
Person in Charge of the centre at the time of inspection:	Mrs Phyllis Kelly
Categories of care:	DCS-DE, DCS-I, DCS-MP(E), DCS-PH
Number of registered places:	32
Number of service users accommodated on day of inspection:	19
Scale of charges (per week):	As per Trust contract
Date and type of previous inspection:	16 October 2013 Primary Announced
Date and time of inspection:	20 May 2014: 10.15 hours -15.00 hours
Name of inspector:	Margaret Coary

Introduction

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

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

Purpose of the Inspection

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

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

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

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

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

Methods/Process

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

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

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

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

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

Consultation Process

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

Service users	**9**
Staff	**5**
Relatives	**1**
Visiting Professionals	**0**

Questionnaires were provided, prior to the inspection, to staff to find out their views regarding the service. Matters raised from the questionnaires were addressed by the inspector in the course of this inspection.

Issued To	**Number issued**	**Number returned**
Staff	**11**	**8**

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

Gortmore Day Centre is a Western Health and Social Care Trust facility which is situated in a detached two storey building within walking distance of the town centre of Omagh. Car parking spaces are available including those for disabled persons. Ramps are also in place.

A total of 32 service users can be accommodated each day within categories, DCS-DE, DCS-I, DCS-MP (E) and DCS-PH.

The service is provided five days each week between 09.00 hours and 16.30 hours and closes on bank holidays and at set holiday periods including Easter, July and at Christmas. Closure for staff training also takes place.

The purpose of the centre is to provide users in attendance with support and opportunity to continue to remain independent, active and to live fulfilling lives.

Services provided include transportation, meals, personal care, and promotion of independence and rehabilitation through therapeutic activity which is tailored to meet the assessed needs of service users.

Facilities available to service users include two communal lounges, two dining rooms, kitchen, hair dressing salon, shower room and toilets / bath rooms.

Summary of Inspection

This is the report for the primary announced inspection of Gortmore Day Centre.

This announced inspection was carried out on 20 May 2014 from 10.15 hours -15.00 hours. The aim of the inspection was to consider whether the services provided to service users were in compliance with legislative requirements and day care minimum standards.

The inspector was made welcome by the Manager of the centre, Mrs Phyllis Kelly. The inspector had a short meeting and agreed the inspection process with Mrs Kelly. Feedback was given at the end of the inspection.

A completed self-assessment document was submitted by Mrs Kelly.

Evidence was validated during the inspection by the following methods:

Review and scrutiny of a variety of records pertaining to each standard.
Discreet observation of staff/service user interaction throughout the inspection process.
Discussion with nine service users.
Discussion with five staff members.
Discussion with one relative.
Eight completed staff questionnaires.
Verbal contribution from the manager in relation to any other information that was requested.

The inspection sought to assess progress with the issues discussed 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 themes:

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

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

The centre have appropriate policies and procedures in place which are accessible and available to staff. The records of four service users were inspected, these were clear, detailed and person centred and ensured that every service users' Human Rights were respected.

The centre staff have some work to do in relation to records to ensure full compliance with this standard.

The inspector has made six recommendations pertaining to Standard 7.

The centre have achieved a substantially compliant level of achievement for Standard 7.

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

  The centre do not use restrictive practise at present, however, policies and procedures are in place and are available for staff consultation should the need arise.

  The inspector found that the centre have relevant training in place and have established good systems with other professionals in relation to managing specific behaviours.

  The centre have achieved a compliant level of achievement for Theme 1.

- **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 inspector found that there were robust arrangements in place to support and promote the delivery of quality care services and the manager and staff work well as a team to ensure best outcomes for service users.

  The centre have attained a compliant level of achievement for Theme 2.

Environment

The inspector toured the premises and found the facility to be warm, clean and comfortable.

Staffing

There were sufficient staff on duty to meet the needs of service users and the duty rota reflected that staffing was satisfactory.

There were 19 service users present on the day of inspection. The service users' were involved in various activities according to their preferences. The activities on the day of inspection included, Boccia, Word Games, music, reminiscence and Bingo.

