



The **Regulation** and
Quality Improvement
Authority

Unannounced Primary Care Inspection

Name of Establishment: Gortin Day Centre
RQIA Number: 11288
Date of Inspection: 2 February 2015
Inspector's Name: Suzanne Cunningham
Inspection ID: IN020549

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

1.0 General Information

Name of centre:	Gortin Day Centre
Address:	Owenkillew 62 Main Street Gortin BT79 0NH
Telephone number:	(028) 8164 8988
E mail address:	Jo.Devlin@westerntrust.hscni.net
Registered organisation/ Registered provider:	Western Health & Social Care Trust
Registered manager:	Ms Evelyn Young
Person in Charge of the centre at the time of inspection:	Ms Evelyn Young
Categories of care:	DCS-I
Number of registered places:	15
Number of service users accommodated on day of inspection:	8
Scale of charges (per week):	As per Trust agreement
Date and type of previous inspection:	20 January 2014
Date and time of inspection:	2 February 2015 10:15 – 15:15
Name of inspector:	Suzanne Cunningham

2.0 Introduction

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

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

3.0 Purpose of the Inspection

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

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

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

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

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

4.0 Methods/Process

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

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

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

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

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

5.0 Consultation Process

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

Service users	6
Staff	2
Relatives	0
Visiting Professionals	0

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

Issued To	Number issued	Number returned
Staff	3	0

6.0 Inspection Focus

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

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

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

- **Theme 1 - The use of restrictive practice within the context of protecting service user's human rights**
- **Theme 2 - Management and control of operations:**

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

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

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

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

7.0 Profile of Service

Gortin Day Centre is operated in the Owen Killowen Community Centre which is situated in Gortin village. The centre caters for the rural service users and has 15 available places. The centre opens at 9:00 and closes at 16:30 every Monday. The service users are normally in the centre from 10:30 onwards and they leave at 15:00.

The Community Centre has ample car parking facilities and the day centre is held in a communal room with adjoining kitchen. There is a disabled toilet and single toilets available in the community centre, there are also shower facilities. The community centre has a large hall which is available for some activities. The manager shares a small office and there are also storage facilities available.

Tea and toast is provided for the service users when they arrive in the morning and the service users receive a dinner from a local restaurant in the community. The centre has its own tail lift bus which provides transport to and from the day centre. The community centre is owned and maintained by the council.

8.0 Summary of Inspection

A primary inspection was undertaken in Gortin Day Centre on 2 February 2015 from 10:15 to 15:15. This was a total inspection time of five hours. The inspection was unannounced. When the inspector arrived staff were in the activity room with one service user who had been brought in by a relative. The room had been set up with chairs around the room and small tables for service users to rest their refreshments and personal belongings on.

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

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

The inspector spoke to two of the day care staff regarding the standards inspected and their views about working in the centre. This generated positive feedback regarding records and reporting arrangements including recording; care plans and assessments being focussed on service user needs and the management arrangement's in this day care setting. The inspector gauged from these discussions that staff have a clear understanding of ensuring records are kept securely and information is kept confidential. Staff had a clear view regarding their role and responsibilities to record information, and update information as required.

The staff described they understood the term exceptional circumstances in the regulation regarding the use of restraint and discussed using distraction, walking, 1 to 1 time, refreshments and each service users individual assessment and plan to manage and respond to service users behaviour in the day care setting. Finally staff discussed the management arrangements in the setting which were clear to staff, staff identified if the manager is not in the setting another identified worker will act up. Staff commented during the consultation that the group of staff are supportive of each other and one said "I love it here".

A group of eight service users were in the setting during the day, the inspector spoke informally with six of the service users during the day and the inspector also observed the service users engaging with staff and activities. The service users were positive about what the setting meant to them. They told the inspector they had a plan to do arm chair exercises and Boccia on the day of the inspection. They said they loved the centre and it got them out of their home. Service users commented regarding staff they "couldn't do enough for us", "great here". The service users told the inspector who was in charge of the setting and they said they could talk to any of the staff. Service users confirmed they were aware of the records staff kept about them and they said records ensured staff knew their needs and how to meet them. The service users told the inspector they were looking forward to playing Boccia and doing chair exercises with the instructor who comes into the setting to deliver this activity. The inspector observed the male delivering the same activity and it was clear the service users were at ease in his presence, they presented as relaxed and open to a range of discussion points as well as exercise which clearly has a health benefit to all service users.

