



The **Regulation** and
Quality Improvement
Authority

Unannounced Primary Care Inspection

Name of Establishment: Beragh Day Centre
RQIA Number: 11256
Date of Inspection: 3 February 2015
Inspector's Name: Suzanne Cunningham
Inspection ID: IN020549

The Regulation And Quality Improvement Authority
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1.0 General Information

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| Name of centre: | Beragh Day Centre |
| Address: | Corner Stone Centre Beragh BT79 7XE |
| Telephone number: | (028) 7134 5171 |
| E mail address: | Jo.Devlin@westerntrust.hscni.net |
| Registered organisation/ Registered provider: | Western Health & Social Care Trust |
| Registered manager: | Ms Evelyn Young |
| Person in Charge of the centre at the time of inspection: | Ms Evelyn Young |
| Categories of care: | DCS-I |
| Number of registered places: | 25 |
| Number of service users accommodated on day of inspection: | 8 |
| Scale of charges (per week): | As per Trust agreement |
| Date and type of previous inspection: | 11 March 2014 |
| Date and time of inspection: | 3 February 2015 09:15 – 14:00 |
| Name of inspector: | Suzanne Cunningham |

2.0 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.

3.0 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.

4.0 Methods/Process

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

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

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

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

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

5.0 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 | 3 | 0 |

6.0 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. |

7.0 Profile of Service

Situated within a small commercial complex, in Beragh village, the day care setting provides care to a maximum of 25 service users on two days per week. The centre is open each Tuesday and Friday between 09:00 hours and 16.30 hours and closes on bank holidays, at Easter and at Christmas.

The purpose of the centre is to provide service users with support in continuing to live independent and fulfilling lives. A number of service users avail of community health services, for example, dentistry, provided in an adjoining room in the centre. Facilities provided include a large communal activity and dining room, hair dressing / treatment room, shower and toilets.

8.0 Summary of Inspection

A primary inspection was undertaken in Beragh Day Centre on 3 February 2015 from 09:15 to 14:00. This was a total inspection time of four hours and forty five minutes. The inspection was unannounced. When the inspector arrived the staff were setting up the room for the day and the bus had left to collect the service users with one staff member. On the day of the inspection there was snow and ice on the roads and some roads were impassable for the bus. Some service users were brought in by their families and some service users and or families had contacted the setting to cancel their place for the day of the inspection, thus the attendance numbers were reduced on the day of the inspection.

The focus of the inspection was to assess the centre's compliance with the two standards and one theme chosen from the Day Care Settings minimum standards 2012. Post inspection the provider submitted a self-assessment of the two standards and one theme inspected and the providers' statements were analysed against the inspection findings. During the inspection the inspector used the following evidence sources:

- Analysis of pre-inspection information and questionnaires
- Discussion with the registered manager, staff and service users
- Examination of a sample of service user individual file records including evidence of behaviour management and support assessments; the complaints record; staff training record; individual staff records; incident and accidents records; evidence of service user consultation, monthly monitoring records; the centres statement of purpose; service users guide and policies & procedures
- Tour of the premises.

The inspector spoke to two of the day care staff regarding the standards inspected and their views about working in the centre. This generated positive feedback regarding records and reporting arrangements including recording; care plans and assessments being focussed on service user needs and the management arrangement's in this day care setting. The inspector gauged from these discussions that staff have a clear understanding of ensuring records are kept securely and information is kept confidential. Staff had a clear view regarding their role and responsibilities to record information, and update information as required. Staff were clear they record what they see and do not make assumptions, they also described using one to one time to ascertain a service users mood, wellbeing and feelings about day care.

The staff were understood the term exceptional circumstances in the regulation regarding the use of restraint and discussed using distraction, walking, 1 to 1 time, refreshments and each service users individual assessment and plan to manage and respond to service users behaviour in the day care setting. Staff were also clear that they talk to service users about their wishes, feelings and choices to find out what preferences service users have regarding their care which is integrated into their plan. Finally staff discussed the management arrangements in the setting which were clear to staff. Staff identified if the manager is not in the setting another identified worker will act up. Staff commented during the consultation that the group of staff are supportive of each other, the manager is approachable and they are happy working together.