The group use two rooms for activities. The inspector met with service users in both rooms and noted a lovely camaraderie between staff and service users.

All those spoken with had very positive comments about the centre and praised staff for their dedication. They told the inspector that the day centre helped them to make friends and socialise with other people. One service user said that she had been very reluctant to attend the centre initially; however, she now loves it and looks forward to it.

There were six recommendations from this announced inspection.

The inspector wishes to thank the manager, staff and service users for their cooperation and assistance with the inspection process.

Follow-Up on Previous Issues

No.	Regulation Ref.	Requirement	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
		N/A		

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	15.5	The monthly monitoring visit should include evidence of inspection of reviews and any follow-up action to be taken.	Inspection of reviews undertaken are now included in monitoring visits.	**Compliant**
2	13.4	A competency and capability assessment should be completed for the person responsible for the running of the centre in the absence of the manager and this should be retained in the centre.	This has been completed and was available for inspection.	**Compliant**
3	17.10	(a) A policy should be drawn up which outlines the purpose, content and process of the Regulation 28 visits. (b) A sample of records should be audited to ensure compliance with minimum standards.	The policy has been included and is available for reference. Records are inspected as part of the monitoring visit.	**Compliant**
4	15.1	Arrangements to be made for a member of an advocacy service to visit the centre and advise service users and their relatives of the role of an advocate.	A member of the Patient Care Council met with service users to discuss advocacy. This information was also shared in the News Letter.	**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: 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.	**COMPLIANCE LEVEL**
Provider's Self-Assessment:	
All information about service users is kept confidential by all staff within the centre. If for any reason information has to be shared with others, staff follow the correct policies and procedures (freedom of information) to ensure other peoples rights are not infringed.	Compliant
Inspection Findings:	**COMPLIANCE LEVEL**
The inspector viewed the policies and procedures and confirmed that the centre had appropriate policies in place, some of those included were; Data Protection Policy, Records Management Policy, Information on Your Right to Confidentiality, Code of Practise on Protecting the confidentiality of Service User information, Policy and Procedure on Care Planning, Assessment and Review. This information was accessible for staff consultation. The inspector examined a selection of four files. The records reflected that information was recorded in line with guidance and all conveyed a person centred ethos ensuring that individual circumstances were included and appropriate risk assessments and follow-up information recorded in care plans. The inspector noted that the Service User Agreement did not include information regarding confidentiality of service user records and personal information and access to records. There is a recommendation in relation to this. The inspector found that recording practises and storage of information were reflective of current national guidelines. The inspector talked with five staff members and was satisfied that they were fully aware of the importance of ensuring confidentiality and their role regarding quality recording and the management of service user information. The inspector also met with one relative of a service user. The relative praised the staff for the excellent care and stated that she was informed of any changes in the day to day care of her loved one.	Substantially Compliant

Criterion Assessed: 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.	**COMPLIANCE LEVEL**
Provider's Self-Assessment:	
If a service user or another person acting on their behalf would like to request access to the service users notes/records the correct protocol must be followed by the WHSCT policy. All records of requests are kept per policy; Freedom of Information Act and the Trust's Access to Records protocol.	Compliant
Inspection Findings:	**COMPLIANCE LEVEL**
The inspector looked at policies and procedures relating to access to records and found that there were relevant policies and procedures in place which were accessible for staff guidance. Some examples of policies and other relevant information held in the centre were Procedure for Processing Requests for access to Patient or Client records, Code of Practise on Protecting the Confidentiality of Service User information and Records Management Policy, Freedom of Information legislation and Freedom of Information. The inspector met with five staff members and found that there was some confusion regarding the process to follow regarding access to records. The inspector has made a recommendation that this is discussed at a staff meeting and staff members sign-off all appropriate policies, the inspector has also made a recommendation that access to records is discussed at a service user group meeting. The inspector also recommends that a record of access to information including date, who applied for access and outcome of request, is retained in each service users' file. A previous recommendation was made pertaining to access in the Service Users Guide.	Substantially Compliant