The previous announced inspection carried out on 20 January 2014 had resulted in two requirements and five recommendations. The two requirements were to improve the statement of purpose and regulation 28 visits and reports. Arrangements had been improved in these areas and therefore the setting had achieved compliance with the two requirements.

The five recommendations were to improve the updating of service user records; safeguarding procedures; review reports; training records and the content of the provider visits. The inspector concluded arrangements had been improved in four of these areas and one recommendation is partly restated regarding training records which must detail the content of the training.

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

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

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

The observation of service users and discussion with a small group of service users provided the inspector with evidence of the importance of the social aspect of the setting and how staff stimulates service users interest and involvement in the day care setting. The inspector concluded the centres process of maintaining and updating service users' records presents as well managed, focuses on promoting service user's social needs and meeting identified needs. Based on the evidence reviewed the inspector assessed the centre as compliant in this standard. No requirements or recommendations are made with regard to this standard.

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

Two criterion from regulation 14 were inspected which examined compliance with the use of any restrictive practices in this day care setting within the context of human rights. One criterion was assessed as compliant and one criterion was assessed as not applicable because the setting has not undertaken any restraint of service users and it is not part of anyone's care plan. Therefore no incidents have been or would be reported through to RQIA under current arrangements.

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

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

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

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

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

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

Additional Areas Examined

The inspector undertook a tour of the premises, reviewed the complaints record, examined two service users individual files, validated the registered manager's inspection questionnaire, and reviewed a sample of regulation 28 reports. This did identify the two files inspected should be reviewed with a view to improving the information recorded regarding need and how staff will meet those needs. A recommendation is made in this regard.

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

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

9.0 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1	Regulation 17.6 Also; Regulation 5 (9) And Reference sources Health and Social Care (HSC)Complaints Procedure Directions (2009) & Complaints HSC Standards & Guidelines for Resolution & Learning(2009)	<p>The statement of purpose should be developed to include the role and function of RQIA in relation to the management of complaints.</p> <p>This requirement is expanded to include clarity on the role, function and contact details of independent advocacy service, the Ombudsman and independent review as referred to in the centre's document.</p>	<p>Information was contained in the statement of purpose available for this inspection regarding these issues. One further amendment was requested to ensure RQIA role in the management of complaints was clearly and accurately described.</p>	<p>Substantially compliant</p>
2	Refer to 28.2 28(4)(c)	<p>Written procedures shall be in place detailing arrangements for assessing and monitoring the quality of service provision.</p> <p>The registered provider shall maintain a copy of the report and make it available on request to a service user or his representative;</p> <p>Service users and representative as appropriate are aware of the purpose of quality monitoring visits.</p>	<p>This was available for inspection and had been completed.</p>	<p>Compliant</p>

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1	6.1 7.4 15.6	Individual case records should include any changes in the service user's needs or behaviour and any action taken by staff.	Two service user individual records were sampled and this revealed information recorded as an assessment or plan had been reviewed to ensure any changes were noted and action to be taken.	Compliant
2	13.1	Safeguarding procedures for the day centre should detail step by step guidance for staff at the centre when they witness or report an allegation or actual incident abuse.	A guidance document was in the procedure file for staff prompting them what they needed to do in this regard.	Compliant
3	15.3	Where there are no changes recorded from the previous review report, a record should be made in the relevant section/s of the review report that this is the case.	This had been noted in the two files selected for review as part of this inspection.	Compliant
4	13.10 21.8	Training records should include: <ul style="list-style-type: none"> • A certificate of the respective training • Date training session/s carried out • Length of the training session • Contents of training session • Staff signatures • Name and qualifications of the facilitator. 	The records are kept and detail all of these matters except the content of the training; this part of the recommendation is restated.	Moving towards compliance

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
5	17.10	To ensure the organisation is being managed in accordance with minimum standards monitoring visit and report should be qualitative based, see comments made at 17.10 in the attached report.	Three regulation 28 visit reports were read during this inspection and this revealed the reports were qualitative.	Compliant

