



The **Regulation** and
Quality Improvement
Authority

Primary Unannounced Care Inspection

Name of Establishment: Dromore Day Centre
Establishment ID No: 11264
Date of Inspection: 24 March 2015
Inspector's Name: Lorraine Wilson
Inspection No: IN020658

The Regulation And Quality Improvement Authority
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Name of centre:	Dromore Day Centre
Address:	34 St Dymphna's Road Dromore BT78 3JQ
Telephone number:	(028) 8289 8914
E mail address:	Jo.Devlin@westerntrust.hscni.net
Registered organisation/ Registered provider:	Western Health & Social Care Trust
Registered manager:	Ms Ann Meehan
Person in Charge of the centre at the time of inspection:	Ms Ann Meehan
Categories of care:	DCS - I
Number of registered places:	25
Number of service users accommodated on day of inspection:	13
Date and type of previous inspection:	05 September 2013 Primary Announced
Date and time of inspection:	24 March 2015 10.40 -15.30 hours
Name of inspector:	Lorraine Wilson

Introduction

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

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

Purpose of the Inspection

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

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

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

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

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

Methods/Process

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

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

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

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

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

Consultation Process

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

Service users	Met all 13 service users and spoke to five individually
Staff	3
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	2	2

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

Dromore Day Centre is based in St Michael's community church hall, about half a mile outside the village of Dromore. The facility is on the ground floor of a detached two storey building which is also used by other community groups. The accommodation consists of a large activity and dining room, small kitchen, a shower room, male and female toilets, store, and an office.

St Michael's Trust is responsible for the upkeep and maintenance of the building. The Western Health and Social Care Trust is the Registered Organisation in Control and Ms Ann Meehan is the current Registered Manager.

The centre provides day care for a maximum of 25 persons per day over 65 years of age. The aim of the centre is to maintain and promote independence of people who attend by assisting them in their self-care, encouraging participation in a range of activities and providing a balanced, nutritious mid-day meal. The centre is open three days a week and referrals and allocation of places are offered following an assessment of need and in accordance with Trust procedures. Transport to and from the centre is provided by both the Trust's transport department and by a private contractor.

Summary of Inspection

A primary unannounced inspection of Dromore Day Centre, was undertaken by Lorraine Wilson, inspector on 24 March 2015, from 10.40 to 15.30 hours.

Prior to this inspection the registered manager was requested to submit a self-assessment of the two standards and one theme to be inspected.

The requested information was received and overall the required assurances were provided from the information requested. The self-assessment was not amended in any way by RQIA. It was noted that the registered manager had not recorded the compliance levels against the assessed criterion in the returned self-assessment. This was discussed with the registered manager during the inspection and an oversight was acknowledged by the registered manager. The compliance information was received by RQIA post inspection and included in the self-assessment.

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.

The following sources were used during the inspection to evidence compliance.

- Review of the self-assessment
- Relevant policies and procedures
- Statement of Purpose
- Service User Guide (January 2015)
- Analysis of staff questionnaires
- Discussion with staff and service users
- Review of a sample of service user individual file records.
- Monthly monitoring reports completed on behalf of the acting responsible individual for November 2014, January 2015 and February 2015
- Staff duty rosters, staff training information for 2014-2015
- Staff competency and capability assessments
- Records of staff supervision and appraisal

- Complaints and accidents and incident records
- Evidence of service user consultation.
- Tour of the premises.

In addition to speaking with the registered manager, the inspector spoke individually to two staff members, regarding the standards inspected and their views about working in the service. Positive feedback was provided regarding the service users and the aims of the centre.

Service users were also consulted throughout the inspection.

The previous primary announced care inspection undertaken on 5 September 2013 resulted in two recommendations being made. The inspector reviewed the progress which had been made. One recommendation had been addressed, whilst the other recommendation remains outstanding and is stated again. The action taken in respect of the recommendations can be viewed in the section following this summary.

**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 Western Health and Social Care Trust who operate the centre have a range of corporate policies and procedures regarding access to service user records, confidentiality, consent, management of records, monitoring of records, recording and reporting care practices. The records reviewed were available for staff reference.

