



The **Regulation** and
Quality Improvement
Authority

Primary Unannounced Care Inspection

Name of Establishment: Killadeas Day Centre
Establishment ID No: 11271
Date of Inspection: 05 June 2014
Inspector's Name: Margaret Coary
Inspection No: 16579

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

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| Name of centre: | Killadeas Day Centre |
| Address: | Enterprise Centre Kesh BT93 1TF |
| Telephone number: | 028 6863 2364 |
| E mail address: | patricia.griffith@westerntrust.hscni.net |
| Registered organisation/ Registered provider: | Western HSC Trust Ms Elaine Way CBE |
| Registered manager: | Ms Patricia Griffith |
| Person in Charge of the centre at the time of inspection: | Ms Mary Maguire, Senior Day Care Worker |
| Categories of care: | DCS-LD |
| Number of registered places: | 30 |
| Number of service users accommodated on day of inspection: | 23 |
| Date and type of previous inspection: | 03 September 2013 Primary Announced |
| Date and time of inspection: | 05 June 2014: 11.45 hours -15.00 hours |
| Name of inspector: | Margaret Coary |

Introduction

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

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

Purpose of the Inspection

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

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

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

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

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

Methods/Process

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

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

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

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

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

Consultation Process

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

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|------------------------|--------------------|
| Service users | Group of 15 |
| Staff | 4 |
| 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 | 4 |

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

Killadeas Day Centre, (Kesh) is one of a group of six day centres managed by one registered manager and operated by the Western Health and Social Care Trust. The centre is located in one unit of a commercial centre which has been adapted to suit its purpose, and is situated on the outskirts of the village of Kesh.

The centre has a large activities room with an adjoining well equipped kitchen, a small quiet room, an open plan office and a range of bathroom and toilet facilities.

There is a room to the back of the premises which is currently used as an activity area with pool tables, however, it is envisaged that this room will be redecorated and refurbished and used as a quiet room in the future.

The centre provides day care services to a maximum of 30 people, each of whom has a degree of learning disability. Service users are well engaged in a consultative process about the operation of the centre and the personal goals that they wish to achieve. The centre operates a person-centred-planning methodology, based upon comprehensive, multi-disciplinary assessments.

Summary of Inspection

This is the report for the primary unannounced inspection of Killadeas Day Centre.

This announced inspection was carried out on 05 June 2014 from 11.45 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 Senior Day Care Worker, Mrs Mary Maguire. The inspector had a short meeting and agreed the inspection process with Mrs Maguire. Feedback was given at the end of the inspection.

A completed self-assessment document was submitted by Miss Patricia Griffiths, Manager of the centre.

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 a group of fifteen service users.
 Discussion with four staff members.
 Four completed staff questionnaires.
 Verbal contribution from the senior day care worker in relation to any other information that was requested.

As this was an unannounced inspection the inspector selected criterion for inspection from the following;

- **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 inspected: 7.1, 7.4, 7.5 and 7.7.

The centre have appropriate policies and procedures in place which are accessible and available to staff. The records of four service users were inspected, these were clear, detailed and person centred and ensured that every service users' Human Rights were respected.

The inspector was satisfied that staff were well informed and aware of their roles and responsibilities regarding recording and reporting.

The centre have achieved a compliant level of achievement for the criterion inspected from Standard 7.

- **Theme 1 - The use of restrictive practice within the context of protecting service user's human rights**
- **Regulation 14 (4)**

The centre do not use restrictive practise at present, however, policies and procedures are in place and are available for staff consultation should the need arise.

The inspector found that the centre have relevant training in place and have established good systems with other professionals in relation to managing specific behaviours.

The centre has achieved a compliant level of achievement for Theme 1.

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

**Management systems and arrangements are in place that support and promote the delivery of quality care services
Regulation 20 (1) and standard 17.1**

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 have attained a compliant level of achievement for Theme 2.

Environment

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

Staffing

There were four staff on duty on the day of inspection, there was also a student nurse at the centre and she was in the second week of a two week placement.

