



The **Regulation** and
Quality Improvement
Authority

Primary Unannounced Care Inspection

Name of Establishment:	Age NI St. Paul's Day Centre incorporating 'Age NI Aghalee Day Centre'
Establishment ID No:	11302
Date of Inspection:	13 and 18 March 2015
Inspector's Name:	Lorraine Wilson
Inspection No:	17653

The Regulation And Quality Improvement Authority
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Name of centre:	Age NI St. Paul's Day Centre incorporating 'Age NI Aghalee Day Centre'
Address:	Ballinderry Road Lisburn BT28 1UD
Telephone number:	(028) 9267 8998
E mail address:	margaret.carlisle@ageni.org
Registered organisation/ Registered provider:	Age NI Ms Linda Robinson, (Acting Responsible Individual)
Registered manager:	Ms Margaret Carlisle
Person in Charge of the centre at the time of inspection:	Mrs Cathy Sloan
Categories of care:	DCS-I
Number of registered places:	45
Number of service users accommodated on day of inspection:	Day 1- 9 in St Paul's +10 service users who attended for lunch from another Age NI day centre. Day 2- 6 in Aghalee
Date and type of previous inspection:	13 June 2013 Primary Announced Inspection
Date and time of inspection:	Age NI: St Paul's, Lisburn 13 March 2015, 10.20-15.20 hours Age NI, Aghalee 18 March 2015, 12.20-13.40 hours
Name of inspector:	Lorraine Wilson

Introduction

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

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

Purpose of the Inspection

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

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

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

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

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

Methods/Process

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

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

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

- Analysis of pre-inspection information
- Discussion with the two staff on duty
- Examination of records
- Consultation with stakeholders
- File audit
- Tour of the premises
- Evaluation and feedback

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

Consultation Process

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

Service users	Met all nine service users in St Paul's and six service users in Aghalee
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	2	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

St Paul's Day Centre is a voluntary day care facility situated in the Parochial Hall in the grounds of St Paul's Church, Lisburn. The centre is located within the boundaries of Lisburn City and has been operated by Age NI for approximately twelve years. The building is shared by different community groups and all records and confidential material are stored in locked cabinets.

The day care setting comprises of office / quiet room, a large activity room, stores, kitchenette, male and female washrooms and a designated disabled toilet. The centre is open Monday, Thursday from 9.00 to 17.00 and on Friday from 9.00 to 14.30. The criteria for attending the centre is that service users are over sixty five, socially isolated, independent and the person must be living in the community. All referrals and allocation of days are in accordance with South Eastern Health and Social Services Trust procedures.

A hot meal is provided along with hot drinks and snacks. Transport is provided within a ten mile radius by the South Eastern Trust.

St Pauls Day Centre has a satellite service based in the community hall within the rural village of Aghalee, this setting has been in operation for approximately fifteen years providing a service once a week on a Wednesday. The building is shared by several community groups on different days therefore all records and confidential material is stored in St Paul's Day Centre in Lisburn.

The day care setting comprises of an office, activity room, store, kitchenette, male & female washrooms and a large games room. A hot meal is provided along with hot drinks and snacks. Transport is provided by the local Trust.

The registration for St Pauls Day Centre incorporating Age NI Aghalee provides a service for persons in category I; Old and Infirm and a maximum of 15 service users in both centres, on any one day. Referrals are in accordance with the Health and Social Services Trust procedures. The centre's philosophy of care is to provide older people in a rural area with the opportunity to meet and prevent isolation on a weekly basis.

Summary of Inspection

A primary unannounced inspection of Age NI, St Pauls, Lisburn was undertaken by Lorraine Wilson, inspector on 13 March 2015, from 10.20 to 15.20 hours, and Age NI, Aghalee on 18 March 2015 from 12.20 to 13.40 hours.

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

The acting manager for St Paul's and Aghalee was on leave when the documents were requested. RQIA agreed with Age NI that the documents could be submitted on the 23 March 2015, when the acting manager returned from annual leave. The self - assessment was received electronically on 13 April 2015, and has not been amended or adjusted in any way.

