



The **Regulation** and
Quality Improvement
Authority

Primary Announced Care Inspection

Name of Establishment:	Age NI, Ballyclare
Establishment ID No:	11266
Date of Inspection:	30 September 2014
Inspector's Name:	Dermott Knox
Inspection No:	20333

The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

Name of centre:	Age NI, Ballyclare
Address:	Ballyclare Town Hall The Square, Main Street Ballyclare BT39 9BB
Telephone number:	(028) 9335 4547
E mail address:	shan.horan@ageni.org
Registered organisation/ Registered provider:	Ms Linda Robinson
Registered manager:	Ms Shan Horan - Acting
Person in Charge of the centre at the time of inspection:	Ms Shan Horan
Categories of care:	MAX, DCS-MAX, DCS-DE,
Number of registered places:	10
Number of service users accommodated on day of inspection:	10
Date and type of previous inspection:	24 July 2013 Primary Announce Inspection
Date and time of inspection:	30 September 2014 10:15am – 3:00pm
Name of inspector:	Dermott Knox

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	6
Staff	2
Relatives	2
Visiting Professionals	1

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

Issued To	Number issued	Number returned
Staff	1	1

Inspection Focus

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

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

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

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

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

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

The registered provider and the inspector have rated the centre's compliance level against each criterion and also against each standard and theme.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance Statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

Profile of Service

Age NI provides day care services in Ballyclare town centre in a hall rented for the purpose from Ballyclare town council. The service is provided three days a week on Monday, Tuesday and Wednesday.

The opening of this service followed an approach to AgeNI from the Northern Health Trust's dementia services team who identified an unmet need in the provision of services for people of the area who had been diagnosed with dementia.

The centre provides day care for clients identified by the community dementia team. The overall objective is to support clients with dementia and their carers to remain in their own homes for as long as possible by providing activities for the clients and respite for those caring for them. Age NI philosophy of care is to support and encourage older people to remain active, independent and enjoy life. The organisation strives to ensure service users attending the centre have a positive experience where they feel valued and their rights are respected and upheld.

The centre has a large day/activity room; a dining area, kitchen facilities, two WCs, an office and a storage area. Transport service is provided by another organisation under contract.

Summary of Inspection

A primary announced inspection was carried out in Age NI Ballyclare Day Centre on Tuesday 30 September 2014 from 10:15am until 3:00pm. Prior to the inspection the service provider submitted a self-assessment of the centre's performance in the one standard and two themes forming the focus of the inspection. There was one requirement and four recommendations from the previous inspection and evidence of compliance with all but one of these was verified. The remaining work, to upgrade the décor, was at an advanced stage of planning.

The inspector was introduced to most of the members attending the centre and met for discussions and activities with all of them in a group setting. Individual discussions were also held with the manager and one staff regarding the standards, team working, management support, supervision and the overall quality of the service provided. Two completed questionnaires were returned by staff members, who reported that the quality of care and the management support for the service were excellent.

Overall, discussions with service users, their carers and with staff contributed a positive view of the service provided in the centre and indicated a strong commitment by the manager and the staff members to practice in compliance with the minimum standards for day care settings. There was evidence, from observations during the inspection and in written records, to indicate a good level of consultation with service users with regard to their involvement in the service provided. There was a relaxed and welcoming atmosphere in the centre and it was evident that every service user, on that day, was responding positively to the staff and the activities being introduced. Two service users' relatives spoke highly of the support they experienced and of their positive relationships with staff. Another relative wrote expressing similar views.

The inspector is grateful to the members, who were welcoming and contributed to the inspection findings. Thanks are due also to the manager and staff who were open and positive throughout the inspection process. There are two requirements and five recommendations arising from this inspection.

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 has written policies and procedures in place for recording and reporting, data protection, access to records, communication with service users and their representatives, confidentiality, records retention and disposal, in keeping with DHSSPS guidance. The physical storage and presentation of policies and procedures was not well organised and the file contained large quantities of relevant guidance and other documentation which created a difficulty in accessing the AgeNI policies and procedures. Indexing of the contents was not accurate. A recommendation in this regard is included in the Quality Improvement Plan.

A sample of members' care records was examined and there was evidence in some of them to indicate the involvement and agreement of the individual or a representative with the content. It is recommended that further efforts should be made to include consent and agreement signatures of service users or their representatives on care plans and other key documents, such as review records. In each of the service user's records a good quality, recent photograph was included. Progress notes were being kept regularly by staff and were found to present a well-balanced record of the member's involvement in the centre and of their progress toward identified goals.

A detailed record of activities had been kept for a small number of service users, where this aspect of their care was under examination. However, there was no current record of the programme of events and activities, as is required by Regulation 19(2), in Schedule 5(16). The registered person must ensure that this record is maintained and kept up to date.