The inspector was satisfied that there were sufficient numbers of staff on duty to meet the needs of service users. The inspector viewed the duty rota and found that this was completed in accordance with legislation and that staffing was satisfactory, however, the inspector noted that questionnaires completed reflected that there were concerns in relation to the number of staff "on the floor" over the lunch time period. This was discussed with the senior carer and the staff on duty and the inspector concluded that the staffing arrangements for this period of time

should be reviewed to ensure safety of all service users. This is discussed later in the report and a recommendation made to ensure that this is addressed.

There were 23 service users present on the day of inspection. The service users' were involved in various activities according to their preferences. The activities on the day of inspection included a tea outing in the morning; one of the afternoon activities was woodwork: this was taught by a college tutor with some of the service users involved in making bookends, others preferred to do knitting and word search, another service user enjoyed "tidying up" and several others preferred to rest and were happy to observe. The inspector chatted with the service users and found them to be very happy and content in their surroundings. The inspector noted that staff had a good rapport with service users and were patient and caring.

There was one recommendation from this announced inspection.

The inspector wishes to thank the senior staff member, other staff and service users for their co-operation and assistance with the inspection process.

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 the inspection which took place on 03 September 2013. | | |

| No. | Minimum Standard Ref. | Recommendations | Action Taken - As Confirmed During This Inspection | Inspector's Validation Of Compliance |
|-----|-----------------------|---|--|--------------------------------------|
| | | No recommendations were made as a result of the inspection which took place on 03 September 2013. | | |

| Standard 7 - Individual service user records and reporting arrangements: | |
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| Records are kept on each service user's situation, actions taken by staff and reports made to others. | |
| Criterion Assessed: | COMPLIANCE LEVEL |
| 7.1 The legal and an ethical duty of confidentiality in respect of service users' personal information is maintained, where this does not infringe the rights of other people. | |
| Provider's Self-Assessment: | |
| All service user information is stored securely and shared on a need to know basis only and in line with WHSCT Data Protection Policy. Service user agreement is sought, where possible, before sharing any information. | Compliant |
| Inspection Findings: | COMPLIANCE LEVEL |
| <p>The inspector viewed the policies and procedures and confirmed that the centre had appropriate policies in place, some of those included were; Access to Records, Data Protection Policy, Records Management Policy, Information on Your Right to Confidentiality, Code of Practise on Protecting the confidentiality of Service User information, Policy and Procedure on Care Planning, Assessment and Review and a Guide for People with Learning difficulties. This information was accessible for staff consultation. The inspector viewed evidence which reflected that the Guide for People with Learning Difficulties was discussed at a service users' meeting, this is good practise and ensures that human rights are incorporated in to the care at the centre.</p> <p>The inspector examined a selection of four files. The records proved 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 found that recording practises and storage of information were reflective of current national guidelines. The inspector talked with four staff members and was satisfied that they were fully aware of the importance of ensuring confidentiality and their role regarding quality recording and the management of service user information. All staff confirmed that they had access to appropriate policies and procedures and could consult these if they needed clarification.</p> | Compliant |

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| <p>Criterion Assessed:</p> <p>7.2 A service user and, with his or her consent, another person acting on his or her behalf should normally expect to see his or her case records / notes.</p> <p>7.3 A record of all requests for access to individual case records/notes and their outcomes should be maintained.</p> | <p>COMPLIANCE LEVEL</p> |
| <p>Provider's Self-Assessment:</p> | |
| <p>Service users are encouraged to review their personal files and to seek clarification on any information contained, if they desire. Findings of assessments carried out, are shared with service users and those who support them at annual review or as and when circumstances change.</p> <p>Any such request will be responded to, in writing, and accommodated, where possible, in line with WHSCT policies and procedures in relation to Data Protection, Record Keeping & Confidentiality</p> | <p>Compliant</p> |
| <p>COMPLIANCE LEVEL</p> | |
| <p>Not inspected on this occasion.</p> | <p>Not Applicable</p> |