A group of eight service users were in the setting during the day and the inspector spoke with them all informally, the inspector also observed the service users engaging with staff and activities. The service users said they were happy with the activities on offer and the food. The service users said they like coming to the centre, the men particularly complimented the food which they said makes them feel good. The inspector spoke to a group of ladies who said they couldn't have gone to a better centre and that they liked the staff that they identified were good to them. The service users confirmed they are all aware of their care plans in place and said they see them and sign them.

The previous announced inspection carried out on 11 March 2014 had resulted in no requirements or recommendations.

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.

Six criteria were inspected which examined the standard achieved in this centre with regard to individual service user records and reporting arrangements. The criteria inspected comprised of the seven areas within standard 7. All of the criteria inspected were assessed as compliant; and no recommendations or requirements are made.

Observations of service users; discussion with staff, service users and review of two service users' individual files provided evidence that the centre is performing well regarding standard 7. Policies and procedures were in place and describe how service user's information should be kept, they specify recording procedures and the service user's guide describes information that is kept regarding service users and access.

The observation of service users and discussion with a small group of service users provided the inspector with evidence of the importance of the social aspect of the setting and how staff stimulates service users interest and involvement in the day care setting. The inspector concluded the centres process of maintaining and updating service users' records presents as well managed, focuses on promoting service user's social needs and meeting identified needs.

Based on the evidence reviewed the inspector assessed the centre as compliant in this standard. No requirements or recommendations are made with regard to this standard.

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

Two criterion from regulation 14 were inspected which examined compliance with the use of any restrictive practices in this day care setting within the context of human rights. One

criterion was assessed as compliant and one criterion was assessed as not applicable because the setting has not undertaken any restraint of service users and it is not part of anyone's care plan. Therefore no incidents have been or would be reported through to RQIA under current arrangements.

Discussions with the manager, staff and examination of records provided evidence that the centre was using methods of care which promote the needs of the service users who attend the centre. Staff discussed they do not use restraint, seclusion or restrictions. Staff described if service users behaviour is observed as deteriorating they would use low level distraction, support and comfort techniques to deescalate behaviour.

Based on the evidence reviewed the inspector assessed the centre as compliant in this theme and this is commendable.

Theme 2 - Management and control of operations: Management systems and arrangements are in place that support and promote the delivery of quality care services.

Two criteria from regulation 20 and one criterion from regulation 21 were inspected which provided the evidence to examine this theme. Two of the criteria were assessed as substantially compliant and one was assessed as moving towards compliance.

No requirements and four recommendations are made to improve arrangements in this regard. Improvements are recommended regarding detailing the content of the training delivered to staff; completing a competency assessment for the person who acts up in the manager's absence, detailing on the staff rota who will act up in the manager's absence and improving arrangements for staff and the manager's supervision.

Based on the evidence reviewed the inspector has assessed the centre as substantially compliant in this theme; no requirements and four recommendations are made.

Additional Areas Examined

The inspector undertook a tour of the premises, reviewed the complaints record, examined three service users individual files, validated the registered manager's inspection questionnaire, and reviewed a sample of regulation 28 reports. This did not identify any further improvements.

The inspector wishes to acknowledge the work undertaken by the manager and staff on the day of the inspection and their open and constructive approach throughout the inspection process. Gratitude is also extended to the service users who welcomed the inspector to their centre and engaged with her during the inspection. Overall the inspector is satisfied there is a clear approach of social support for service users attending this day care setting which is consistent with the day care settings statement of purpose and presents as improving outcomes for service users and their families.

As a result of the inspection a total of no requirements and four recommendations have been made. This was reported to the manager at the conclusion of the inspection.

9.0 Follow-Up on Previous Issues

No requirements or recommendations resulted from the primary unannounced inspection of Beragh Day Centre which was undertaken on Tuesday 11 March 2014.

