

Primary Unannounced Care Inspection

Name of Establishment:	Clogher Valley Day Centre
Establishment ID No:	11243
Date of Inspection:	25 February 2015
Inspector's Name:	Priscilla Clayton
Inspection No:	IN020657

The Regulation And Quality Improvement Authority
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Name of centre:	Clogher Valley Day Centre
Address:	38 Augher Road Clogher BT76 0AD
Telephone number:	028 8554 9320 / 321
E mail address:	clogher.daycentre@southerntrust.hscni.net
Registered organisation/ Registered provider:	Southern HSC Trust Anne Mairead McAlinden
Registered manager:	Martin Stevenson
Person in Charge of the centre at the time of inspection:	Beverly Thompson. Senior Care Support Worker (am) Martin Stevenson from 2pm
Categories of care:	DCS-I, DCS-LD, DCS-MP, DCS-PH
Number of registered places:	22
Number of service users accommodated on day of inspection:	18
Date and type of previous inspection:	18 June 2013 Primary Unannounced
Date and time of inspection:	25 February 2015: 9am – 3.30pm
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 and care staff.
- 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	Six including the manager
Relatives	Nil
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	8	4

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

Clogher Valley Day Centre is a statutory facility located close to the town centre of Clogher. The service is provided by the Southern Health and Social Care Trust (SHSCT) in premises designed for this purpose. There is a large, main room, used for both activities and dining, and an adjoining, slightly smaller activity room, furnished with armchairs for all service users. The centre has a well equipped kitchen where cooked lunches and light snacks are prepared. There are dedicated facilities for hairdressing and alternative therapies, offices, bathroom and toilets.

The centre can facilitate a maximum of 20 service users each weekday, Monday to Friday between 09.00 hours and 15.45 hours. The centre closes on bank holidays and on set staff training days.

7.0 Summary of Inspection

The primary unannounced inspection of Clogher Valley Day Centre took place on 25 February 2015 between the hours of 9am and 3.30 pm. The registered manager, Martin Stevenson was "on call" as he was in another day care centre where he is also registered manager. Beverly Thompson, Band 5, senior support day care worker was in charge of Clogher Valley Day Care Centre and was supported at operational level by another senior support day care worker and three day care support workers, one cook and clerical staff. Eighteen service users attended the centre.

No requirements or recommendations were made at the previous inspection conducted on 18 June 2013.

Prior to the inspection, the registered manager completed a self -assessment of the standard criteria outlined in the standards to be inspected. The comments provided by the registered manager, Martin Stevenson, in the self- assessment were not altered in any way by RQIA.

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, reviewed staff questionnaires, examined a selection of records and carried out a general inspection of the day care environment.

Staff interactions and responses to service users were observed to be appropriate and were based on an understanding of individual service users conduct, behaviours and means of communication.

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 of good professional practice in regard to recording and record keeping including assessment, care planning and review. One recommendation made related to notification regarding two choking incidents to the care manager / social worker and possible assessment by Speech and Language therapist. Discussion in this regard is to be undertaken with the service user.

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.

The supporting evidence gathered through the inspection process concluded that Clogher Valley Day Centre was substantially compliant with Standard 7.

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 procedures in place which reflected best practice guidance in relation to management of actual and potential aggression (MAPA), 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 no form of restrictive practice was in place.

Staff training in MAPA is provided annually and staff who spoke with the inspector demonstrated knowledge of the policy in place and procedure to follow should challenging behaviour ever arise.

The supporting evidence gathered through the inspection process concluded that Clogher Valley Day Centre was compliant with this theme. This is to be commended.

Theme 2 - Management and control of operations.

There was a management structure which clearly defines lines of accountability, specifies roles and was reflected within the Statement of Purpose.

The inspector reviewed the arrangements in place in regard to the management and control of operations. The registered manager, Martin Stevenson, who is also registered manager of two other day care centres, is supported at senior management level by the head of day care services, Tierna Armstrong. At operational level support is provided by a mixed skill team of senior day care workers, day care support workers, administrative and ancillary support staff.