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| <p>Criterion Assessed:</p> <p>7.4 Individual case records/notes (from referral to closure) related to activity within the day service are maintained for each service user, to include:</p> <ul style="list-style-type: none"> • Assessments of need (Standards 2 & 4); care plans (Standard 5) and care reviews (Standard 15); • All personal care and support provided; • Changes in the service user's needs or behaviour and any action taken by staff; • Changes in objectives, expected outcomes and associated timeframes where relevant; • Changes in the service user's usual programme; • Unusual or changed circumstances that affect the service user and any action taken by staff; • Contact with the service user's representative about matters or concerns regarding the health and well-being of the service user; • Contact between the staff and primary health and social care services regarding the service user; • Records of medicines; • Incidents, accidents, or near misses occurring and action taken; and | <p>COMPLIANCE LEVEL</p> |
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| <ul style="list-style-type: none"> The information, documents and other records set out in Appendix 1. | |
| Provider's Self-Assessment: | |
| All of the above records are maintained for each service user and stored in the service user's personal files and/or files specific to the identified documents. | Compliant |
| Inspection Findings: | COMPLIANCE LEVEL |
| <p>The inspector looked at a selection of four files, the inspector found that the records were detailed and informative and all had a very individual person centred ethos. The records were updated regularly and there was good communication with other professionals recorded. The inspector noted that advice was followed and actions implemented and included in assessments and care plans. The inspector also found that reviews were held in accordance with guidance and all records were appropriately signed and dated.</p> <p>The inspector examined a selection of monitoring reports and noted that working practises were audited as part of the monitoring inspection. The centre also complete a monthly check on all recording within files thus adhering to the standards and ensuring good practise.</p> | Compliant |
| Criterion Assessed: | COMPLIANCE LEVEL |
| 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. | |
| Provider's Self-Assessment: | |
| Staff record information in each service user's 'contact sheet' as a minimum of one entry per every 5 days of attendance. | Compliant |
| Inspection Findings: | COMPLIANCE LEVEL |
| The inspector confirmed that regular entries were made for each service user. | Compliant |

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| <p>Criterion Assessed:</p> <p>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 |
| Provider’s Self-Assessment: | |
| <p>Staff are provided with guidance on reporting concerns ref service users through supervision, memos from the manager, Managerial Health Checks, Multi-Disciplinary Reports and through case discussions. This guidance may include guidance on the completion of referrals to relevant health and social care practitioners. Copies of such referrals are kept in service user files for reference.</p> | Compliant |
| Inspection Findings: | |
| <p>Not inspected on this occasion.</p> | Not applicable |
| Criterion Assessed: | |
| <p>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> | COMPLIANCE LEVEL |
| Provider’s Self-Assessment: | |
| <p>Staff ensure all records are legible, accurate, up to date, signed and dated by the person making the entry. These are reviewed and signed off by the registered manager at the monthly unit health checks or as and when required.</p> | Compliant |
| Inspection Findings: | |
| <p>The inspector examined a selection of four service users’ files and confirmed that these were regularly updated signed by the person making the entry and signed-off by the manager.</p> <p>The inspector talked with four staff members and was satisfied that they were fully aware of their roles and responsibilities in relation to records and recording. The inspector also examined a selection of records of staff meetings and found that staff had discussed the standards for inspection in detail, this is good practise.</p> | Compliant |