The operational policy for the centre states that all services users attending the centre have the right to participate in making personal care plans and to be given a copy of the plan and have a regular review.

Discussion with some service users during the inspection confirmed that they were aware that a personal record was maintained which could be accessed upon request. There was however, no record of requests for individual case records being maintained.

Five service users consulted individually provided verbal permission enabling the inspector access to their care records. A total of three service users care records were examined. The care records observed were legible, dated, and securely stored. Assessments, risk assessments, care plans and progress notes for service users were securely kept, as were records of reviews.

In two of the three records examined, the inspector was unable to validate that an entry had consistently been recorded every five attendances, and this was discussed with the registered manager.

From a review of the available evidence in all of the criteria inspected, discussion with service users and staff, the inspector can confirm compliance with Standard 7. Two recommendations were made. Refer to standard 7 in the main report and the quality improvement plan for further information.

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

The Western Health and Social Care Trust have a detailed restraint policy in place. Discussion with the registered manager and staff confirmed that no service user is subject to any type of restraint.

The care records of three service users sampled provided no evidence of restraint, restriction or seclusion being used.

Resource and guidance information was also available to staff on "Guidance on Restraint and Seclusion in Health and Personal Social Services."

Discussion with staff confirmed that they had received training in promoting positive behaviour and managing behaviour of service users which may present as challenging to others.

From a review of the available evidence, discussion with service users and staff, the inspector can confirm compliance with 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.

Robust management arrangements were in place to support and promote the delivery of quality care services and the registered manager and staff work well as a team to ensure best outcomes for service users.

Governance arrangements were evidenced and the inspector was assured that service improvement and staff development was promoted.

Confirmation was provided that there is a qualified and experienced staff member assigned to take charge of the centre in the absence of the registered manager. Competency and capability assessments were in place, and management training for the role had been provided.

Effective processes for mandatory staff training and other training necessary for the role such as record keeping training were evidenced. Recorded formal staff supervision and staff appraisal had taken place, and there was evidence that staff meetings took place frequently with minutes of meetings recorded and retained and available for inspection.

The staffing structure and reporting arrangements were clearly set out within the Statement of Purpose, for reference by all stakeholders. Management and staff confirmed that in addition to the registered manager there is usually three care staff on duty but due to secondment to other day care centres and annual leave, there were occasions when two care staff were on duty. The registered manager prioritised staff duties to ensure priority needs of service users were met. Due to a reduction in the numbers of service users attending the day centre on these dates, the arrangements were satisfactory.

The staff consulted was knowledgeable, competent and confident in their roles and responsibilities.

Monthly unannounced monitoring visits to the centre were undertaken by a designated manager on behalf of the responsible individual. Three monitoring reports examined, addressed all of the required matters in compliance with relevant regulations.

There was evidence of quality monitoring and consultation with service users to seek their views of the service. A report from the findings of a service user survey dated 11 November 2014 was viewed by the inspector. Twenty one service users received questionnaires and 18 responses were returned. The returned responses indicated overall service user satisfaction with the service. Examples of comments included, "everything in day care centre including staff excellent" and "maybe some more activities if possible."

From a review of the available evidence, discussion with service users and staff, the inspector can confirm compliance with Theme 2.

Care and Support Services

The atmosphere in the centre was friendly and welcoming. Some services users receive personal care such as assistance with showering when attending day centre.

Others prefer the social support offered and the provision of a meal during their attendances.

Service users were observed having a hot drink and a snack on arrival to day care, and some service users took part in a game of skittles, whilst others were observed reading or chatting to others in the group.

There was good interaction and friendly chat observed between service users and staff.

Service Users' Views

All service users met with the inspector, some advised that they lived in a rural community and had attended the centre for many years. There was good evidence from the discussions held to indicate a high level of inclusion and involvement of service users in decision making with regard to the day care provided. One example evidenced from the information recorded was that service user meetings were usually chaired by a service user.