Supporting evidence of the level of compliance with this theme was obtained from 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.

Recommendation was made in regard to staff training in complaints management and the inclusion of this training within the competency and capability assessment.

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

Conclusion

One requirement and four recommendations were made as a result of this inspection. Details of improvements to be made are contained within the appended Quality Improvement Plan. 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.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
		No requirements were made as a result of this inspection.	Not applicable	

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
		No recommendations were made as a result of this inspection.	Not applicable	

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: Day care staff of the southern health and social services trust oppc recognise all service users have the right to confidentiality. Health service staff are duty bound under the Data protection act 1998. This does not in anyway infringe on other peoples rights to information. There is clear trust policy guidelines and procedures on how staff act on requests for information under the data protection act of 1998 which came into effect from 1 st march 2000 Under the Data Protection Act 1998, anyone can ask to have access to personal data held by the southern trust. Personal data is information about a living person that can identify that individual. And the confidential nature of a service user's information. There is an obligation on health and social care staff to respect that confidentiality, which can continue to apply even after their death if the service user requests that confidence to be upheld Service users must also be informed in a manner appropriate to their communication needs of what information is necessary to share to meet their care needs and the likely extent of the sharing for as long as the care needs continue for that person. Review of care carried out by members of the care team and those supporting them have sufficant connection for the sharing of information to be justified on the basis of implied consent,providing the individual has been informed. Service users would be given an opportunity to discuss any concerns they may have about possible uses of their information if the situation are need arises.	Compliant
Inspection Findings: The centre has a policy / procedure entitled Good Practice Manual on Confidentiality and Data Protection. In addition a policy specific to Data Protection Act 1998 Version 2 was in place. This policy was dated 2012. Information as illustrated by the manager in the self- assessment was verified through examination of documents and discussions with the manager and staff.	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: The trust in reference to 7:2 adheres to the principles of the data protection act 1998. service users can access their information and their information is shared with them or their carers this is demonstrated through review meetings, care planning assessment, Keyworking. Day centre management follows all trust guidance in relation to requests for information from carers, service users, or their chosen representatives the southern trust recognise the public rights but are also mindful of service user rights to confidentiality see reference 7:1 this refers to individual rights and the sharing of specific information in relation to meeting specific needs and outcomes. The trust recognise the public rights to make a subject access request for information, rights to request the ceasing of information, right to compensation, and the right to see rationale behind automated decisions, right to prevent processing used for direct marketing. written requests can be made for a fee and be responded to within 40 working days.	Compliant
Inspection Findings: Information as illustrated by the manager in the self- assessment of this criterion was evidenced through discussion with the senior support day care worker and examination of related policies / procedures which made reference to Data Protection Act 1989 and management of records including release of same under the Freedom of Information Act 2000. Four care records examined evidenced that these were shared and signed and dated by the service user / representative.	COMPLIANCE LEVEL Compliant
Criterion Assessed: 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: <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; 	COMPLIANCE LEVEL