However, other requested inspection information has not been submitted to RQIA to date. It is of concern that despite an assurance provided by the acting manager that the information would be submitted within agreed timescales, some information remains outstanding.

The focus of the inspection was to assess the centre's compliance with the two standards and one theme chosen from the Day Care Settings minimum standards 2012.

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

- Age NI policies and procedures
- Analysis of staff questionnaires
- Discussion with staff and service users
- Review of a sample of service user individual file records.
- Tour of the premises

The inspector also requested current information regarding the following:

- Monthly monitoring reports completed on behalf of the acting responsible individual for December 2014, January 2015 and February 2015.
- Staff duty rosters, staff training information for 2014-2015
- Staff competency and capability assessments
- Records of staff supervision and appraisal,
- Complaints and accidents and incident records
- Evidence of service user consultation.

The requested information could not be accessed or located by staff on duty, and this was a concern to the inspector and a breach of Regulation 19(2) of The Day Care Setting Regulations (Northern Ireland) 2007, which states records specified in Schedule 5 must be maintained and available for inspection at all times.

The inspector spoke individually to two staff members, regarding the standards inspected and their views about working in St Paul's and Aghalee. Positive feedback was provided regarding the service users and the aims of the centre.

Staff discussed that both centres had operated for a number of months without a manager and discussed the impact this had. There had been no training for staff, formal supervision or appraisal and no staff meetings had been held. The staff confirmed that the manager had commenced employment in November 2014, and was in the process of reviewing information. Staff advised of the purchase of some new seating for St Paul's, but indicated that during winter months the temperatures of both buildings was cold for both service users and staff.

The previous primary announced care inspection undertaken on 13 June 2013 resulted in one requirement and six recommendations being made. The inspector reviewed the progress which had been made. The inspector noted one requirement was moving towards compliance and is stated again for a second time. One recommendation was assessed as compliant, one was substantially compliant, and one was moving towards compliance. Two recommendations were not compliant, one of which will be stated again for a second time. One recommendation in respect of monitoring visits on behalf of the registered person has been subsumed into a requirement.

One recommendation not reviewed during this care inspection has been carried forward for review during the next inspection.

The action taken in respect of the one requirement and the recommendations can be viewed in the section following this summary.

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

Age NI as an organisation have a range of corporate policies and procedures regarding access to service user records, confidentiality, consent, management of records, monitoring of records, recording and reporting care practices.

Policies and procedures observed in respect of this standard were available for staff reference.

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

A total of five service users care records were examined in both St Paul's and Aghalee. The care records observed were legible, dated, and securely stored. Assessments, risk assessments, care plans and progress notes for service users were securely kept, as were records of reviews, however, the inspector did identify in the records examined some reviews were overdue.

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

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

Age NI have a corporate restraint policy which indicates that restraint of service users is not permitted. The five service user records sampled provided no evidence of restraint, restriction or seclusion, and this was also confirmed by the two staff working in the centre.

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

Discussion with staff identified they had not received training in respect of restraint and seclusion, and current records of staff training were not available during this inspection.

From a review of the available evidence, discussion with service users and staff, the inspector can confirm compliance with Theme 1. One recommendation is made. Refer to theme 1 in the main report and the quality improvement plan for further information.

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 discussed that St Paul's and Aghalee had been without a manager for a number of months during 2014, advising that the acting manager had been appointed in November 2014. On both days of inspection, the acting manager was on leave.

The staff who met the inspector confirmed they were unclear of the management arrangements in the absence of the acting manager. One staff member who had worked in the centre for a period of time and who had previously undertaken management duties, agreed to facilitate the inspection. Nevertheless during the inspection, the inspector was not assured that delegation of management tasks in the absence of the acting manager were clear to staff or that there was a clear procedure for delegation of management tasks in the absence of the manager in place.

In addition requested management records were unable to be verified on the day of inspection as they were unavailable.

These included, current staff duty rosters, staff meetings, staff training records including staff competency assessments of the manager and staff or staff supervision and appraisal records.

