



The **Regulation** and
Quality Improvement
Authority

Primary Unannounced Care Inspection

Name of centre: Lisnamallard Industries Day Centre
Establishment no: 11258
Date of inspection: 03 September 2014
Inspector's name: Margaret Coary
Inspection no: IN020054

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

1.0 General information

Name of centre:	Lisnamallard Industries Day Care Centre
Address:	56 Woodside Avenue Omagh Co Tyrone BT79 7BP
Telephone number:	028 8225 2079
Email address:	marian.walsh@westerntrust.hscni.net
Registered organisation/ registered provider:	Western Health and Social Care Trust Ms Elaine Way CBE
Registered manager:	Mrs Marian Walsh
Person in charge of the centre at the time of inspection:	Mrs Marian Walsh
Categories of care:	DCS-MP, DCS-MP(E)
Number of registered places:	50
Number of service users accommodated on day of inspection:	27
Date and type of previous inspection:	10 April 2013 Primary Announced Inspection
Date and time of inspection:	03 September 2014: 11.30hrs-15.00hrs
Name of inspector:	Margaret Coary

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:

Service users	9
Staff	1
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	4	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

Lisnamallard Industries is situated within walking distance of the town centre of Omagh. The centre is a WHSC Trust facility and is managed by Mrs Marian Walsh.

The centre is a facility which offers work experience, work skills and training for people with mental health problems and can accommodate up to a maximum of 50 service users each day. Depending on assessed need users can attend wood work skills training at the Lisnamallard Centre. The centre is open 09.00 hours - 16.00 hours Monday to Friday each week and is closed on public holidays and on four days for staff training and development.

The facility consists of various work activity areas, including designated space for arts/crafts, quiet areas, toilets, large dining room, kitchen, administrative offices and domestic facility. A wide variety of colourful art and craft work produced by service users is displayed. A garden centre with green houses is situated to the rear of the building.

8.0 Summary of Inspection

This is the report for the primary unannounced inspection of Lisnamallard Industries.

This unannounced inspection was carried out on 03 September 2014 from 11.30 hours 15.00 hours. The aim of the inspection was to consider whether the services provided to service users were in compliance with legislative requirements and day care minimum standards.

The inspector was made welcome by the registered manager of the centre, Mrs Marion Walsh. The inspector had a short meeting and agreed the inspection process with Mrs Walsh. Feedback was given at the end of the inspection.

A completed self-assessment document was submitted by Mrs Walsh following the inspection.

Evidence was validated during the inspection by the following methods:

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

The inspection sought to assess progress with the issues discussed during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Day Care Settings Minimum Standards and themes:

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

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

The centre have appropriate policies and procedures in place which are accessible and available to staff, some of these included; Equality and Human Rights Guidance, Key Points on Good Record Keeping for Trust Health and Social Care Professionals, Confidentiality and Guidelines for ensuring Effective and Structured Communication

between staff and Family/carers, Data Protection Policy and Protocol for Securing Files/Records for Independent and Case Management Review.

The inspector talked with one staff member about his practise and opinions regarding confidentiality and the management of service users' personal information. The inspector found that the staff member was fully informed and aware of his responsibility towards those in his care.

The inspector looked at a selection of four service users' files and found that information was person centred, detailed and informative incorporating advice from other professionals. The inspector did have concerns regarding a notation in the daily record of one service user. This was discussed with the manager and a recommendation made to ensure that recording is discussed with all staff at a team meeting.

The inspector has also made two recommendations pertaining to access to records, the first to ensure that all service users are advised of their right to access their own records and the second to ensure that a record is maintained in each service users' file detailing access to records including date, who applied for access and outcome of requests.

The inspector noted that whilst the centre has good systems in place for reporting incidents through to the Trust, communications are not sent through to RQIA. The inspector has made one requirement to ensure that all incidents and accidents are reported to RQIA.

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

- **Theme 2 - Management and control of operations:**

Management systems and arrangements are in place that support and promote the delivery of quality care services.

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

The staff at the centre have regular supervision and annual appraisals and training records reflected that mandatory training had been completed and additional training provided.

There were monitoring arrangements in place and the records confirmed that these were held in accordance with guidance.

The inspector has made one recommendation pertaining to ensuring that a competency and capability assessment is carried out for the staff member who acts in the absence of the manager.

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

8.1 Environment

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

8.2 Staffing

The registered manager and senior day care worker were on duty on the day of inspection. The registered manager advised that one staff member was on a training day and two staff were on sick leave and she was working on the floor to assist and ensure service users' needs were met. The inspector noted that all service users were independent.