The centre was judged to be moving toward compliance with this standard.

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

Age NI has a written policy and guidelines on the use of restrictive interventions, which was available to members of staff. It is the organisation's policy that no physical restraint should be used with a service user and staff's account of their practice confirmed compliance with this policy. Records were examined for four service users, in addition to the record of incidents, and no instances of restraint had been recorded.

Staff demonstrated in their practice, the use of calming techniques and good communication with individual service users, throughout the period of the inspection. The Ballyclare Day Centre operates almost entirely in one room and the intimate and convivial atmosphere within the group provided evidence of discrete and skilful work by staff in responding to anxieties and concerns of service users. Training had been provided to staff with regard to restrictive practices, deprivation of liberty and human rights and staff presented as being confident of their practice in those aspects of the work.

The centre was judged to be operating in compliance with this theme.

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

Staff records showed that the registered manager is appropriately qualified and experienced to take charge of the centre. Training for key aspects of this role had been provided, including for the responsibilities of supervision and appraisal.

There was evidence from discussions with staff to confirm that members of the staff team work supportively and well with one another. Systems were in place for formal, individual supervision and for the annual appraisal of each staff member's performance and development. However, records of staff supervision and of annual appraisals were not up to date and the registered person should ensure that the system in this regard is improved.

The staffing structure and reporting arrangements were clearly set out in writing in the statement of purpose, for reference by all stakeholders. The staff who met with the inspector presented as being competent and confident in their roles and responsibilities and enthusiastic in ensuring the provision of a high quality service.

Monitoring arrangements are standardised across the AgeNI Day Care services and the four monitoring reports examined, addressed all of the required matters. Monitoring was being carried out by the area manager and monitoring reports were well detailed and addressed all of the matters required by regulation.

The centre was judged to be moving toward compliance with this theme.

Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	<p>The Health and Personal Social Services (Quality, Improvement and Regulation) (NI) Order 2003 28(1), 13(1) and (2)</p> <p>The Day Care Settings Regulations (NI) 2007 30(1)(b)</p>	<p><u>Registration of Age NI Ballyclare</u></p> <p>The registered person must ensure:</p> <ul style="list-style-type: none"> (a) The service’s certificate of registration must be displayed in a prominent place in the centre; (b) The manager’s leave of absence form must be signed by the registered person and forwarded to RQIA’s registration team; (c) Once the recruitment of the new manager position is completed, RQIA’s registered manager application form must be completed and forwarded to RQIA’s registration team (additional information section refers). 	<p>The registration certificate was displayed prominently.</p> <p>This was confirmed by the current manager.</p> <p>This was confirmed by the current manager, who has been in post since May 2014.</p>	<p>Compliant</p>

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	15.3	<p><u>Review of Service Users' Day Care Placement</u></p> <p>It is recommended Age NI Ballyclare's:</p> <ul style="list-style-type: none"> (a) assessment, care planning and review policy and procedures are reviewed to reflect when the initial review of a service user's placement occurs; (b) The statement of purpose and service users' guide is also reviewed to reflect the information above (criterion 15.3 refers). 	<p>The recently appointed manager acknowledged that care reviews had fallen behind schedule and undertook to bring this aspect of practice up to standard.</p> <p>A further requirement regarding these matters is included in the current Quality Improvement Plan.</p>	Moving toward compliance
2	17	<p><u>Adverse Incident and Accident Records</u></p> <p>The registered person must ensure:</p> <ul style="list-style-type: none"> (a) copies of all accidents and untoward incidents are retained in the centre in a central file; (b) A copy of each accident or untoward incident is also retained in the respective service user's care file (additional information section refers). 	The manager confirmed that she had addressed this issue and this was verified from current records.	Compliant
3	17.3	<p><u>NISCC Codes of Practice</u></p> <p>It is recommended all staff employed in Age NI Ballyclare have a working knowledge of the NISCC Codes of Practice (additional information section refers).</p>	Information on NISCC Codes of Practice was available for staffs' reference.	Compliant

4	17.10	<p><u>Monthly Monitoring Reports</u></p> <p>The designated registered person must ensure Age NI Ballyclare's monthly monitoring reports consistently specify:</p> <ul style="list-style-type: none"> (a) The numbers of service users and staff interviewed; (b) A summary of their qualitative views and opinions of the service; (c) Ensure systems are put in place to obtain the views and opinions of service user's carers/representatives and include same in the report (criterion 28(4) refers). 	<p>Four monitoring reports were examined and were found to address all of the matters required by Regulation 28.</p> <p>An annual report for 2013 was available for inspection and included a section on the views of service users and their representatives.</p>	Compliant
5	25.1	<p><u>Environment</u></p> <p>It is recommended the registered person ensure:</p> <ul style="list-style-type: none"> (a) The identified carpet floor tiles in the main activity room are cleaned or replaced; (b) A dementia audit of the environment is undertaken by an experienced and independent person. Any recommendations from the outcome of the audit should be incorporated into the centre's redecoration/refurbishment plans with timescales (additional information section refers). 	<p>Written correspondence between the service provider and the landlord for the premises was available for inspection. This confirmed that an assessment of the maintenance and decoration needs has been completed and that the landlord has plans in place to complete the necessary work.</p>	Substantially compliant