<ul style="list-style-type: none"> • Changes in objectives, expected outcomes and associated timeframes where relevant; • Changes in the service user's usual programme; • Unusual or changed circumstances that affect the service user and any action taken by staff; • Contact with the service user's representative about matters or concerns regarding the health and well-being of the service user; • Contact between the staff and primary health and social care services regarding the service user; • Records of medicines; • Incidents, accidents, or near misses occurring and action taken; and • The information, documents and other records set out in Appendix 1. 	
Provider's Self-Assessment:	
<p>service user individual case records/ notes or maintained within the day centre in a format that meets the required standard reference 7:4 and in line with The minimum standards january 2012 Standard 18: There are policies and procedures in place that direct the quality and of care and services.</p>	Compliant
Inspection Findings:	COMPLIANCE LEVEL
<p>Examination of four care records evidenced information as illustrated by the manager and this criterion.</p> <p>Policies / procedures in place included Assessment, Care planning and Review which was dated April 2013.</p> <p>One care record examined was discussed with the senior care support worker in charge on the morning of the inspection. Discussion centred around reported incidents of service user choking on two occasions. Examination of care record evidenced that the social worker had been informed and visit to the general practitioner recommended. The choking risk was reflected within the care plan with intervention to minimise the risk recorded. However, referral to the care manager regarding assessment by the Speech and Language Therapist was recommended to ensure all measures necessary to minimise the risk of further choking and that any further recommendations made by the Speech and Language Therapist following assessment is reflected within the care plan. Additionally the development of a policy on Choking is recommended. The subject of choking had been provided in staff First Aid training.</p>	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: This is now an established practice within the centre and has been introduced from 1 st MAY 2014 this will now be recorded every five attendances or on a monthly basis when no recordable events occur. The day centre records daily on service users.	Compliant
Inspection Findings: Examination of four care records evidenced that evaluations were being recorded on each attendance.	COMPLIANCE LEVEL Compliant
Criterion Assessed: 7.6 There is guidance for staff on matters that need to be reported or referrals made to: <ul style="list-style-type: none"> • The registered manager; • The service user's representative; • The referral agent; and • Other relevant health or social care professionals. 	COMPLIANCE LEVEL
Provider's Self-Assessment: There is a management competency assessment introduced January 2014 that designated staff are capable of being in charge in the absence of the registered manager which accounts for their competency in discharging the afore mentioned responsibilities should the need arise as part of health and safety reporting of incidents/ accidents, complaints reporting complaints dealing with complaints, vulnerable adults. There is guidance on Management contacts should the registered manager be unavailable, whom to report to and were to contact them if advice or guidance is required or sought. All staff receive mandatory training in the reporting of the afore mentioned areas and are aware of the persons to contact there is a record of contact numbers designated persons on matters that require staff to report. The southern trust retain policy guidance and procedures in these areas also for staff and in recognition of social care governance standards and DHSSP guidelines.	Substantially compliant
Inspection Findings: Guidance on the Management of Operations, dated January 2014, was in place and known by senior care support	COMPLIANCE LEVEL Compliant

<p>worker.</p> <p>Staff guidance in regard to reporting of or referrals was reflected within various policies / procedures. For example, challenging behaviour, safeguarding, whistleblowing and recording and reporting care practices. There was recorded evidence of referral and reporting to the primary health care team within care records examined. Staff demonstrated understanding of the importance of reporting and referral as required.</p>	
<p>Criterion Assessed:</p> <p>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:</p>	
<p>All day care staff know the standard required for the need to complete legible, accurate, and up to date records. records signed as part of good practice signed by the registered manager are review meetings, careplans, risk assessments, initial assessments. These can be evidenced in service user records record keeping and management is part of the day centres ongoing quality assurance and the proper storage and confidentiality of records.</p>	Compliant
<p>Inspection Findings:</p>	COMPLIANCE LEVEL
<p>Examination of four care records evidenced that these were legible, current, dated and signed in keeping with this criterion and good professional practice. The day care support worker in charge confirmed these were accurate records.</p>	Compliant