Service users also spoke positively of the support they experienced and the opportunities provided by the staff for their enjoyment and development, describing the registered manager and staff as excellent. Some however expressed concerns and disappointment at the recent review of day care services undertaken by the Western Health and Social Care Trust. A consultation which was ongoing at the time of inspection, proposed the closure of Dromore day centre with placements offered to service users in other day centres in the trust area. The service users discussed the impact a closure may have advising the inspector they would be reluctant to travel to other centres.

Environment

The environment presented as clean, organised, adequately heated and suitably maintained.

Conclusion

The inspector wishes to acknowledge the open and constructive approach of the registered manager and staff throughout the inspection process. Gratitude is also extended to service users, who welcomed the inspector to the centre and contributed to the evaluation of the service provided.

The inspector was assured that service users were receiving a good standard of day care in respect of the standards and themes inspected.

There were no requirements made during this inspection. Two recommendations were made. These were in respect of requests being maintained for individual case records and the consistent recording of entries every five attendances for each service user. One recommendation which had not been addressed following the previous inspection is restated and should be kept under review with RQIA being informed of the review outcome.

The inspector would also like to thank the two staff who returned completed questionnaires.

Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
		No requirements were made as a result of this inspection.		

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Standard 19.4	The Dromore Centre remains without internet or intranet access and it is recommended that this be provided at the earliest opportunity, in support of best practice.	<p>Discussion with the registered manager confirmed that this recommendation had not been progressed by the Western Health and Social Care Trust.</p> <p>This recommendation should be kept under review by the trust and RQIA advised of the review outcome when returning the Quality Improvement Plan.</p> <p>This recommendation had not been addressed and is stated again for a second time.</p>	Not compliant
2	Standard 21.1	It is recommended that the Induction Pack and Induction Programme should be reviewed.	Discussion with the registered manager confirmed that this recommendation had been addressed. A copy of the revised induction pack for day care services was provided to the	Compliant

			<p>inspector.</p> <p>This recommendation was addressed.</p>	
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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:	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:	
SERVICE USER RECORDS ARE KEPT IN A LOCKED FILING CABINET IN MAIN OFFICE. STAFF ARE FULLY AWARE OF CONFIDENTIALTY, AND DHSSPS. CODE OF PRACTICE ON SITE	Compliant
Inspection Findings:	COMPLIANCE LEVEL
<p>The inspector evidenced that a range of Trust corporate policies and procedures were available to staff in the centre.</p> <p>The Operational Policy for the centre was reviewed as well as the commissioning Trust policies on Confidentiality, Data Protection, and Freedom of Information. Documents such as a code of practice produced by the DHSSPS on protecting the confidentiality of service users’ information and staff duty of confidentiality was also available.</p> <p>Other resource documents in regard to ethical duty of were available to staff via staff policies.</p> <p>The operational policy for the centre states that all services users attending the centre have the right to participate in making personal care plans and to be given a copy of the plan and have a regular review.</p> <p>The Dromore Day Centre Service Users’ Guide, January 2015, issued to service users provides information to service users in respect of confidentiality of records, and states;</p> <ul style="list-style-type: none"> • “All service users records are subject to the Data Protection Act 1998. All records are confidential, kept securely locked in the day centre and are only accessed by authorised personnel”. <p>The inspection evidenced each service had an individual care record which was kept securely within the centre.</p>	Compliant

Criterion Assessed:	COMPLIANCE LEVEL
7.2 A service user and, with his or her consent, another person acting on his or her behalf should normally expect to see his or her case records / notes.	
7.3 A record of all requests for access to individual case records/notes and their outcomes should be maintained.	
Provider’s Self-Assessment:	
Any requests for access to records would be in accordance with DHSSPS guidelines. To date no request have been made.	Compliant
Inspection Findings:	COMPLIANCE LEVEL
<p>As previously indicated the operational policy indicates that the service user has a right to a copy of their plan of care, and the right to access their individual records.</p> <p>In relation to access to records, The Dromore Day Centre Service Users’ Guide, January 2015, which is issued to service users also states;</p> <ul style="list-style-type: none"> • “Patients and clients or their representatives have a right of access to see or obtain copies of their Health and Social Care Records under the Data Protection Act 1998.” <p>The registered manager confirmed that to date no requests for access had been made.</p> <p>The inspector was unable to evidence that a record of requests for individual records was being maintained in accordance with day care standards. A template for access requests should be developed and maintained. A recommendation was made.</p> <p>Five service users who met individually with the inspector confirmed that they were aware that individual care records were being maintained at the day centre, which may be accessed by other agencies. Five service users gave verbal permission for the inspector to access their care records on the day of inspection.</p>	Substantially Compliant