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| 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 | |
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| Theme of “overall human rights” assessment to include: | |
| <p>Regulation 14 (4) which states:</p> <p>The registered person shall ensure that no service user is subject to restraint unless restraint of the kind employed is the only practicable means of securing the welfare of that or any other service user and there are exceptional circumstances.</p> | COMPLIANCE LEVEL |
| Provider’s Self-Assessment: | |
| <p>Day Care staff take each service users human rights into account before implementing any practice that may be considered restrictive in any way. Where restrictions of the service users rights are implemented for the health and safety of the service user, other service users, staff and members of the public, as identified in the WHSCT Policy of Restrictive Interventions of Adult Service Users Jan 2014, this will be agreed, signed and regularly reviewed by relevant members of a Multi-Disciplinary team, including the service user and their representatives.</p> | Substantially compliant |
| Inspection Findings: | |
| <p>The centre does not use restraint.</p> <p>The inspector found that the day centre do have some service users with challenging behaviour, however, records reflected detailed communications with other professionals and risk assessments followed up with relevant care plans for the management of behaviours. The inspector noted that the centre has relevant policies and procedures in place and these are accessible for staff reference some examples are: Managing Aggression, Incident Reporting and Recording, Policy for the Use of Restrictive Interventions, Incident Reporting, The role of the Key worker and Communications Policy.</p> <p>The inspector viewed the training records and discussed training with four staff members. The staff spoken with were happy with training provided and stated that they could request training and it would be arranged. The inspector examined evaluations of training and was satisfied that training is discussed at supervision. The inspector also looked at staff meeting records and observed that training was also discussed in this forum, this is good practise.</p> | COMPLIANCE LEVEL Compliant |

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| <p>Regulation 14 (5) which states:</p> <p>On any occasions on which a service user is subject to restraint, the registered person shall record the circumstances, including the nature of the restraint. These details should also be reported to the Regulation and Quality Improvement Authority as soon as is practicable.</p> | <p>COMPLIANCE LEVEL</p> |
| <p>Provider’s self-assessment.</p> <p>Killadeas Day Care currently to do not engage in restraint tactics, however, if a service user has to be restrained in any way, where restraint is the only practicable means of securing the welfare of that or any other service user and there are exceptional circumstances, all details will be recorded and reported as an incident to the WHSCT Risk Management Department, the Service User's Key Worker and RQIA as soon as possible.</p> | <p>Not applicable</p> |
| <p>Inspection Findings:</p> | <p>COMPLIANCE LEVEL</p> |
| <p>The centre do not practise restraint with any service user at present.</p> | <p>Not applicable</p> |

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| <p>PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p> | <p>COMPLIANCE LEVEL</p> <p>Substantially compliant</p> |
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| <p>INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p> | <p>COMPLIANCE LEVEL</p> <p>Compliant</p> |
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| Theme 2 – Management and Control of Operations | COMPLIANCE LEVEL |
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| <p>Management systems and arrangements are in place that support and promote the delivery of quality care services.</p> <p>Theme covers the level of competence of any person designated as being in charge in the absence of the registered manager.</p> | |
| <p>Regulation 20 (1) which states:</p> <p>The registered person shall, having regard to the size of the day care setting, the statement of purpose and the number and needs of service users -</p> <p>(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>All staff employed by Killadeas Day Care are recruited in line with the WHSCT’s recruitment Policies and eligibility criteria.</p> <p>A record is kept on each staff members contract of employment, a record of their qualifications, supervision and appraisals.</p> <p>A staffing structure is in place in each unit’s Statement of Purpose as well as a clear reporting structure for staff to refer to when support is required.</p> | <p>Compliant</p> |
| <p>Inspection Findings:</p> | <p>COMPLIANCE LEVEL</p> |
| <p>The inspector was unable to examine the managers professional registration and qualifications as this was an unannounced inspection, however, the records of the staff member who manages the day care setting in the absence of the manager were available for examination and these reflected that the staff member was supervised regularly, had annual appraisal and had also successfully completed a competency and capability assessment. The centre have recently appointed an acting senior day care worker and her induction training records were also available for inspection and evidenced that competency and capability assessments were included. The inspector also examined</p> | <p>Substantially Compliant</p> |