Standard 7 - Individual service user records and reporting arrangements:**Records are kept on each service user's situation, actions taken by staff and reports made to others.**

Criterion Assessed:	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:	
Confidentiality is essential in Ballyclare Day Centre. Each service user has their own individual confidential folder. Ballyclare Day Centre has a confidential policy in place which all staff are familiar with. All folders are kept in a locked filling cabinet, in an office, where the door is locked at the end of the day for extra security.	Compliant
Inspection Findings:	COMPLIANCE LEVEL
There were satisfactory arrangements in place for the safekeeping of service users' records and other confidential information. The manager and staff were aware of their responsibilities in this regard. Age NI has a written policy on record keeping which addresses the legal and ethical duties of confidentiality.	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:	
Assess to the records at Ballyclare Day Centre is restricted to maintain a high standard of privacy and confidentially. Case records can be view by the individual service user at their request or by family who have their consent for acting on their behalf. A record is made and dated of any such request.	Compliant
Inspection Findings:	COMPLIANCE LEVEL
AgeNI has a written policy and procedures regarding access to records, consent, management of records and service user agreement and these are available for staff reference. There was written evidence to show that some service	Compliant

users had accessed their records. Current organisation of policy documents in the centre makes it difficult to find specific policies and a recommendation has been included in the Quality Improvement Plan to address this issue.	
<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. 	COMPLIANCE LEVEL
<p>Provider's Self-Assessment:</p>	
AGE NI policy and procedure are in place in relation to all the above.	Compliant
<p>Inspection Findings:</p> <p>Individual service user's files were found to be satisfactory in most aspects of their content and presentation. However, there had been a period of several months in early 2014 with no registered manager in place and arrangements for formal reviews of service users' care had fallen behind schedule. While the recently appointed manager is working to bring this schedule back on track, there was an absence of review records for service users, in the current year. The registered person must ensure that a care review is held at least annually for each service user and that there is consistent compliance with Standard 15.</p>	COMPLIANCE LEVEL Moving toward compliance

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: Individual's evaluations are written daily by either Day Care staff or Manager. Any absent or nonattendance is recorded and follow up made as appropriate.	Compliant
Inspection Findings: The manager or a staff member kept a written record of each service user's attendance and involvement in the day centre, on each occasion that they attended. The progress records were found to be relevant, personal and well written.	COMPLIANCE LEVEL Compliant
Criterion Assessed: 7.6 There is guidance for staff on matters that need to be reported or referrals made to: <ul style="list-style-type: none"> • The registered manager; • The service user's representative; • The referral agent; and • Other relevant health or social care professionals. 	COMPLIANCE LEVEL
Provider's Self-Assessment: Staff are aware of the importance and the procedures of reporting all concerns and referrals.	Compliant
Inspection Findings: The manager and staff confirmed their understanding of the need to report matters of consequence and the written policy and guidance on this was available for inspection.	COMPLIANCE LEVEL Compliant

<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: AGE NI has a policy of record keeping which is adhered too. Staff are aware of the importance of good record keeping</p>	Compliant
<p>Inspection Findings: While the records that were available for inspection were legible, accurate and up to date, it was identified that review records and records of activities, in the required format, were not available. The registered person must ensure that review records (Ref: 7.4 above) and a record of the programme of events and activities (Ref: Schedule 5) are maintained and kept up to date.</p>	<p>COMPLIANCE LEVEL Moving toward compliance</p>

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

<p>INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Moving toward compliance</p>
--	---

