



The **Regulation** and
Quality Improvement
Authority

Primary Announced Care Inspection

Name of Establishment: Newtownstewart Day Centre
Establishment ID No: 11252
Date of Inspection: 30 April 2014
Inspector's Name: Margaret Coary
Inspection No: 16574

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

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| Name of centre: | Newtownstewart Day Centre |
| Address: | ABB Parish Hall Dublin Street Newtownstewart BT78 4AE |
| Telephone number: | (028) 8166 3120 |
| E mail address: | kelly.devenney@westerntrust.hscni.net |
| Registered organisation/ Registered provider: | Western Health & Social Care Trust Ms Elaine Way CBE |
| Registered manager: | Ms Evelyn Young |
| Person in Charge of the centre at the time of inspection: | Ms Evelyn Young |
| | DCS - LD DCS – LD (E) DCS - E |
| Number of registered places: | 15 |
| Number of service users accommodated on day of inspection: | 10 |
| Scale of charges (per week): | Trust operated |
| Date and type of previous inspection: | 23 October 2013 Primary Unannounced |
| Date and time of inspection: | 30 April 2014: 10.15 hours - 13.30 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:

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| Service users | 8 |
| Staff | 2 |
| Relatives | 0 |
| Visiting Professionals | 0 |

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

| Issued To | Number issued | Number returned |
|-----------|---------------|-----------------|
| Staff | 1 | 1 |

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

Newtownstewart Day Centre is located in the town, in a large room with adjoining kitchen, a hall and toilet facilities. The Western Health and Social Care Trust (WHSCT) rent the premises from a local church. The service is delivered within office hours on Wednesday of each week.

Ms Evelyn Young manages this centre plus two other facilities using a team of care staff and two drivers.

Currently the centre provides support, personal care and therapeutic interventions for up to 15 people, most of whom are over the age of 65, but including some people below 65 years of age who have been assessed as having learning disability needs.

Summary of Inspection

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

This unannounced inspection was carried out on 30 April 2014 from 10.15 hours to 13.30 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, Ms Evelyn Young. The inspector had a short meeting and agreed the inspection process with Ms Young. Feedback was given at the end of the inspection.

A completed self-assessment document was submitted by Ms Young. 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 eight service users
Discussion with two staff members.
One completed staff questionnaire.
Verbal contribution from the manager in relation to any other information that was requested.

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.

The inspector found that the centre have relevant processes established regarding service user records and recording. The centre have appropriate policies and procedures in place which are accessible and available to staff. Evidence in files examined reflected that the manager and staff have a good understanding of the legislation and guidance and can transfer this knowledge to their recording practises.

The centre have a 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 have any behaviour issues or use restrictive practise at present, however, policies and procedures are in place and are available for staff consultation should the need arise.

The centre have 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.

The inspector has made one requirement in relation to mandatory training for a recently appointed staff member.

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

Environment

The day centre is held in the community centre which belongs to the local church. The inspector found the premises to be clean, warm and comfortable.

Staffing

The inspector found that there were satisfactory numbers of staff on duty.

There were eight service users present on the day of inspection. The service users had a group meeting on the morning of the inspection during which options for the summer outing were discussed. The inspector noted that all service users' opinions were included and recorded. The inspector had tea with the service users and discussed their experience of day care. They all expressed their enjoyment of attendance at the centre and stressed that staff were very kind and thoughtful, catering to every need.

There was a happy atmosphere within the group and staff were observed to have an excellent rapport and knowledge of those in their care.

The centre have one requirement from this announced inspection.

The inspector would like to thank the manager, staff and service users for their cooperation and assistance with this announced inspection.