10.0 Inspection Findings

| Standard 7 - Individual service user records and reporting arrangements: | |
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| Records are kept on each service user’s situation, actions taken by staff and reports made to others. | |
| Criterion Assessed: | COMPLIANCE LEVEL |
| 7.1 The legal and an ethical duty of confidentiality in respect of service users’ personal information is maintained, where this does not infringe the rights of other people. | |
| Provider’s Self-Assessment: | |
| Yes the legal and ethical duty of confidentiality of service users information is maintained at all times. | Compliant |
| Inspection Findings: | COMPLIANCE LEVEL |
| <p>The inspector reviewed three individual service user records which presented as described in schedule 4; and other records to be kept in a day care setting, as described in schedule 5. Service user’s personal information was stored securely in an individual file for each service user, which was secured in a locked cabinet. Files are not removed unless a member of staff needs to record and all files are locked away when not in use.</p> <p>The setting has policies and procedures regarding access to records, communication, confidentiality, consent, management of records, monitoring of records, recording and reporting care practices and service user agreement which reflect this criterion and are they available for staff reference.</p> <p>Discussion with staff validated management and staff knowledge about the duty of confidentiality and their role and responsibility regarding the need to record, the quality of recording and management of service user’s personal information commensurate with their role and responsibility. Discussion with service users confirmed they are aware records are kept about them in the centre but not specifically what is kept.</p> | Compliant |

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| <p>Criterion Assessed:</p> <p>7.2 A service user and, with his or her consent, another person acting on his or her behalf should normally expect to see his or her case records / notes.</p> <p>7.3 A record of all requests for access to individual case records/notes and their outcomes should be maintained.</p> | <p>COMPLIANCE LEVEL</p> |
| <p>Provider’s Self-Assessment:</p> <p>Service users 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> | <p>Compliant</p> |
| <p>Inspection Findings:</p> <p>The inspector reviewed three service users’ files, sampled policies and procedures and reviewed the statement of purpose and service user guide. The inspector noted the information in written form for service users to inform them or their representatives that a file is kept confidentially and securely about them and how they can access the same was described in the service user’s guide.</p> <p>There is clear guidance for staff regarding how to respond if a request is made to see a file or information. Discussion with staff working in the centre validated their knowledge commensurate with their role and responsibilities regarding service user’s rights to see their information stored in the day care setting.</p> <p>Discussion with service users confirmed they are aware that a service user record is kept and had been informed regarding their care plan.</p> | <p>COMPLIANCE LEVEL</p> <p>Compliant</p> |

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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 examination of a sample of three service user individual records evidenced the above records and notes are available and maintained. The regulation 28 monitoring records were also sampled and the inspector noted the reports identified working practices had been audited in this regard.</p> <p>Case records and notes had been updated regularly and at least annually. Care reviews had taken place as described in standard 15.</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 |
| Examined three service user care records and was satisfied individual care records have a written entry at least once every five attendances for each individual service user. The information commented on the staff member's observation of the service user in day care and any significant information. | 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: | |
| I 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. | Compliant |
| Inspection Findings: | COMPLIANCE LEVEL |
| The files reviewed did not identify referrals made to other professionals however discussion with staff confirmed staff are aware of their role and responsibility to report and refer information and record the outcomes achieved, they also confirmed they are aware of the need to consult and gain consent unless there is a serious concern or risk that will increase if this is done. Staff also aware information must be reported to the right people and outcomes are recorded including how are any shortcomings managed and ensure needs are met, risk is diminished and care is appropriate. | Compliant |

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| <p>Criterion Assessed: 7.7 All records are legible, accurate, up to date, signed and dated by the person making the entry and periodically reviewed and signed-off by the registered manager.</p> | |
| <p>Provider’s Self-Assessment: 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.</p> | Compliant |
| <p>Inspection Findings: The inspector examined a sample of service user individual records and was satisfied they met this criterion. Staff spoken with and who complete inspection questionnaires, confirmed procedures and practice are in place to achieve this criterion.</p> | <p>COMPLIANCE LEVEL Compliant</p> |