Criterion Assessed:	**COMPLIANCE LEVEL**
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: • 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 is kept on each individual service user who attends Gortmore Day Centre. Notes are updated and changed as required by staff to ensure all records are reflective of service user needs. Each service users file is maintained in accordance with Day Care Standards.	Compliant
Inspection Findings:	**COMPLIANCE LEVEL**
The inspector looked at a selection of four files, the inspector found that the records were detailed and informative; however, the inspector noted that information was not regularly updated, there is a recommendation that all information is regularly reviewed and signed-off by the manager. The inspector also noted that advice form the physiotherapist at the review meeting was not followed up in the service users care plan; there is a recommendation in this regard. The inspector also looked at a selection of monitoring inspection records and noted that recording practises were regularly audited, however, the monitoring officer should also ensure that follow-up from reviews is recorded and actioned.	Substantially Compliant

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:	
Keyworkers at Gortmore Day Centre complete regular reports on service users to ensure their progress is documented at least every five attendances.	Compliant
Inspection Findings:	**COMPLIANCE LEVEL**
The inspector confirmed that regular entries were made for each service user.	Compliant
Criterion Assessed: 7.6 There is guidance for staff on matters that need to be reported or referrals made to: • The registered manager; • The service user's representative; • The referral agent; and • Other relevant health or social care professionals.	**COMPLIANCE LEVEL**
Provider's Self-Assessment:	
All staff report and record any significant changes to the registered manager. There is ongoing liaison with the key worker/referral agent who retains responsibility for the client is responsible for appropriate ongoing referrals to other health and social care professionals. Family are informed regarding all referrals made.	Substantially compliant
Inspection Findings:	**COMPLIANCE LEVEL**
The inspector examined the policies and procedures manual and was satisfied that appropriate policies and procedures were in place in relation to communication, confidentiality, consent and reporting care practises and, as previously stated staff had access to all policies. The inspector looked at a selection of records of staff meetings and noted that policies and procedures were discussed and staff encouraged to sign to denote that these had been read and understood, however, this is not regular practise. The inspector has made a previous recommendation that all relevant policies and procedures are read and signed-off.	Substantially Compliant

This was discussed with the manager who advised that staff have gone through some policies; however, she will ensure that current relevant policies are discussed with the team at a staff meeting. The inspector found that the files examined reflected that appropriate referrals were made to other professionals and the advice recorded and followed up in assessments and care plans; however there is a previous recommendation to ensure that information is updated in all instances. The inspector met with one relative, who praised staff at the centre for the excellent communication that is on-going and confirmed that she is always kept informed and up to date regarding her loved ones' day to day care at the centre.	
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:	
Yes, all records are legible, accurate, up to date, signed and dated by the person making the entry, these are reviewed and signed off periodically by the registered manager.	Compliant
Inspection Findings:	**COMPLIANCE LEVEL**
The inspector found that records inspected were legible, up to date signed and dated by the person making the entry and reviewed and signed- off by the manager, as stated, there is a previous recommendation that the records are reviewed on a more regular basis.	Substantially Complaint

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

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

Theme 1: The use of restrictive practice within the context of protecting service user's human rights **Theme of "overall human rights" assessment to include:**	
Regulation 14 (4) which states: **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.**	**COMPLIANCE LEVEL**
Provider's Self-Assessment:	
Currently there are no service users within Gortmore Day Centre who require the use of restraint, should it be required it would be documented in their care plan/risk assessment. Only in the event of an exceptional circumstance would restraint be used on the guidance from the registered person to protect the service user or others welfare.	Compliant
Inspection Findings:	**COMPLIANCE LEVEL**
The centre does not use restrictive practise or seclusion at present. The inspector confirmed that there were policies and procedures in place pertaining to; Assessment, Care planning and Review; Challenging Behaviours, Recording and Reporting Care Practices; Reporting Adverse Incidents; Responding to service users' behaviour; Restraint and seclusion, Depravation of Liberty and Untoward Incidents. The centre also has information regarding a Human Rights working Group on Restraint and Seclusion, all policies, procedures and information was accessible and available for staff reference. The inspector confirmed that staff had completed recent training on Managing Challenging Behaviour and Record Keeping. This was evidenced in staff training records and through discussion with five staff. All staff stated that they were happy with training and could ask for further training and this would be arranged. The inspector found that four service users' files evidenced that good information was in place to ensure that challenging behaviour was managed and followed up in individual care plans. The inspector noted that the individual service users' human rights were always taken in to account and this was evidenced in the records examined.	Compliant