Follow-Up on Previous Issues

| No. | Regulation Ref. | Requirement | Action Taken - As Confirmed During This Inspection | Inspector's Validation Of Compliance |
|------------|------------------------|---|--|---|
| 1 | Schedule 1 Ref 14 | The statement of purpose should include the arrangements for dealing with complaints. | Arrangements for dealing with complaints are now included in the statement of purpose. | Compliant |

| No. | Minimum Standard Ref. | Recommendations | Action Taken - As Confirmed During This Inspection | Inspector's Validation Of Compliance |
|-----|-----------------------|---|--|--------------------------------------|
| 1 | 15.4 | The centre should make arrangements for a member of an advocacy group to visit and advise service users and their relatives of the role of an advocate. | The centre had a member of the Patient Client Council meet with the service users and inform them of the advocacy services which are available to them. Each service user was given a pack containing all relevant information and contact details. | Compliant |
| 2 | 15.6 | The monitoring visit should include a regular audit of reviews undertaken and ensure that follow-up action is completed. | The monitoring visits now include an audit of all reviews undertaken and any follow-up action. | Compliant |
| 3 | 13.10 | A competency and capability assessment should be carried out on the staff member who is responsible for the centre in the absence of the manager. | The inspector viewed a competency and capability assessment which had been completed for the member of staff responsible for the running of the centre in the absence of the manager and found this to be in keeping with guidance. | Compliant |
| 4 | 17.10 | The monitoring visit should include an audit of records and record keeping. | The monitoring visit now includes an audit of working practises in relation to records. | Compliant |
| 5 | 4.3 | Assessments should be updated and appropriately signed; this should include designation of the persons involved. | The inspector found that records were signed in accordance with guidance and legislation. | 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:**

Yes the legal and ethical duty of confidentiality of service users information is maintained at all times.

Compliant

Inspection Findings:

The inspector examined four service users' files and confirmed that all relevant information was recorded in accordance with regulations.

The inspector scrutinised the centres policies and procedures and noted that these included policies on Assessment Care Planning and Review, Records Management and information for staff which referred to the Sharing of Information, Confidentiality and Using your information for the benefit of others, Your right to see what is held about you and Duties of staff concerning your confidentiality. The centre also had policies and procedures in place for Accident and Incident Reporting and a code of practise on Protecting the confidentiality of service user information.

The inspector talked with two staff members who confirmed that the policies and procedures were available to them for consultation.

The inspector was satisfied that both staff members were fully aware of their roles and responsibilities regarding confidentiality of personal information and recording practises in the day care setting.

COMPLIANCE LEVEL

Compliant

| Criterion Assessed: | COMPLIANCE LEVEL |
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| <p>7.2 A service user and, with his or her consent, another person acting on his or her behalf should normally expect to see his or her case records / notes.</p> <p>7.3 A record of all requests for access to individual case records/notes and their outcomes should be maintained.</p> | |
| Provider's Self-Assessment: | |
| <p>Service users are involved from assessment through care planning and review and will have all aspects of their files shared through ongoing involvement.</p> <p>Where access to records are requested by the service user/representative staff will be guided by the Freedom of Information Act and the Trust's Access to Records protocol.</p> | Compliant |
| Inspection Findings: | COMPLIANCE LEVEL |
| <p>The inspector examined the policies and procedures and noted that they included information pertaining to: the access to records; consent; management of records and service user agreement.</p> <p>As stated previously all the policies and procedures are readily available for staff reference.</p> <p>The inspector talked with two staff members regarding their recording and how they ensure a person centred approach. The inspector found that staff were very aware of their responsibilities in relation to recording each individual's personal information and were informed of legislation and guidance in this regard.</p> <p>The inspector noted that file records were reflective of this. The manager advised that if there was a request for access to information then this would be carried out as per guidance. The inspector looked at the guidance in respect of freedom of information and noted that there were detailed arrangements in place for the centre.</p> <p>The inspector confirmed that staff at the centre were aware of the proper processes and procedures which should be followed regarding access to records.</p> <p>The inspector met with a group of eight service users and discussed their right to access to records. The service users were aware that they could see their personal information and told the inspector that this was always done at the review.</p> <p>The inspector examined the service users' guide and found that this contained relevant information pertaining to confidentiality for the service user.</p> | Compliant |