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

| 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 review of three service user individual records, incident records, the complaints record and a sample of the regulation 28 visits, discussion with the manager and staff confirmed this setting, at the time of this inspection, did not have anyone in the centre that requires restrictive practice or restraint as part of their care plan.</p> <p>Staff do receive basic training regarding responding to service users behaviour and they described using group discussion, diversion, one to one time, knowing their service users’ needs as ways they manage to avoid potential behaviours escalating.</p> <p>The staff have access to policies and procedures pertaining to: the assessment, care planning and review; managing aggression and challenging behaviours; recording and reporting care practices; reporting adverse incidents; responding to service users behaviour; restraint and seclusion; and untoward incidents.</p> | COMPLIANCE LEVEL 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>No service users had been subject to restraint and this setting has no plans in place that require restraint which is consistent with the settings ethos, statement of purpose and aims of the service.</p> <p><i>Guidance on Restraint and Seclusion in Health and Personal Social Services, Department of Health, Social Services and Public Safety, Human Rights Working Group, August 2005 is available for staff information.</i></p> | <p>COMPLIANCE LEVEL</p> <p>Not Applicable</p> |
| <p>PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p> | <p>COMPLIANCE LEVEL</p> <p>Compliant</p> |
| <p>INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p> | <p>COMPLIANCE LEVEL</p> <p>Compliant</p> |

| <p align="center">Theme 2 – Management and Control of Operations</p> <p>Management systems and arrangements are in place that support and promote the delivery of quality care services.</p> <p>Theme covers the level of competence of any person designated as being in charge in the absence of the registered manager.</p> | <p align="center">COMPLIANCE LEVEL</p> |
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| <p>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 –</p> <p align="center">(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: 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 registered manager in this setting has 10 years’ experience in the management post and became registered manager under the transitional arrangements for existing managers who do not hold appropriate qualifications; this was implemented in the Day Care standards being fully implemented in January 2012. The inspector noted in the manager’s appraisal the trust is supportive of the manager undertaking the level 5 diploma in Leadership for Health and Social Services. Whilst this was not something the manager was seeking to do at this stage it would continue to be on the agenda. The inspection of records and discussion with staff did not reveal any concerns regarding competence of the registered manager in this post.</p> | <p align="center">Substantially Compliant</p> |

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| <p>The inspector sampled staff records and noted there was not a competency assessment for the band 5 (acting) staff member who is left in charge in the manager’s absence. A recommendation is made in this regard. The competency assessment must evidence the staff member has a clear understanding of their role and responsibilities when they are left in charge of the setting and have been assessed as competent and received sufficient training to undertake this role.</p> <p>The inspector examined the staffing rota, which did evidence adequate staffing numbers and distribution of staff across the day care setting on a daily basis however if the manager was marked as on annual leave there was no note of who will be assuming day to day responsibilities, this should be clear on the rota in the managers absence and a recommendation is made in this regard.</p> <p>The setting has policies and procedures pertaining to the management and control of operations which are available for staff reference.</p> <p>Discussion with staff working in the centre validated their knowledge commensurate with their role and responsibilities regarding management arrangements of the day care setting. For example they were clear who to report to; who should they seek support or guidance from; who supervises them and the effectiveness of the same. The staffing structure of the day care setting is clearly described in the settings statement of purpose which reflected staffing on the day of the inspection.</p> <p>Discussion with service users confirmed they knew who was in charge of the setting and if they had any concerns they would talk to any staff.</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 |

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| Inspection Findings: | COMPLIANCE LEVEL |
| <p>The inspector reviewed the manager’s record and staff records, this revealed the staff had not had four sessions of individual supervision in the last twelve months and a recommendation is made to improve records in this regard. The records also revealed there was no supervision records for the manager of the setting and whilst the manager confirmed she had received supervision this was not reflected in the records, a recommendation is made in this regard.</p> | Moving towards compliance |
| <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 |
| Provider’s Self-Assessment: | |
| <p>All staff with the exception of one who works at Beragh 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 calendar. 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.</p> | Compliant |
| Inspection Findings: | COMPLIANCE LEVEL |
| <p>The inspector viewed staffing records for each member of staff which had their training certificate and evaluation form for each training course undertaken however, from an inspection focus there was no explanation of the content of the training in those documents. Therefore the inspector could not gauge if the learning and course content was consistent with the standards, legislation and guidance. A recommendation is made in this regard.</p> | Substantially compliant |