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| <p>supervision and appraisal records and found that these were completed in accordance with guidance.</p> <p>The inspector looked at a number of copies of the staff duty rota and found that the rota was outlined in accordance with legislation and guidance and there were sufficient staff on duty, however, the inspector noted that staffing levels were depleted on the floor over the lunch time period when two staff assist service users with lunches and dinners in the kitchen/dining area. The inspector has made a recommendation that staffing arrangements are reviewed to ensure safety for all service users.</p> <p>The inspector viewed the training record and as stated previously found that staff had received a variety of training over the last nine months and all had completed mandatory training. This was verified in training records and in discussion with four staff members.</p> <p>The inspector examined the statement of purpose and noted that there was information pertaining to staffing arrangements and this was clear and informative.</p> <p>The centre has a policy and procedure in place outlining cover arrangements in the absence of the manager and this was available for inspection.</p> | |
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| <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>All staff in Killadeas Day Care receive regular formal supervision in accordance with RQIA Day Care Minimum Standards.</p> | <p>Compliant</p> |
| <p>Inspection Findings:</p> | <p>COMPLIANCE LEVEL</p> |
| <p>Not inspected on this occasion.</p> | <p>Not Applicable</p> |

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| <p>Regulation 21 (3) (b) which states:</p> <ul style="list-style-type: none"> • (3) For the purposes of paragraphs (1) and (2), a person is not fit to work at a day care setting unless – • (b) he has qualifications or training suitable to the work that he is to perform, and the skills and experience necessary for such work | <p>COMPLIANCE LEVEL</p> |
| <p>Provider's Self-Assessment:</p> | |
| <p>All staff employed by Killadeas Day Care are recruited in line with the WHSCT's recruitment Policies and eligibility criteria. A record is kept on each staff members contract of employment, a record of their qualifications, supervision and appraisals.</p> | <p>Compliant</p> |
| <p>Inspection Findings:</p> | |
| <p>Not inspected on this occasion.</p> | <p>COMPLIANCE LEVEL Not Applicable</p> |

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

Complaints

The inspector viewed the complaints record and found that these were managed in accordance with legislation and guidance.

The inspector also examined the accidents and incidents record and noted that staff were diligent in their reporting processes.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Senior Day Care Worker, Mrs Mary Maguire, 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
Co Tyrone
BT79 0NS



The Regulation and
Quality Improvement
Authority

Quality Improvement Plan

Primary Announced Care Inspection

Killadeas Day Centre

05 June 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 the Senior Day Care Worker, Mrs Mary Maguire either during or after the inspection visit.

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

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

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

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

Statutory Requirements

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

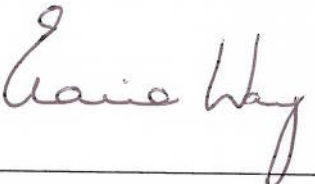
| No. | Regulation Reference | Requirements | Number Of Times Stated | Details Of Action Taken By Registered Person(S) | Timescale |
|-----|----------------------|---|------------------------|---|-----------|
| | | No requirements were made as a result of this inspection. | | | |

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 | Recommendation | Number Of Times Stated | Details of Action Taken By Registered Person(S) | Timescale |
|-----|----------------------------|---|------------------------|--|-----------|
| 1 | 23.1 | The staffing arrangement should be reviewed to ensure safety of all service users over the lunch time period. | One | Staffing arrangements over the lunchtime period have been reviewed by the Head of Service and I, with the health and safety of the service users of primary concern in all areas of practice. I will review current arrangements again with staff with consideration being given to the most effective use of dining space and current meal preparation arrangements as necessary, following this recommendation, within the allocated timescale. | 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:

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| Name of Registered Manager Completing Qip | Patricia Griffith 11 th July 2014 |
| Name of Responsible Person / Identified Responsible Person Approving Qip |  |

| QIP Position Based on Comments from Registered Persons | Yes | Inspector | Date |
|--|-----|-----------|------|
| Response assessed by inspector as acceptable | | | |
| Further information requested from provider | | | |

| QIP Position Based on Comments from Registered Persons | Yes | Inspector | Date |
|---|------------|------------------|----------------|
| Response assessed by inspector as acceptable | Yes | Margaret Coary | 11 August 2014 |
| Further information requested from provider | | | |