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| <p>Criterion Assessed:</p> <p>7.4 Individual case records/notes (from referral to closure) related to activity within the day service are maintained for each service user, to include:</p> <ul style="list-style-type: none"> • Assessments of need (Standards 2 & 4); care plans (Standard 5) and care reviews (Standard 15); • All personal care and support provided; • Changes in the service user’s needs or behaviour and any action taken by staff; • Changes in objectives, expected outcomes and associated timeframes where relevant; • Changes in the service user’s usual programme; • Unusual or changed circumstances that affect the service user and any action taken by staff; • Contact with the service user’s representative about matters or concerns regarding the health and well-being of the service user; • Contact between the staff and primary health and social care services regarding the service user; • Records of medicines; • Incidents, accidents, or near misses occurring and action taken; and • The information, documents and other records set out in Appendix 1. | <p>COMPLIANCE LEVEL</p> |
| <p>Provider’s Self-Assessment:</p> | |
| <p>Individual case records include all of the above for each service user.</p> | <p>Compliant</p> |
| <p>Inspection Findings:</p> <p>The inspector examined four files and found that the contents reflected all the stated criterion, information was detailed and person centred and demonstrated good communication with other professionals and compliance with any advice given. The inspector noted that reviews were carried out in a timely manner in accordance with guidance and legislation and all information was dated and signed off in keeping with legislation. As stated, staff were fully aware of the policies and procedures in relation to recording and records management. The inspector also examined a sample of monthly monitoring records and found that these reflected a regular audit of working practises.</p> | <p>COMPLIANCE LEVEL</p> <p>Compliant</p> |

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| 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: | |
| An entry is made at least every five attendances. | Compliant |
| Inspection Findings: | COMPLIANCE LEVEL |
| The inspector verified that care records evidenced a written entry for each attendance at the centre; staff advised that this information helped create a picture of the service users' experience at the Newtownstewart and was helpful if there were difficulties or issues which needed to be followed up. | 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: | |
| All staff report and record any significant changes to the registered manager. There is ongoing liaison with the key worker/referral agent who 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 found that there were appropriate policies and procedures in place for staff to consult regarding reporting and as stated, staff were very aware and informed in this regard. The inspector found that the records inspected reflected that there was excellent practise in relation to communication with allied professionals and the service user's representative with all follow-up advice acted upon and recorded. | Compliant |

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| 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. | Compliant |
| Inspection Findings: The inspector examined four files and found that records were clear and informative, up to date and signed off in accordance with guidance. The inspector confirmed that staff were informed and aware of their responsibilities in relation to recording and had received training regarding management of records. | COMPLIANCE LEVEL Compliant |

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

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| 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 | |
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| 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>Where restraint is used to secure the welfare of the client, a record will be made of this, to date this has not been necessary in Newtownstewart Day Centre. All key stakeholders will be informed, keyworker, family and RQIA. Case review to update care plan, risk management protocol.</p> | Substantially compliant |
| Inspection Findings: | |
| <p>The inspector found that restraint was not used in the centre, however, policies and procedures pertaining to 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 maintained in the centre and available for staff reference.</p> <p>The manager advised that the service users’ human rights are always considered and a copy of The Human Rights Act is available for staff consultation.</p> | Compliant |

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| <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>Currently there are no service users on a specific behaviour programme. If the situation arose then the centre manager would record and report the incident to the necessary bodies including RQIA. This would result in a multi-disciplinary review of the service users care plan. Necessary training and guidance would be sought for all staff involved.</p> | <p>Compliant</p> |
| <p>Inspection Findings:</p> <p>There is no restraint currently used in the centre, however, one service user has a lap strap for medical and safety reasons. The inspector looked at her care plan and noted that the use of the lap strap was well documented and written in to the care plan and was regularly reviewed and monitored.</p> | <p>COMPLIANCE LEVEL</p> <p>Compliant</p> |