<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>All above information in service users file.</p>	<p>Compliant</p>
<p>Inspection Findings:</p> <p>Information was verified through discussion with the registered manager, two staff and examination of three individual service users’ care records.</p> <p>The care records reviewed confirmed that records were comprehensive with assessments, including risk assessments, care plans showing actual and potential needs and interventions to meet agreed objectives. There was evidence of the involvement of the service user and or their nominated representative as well as multi-professional collaboration in planned care.</p> <p>The review reports examined had been signed off by the service user or their nominated representative evidencing their involvement in care reviews, as well as the registered manager or deputising staff and the service users’ social worker. In one of the records reviewed it was recorded that the service user was no longer able to sign, and verbal permission had been given for staff to sign.</p>	<p>COMPLIANCE LEVEL</p> <p>Compliant</p>

As part of the Trust’s quality monitoring, audits of care records were also undertaken during monthly monitoring visits to identify areas for further improvement. This is good practice	
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:	
Records are updated every 5 attendances oR as required in between.	Moving towards compliance
Inspection Findings:	COMPLIANCE LEVEL
In two of the three records examined, the inspector was unable to validate that an entry had consistently been recorded every five attendances. This was discussed with the registered manager, and a recommendation was made.	Substantially 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:	
Staff are aware of review & reporting procedures.	Compliant
Inspection Findings:	COMPLIANCE LEVEL
Robust policies were evidenced with regard to reporting and recording information. The inspector also met individually and in private with two staff, both of whom had day care experience, and who had worked in the centre for some time. Both staff presented as being confident and competent in their roles and clear in their reporting procedures to the registered manager, and other professional staff. The staff indicated there was good communication and frequent discussion between staff to discuss issues which may	Compliant

require onward reporting to service users’ nominated representatives and or referral agents. The inspector was assured that staff had good knowledge of the service users and their needs.	
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:	
Records are as above and are reviewed at staff supervision every 3 months oR at random between these periods	Compliant
Inspection Findings:	COMPLIANCE LEVEL
A review of three service users’ care records evidenced that records were legible, signed and dated by the staff member and reviewed. Care record reviews were signed off by the registered manager or deputy upon completion.	Compliant

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

INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	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:	
<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>No restraint practised in Dromore. Staff fully aware of Restraint, Human Rights Policies and practice.</p>	Compliant
Inspection Findings:	
<p>The trust has a policy on the use of restraint which was available for staff reference. The three care records reviewed provided no evidence of restraint, seclusion or restrictive practices.</p> <p>The two staff who met individually and in private with the inspector confirmed that no restraint, restriction or seclusion had ever been required within the centre.</p> <p>Staff confirmed they had received training in promoting positive behaviour and behaviour which may present as challenging to others. They also discussed potential situations which may present with service users, providing examples how identified risks were managed to prevent any potential situation from escalating further.</p>	COMPLIANCE LEVEL Compliant
<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>	COMPLIANCE LEVEL

Provider’s Self-Assessment:	
Restraint never used but staff aware of guidelines	Compliant
Inspection Findings:	
The inspector was assured through discussion with the registered manager and staff that robust policies and procedures were available for staff reference and staff consulted were aware of their reporting responsibilities in respect of restraint reporting.	COMPLIANCE LEVEL Compliant