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

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| INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED | COMPLIANCE LEVEL |
| | Substantially compliant |

11.0 Additional Areas Examined

11.1 Complaints

The complaints record was reviewed as part of this inspection. The annual complaints return for 2013 identified two complaints had been recorded. The inspector's review of the complaints record confirmed the return to RQIA and did not reveal any concerns regarding the content of the record. The same issue regarding heating had been complained about in 2014, the record revealed staff responded by accepting this was not acceptable and whilst the staff had no control over the heating in the setting because the landlord manages this, alternative mobile heating had been provided until the oil had been delivered.

11.2 Service User Records

Three service user files were inspected as part of this inspection and these identified records had been maintained in compliance with standard 7 and this is further described in the examination of standard 7.

11.3 Registered Manager Questionnaire

The registered manager submitted a questionnaire to RQIA during the inspection. The information returned confirmed satisfactory arrangements were in place regarding governance and management arrangements, the manager's registration with NISCC, staffing arrangements and support for staff, policies and procedures, responding to service user's behaviour and reporting of accidents and incidents. As identified in this inspection report the inspection has recommended improvements regarding the staff training records and provision of supervision which are detailed in the quality improvement plan for this inspection.

11.4 Statement of Purpose & Service Users Guide

These documents were submitted for this inspection and the inspector made reference to them during the inspection.

11.5 Monthly Monitoring Reports

The inspector sampled regulation 28 reports from October 2014 to December 2014 for this inspection. This revealed they had been undertaken monthly and a report written. The reports evidenced some files had been reviewed, the officer had consulted with service users and some representatives and the inspector did not identify any issues for improvement.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Ms Evelyn Young, as part of the inspection process.

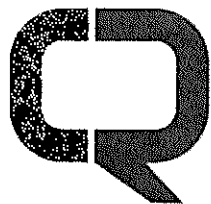
The timescales for completion commence from the date of inspection.

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:

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



The Regulation and
Quality Improvement
Authority

Quality Improvement Plan
Unannounced Primary Care Inspection
Beragh Day Centre
3 February 2015

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

The specific actions set out in the Quality Improvement Plan were discussed with Ms Evelyn Young (registered manager/ person receiving feedback) 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.

| 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. | 13.10 21.8 | The registered manager should improve the training records to ensure they include the content of each training session | First | In the case of all future training , the manager will ensure that handouts from training are included in training file. | 31 March 2015 |
| 2. | 23.3 | The registered manager should ensure there is a competency assessment completed with the band 5 (acting) staff member who is left in charge in the manager's absence. The competency assessment must evidence the staff member has a clear understanding of their role and responsibilities are when they are left in charge of the setting. The assessment must evidence they have been assessed as competent and have received sufficient training to undertake this role. | First | there is a competency assessment in place for the staff member acting in place of the manager | 31 March 2015 |
| 3. | 23.7 | The registered manager should ensure when she is not in the setting the staffing rota states who will be assuming day to day management responsibility and this should be clear on the rota. | First | staffing rota has been amended to reflect this information | 31 March 2015 |

| | | | | | |
|----|------|---|-------|--|---------------|
| 4. | 22.2 | The responsible person must ensure there are adequate arrangements in place for staff and managers to receive supervision in this setting, that supervision must be delivered at least once every three months. Each staff member and the manager must have an individual supervision meeting and a supervision record must be available to evidence this has happened. | First | individual supervision completed and recorded. | 31 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 | Evelyn Young |
| Name of Responsible Person / Identified Responsible Person Approving QIP | <i>Evelyn Young</i> |

| QIP Position Based on Comments from Registered Persons | Yes | Inspector | Date |
|--|-------------|----------------|------------------|
| Response assessed by inspector as acceptable | <i>Yes.</i> | <i>Dunbar.</i> | <i>2/6/2015.</i> |
| Further information requested from provider | | | |