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

<p>INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>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:	
Regulation 14 (4) which states:	COMPLIANCE LEVEL
The registered person shall ensure that no service user is subject to restraint unless restraint of the kind employed is the only practicable means of securing the welfare of that or any other service user and there are exceptional circumstances.	
Provider's Self-Assessment:	
<p>The Management of aggression, MAPPA, training is mandatory for day care staff. This training provides staff with the skills and knowledge to manage and respond appropriately to challenging behaviour if required. This training is at level 2 which is deemed low to minimal risk.</p> <p>Staff have received this training and are required to undertake 3 yearly refresher training. This training programme is supported by a range of work place policies and staff are required to be familiar with. These include Policy 30 Management of violence and aggression/ managing behaviour that is challenging. Policy 46 Managing aggression. Policy 47 Managing restraint.</p> <p>The above policies and procedures clarify the roles and responsibilities of all staff in relation to understanding and responding to behaviour which is challenging and supporting staff to consider what arrangements which may be required to be put in place to ensure timely and appropriate reaction to incidents. There are no service users currently attending with behavioural concerns which require restrictive strategy intervention. Clogher day centre has a fobbed access at the entrance doors externally and the day centre have memory service users on a daily basis days Monday to Thursday. The Keypad door is not seen as a restraint mechanism by service users and staff but for the protection, Safety and security of vulnerable adults to ensure their Health and wellbeing this information has been shared with service users who understand and respect the need for these mechanisms which are in place in the day centre.</p>	Compliant
Inspection Findings:	COMPLIANCE LEVEL
Information as illustrated by the manager in the self -assessment was verified through discussion with the senior support care worker and staff who confirmed there was no challenging behaviour or restrictive practices within the centre. Staff training records evidenced that training in managing aggression and restraint had been provided. Arrangements for three staff to undertake training was confirmed by the senior care support worker in charge. Staff	Compliant

demonstrated knowledge of the procedure to follow should incidents in regard to challenging behaviour arise.	
Key pad door opening / closure was in place for security reasons and not used as a form of restraint.	
Regulation 14 (5) which states:	COMPLIANCE LEVEL
On any occasions on which a service user is subject to restraint, the registered person shall record the circumstances, including the nature of the restraint. These details should also be reported to the Regulation and Quality Improvement Authority as soon as is practicable.	
Provider's Self-Assessment:	
The Service User would be reviewed in relation to a specific behavioural management programme by a multidisciplinary team involved in their care. The day centre staff would seek professional guidance/support in reviewing the Service Users behavioural needs. Through this review process the care plan would include any assessments, guidance, support mechanisms. All staff would be appraised of behavioural management programme and follow accordingly. Currently there are no service users attending the centre who have behavioural management programmes implemented. All service user representatives, carers and other professionals/agencies providing support would be informed of this	Compliant
Inspection Findings:	COMPLIANCE LEVEL
Information as illustrated by the manager in the self- assessment was verified through discussion and examination of policy / procedures held in the centre. Staff demonstrated knowledge and understanding of the procedure as per training in Management of Actual or Potential Aggression (MAPA). The senior care support worker confirmed there were no service users presenting with behavioural problems and no form of restraint used.	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	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>There is an established management structure and arrangements in place with an appropriate skill mix to support service users. Staff are aware of their duties and responsibilities. There is a registered manager. When the manager is not available a Senior Day Care Worker at Band 5 is on site and there is management support from the Registered Locality Manager or another Locality Manager on the same manager structure. The statement of purpose refers to this see point 5 of statement of purpose. There is also now a management competency assessment introduced January 2014 completed for staff who take charge in the absence of the manager this accounts for practical assessment and also a training record of achievement and course attended e.g mandatory training, qualifications. in reference to 17:1 there is an established management structure within the day centre.</p>	Compliant
<p>Inspection Findings:</p>	COMPLIANCE LEVEL
<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>	Substantially compliant