The inspector examined the staff duty rota and was satisfied that overall there were sufficient staff on duty in the centre to meet the needs of service users and the duty rota reflected that staffing levels were satisfactory.

The inspector observed staff to be caring and supportive and members were relaxed and comfortable in their surroundings.

The inspector commends the manager and staff for their ongoing encouragement and dedication which has enhanced and improved the lives of the service users.

8.3 Service users views

There were 27 service users present on the day of inspection some of whom left the centre after lunch.

The service users were involved in various activities including wood work, craft work, word searches and knitting. The manager advised that the centre had submitted craft work in to a local competition and had done very well coming in at first place. The service users were proud of their achievements.

The inspector met with a group of nine service users all of whom made very positive comments about the care and attention from staff. Some stated that they had made friends from the centre and others found that it had a good effect on their quality of life giving them confidence and encouragement.

Some of those present were aware that records were maintained and that they could look at them whilst others were unaware that they could access their records. The inspector has made a recommendation in this regard.

The inspector has also made a requirement regarding the inclusion of arrangements for review in the statement of purpose.

The inspector has made two requirements and four recommendations from this inspection. Details can be found in the attached Quality Improvement Plan.

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

9.0 Follow-up on previous issues

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	15.3	A review to be carried out following any change in circumstances	Reviews are now held following a change of circumstances.	Compliant.
2	15.3	The first review to be held four weeks after commencement.	Reviews are held in accordance with the standard.	Compliant.

10.0 Inspection findings

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.

<p>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.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p>	
<p>Confidentiality regarding service users personal information is respected and maintained at all times within the Lisnamallard centre. Staff are aware of their legal and ethical duty in respect of confidentiality and attend training on a regular basis.</p>	
<p>Inspection Findings:</p>	
<p>The inspector viewed the policies and procedures and confirmed that the centre had appropriate policies in place, some of those included were; Data Protection Policy, The Freedom of Information Act, Confidentiality, Guidelines for Ensuring Effective and Structured Communications between Staff, Clients and Families and Carers, Equality and Human Rights Guidance and Improving Record Keeping. The policies and procedures are held in the office and are available for staff consultation.</p> <p>The inspector examined a selection of four service users’ files. The records reflected that information was recorded in line with guidance and all conveyed a person centred ethos ensuring that individual circumstances were included and appropriate risk assessments and follow-up information recorded in care plans.</p> <p>The inspector did have concerns regarding a notation recorded in the daily record and this was discussed with the manager who advised that all staff had received training on records management. The inspector has made a recommendation that record keeping is discussed at a staff meeting to ensure that all staff are aware of the importance of proper recording.</p> <p>The inspector met with one staff member and was satisfied that he was fully aware of the importance of ensuring confidentiality and his responsibility regarding quality recording and the management of service user information.</p> <p>The inspector found that the statement of purpose and the service users guide reflected that the members’ human</p>	<p>COMPLIANCE LEVEL Substantially compliant</p>

<p>rights were considered at all times.</p>	
<p>Criterion Assessed: 7.2 A service user and, with his or her consent, another person acting on his or her behalf should normally expect Equality and Human Rights Guidance, Key Points on Good Record Keeping for Trust Health and Social Care Professionals, Confidentiality and Guidelines for ensuring Effective and Structured Communication between staff and Family/carers, Data Protection Policy 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.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment:</p>	
<p>7.2 In accordance with The Freedom of Information Act and Trust Policy, service users or any other person acting on their behalf can expect to access their case records/notes within 20 working days of making a written request to any member of staff. Details of this process have been included in the centres Service User Guide and Statement of Purpose. 7.3 In the event of a request for personal case records/notes, a record would be maintained and outcomes recorded.</p>	<p>Moving towards compliance</p>
<p>Inspection Findings:</p>	<p>COMPLIANCE LEVEL</p>
<p>The inspector looked at policies and procedures relating to access to records and found that these were relevant and accessible for staff guidance. Some examples were Policy on Disclosure Applications and Disclosure information and Telephone, Internet and Email Policy Improving Record Keeping Practise and Procedure for the transmission of Personal Data by fax machine. The inspector met with one staff member and confirmed that he was fully aware of the procedures and processes to follow in relation to access to records. The inspector had discussions with a group of nine service users and found that there was some confusion regarding the process to follow regarding access to records. The inspector has made a recommendation that this is discussed at a service user group meeting.</p>	<p>Substantially compliant</p>