Records for monthly unannounced monitoring visits to the centre for the months of December 2014, January 2015 and February 2015, were also unavailable for inspection.

The inspector was unable to fully validate this theme due to lack of records as well as the delay in submitting the requested inspection information.

Therefore, the inspector was not fully assured that robust management and governance arrangements were in place.

In conclusion and from a review of the available evidence and discussion with staff, the inspector is unable to confirm compliance with Theme 2. Three requirements have been made.

Refer to theme 2 in the main report and the quality improvement plan for further information.

Support Practices

The atmosphere in the centre was friendly and welcoming. Due to industrial action taking place within some parts of the Health and Social Services, service users and staff from another Age NI centre were also attending St Paul's on day 1 of the inspection. Staff confirmed this was a one off event which would not be normal practice and was due to exceptional circumstances.

Whilst some disruption was caused to service users attending St Paul's, staff endeavoured to ensure this was minimised and service users were facilitated to take part in their activities.

Service users who met with the inspector in both centres discussed their experiences of attending the centre describing how the centre was so beneficial in getting them out of the house, meeting friends and having a meal prepared. Service users confirmed that the staff team were helpful and supportive. There were no concerns raised with the inspector and there were no suggestions for improvement of the service offered by service users.

Environment

The environment viewed presented as clean, organised and satisfactorily maintained. Reports of previously recorded complaints indicated the centre could be cold at times. Staff also confirmed that both centres could be cold during winter. Staff further advised that the acting manager was monitoring the temperature; however, monitoring records were not provided for validation. Staff confirmed that recently a number of new chairs had been purchased for St Paul's to provide increased support for service users.

Conclusion

Overall there was evidence that service users were receiving a satisfactory service which met their individual needs, and there was evidence of compliance with standard 7 and theme 1.

The inspector was not assured that Age NI policies and procedures in respect of management and governance arrangements were effectively embedded into practice during this inspection.

A total of five requirements were made, one of which is stated for a second time.

A total of nine recommendations were made, three are stated for a second time, and one which was not inspected during this inspection was carried forward for review at the next inspection.

The inspector would like to thank service users from both centres for discussing their day care experiences, and to staff who facilitated the inspection and completed a staff questionnaire to inform the inspection process.

Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	14.1	<p>The registered person must ensure the issue of space in Aghalee is addressed which is due to the increasing numbers on the one day of operation. The use of the large hall should be progressed as a matter of urgency or the numbers of service users using rolators and/or wheelchairs should be managed to ensure the use of the small group room and dining hall accommodates the service user numbers and needs.</p>	<p>On the day of inspection, there were six service users in attendance. The small hall was being used for both dining and social purposes.</p> <p>Staff advised that they had use of the large hall, but confirmed it was too cold for service users and staff to use during winter months.</p> <p>Confirmation was further provided that a replacement heating system was due to be installed, though a timeframe for heating replacement was unable to be provided.</p> <p>The required improvements could not be evidenced. This requirement is stated again for a second time.</p>	<p>Moving towards compliance</p>

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	15.1, 15.3	<p>The registered person should make appropriate arrangements for the Age NI care planning and needs assessment policy and procedure to be reviewed and amended to ensure it includes:</p> <ol style="list-style-type: none"> 1. the reviewing process including timescales of the same 2. the process of encouraging the service user to be involved in the person centred review. <p>The settings statement of purpose and service user guide should also be updated in this regard.</p>	<p>The inspector reviewed relevant policies and procedures which recorded that review timescales were within four weeks of commencement of the placement, and at least six monthly, and or if circumstances change.</p> <p>There was evidence in the records inspected that some service users had taken part in the review process.</p> <p>This recommendation was addressed.</p>	Compliant
2.	15.2	<p>The registered manager should revise the process of preparing for a review to evidence the referral agents involvement in the review process</p> <p>The registered person should make arrangements for staff to attend training regarding reviews; the inspector would encourage the organisation to consider person centred training for key staff involved in the reviewing process.</p>	<p>The inspector reviewed care records of two service users and was unable to evidence that referral agents were included in their review. The records reviewed confirmed that reviews were attended by the manager and the service user.</p> <p>There was no recorded training records available to confirm that person centred training had been provided.</p>	Not compliant