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

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

Theme 2 – Management and Control of Operations	COMPLIANCE LEVEL
<p>Management systems and arrangements are in place that support and promote the delivery of quality care services.</p> <p>Theme covers the level of competence of any person designated as being in charge in the absence of the registered manager.</p>	
<p>Regulation 20 (1) which states:</p> <p>The registered person shall, having regard to the size of the day care setting, the statement of purpose and the number and needs of service users -</p> <p>(a) ensure that at all times suitably qualified, competent and experienced persons are working in the day care setting in such numbers as are appropriate for the care of service users;</p> <p>Standard 17.1 which states:</p> <p>There is a defined management structure that clearly identifies lines of accountability, specifies roles and details responsibilities for areas of activity.</p>	
<p>Provider’s Self Assessment:</p>	
<p>Statement of Purpose in place. Acting staff for Manager’s Absence have been assessed for Competency. Staff all trained in acc. with Trust policies. Rotas for staff, personal care, activities in place.</p>	Compliant
<p>Inspection Findings:</p>	COMPLIANCE LEVEL
<p>On a day to day basis, the registered manager has the overall responsibility for ensuring the centre is operated in compliance with day care setting regulations and standards.</p> <p>There is a policy which complies with day care standards on the absence of the manager from the day centre.</p> <p>A senior day care support worker with the required qualifications currently works three days each week in Dromore day centre, and is assigned to be in charge of the centre in the absence of the registered manager. A competency and capability assessment had been completed for the staff member confirming they had the necessary knowledge and skills to be in charge.</p>	Compliant

<p>The assigned deputy met the inspector and demonstrated sound knowledge and good awareness of the arrangements for record keeping and reporting within the day centre.</p> <p>Staff training records examined confirmed that in addition to mandatory training, staff were encouraged and supported to attend other training sessions to assist them in their specific role within the centre, for example, training in record keeping.</p> <p>Staff rotas reviewed identified occasions when the allocated numbers of support staff were not always achieved, due to staff leave and temporary transfers to other day care settings within the trust area. Discussion with the registered manager and staff confirmed that on such occasions the registered manager prioritised staff duties to ensure service user needs were met. The inspector also noted from information reviewed there was a reduction in the number of service users attending during these periods.</p> <p>Three monthly monitoring visits completed on behalf of the nominated responsible individual were reviewed, and evidenced that staffing arrangements were examined and information regarding staffing was recorded during each visit.</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>Staff have supervision on 3 monthly basis. If necessary supervision takes place between sessions and recorded.</p>	Compliant
<p>Inspection Findings:</p>	COMPLIANCE LEVEL
<p>The inspector verified that supervision and appraisal is provided to staff at least three monthly and staff supervision had taken place. This information was also confirmed through discussion with two staff members, observation of staff supervision and appraisal records and two returned staff questionnaires.</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 	COMPLIANCE LEVEL
Provider's Self-Assessment:	
Mandatory training up to date for all staff. Training needs or Personal Development are reviewed at supervision.	Compliant
Inspection Findings:	
<p>Information provided confirmed that registered manager and staff working in the centre had the required qualifications and experience.</p> <p>On this occasion however, staff recruitment records and staff qualifications were not validated as staff recruitment records are not maintained in the centre, but retained by the trust human resources department. An assurance was provided that the staff working in the centre had been employed by the trust for a number of years and the required recruitment checks had been completed.</p> <p>Information regarding mandatory training as illustrated in the self-assessment was evidenced through examination of individual staff training records and discussion with the registered manager and staff. Competency and capability assessments were in place for staff.</p> <p>The staff were aware of their roles and responsibilities and demonstrated during discussion that they knew the service users and their individual needs well.</p>	Compliant

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 Compliant
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Additional Areas Examined

Complaints

The requested complaints summary required by RQIA confirmed that no complaints had been received by the day centre from 1 January –31 December 2013.

Complaints records examined within the centre confirmed that no complaints had been recorded during the 2014-2015 year.

Service Users Guide

The service user guide was updated in January 2015, and a copy was submitted to RQIA. The information recorded was in accordance with regulations.