Regulation 14 (5) which states: **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.**	**COMPLIANCE LEVEL**
Provider's Self-Assessment:	
If there was an incident of having to use restraint on a service user this would be recorded in their notes, family and social workers would be informed and a form 1(a) would be completed and forwarded to RQIA. In this event a review would be organsied in order to adapt a new care plan in accordance with the service user/social worker and family.	Compliant
Inspection Findings:	**COMPLIANCE LEVEL**
As stated restraint is not used at the centre. The inspector was satisfied that the centre have good systems in place for managing challenging or difficult behaviours.	Compliant

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

INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	**COMPLIANCE LEVEL**
	Compliant

Theme 2 – Management and Control of Operations **Management systems and arrangements are in place that support and promote the delivery of quality care services.** **Theme covers the level of competence of any person designated as being in charge in the absence of the registered manager.**	**COMPLIANCE LEVEL**
Regulation 20 (1) which states: **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 -** **(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;** **Standard 17.1 which states:** **There is a defined management structure that clearly identifies lines of accountability, specifies roles and details responsibilities for areas of activity.**	
Provider's Self Assessment:	
In the absence of the centre manager at Gortmore Day Centre, there is a defined management structure which identifies who "Acts" as manager in their absence. We have 2 staff who are deemed competent to fulfill this role due to their experience/qualifications. Arrangements for cover is displayed on noticeboard clearly identifying roles. All staff will have been assessed by the registered manager to ensure they are competent to fulfil the role.	Compliant
Inspection Findings:	**COMPLIANCE LEVEL**
The inspector examined the statement of purpose and noted that there was information pertaining to the management structure and staffing arrangements and this was clear and informative. The inspector also examined a number of copies of the staff duty rota and found that the rota was outlined in accordance with guidelines and there were sufficient staff on duty at all times. The manager had received a variety of training some of which included training on Information and Records Management, Record Keeping, Management of Complaints and Finance, Depression in Older, People, Equality and Diversity and Datix incident training.	Compliant

The inspector checked the professional registration, qualifications, experience and evidence of competence of the registered manager and confirmed that the information met current guidelines. The centre have a policy and procedure in place outlining cover arrangements in the absence of the manager and this was available for inspection. The records of the staff member who manages the day care setting in the absence of the manager were available for examination and these reflected that the staff member was supervised regularly, had annual appraisal and had also successfully completed a competency and capability assessment. The inspector talked with the staff member and was satisfied that she was aware and informed of her responsibilities in the absence of the registered manager. The inspector viewed the staff training record and noted that there had been a variety of training over the last 12 months some of which included, Training on Challenging Behaviour, Information Governance and Record Keeping, and Depression in Older People. The inspector examined supervision and appraisal records and confirmed that these were held in accordance with regulations. The inspector also noted that Regulation 28 visits reflected that staffing was inspected and recorded as part of the inspection.	
Regulation 20 (2) which states: • **The registered person shall ensure that persons working in the day care setting are appropriately supervised**	**COMPLIANCE LEVEL**
Provider's Self-Assessment:	
All staff with the exception of one who works at Gortmore Day Centre have either NVQ Level 2/3/4 or 5. This person is registered with the training team and will be commencing NVQ Level 2 shortly. Training is provided within the centre for mandatory training. Other courses outside of this is available throughout the year in the training calender. The centre manager nominates staff to attend relevant and appropriate courses which would benefit the service users, staff and the centre as a whole. These are often courses relevant and highlighted during staff's annual appraisal.	Substantially compliant
Inspection Findings:	**COMPLIANCE LEVEL**
The inspector verified that staff have supervision on a regular basis and that staff appraisals have taken place. This was confirmed through discussion with five staff members and observation of staff supervision/appraisal records.	Compliant