10.0 Inspection Findings

Standard 7 - Individual service user records and reporting arrangements:	
Records are kept on each service user’s situation, actions taken by staff and reports made to others.	
Criterion Assessed:	COMPLIANCE LEVEL
7.1 The legal and an ethical duty of confidentiality in respect of service users’ personal information is maintained, where this does not infringe the rights of other people.	
Provider’s Self-Assessment:	
Yes the legal and ethical duty of confidentiality of service user’s information is maintained at all times.	Compliant
Inspection Findings:	COMPLIANCE LEVEL
<p>The inspector reviewed two individual service user records which presented as described in schedule 4; and other records to be kept in a day care setting, as described in schedule 5. Service user’s personal information was stored securely in an individual file for each service user, which was secured in a locked cabinet. Files are not removed unless a member of staff needs to record and all files are locked away when not in use.</p> <p>The setting has policies and procedures regarding access to records, communication, confidentiality, consent, management of records, monitoring of records, recording and reporting care practices and service user agreement which reflect this criterion and are they available for staff reference</p> <p>Discussion with staff validated management and staff knowledge about the duty of confidentiality and their role and responsibility regarding the need to record, the quality of recording and management of service user’s personal information commensurate with their role and responsibility. Discussion with service users confirmed they are aware records are kept about them in the centre but no specifically what is kept.</p>	Compliant

Criterion Assessed:	COMPLIANCE LEVEL
<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>	
Provider's Self-Assessment:	
<p>Service users are involved from assessment through care planning and review and will have all aspects of their files shared through ongoing involvement.</p> <p>Where access to records are requested by the service user/representative staff will be guided by the Freedom of Information Act and the Trust's Access to Records protocol.</p>	Compliant
Inspection Findings:	
<p>The inspector reviewed two service users' files, sampled policies and procedures and reviewed the statement of purpose and service user guide. The inspector noted service users or representatives are informed that a file is kept confidentially and securely about them and how they can access the same in the service user's guide.</p> <p>There is clear guidance for staff regarding how to respond if a request is made to see a file or information. Discussion with staff working in the centre validated their knowledge is commensurate with their role and responsibilities regarding service user's rights to see their information stored in the day care setting.</p> <p>Discussion with service users confirmed they are aware that a service user record is kept and had been informed regarding their care plan.</p>	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>Individual case records include all of the above for each service user.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	<p>COMPLIANCE LEVEL</p>
<p>The examination of a sample of two service user individual records evidenced the above records and notes are available and maintained. The regulation 28 monitoring records were also sampled and the inspector noted two of three reports identified working practices had been audited in this regard.</p> <p>Case records and notes had been updated regularly and at least annually. Care reviews had taken place as described in standard 15.</p>	<p>Compliant</p>

<p>Criterion Assessed: 7.5 When no recordable events occur, for example as outlined in Standard 7.4, there is an entry at least every five attendances for each service user to confirm that this is the case.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment:</p>	
<p>An entry is made at least every five attendances.</p>	Compliant
<p>Inspection Findings:</p>	COMPLIANCE LEVEL
<p>The inspector examined two service user care records and was satisfied individual care records had a written entry at least once every five attendances for each individual service user. The information commented on the staff member's observation of the service user in day care and any significant information.</p>	Compliant
<p>Criterion Assessed: 7.6 There is guidance for staff on matters that need to be reported or referrals made to:</p> <ul style="list-style-type: none"> • The registered manager; • The service user's representative; • The referral agent; and • Other relevant health or social care professionals. 	COMPLIANCE LEVEL
<p>Provider's Self-Assessment:</p>	
<p>All staff report and record any significant changes to the registered manager. There is ongoing liaison with the key worker/referral agent who is responsible for appropriate ongoing referrals to other health and social care professionals. Family are informed regarding all referrals made.</p>	Compliant
<p>Inspection Findings:</p>	COMPLIANCE LEVEL
<p>The files reviewed did not identify referrals made to other professionals however discussion with staff confirmed staff are aware of their role and responsibility to report and refer information and record the outcomes achieved, they also confirmed they are aware of the need to consult and gain consent unless there is a serious concern or risk that will increase if this is done. Staff were also aware information must be reported to the right people and outcomes are recorded including how are any shortcomings managed and ensure needs are met, risk is diminished and care is appropriate.</p>	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: Yes, all records are legible, accurate, up to date, signed and dated by the person making the entry, these are reviewed and signed off periodically.</p>	Compliant
<p>Inspection Findings: The inspector examined a sample of service user individual records and was satisfied they met this criterion. Staff spoken with and who complete inspection questionnaires, confirmed procedures and practice are in place to achieve this criterion.</p>	<p>COMPLIANCE LEVEL Compliant</p>