<p>The registered manager, who was not present on the morning of inspection, has responsibility for the management of two other centres. Senior care support workers undertake this responsibility when the manager is not in the centre. Staff contact with the manager when not in the centre can be made via mobile telephone. Competency and capability assessments of staff in charge of the centre when the manager is not present were available in the centre.</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 quarterly with minutes recorded. Dates and times are ring fenced so that all staff are aware. Staff supervision is provided in 1:1 and group format with records retained.</p> <p>Staff appraisal takes place on an annual basis with records retained by the manager. One recommendation made related to the provision of staff training in the management of complaints and inclusion of this within competency and capability assessments of staff that are in charge of the centre when the manager is not present.</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>There is an established programme of individual and group supervision of all staff within the day centre which is appropriate to designation/ grade , seniority.</p> <p>All staff receive a yearly staff appraisal in line with day care standard 22 Staff are supervised and their performance appraised to promote the delivery of quality care and services. The Registered Manager and the Band 5 Senior Day Care staff have received their training in the Southern Trust Adult supervision Policy. Senior staff have also been trained to undertake KSF and appraisal with staff whom they have direct line management responsibility for in the day centre.</p>	Compliant
<p>Inspection Findings:</p>	COMPLIANCE LEVEL
<p>Information as illustrated by the manager was evidenced through examination of records retained 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>Examination of the duty roster evidenced that there is always a senior day care support worker on duty in the day centre. The registered manager's actual hours spent within the day care centre should be recorded within the duty roster in accordance with Regulation 19 (2) Schedule 5 7. (Northern Ireland) 2007.</p> <p>It is recommended that an indicator is made in the duty roster showing the senior day care support worker who is in charge of the centre when the manager is not present.</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 	COMPLIANCE LEVEL
<p>Provider's Self-Assessment:</p>	
<p>Staff receive corporate induction for all new staff e.g fire safety vulnerable adults, infection control, manual handling, coshh all staff receive an established programme of Mandatory training, staff are encouraged to undertake vocational qualifications in accordance with their designated job role, niscc registration guidelines in order to retain registration requirements. All staff who supervise staff are appropriately qualified and experienced to supervise social care staff in Day Centres. This is defined by their grade, job role, experience and qualifications in the organisation The Supervisor must also have undertaken the formal Supervision Training organised and delivered by the Trust Training registration requirements. Day care staff are qcf level 3 or 2 qualified in their roles. The registered manager holds the qcf level 5 dip in Health and social care management (Adult services)</p>	Compliant
<p>Inspection Findings:</p>	COMPLIANCE LEVEL
<p>Information as illustrated by the manager was verified through examination of staff training records, discussions with staff and observation of care practice.</p> <p>As confirmed by the manager all care staff has a National Vocational Qualification (NVQ) or Qualification Credit Foundation (QCF) care qualification.</p> <p>Records retained evidenced that newly appointed staff receives an induction programme which covers all necessary activity and skill to work within the centre. Additionally ongoing staff meetings, reflective practice, supervision and appraisal are provided in keeping with the SHSC Trust policy / procedures and governance arrangements.</p>	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

9.0 Additional Areas Examined

9.1 Complaints

The centre retains a register and records of complaints received which were discussed with the senior care support worker and the registered manager. The manager confirmed that all complaints resolved satisfactorily. It is recommended that any action taken as a result of investigation and resolution is recorded. Additionally it is recommended that the format of complaints register is reviewed and revised.

9.2 Registered Manager Questionnaire

The registered manager, Martin Stevenson, completed, signed and returned the management questionnaire to RQIA. Examination of the document evidenced that the manager, who is also registered manager of two other centres, spent one or two days per week in the centre. Governance arrangements verified by the manager included provision of corporate policies / procedures, staff induction, staff appraisals and registrations with Northern Ireland Social Care Council and recording and review of accidents / incidents and complaints management. The manager also confirmed that there was no service users presenting with challenging behaviour. Staff training in challenging behaviour, restraint, restriction and seclusion was also confirmed.

9.3 Statement of Purpose

The Statement of Purpose for the centre had been reviewed on 23 September 2014. The document was found to be comprehensive and in accordance with Regulation 4 of The Day Care Setting Regulations (Northern Ireland) 2007.

9.4 Service Users Guide

The Service User Guide for the centre was dated May 2014. The document was found to be comprehensive and in accordance with Regulation 5 of The Day Care Setting Regulations (Northern Ireland) 2007.