Monthly Monitoring Reports

Three monthly monitoring reports completed on behalf of the responsible individual were reviewed and verified that these were undertaken in accordance with the required legislation. Reports of visits completed on 18 November 2014, 27 January 2015 and 12 February 2015 were examined and provided evidence of detailed quality monitoring and good governance processes.

Staff Questionnaires

The inspector met individually and privately with two staff during the inspection, and two staff questionnaires were also completed and returned to the inspector.

Very positive responses were provided about all aspects of the service, and there were no issues or concerns raised with the inspector.

Samples of comments provided included:

- “High standard of care is provided.”
- “Very good, I would be happy to send my family members here.”
- “We are well supported and there is good teamwork and management in the centre.”
- “The service users have got to know us so well over many years that they are now like family members.”

Service Users’ Views

The inspector met with service users at different periods of the day throughout the inspection. Service users who wished were invited to speak privately to the inspector, and they confirmed they were happy to speak freely with the inspector in the day care setting.

Five service users spoke individually to the inspector and discussed their experiences and positive benefits from attending the centre.

Many of the service users advised that they came from rural communities and the centre had been beneficial in providing them with a place where they could come and meet friends and take part in arranged activities. Some confirmed they received assistance with personal care such as showering when they were at the centre.

It was evident during discussion that the centre provided many positive benefits to service users and there was evidence they were involved in the running of the centre which they confirmed was also encouraged and promoted by the supportive staff team.

Service users consulted raised concerns at the proposed consultation by the Western Health and Social Care Trust to close Dromore day care centre, and offer placements to service users in other centres. They informed the inspector of their concern and disappointment at these proposals.

Samples of comments made to the inspector included:

- “I have been coming here for many years and as I was so isolated at home, it really has been so beneficial.”
- “Ann is brilliant and would do anything for you.”
- “I have recently started coming here and I have settled in well, everyone is so nice.”
- “The food is lovely, we get to have a choice and there is always plenty of it.”
- “I am concerned at the proposals to close as I really do not want to travel to anywhere else, as it would be too far for me.”

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Ms Ann Meehan, 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.

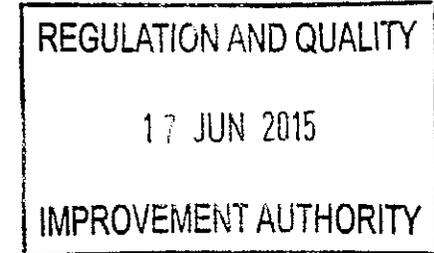
Enquiries relating to this report should be addressed to:

Lorraine Wilson
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
Primary Unannounced Care Inspection
Dromore Day Centre
24 March 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 Ann Meehan, registered manager during or after the inspection visit.

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

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

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

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

Statutory Requirements

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

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
		There were no requirements made during this inspection.			

Recommendations

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

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details of Action Taken By Registered Person(S)	Timescale
1	19.4	The Dromore Day Centre remains without internet or intranet access and it is recommended that this be provided at the earliest opportunity, in support of best practice. Ref: Follow up on previous issues	Two	This has been passed to senior management again for urgent attention. Senior management have requested costing for same so that this can be added to capital works priority list.	Advise RQIA on the review outcome when returning the QIP
2	7.3	The registered manager must ensure that a record of requests for individual records is maintained, and a template to record access and outcomes is developed and maintained for each service user to evidence requests. Ref: 7.3	One	A template is now in place in each service user file to evidence requests and permission of service user for access to files.	28 days from date of inspection
3	7.5	The registered manager must ensure that in compliance with day care standards, there is an entry consistently recorded at least every five attendances for each service user. Ref: 7.5	One	Staff have been informed through supervision, to ensure records are updated a minimum of every fifth attendance. The manager will increase her frequency of case file reviews.	28 days from date of inspection

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	Ann Meehan
Name of Responsible Person / Identified Responsible Person Approving Qip	<i>Eaine Hay</i>

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable		<i>PP. H. Harley</i>	<i>18/6/15</i>
Further information requested from provider			