<p>The inspector also recommends that a record of access to information including date, who applied for access and outcome of request, is retained in each service users' file.</p> <p>The inspector confirmed that information pertaining to access to records was included in the Service Users Guide and the statement of purpose as stated in the self-assessment.</p>	
<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 care records of activity within the day centre are maintained for all service users during their time of attendance, and include all required information as specified in standard 7.4.</p>	
<p>Inspection Findings:</p>	<p>COMPLIANCE LEVEL</p>
<p>The inspector looked at a selection of four files, the inspector found that the records were person centred, detailed and informative incorporating communications and advice from allied health professionals. Risk assessments and care plans were regularly updated and appropriately signed off.</p>	<p>Substantially compliant</p>

<p>The inspector has made a previous recommendation pertaining to information in the daily record of one service user. The inspector also looked at a selection of monitoring inspection records and found that working practises were reviewed in accordance with the standard.</p>	
<p>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.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment:</p>	
<p>Service user records are maintained and updated on a regular basis, and in the event of no recordable events having occurred, this will be noted.</p>	Compliant
<p>Inspection Findings:</p>	COMPLIANCE LEVEL
<p>The inspector confirmed that regular entries were made for each service user.</p>	Compliant
<p>Criterion Assessed: 7.6 There is guidance for staff on matters that need to be reported or referrals made to:</p> <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
<p>Provider's Self-Assessment:</p>	
<p>Guidance is available for staff in relation to matters which may need to be reported or referrals made, through a range of sources including Trust Policies and Procedures, Departmental Guidelines and Training provided. Guidance is also provided by the manager and other staff on an individual basis or through staff meetings/updates, and from other professionals involved in service user care provision.</p>	Compliant
<p>Inspection Findings:</p>	COMPLIANCE LEVEL
<p>The inspector confirmed that there were appropriate policies and procedures in place in relation to reporting and that this information was accessible to staff; however, the inspector found that whilst accidents and incidents were referred through to the Trust, they were not reported to RQIA. This was discussed with the manager and a</p>	Substantially compliant

<p>requirement made to ensure that RQIA are advised of all reportable incidents.</p> <p>The inspector found that the four files examined reflected that appropriate referrals were made to other professionals and the advice recorded and followed up in assessments and care plans ensuring that care is person centred and individual.</p> <p>The inspector talked with a group of nine service users all of whom confirmed that there was excellent communication within the centre and they were informed at all times.</p>	
<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:</p>	
<p>All records in relation to service users are kept up to date, accurate, legible and signed and dated by the member of staff making the entry. Records are also reviewed and signed off by the registered manager on at least an annual basis.</p>	Compliant
<p>Inspection Findings:</p>	COMPLIANCE LEVEL
<p>The inspector found that records inspected were legible, up to date signed and dated by the person making the entry and reviewed and signed- off by the manager.</p>	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL Provider to complete
--	---

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

Theme 1: The use of restrictive practice within the context of protecting service user’s human rights	
Theme of “overall human rights” assessment to include:	
Regulation 14 (4) which states:	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:	
All staff receive regular training in relation to dealing with difficult situations with particular emphasis on defusing and calming techniques, and would act in accordance with Trust Policy and Departmental Guidelines in relation to verbal de-escalation. Although staff are also trained in Breakaway Techniques, this would only be used as a last resort to prevent harm or injury to the service user or other person. In the event of this taking place, a record would be maintained and RQIA notified.	Compliant
Inspection Findings:	COMPLIANCE LEVEL
Not inspected on this occasion.	Not Applicable
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:	
If in the event of restraint having been used, a record would be maintained which included all details in relation to the restraint, and the instance would be reviewed through Multi-disciplinary review with all relevant parties. All details in relation to the restraint would be reported to RQIA as soon as is practicable.	Compliant

Inspection Findings:	COMPLIANCE LEVEL
Not inspected on this occasion.	Not Applicable

PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Provider to complete

INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Not Applicable.