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| <p>PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p> | <p>COMPLIANCE LEVEL</p> <p>Compliant</p> |
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| <p>INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p> | <p>COMPLIANCE LEVEL</p> <p>Compliant</p> |
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| <p align="center">Theme 2 – Management and Control of Operations</p> | <p align="center">COMPLIANCE LEVEL</p> |
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| <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 style="padding-left: 40px;">(a) ensure that at all times suitably qualified, competent and experienced persons are working in the day care setting in such numbers as are appropriate for the care of service users;</p> <p>Standard 17.1 which states:</p> <p>There is a defined management structure that clearly identifies lines of accountability, specifies roles and details responsibilities for areas of activity.</p> | |
| <p>Provider’s Self Assessment:</p> | |
| <p>At all times the centre is staffed with qualified, competent and experienced persons in such numbers as are appropriate for the care of service users. There is a defined management structure in the Statement of Purpose. Arrangements for cover is displayed on notice board clearly identifying roles.</p> | <p align="center">Compliant</p> |
| <p>Inspection Findings:</p> | <p align="center">COMPLIANCE LEVEL</p> |
| <p>The inspector looked at 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 inspector examined the professional registration, qualifications, experience and evidence of competence of the registered manager and confirmed that the information met current guidelines.</p> <p>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.</p> <p>The inspector examined training records and was concerned to note that a recently appointed member of staff had not had mandatory training; this contravenes the Trust Training Policy and is a requirement for care staff. The inspector</p> | <p align="center">Substantially Compliant</p> |

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| <p>talked with the staff member and was advised that the training had been arranged, however, due to staff shortage she was needed at another centre on the day of the training. The inspector discussed the training with the manager and advised that this be completed immediately. There is a requirement in relation to this.</p> <p>The inspector viewed the training record and noted that there had been a variety of training over the last twelve months some of which included, Training on Parkinson's Disease, Training on Supervision, Audit Training and Incident Reporting and Art with Dance Reminiscence.</p> <p>The inspector examined the statement of purpose and noted that there was information pertaining to staffing arrangements and this was clear and informative. 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 inspector met with eight service users. All those present were fully aware of the staff structure in the centre and praised the manager and staff for the excellent care they receive.</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 are deemed competent and experienced to work in a day care setting through recruitment and selection. Staff are part of a team who are supervised by a line manager. Where there are volunteers on site, the Registered Manager ensures that they are supervised at all times.</p> | Compliant |
| <p>Inspection Findings:</p> | COMPLIANCE LEVEL |
| <p>As previously stated the inspector was satisfied that there good arrangements in place for staff supervision and this was confirmed in discussion with two staff members.</p> | Compliant |

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| <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 are trained to NVQ Level 2 or are currently undertaking training to achieve this. The staff will have completed an induction programme and keep up to date by attending organised mandatory training sessions.</p> | <p>Compliant</p> |
| <p>Inspection Findings:</p> | <p>COMPLIANCE LEVEL</p> |
| <p>As previously discussed the inspector was concerned that a recently appointed staff member had not received mandatory training and has made a requirement in relation to this.</p> | <p>Substantially Compliant</p> |

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| <p>PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p> | <p>COMPLIANCE LEVEL Compliant</p> |
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| <p>INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p> | <p>COMPLIANCE LEVEL Substantially Compliant</p> |
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Additional Areas Examined

Complaints

The inspector examined the complaints record and the accidents and incidents log and confirmed that these were maintained in accordance with legislation.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Ms Evelyn Young 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

Newtownstewart Day Centre

30 April 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 Ms Evelyn Young 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.

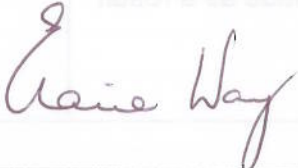
Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of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

| Statutory Requirements | | | | | |
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| 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 | Reg. 20 (1) a Ref;17.1 | Mandatory training to be completed for staff member. | One | This member of staff has completed the following training following the inspection: Trust Induction Programme i.e. organisational overview, infection control, management of risks, complaints, health and safety, incident reporting, information governance, confidentiality /data-protection /freedom of information, and fire regulations. Other training completed by this member of staff includes part 1 manual handling, hearing and visual impairment, physical activity in older people, challenging behaviour, supervision, vulnerable adults, COSHH and medication. Centre manager is in process of arranging food safety, first aid and part 2 manual handling. | Immediate |

| 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 |
| | | No recommendations were made as a result of this inspection. | | | |

| Date | Inspector | Yes | Response accepted by inspector as acceptable | Further information requested from provider |
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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:

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|---|--|
| Name of Registered Manager Completing Qip | Evelyn Young |
| 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 | 17 June 2014 |
| Further information requested from provider | | | |