			<p>Staff on duty confirmed that apart from recording daily notes, they had minimal involvement in completion of assessments, risk assessments and the development of care plans, and did not attend service user reviews.</p> <p>This recommendation was not addressed, and is stated again for a second time.</p>	
3.	15.4	<p>The registered manager should ensure appropriate arrangements are in place to ensure service users views are recorded regarding their view of the care they receive for the review and preferably prior to the review. For example a questionnaire or a summary of their time in the centre.</p>	<p>The operational policy for Age NI confirmed that:</p> <p>“The service will be reviewed with the service user every two months and at least annually. All service users will be asked to comment on the service they receive through the use of a quality summary”.</p> <p>The inspector was unable to evidence in all five records inspected that a written review report had been prepared by staff in consultation with the service user.</p> <p>This recommendation was not fully addressed, and is stated again for a second time</p>	<p>Moving towards compliance</p>

4.	15.5	The registered manager should revise the review reports format are revised to ensure compliance with this standard.	<p>A total of five care files were reviewed. In two records there was an annual preparatory review which reflected service user views which had been transcribed and signed by the manager.</p> <p>In acknowledging there was improvement for some service users, it was not consistent for all service users. This recommendation is stated again for a second time.</p>	Substantially compliant
5.	17.9 Appendix 2	The registered person should ensure there is a policy and procedure regarding the regulation 28 visit and reporting arrangements. This should outline the purpose, content and process of the regulation 28 announced and unannounced visits and incorporate arrangements to ensure staff are aware of the process of the visits and have access to the outcome of the visits and the reports.	<p>The inspector was unable to validate a policy and procedure regarding the regulation 28 visit and reporting arrangements. In addition requests for the monthly reports completed from December 2014 to February 2015 were unable to be located.</p> <p>Staff consulted confirmed that the regional manager visited the centre, but staff were unaware that a report and an action plan was completed in respect of each visit.</p> <p>This recommendation had not been addressed, and has been subsumed into a requirement which has been made.</p>	Not compliant