Theme 1: The use of restrictive practice within the context of protecting service user's human rights	
Theme of "overall human rights" assessment to include:	
Regulation 14 (4) which states:	COMPLIANCE LEVEL
The registered person shall ensure that no service user is subject to restraint unless restraint of the kind employed is the only practicable means of securing the welfare of that or any other service user and there are exceptional circumstances.	
Provider's Self-Assessment:	
AGE NI has a non-restraint policy in place. There is a policy on how to deal with challenging behaviour and how to report it.	Compliant
Inspection Findings:	COMPLIANCE LEVEL
No instances of restraint or any restrictive practice were recorded in the centre. The manager and staff were aware of the need to consider the wishes of any service user who might ask to leave the centre and to respond in a professional and caring manner, ensuring the wellbeing of the individual. Practice observed during the inspection, in potentially challenging situations, was gentle, effective and appropriate.	Compliant
Regulation 14 (5) which states:	COMPLIANCE LEVEL
On any occasions on which a service user is subject to restraint, the registered person shall record the circumstances, including the nature of the restraint. These details should also be reported to the Regulation and Quality Improvement Authority as soon as is practicable.	
Provider's Self-Assessment:	
The Manager is aware of the importance of recording and reporting to RQIA.	Compliant
Inspection Findings:	COMPLIANCE LEVEL
The manager confirmed awareness of the appropriate recording and reporting procedures and that no instances of restraint had occurred in the centre. This was also confirmed by a long-serving staff member.	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>The Ballyclare Day Centre has a defined management arrangement, when the registered manager is absent with a competent staff member responsible for the centre.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	<p>COMPLIANCE LEVEL</p>
<p>The provider’s self-assessment was verified through examination of the arrangements for staffing the centre, the training records and selected other records, such as those for incidents and accidents and the members’ progress notes. The management structure is set out in the statement of purpose. There had been a period, prior to the current manager’s appointment, when Age NI experienced difficulties in staffing the centre appropriately and the Area Manager was advised with regard to this matter.</p>	<p>Substantially compliant</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 	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p>	
<p>Three monthly supervision are carried out at the Ballyclare Day Centre. Mandatory training is carried out enabling staff to have the knowledge and tools to deliver a high standard of care.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>While staff and the area manager confirmed that supervision does take place quarterly, the supervision records in the centre were not up to date and the registered person should ensure that appropriate action is taken in this regard.</p>	<p>Moving toward compliance</p>
<p>Regulation 21 (3) (b) which states:</p> <ul style="list-style-type: none"> • (3) For the purposes of paragraphs (1) and (2), a person is not fit to work at a day care setting unless – • (b) he has qualifications or training suitable to the work that he is to perform, and the skills and experience necessary for such work 	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p>	
<p>All AGE NI staff are fully trained and qualified to carry out their responsibilities .</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The manager and the area manager discussed the staffing of the centre and there was evidence in staff employment records to show that satisfactory recruitment and selection procedures were in place. The recently appointed manager is very experienced and well qualified for the post.</p>	<p>Compliant</p>

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
	Moving toward compliance

Additional Areas Inspected

Statement of Purpose and Service User's Guide

The statement of purpose and the service user's guide should be reviewed and revised to ensure accuracy and compliance with the detail of the regulations and the minimum standards.

A copy of each revised document should be forwarded to RQIA on completion.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Ms Shan Horan, Registered Manager and Ms Denise McDonald, Area 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:

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



The Regulation and
Quality Improvement
Authority

*Received after
request made during
UI on 5/5/15 as this signed/approved
QIP had not been received by
RQIA. All-Label*

*Ad 12/8/15
Via email*

Quality Improvement Plan

Primary Announced Care Inspection

Age NI, Ballyclare

30 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 Ms Shan Horan, Registered Manager, either during or after the inspection visit.

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

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

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

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

3/11/14

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)	Time
1	Regulation 19(2)	The registered person must ensure that a current record of the programme of events and activities is maintained, as required by Regulation 19(2), in Schedule 5(16).	One	A current record of the programme of events & activities is now maintained	Immed and on
2	Regulation 7(a)	The statement of purpose and the service user's guide should be reviewed and revised to ensure accuracy and compliance with the detail of the regulations and the minimum standards.	One	I am in the process of reviewing & revising The Statement of purpose and the service users guide This will be by 28/11/14	28 Nov 2014

3/11/14

Inspection ID: 20333

Recommendations

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

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details of Action Taken By Registered Person(S)	Timescale
1	Standard 18.3	The physical presentation of policies and procedures was not well organised, with large quantities of associated guidance documents making it difficult to access the AgeNI policies and procedures. Indexing of the contents was not accurate. Improvement action should be taken.	One	All Age NI policies & procedures are now organised & indexed	28 November 2014
2	Standard 5.3	It is recommended that further efforts should be made to include consent and agreement signatures of service users or their representatives on care plans and other key documents, such as review records.	One	I am in the process of gaining consent and agreement of service users or their representatives	31 December 2014
3	Standard 22.2	Records of staff supervision were not completely up to date and the registered person should ensure that the record keeping system in this regard is improved.	One	Staff supervision & records are up to date	Immediate and on-going.
4	Standard 22.5	Annual staff appraisals should be kept up to date.	One	In process of carrying out staff appraisals	Immediate and on-going.
5	Standard 15.3	A review of each service user's care must be held at least annually.	One	Review dates have now been organised	28 November 2014

3/11/14

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	SHÂN HORAN
Name of Responsible Person / Identified Responsible Person Approving Qip	Linda Robinson

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Louise McCabe	13/6/15
Further information requested from provider			