<p>PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS 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 SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Compliant</p>
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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>Where restraint is used to secure the welfare of the client, a record will be made of this, to date this has not been necessary in Gortin Day Centre. All key stakeholders will be informed, keyworker, family and RQIA. Case review to update care plan, risk management protocol.</p>	Substantially Compliant
Inspection Findings:	
<p>The review of two service user individual records, incident records, the complaints records and a sample of the regulation 28 visits as well as discussion with the manager and staff confirmed this setting, at the time of this inspection did not have anyone in the centre who requires restrictive practice or restraint as part of their care plan.</p> <p>Staff do receive basic training regarding responding to service users behaviour and they described using group discussion, diversion, one to one time, knowing their service users’ needs as ways they manage to avoid potential behaviours escalating.</p> <p>The staff have access to policies and procedures pertaining to: the assessment, care planning and review; managing aggression and challenging behaviours; recording and reporting care practices; reporting adverse incidents; responding to service users behaviour; restraint and seclusion; and untoward incidents.</p>	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>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p> <p>Currently there are no service users on a specific behaviour programme. If the situation arose then the centre manager would record and report the incident to the necessary bodies including RQIA. This would result in a multi-disciplinary review of the service users care plan. Necessary training and guidance would be sought for all staff involved.</p>	<p>Compliant</p>
<p>Inspection Findings:</p> <p>No service users had been subject to restraint and this setting has no plans in place that require restraint which is consistent with the settings ethos, statement of purpose and aims of the service.</p> <p><i>Guidance on Restraint and Seclusion in Health and Personal Social Services, Department of Health, Social Services and Public Safety, Human Rights Working Group, August 2005 is available for staff information.</i></p>	<p>COMPLIANCE LEVEL</p> <p>Not Applicable</p>

<p>PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p> <p>Compliant</p>
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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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<p align="center">Theme 2 – Management and Control of Operations</p> <p>Management systems and arrangements are in place that support and promote the delivery of quality care services.</p> <p>Theme covers the level of competence of any person designated as being in charge in the absence of the registered manager.</p>	<p align="center">COMPLIANCE LEVEL</p>
<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 style="padding-left: 40px;">(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>At all times the centre is staffed with qualified, competent and experienced persons in such numbers as are appropriate for the care of service users. There is a defined management structure in the Statement of Purpose. Arrangements for cover is displayed on notice board clearly identifying roles.</p>	<p align="center">Compliant</p>
<p>Inspection Findings:</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>The registered manager in this setting has 10 years’ experience in the management post and became registered manager under the transitional arrangements for existing managers who do not hold appropriate qualifications; this was implemented when the Day Care standards were fully implemented in January 2012. The inspector noted in the managers appraisal the trust is supportive of the manager undertaking the level 5 diploma in Leadership for Health and Social Services and whilst this was not something the manager was seeking to do at this stage it would continue to be on the agenda. The inspection of records and discussion with staff did not reveal any concerns regarding competence of the registered manager in this post.</p>	<p align="center">Substantially Compliant</p>

The inspector sampled staff records and noted there was not a competency assessment for the band 5 (acting) staff member who is left in charge in the manager's absence. A recommendation is made in this regard. The competency assessment must evidence the staff member has a clear understanding of their role and responsibilities when they are left in charge of the setting and have been assessed as competent and received sufficient training to undertake this role.

The inspector examined the staffing rota, which did evidence adequate staffing numbers and distribution of staff across the day care setting on a daily basis however if the manager was marked as on annual leave there was no note of who would act in the capacity of manager, thus taking on day to day responsibilities. This should be clear on the rota in the manager's absence and a recommendation is made in this regard.

The setting has policies and procedures pertaining to the management and control of operations which are available for staff reference.

Discussion with staff working in the centre validated their knowledge commensurate with their role and responsibilities regarding management arrangements of the day care setting. For example they were clear who to report to; who should they seek support or guidance from; who supervises them and the effectiveness of the same.

Discussion with service users confirmed they knew who was in charge of the setting and if they had any concerns they would talk to any staff.

The staffing structure of the day care setting is clearly described in the settings statement of purpose which reflected staffing on the day of the inspection.