9.5 Monthly Monitoring Reports

Monthly monitoring visits were being conducted as evidenced within records retained. Examination of three reports was undertaken. The dates recorded were found to be confusing as two dates were reflected within each report. The manager agreed to discuss this with the monitoring staff member.

9.7 Service users views

Service users were observed participating in organised activities and socialising with each other. The inspector met with all service users both individually and in group format. In accordance with their capabilities all service users indicated / expressed that they really enjoyed attending the centre and how much they looked forward to attending and meeting up with other people and the lovely staff who they described as “just great and see to everything”. No issues or concerns were expressed or indicated.

9.8 Staff views / questionnaires

The inspector spoke with four staff of different grades and reviewed four staff questionnaire returned to RQIA within the timescale. Comments made in regard to the provision of care were positive. No issues or concerns were expressed or indicated.

9.10 Environment

The centre was observed to be nicely decorated and maintained. All areas were clean, tidy, organised and adequately heated throughout.

10.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with the registered manager, Martin Stevenson and senior support care worker, Beverly Thompson 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



Quality Improvement Plan

Primary Announced Care Inspection

Clogher Valley Day Centre

25 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 registered manager, Martin Stevenson and Beverly Thompson, senior day care worker at conclusion 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	Requirement	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Regulation 19 (2) Schedule 5.7	<p><u>Staff duty roster</u></p> <p>The registered manager's actual hours spent within the day care centre to be recorded within the duty roster</p> <p>It is recommended that an indicator is made in the duty roster showing the senior day care support worker who is in charge of the centre when the manager is not present.</p>	One	<p>The Registered manager confirms that this requirement has been implemented and the Duty Roster now records the actual hours the manager is on site and on duty in the day care facility. The requirement was implemented on 11/03/2015.</p> <p>The Registered Manager confirms the the Duty rota has been amended and now reflects the stated requirement identifying the senior person in charge in the absence of the manager. This was implemented from .implemented from 11/03/15</p>	27 February 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 21.4	<p><u>Training</u></p> <p>It is recommended that staff training in complaints management is provided with a record of this included within the competency and capability assessment.</p>	One	<p>The registered manager has engaged with the Trust training dept to agree a roll out programme for staff in complaints management .</p> <p>During March & April 2015 the Registered manager has planned to raise awareness of the Trust Policy in dealing with complaints and this will be a standing item on the Team Meeting Agenda</p>	May 2015
2	Standard 5.2	<p><u>Choking</u></p> <p>The registered manager must ensure all measures necessary to minimise the risk of further choking is recommended. If applicable any recommendations made by the Speech and Language Therapist or dietician following assessment is reflected within the care plan.</p>	One	The Registered Manager can confirm that all recommendations to minimise the risk of choking will be put in place and this guidance will be reflected within care plans.	Immediate
3	Standard 17.2	<p><u>Policy development</u></p> <p>The development of a policy on Choking is</p>	One	The Registered Manager can confirm that the Southern Trust Procedure for Trust Staff to	1 April 2015

		recommended.		Support Adult Service Users who have Eating, Drinking and Swallowing Difficulties implemented Dec 2013 by OPPC Trust Multi-disciplinary Group and has been implemented into day care service. Any further development will be reviewed through the Group Review Programme for this procedure.	
4	Standard 17.10	<p><u>Monthly Monitoring Reports</u></p> <p>Monthly monitoring visits were being conducted as evidenced within records retained. Examination of the reports evidenced that the dates recorded were confusing as two dates were reflected within some reports. The manager agreed to discuss this with the monitoring staff member.</p>	One	The registered manager accepted the inaccuracy and has shared the recommendation from the QIP with his colleagues who undertake Registered Provider Visits on behalf of the Registered Person.	30 March 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	Martin Stevenson
Name of Responsible Person / Identified Responsible Person Approving Qip	Mrs Angela McVeigh Director Older People & Primary Care

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Priscilla Clayton	20 March 2015
Further information requested from provider			