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>Lisnamallard Day Care Centre has a clearly defined management structure as set out in their Statement of Purpose, which outlines the structures both within the centre and as part of the Western Trust. There is staff awareness with regard to their specific roles with planning and record keeping of day to day activities maintained.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	<p>COMPLIANCE LEVEL</p>
<p>The inspector checked the professional registration, qualifications, experience and evidence of competence of the registered manager and confirmed that the information met current guidelines.</p> <p>The inspector talked with the staff member who has responsibility for the centre in the absence of the manager and was satisfied that he was aware and informed of his responsibilities; however, found that he has not completed a competency and capability assessment. The inspector has made a recommendation that a competency and capability assessment is carried out and maintained in the staff members’ file.</p>	<p>Substantially compliant</p>

<p>The inspector viewed the staff training record and noted that there had been a variety of training over the last 12 months some of which included, Drugs and Alcohol Abuse, Substance Abuse, IT training, Complaints Awareness and Information and Governance Management. The inspector also verified that all staff had received mandatory training.</p> <p>The inspector examined records which reflected that staff supervision is held on a regular basis and that staff appraisals have taken place.</p> <p>The inspector noted that Regulation 28 visits reflected that staffing was inspected and recorded as part of the inspection.</p> <p>The inspector also examined a number of copies of the staff duty rota and found that the rota was outlined in accordance with guidelines and there were sufficient staff on duty at all times.</p> <p>The inspector looked at the statement of purpose and confirmed that the management structure was included as stated in the self-assessment.</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>The registered manager assumes overall responsibility for day to day staff management which includes ensuring regular formal supervision sessions take place for all staff. This is normally completed on a 3 monthly basis, with supervision for the manager being provided by their line manager.</p>	Compliant
<p>Inspection Findings:</p>	COMPLIANCE LEVEL
<p>The inspector verified that staff have supervision on a regular basis and that staff appraisals have taken place. This was confirmed through discussion with one staff member and observation of staff supervision/appraisal records.</p>	Compliant

<p>Regulation 21 (3) (b) which states:</p> <ul style="list-style-type: none"> • (3) For the purposes of paragraphs (1) and (2), a person is not fit to work at a day care setting unless – • (b) he has qualifications or training suitable to the work that he is to perform, and the skills and experience necessary for such work 	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p>	
<p>All staff currently employed in Lisnamallard Day Care Centre have longterm experience of working in this type of setting, and have been deemed suitably qualified and skilled to perform their duties. The individual training needs of staff are identified on a regular and ongoing basis, and training provided to support staff update and develop their skills and knowledge. A number of staff members have now registered with the NISCC.</p>	
<p>Inspection Findings:</p>	
<p>The inspector looked at staff records and verified that staff had the relevant qualifications and training. The inspector talked with one staff member who stated that all staff could ask for additional training and it would be provided. The inspector was satisfied that the staff in the centre had relevant experience and training to perform their roles in an effective manner. As stated earlier the inspector met with nine service users all of whom made positive comments and praised staff for their care and support in the centre.</p>	<p>COMPLIANCE LEVEL Compliant</p>

<p>PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Provider to complete</p>

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

11.0 Additional Areas Examined

11.1 Complaints

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

11.2 Statement of purpose

The inspector examined the statement of purpose and noted that arrangements pertaining to reviews were not included, there is a recommendation made to address this.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Marian Walsh, 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



QUALITY IMPROVEMENT PLAN

PRIMARY UNANNOUNCED INSPECTION

LISNAMALLARD INDUSTRIES

03 SEPTEMBER 2014

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

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Marian Walsh, Registered Manager during the inspection visit.

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

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

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

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

Statutory Requirements

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

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	29 (1) (d) Ref:7.6	All reportable incidents to be sent to RQIA.	One	Details of all reportable incidents will be forwarded to RQIA as required.	Ongoing
2	Schedule 1, 15	The statement of purpose should include details of arrangements for reviews.	One	Details of arrangements for reviews have now been included in the centres Statement of Purpose. Completed.	Three months

Recommendations

These recommendations are based on The Day Care Settings Minimum Standards January 2012. This quality improvement plan may reiterate recommendations which were based on The Day Care Settings Minimum Standards (draft) and for information and continuity purposes, the draft standard reference is referred to in brackets. These recommendations are also based on research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details of Action Taken By Registered Person(S)	Timescale
1	7.1	Staff meeting to be convened to discuss recording practises.	One	Recording practices have been discussed with staff at all staff meetings following inspection. Completed.	One month
2	7.3	A record of access to records to be maintained in each service users' file.	One	In the event of a request by service users to access their notes, a record of access to information will be maintained in each service users file. Ongoing.	Three months
3	7.3	Access to records to be discussed at a service users meeting.	One	Access to records has been discussed at the Client meeting on 15th October. Completed.	Three months
4	23.3	A competency and capability assessment should be carried out on the staff member who acts in the manager's absence.	One	An assessment has been carried out on the staff member who acts in the managers absence to ensure their competenance and capability for this role. Completed.	One month

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	Marian Walsh
Name of Responsible Person / Identified Responsible Person Approving Qip	Lorna Akroyd

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	M. Marley	6 November 2014
Further information requested from provider			