<p>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 are deemed competent and experienced to work in a day care setting through recruitment and selection. Staff are part of a team who are supervised by a line manager. Where there are volunteers on site, the Registered Manager ensures that they are supervised at all times.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The inspector reviewed the manager’s record and staff records, this revealed the staff had not had four sessions of individual supervision in the last twelve months and a recommendation is made to improve records in this regard. The records also revealed there was no supervision records for the manager of the setting and whilst the manager confirmed she had received supervision this was not reflected in the records, a recommendation is made in this regard.</p>	<p>Moving towards 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 staff are trained to NVQ Level 2 or are currently undertaking training to achieve this. The staff will have completed an induction programme and keep up to date by attending organised mandatory training sessions.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The inspector viewed staffing records for each member of staff which had their training certificate and evaluation form for each training course undertaken however, from an inspection focus there was no explanation of the content of the training in those documents. Therefore the inspector could not gauge if the learning and course content was consistent with the standards, legislation and guidance. A recommendation is made in this regard. This is an issue that had been identified at the last inspection and is therefore restated.</p>	<p>Substantially 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
	Substantially compliant

11.0 Additional Areas Examined

11.1 Complaints

The complaints record was reviewed as part of this inspection. The annual complaints return for 2013 identified one complaint had been recorded. The inspector's review of the complaints record confirmed the return to RQIA and did not reveal any concerns regarding the content of the record. No complaints had been made in 2014.

11.2 Service User Records

Two service user files were inspected as part of this inspection and this identified standard 7 was met however there were areas for improvement in the content and quality of information recorded. In summary, the assessment and care plan in file 1 and 2 need to describe clearly the needs of the service user and how those needs will be met. Currently the arrangements in place mean information is not clearly written and is not stored in one place in the file for easy access and reference. A recommendation is made in this regard.

11.3 Registered Manager Questionnaire

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

11.4 Statement of Purpose & Service Users Guide

These documents were available during the inspection submitted to RQIA post inspection. The inspector made reference to them during the inspection.

11.5 Monthly Monitoring Reports

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

12.0 Quality Improvement Plan

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

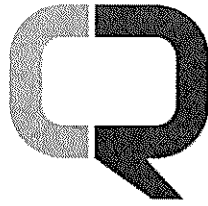
The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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

Enquiries relating to this report should be addressed to:

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



The Regulation and
Quality Improvement
Authority

Quality Improvement Plan
Unannounced Primary Care Inspection
Gortin Day Centre
2 February 2015

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

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

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

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

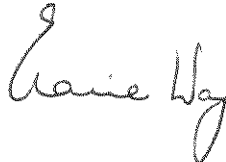
It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.


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

Recommendations					
These recommendations are based on The Day Care Settings Minimum Standards January 2012. This quality improvement plan may reiterate recommendations which were based on The Day Care Settings Minimum Standards (draft) and for information and continuity purposes, the draft standard reference is referred to in brackets. These recommendations are also based on research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.					
No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details of Action Taken By Registered Person(S)	Timescale
1.	13.10 21.8	The registered manager should improve the training record to ensure training records include the content of each training session.	Second	For all future training, manager will ensure that handouts from training are included in training file	30 March 2015
2.	23.3	The registered manager should ensure there is a competency assessment completed with the band 5 (acting) staff member who is left in charge in the manager's absence. The competency assessment must evidence the staff member has a clear understanding of their role and responsibilities when they are left in charge of the setting. The assessment must evidence they have been assessed as competent and have received sufficient training to undertake this role.	First	a competency assessment is in place for the staff member acting for manager in her absence	30 March 2015
3.	23.7	The registered manager should ensure when she is not in the setting the staffing rota states who will be assuming day to day management responsibility and this should be clear on the rota.	First	staffing rota now amended to reflect this information	30 March 2015

4.	22.2	The responsible person must ensure there are adequate arrangements in place for staff and managers to receive supervision in this setting, that supervision must be delivered at least once every three months. Each staff member and the manager must have an individual supervision meeting and a supervision record must be available to evidence this has happened.	First	individual supervision completed and recorded	30 March 2015
5.	5.2	The registered manager should review in file 1 and 2 the assessment and care plan which should be improved to ensure they clearly describe the needs of the service user and how those needs will be met. This information should be stored in one place in the file for staff access and reference.	First	all case files have been reviewed and care plans are being updated.	30 March 2015

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

Name of Registered Manager Completing QIP	Evelyn Young
Name of Responsible Person / Identified Responsible Person Approving QIP	

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes.		18/5/2015.
Further information requested from provider			