Regulation 21 (3) (b) which states: • **(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**	**COMPLIANCE LEVEL**
Provider's Self-Assessment:	
All students, tutors, group facilitators, work men who work within Gortmore Day Centre are supervised in their role by staff within the centre. The centre manager over see's this to ensure the safety of the service users and those working in the centre. Any person who is required to be on the premises for longer than two weeks are subject to Access NI checks.	Compliant
Inspection Findings:	**COMPLIANCE LEVEL**
The inspector examined the professional registration, qualifications, experience and evidence of competence of the registered manager and the records of the staff member who manages the day care setting in her absence. The inspector was satisfied that these were in accordance with legislation and guidance and there was good evidence to verify that both the manager and the staff member who covers in her absence have the training and skills to manage the day centre effectively. As stated previously all supervision records were available for observation and met with the standards. The inspector verified that there were appropriate policies and procedures in place pertaining to the management of operations, a selection of policies and procedures included; Day Care Operational policy, Policy and Procedure for the Absence of the Manager, Incident Reporting, Supervision policy, Performance Appraisal Policy, and Safeguarding Vulnerable Adult policy. All policies and procedures are held in the office and are available for staff reference. The inspector has made a previous recommendation that staff read and sign –off all current policies in relation to the standards for inspection. The inspector looked at staff records and verified the information contained in the managers' self -assessment. The inspector also talked with five staff members and was satisfied that they were aware of their roles and responsibilities in relation to the service users.	Compliant

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

INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

Additional Areas Examined

Complaints

The inspector examined the complaints record and the accidents and incidents record and was satisfied that these were managed in accordance with guidance.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Phyllis Kelly Registered Manager, as part of the inspection process.

The timescales for completion commence from the date of inspection.

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

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

Enquiries relating to this report should be addressed to:

Margaret Coary
The Regulation and Quality Improvement Authority
Hilltop
Tyrone & Fermanagh Hospital
Omagh
BT79 0NS

The Regulation and Quality Improvement Authority

Quality Improvement Plan

Primary Announced Care Inspection

Gortmore Day Centre

20 May 2014

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

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Phyllis Kelly, Registered Manager either during or after the inspection visit.

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

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

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

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

Statutory Requirements

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

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
		No requirements were made as a result of this inspection.			

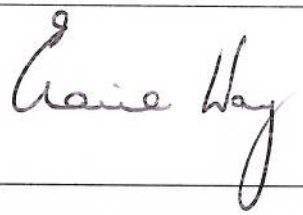
Recommendations

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	Recommendations	Number Of Times Stated	Details of Action Taken By Registered Person(S)	Timescale
1	7.1	The Service Users Guide should include information regarding confidentiality of records, how they are managed and how the service user can access them.	Once	The service users guide now includes details of confidentiality of records, how service users can access their records and how this is managed.	One month
2 3 4	7.2 7.3	(a) Access to records to be discussed at a staff meeting and staff members sign-off all appropriate policies. (b) Access to records to be discussed with service users at their group meeting. (c) A record of access to information including date, who applied for access and outcome of request to be retained in each service users' file.	Once	Access to records will be discussed at the next staff meeting meeting. All staff are currently reading and signing off all appropriate policies. Access to records has been discussed at service users meeting (3/6/14). All requests to access service users information will be recorded in service users files; including the date, who applied for it and outcome of the request.	Three months

5 6	7.4	(a) All information in service users file should be regularly updated, reviewed and signed-off by the manager. (b) Advice from physiotherapist at the review meeting to be followed up in the service users care plan as discussed.	Once	The centre manager will continually update, review and sign off service users files. This service users care plan has now been updated to include the recommendations made by the physiotherapist.	Ongoing

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	Phyllis Kelly
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			
Further information requested from provider			

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Margaret Coary	29 July 2014
Further information requested from provider			