6.	12	<p>The registered person in Age NI must urgently address the issues regarding transportation of service users to and from the day care settings with the South Eastern Trust, specifically the following issues must be addressed to ensure the safety and comfort of service users:</p> <ul style="list-style-type: none"> • the journey times should be reduced in compliance with criterion 12.4 • the rolators carried on the bus must be secure • the use of the tail lift should be reviewed to ensure arrangements in place are safe • the leaving of service users on the bus whilst service users are collected from their homes must be compliant with criterion 12.8. 	<p>This recommendation was not inspected and is carried forward for review at the next inspection.</p>	<p>Not inspected</p>
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Standard 7 - Individual service user records and reporting arrangements:	
Records are kept on each service user’s situation, actions taken by staff and reports made to others.	
Criterion Assessed:	COMPLIANCE LEVEL
7.1 The legal and an ethical duty of confidentiality in respect of service users’ personal information is maintained, where this does not infringe the rights of other people.	
Provider’s Self-Assessment:	
CONFIDENTIALITY IS VERY IMPORTANT AT ST PAULS. EACH SERVICE USER HAS AN INDIVIDUAL WORKING FILE AND THE CONTENTS OF THESE ARE PERSONAL INFORMATION AND TREATED AS VERY CONFIDENTIAL. A CONFIDENTIALITY POLICY IS IN PLACE AT ST PAULS AND STAFF HAVE READ SAME. ALL PERSONAL FILES ARE LOCKED AWAY WHEN NOT IN USE AND AT THE END OF THE DAY.	Compliant
Inspection Findings:	COMPLIANCE LEVEL
<p>Age NI have corporate policies and procedures which describe arrangements for access to service user records, confidentiality, consent, management of records, monitoring of records, recording and reporting care practices.</p> <p>These were made available to the inspector and were available for staff reference.</p> <p>The staff handbook includes information on confidentiality of service users’ personal information, and a confidentiality agreement which is signed by support staff working for Age NI.</p> <p>Two staff who met with the inspector confirmed they were aware of their duty of confidentiality to service users, and demonstrated an awareness of their responsibility in the recording of service user’s personal information commensurate with their role.</p> <p>Records for three service users who attend St Paul’s and two records for service users attending Aghalee were reviewed by the inspector.</p> <p>In both settings, client records are kept securely in a locked cabinet and accessed by staff as and when necessary</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>CARE RECORDS/NOTES CAN BE SEEN BY THE SERVICE USER WHEN REQUIRED. A REPRESENTATIVE CAN ALSO SEE THE SERVICE USERS CASE RECORDS/NOTES WITH CONSENT OF THE SERVICE USER OR WHEN APPROPRIATE. ALL RECORDS/NOTES KEPT AT ST PAULS ARE RESTRICTED TO A HIGH STANDARD TO PROTECT PRIVACY AND CONFIDENTIALITY. IF A SERVICE USER/REPRESENTATIVE REQUESTS TO SEE THEIR RECORDS/NOTES THIS WOULD BE RECORDED AND DATED WITH THE ATTENDANCE OF DAY CENTRE MANAGER AT ALL TIMES.</p>	Compliant
Inspection Findings:	
<p>In the five care records reviewed, evidence of a service user guide and service user agreement was recorded on file.</p> <p>Discussion with two staff working in the centre confirmed their role in completing service users' notes, and identifying and reporting any changing needs of the service user to the manager.</p> <p>The staff confirmed the manager completes the relevant assessments, risk assessments and care plans.</p> <p>Corporate policies and procedures for access to service users' records were in place.</p> <p>Discussion with service users in both centres, confirmed that they were aware individual care records which can be accessed upon request were being maintained.</p> <p>There was however, no traceable record maintained to record requests made by individual service users or their nominated representative for access to service user care records/notes. A recommendation was made.</p>	Substantially compliant

<p>Criterion Assessed:</p> <p>7.4 Individual case records/notes (from referral to closure) related to activity within the day service are maintained for each service user, to include:</p> <ul style="list-style-type: none"> • Assessments of need (Standards 2 & 4); care plans (Standard 5) and care reviews (Standard 15); • All personal care and support provided; • Changes in the service user’s needs or behaviour and any action taken by staff; • Changes in objectives, expected outcomes and associated timeframes where relevant; • Changes in the service user’s usual programme; • Unusual or changed circumstances that affect the service user and any action taken by staff; • Contact with the service user’s representative about matters or concerns regarding the health and well-being of the service user; • Contact between the staff and primary health and social care services regarding the service user; • Records of medicines; • Incidents, accidents, or near misses occurring and action taken; and • The information, documents and other records set out in Appendix 1. 	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p> <p>INDIVIDUAL FILES ARE COMPILED TO SUIT SERVICE USERS AND THEIR INDIVIDUAL NEEDS. THESE ASSESSMENTS/CAREPLANS ETC ARE REGULARLY REVIEWED AND CHANGED TO SUIT NEEDS OF THE SERVICE USER. THE STAFF AT ST PAULS USE THE CARE PLAN TO DELIVER THE HIGH STANDARD OF CARE AND SUPPORT THE SERVICE USER NEEDS.</p>	<p>Moving towards complian</p>
<p>Inspection Findings:</p> <p>A sample of five service user individual records evidenced that records and notes in respect of assessments and care plans are available and had been maintained in individual service users files. There was however, care reviews which had not been completed in a timely way. A recommendation was made.</p>	<p>COMPLIANCE LEVEL</p> <p>Substantially 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>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment:</p>	
<p>DAILY EVALUATIONS ARE CARRIED OUT DAILY ON OUR SERVICE USERS THAT THEY ATTEND AND THOSE WHO ARE ABSENT. A REASON FOR THIS IS PLACED ONTO THEIR DAILY EVALUATION AS TO WHY THEY HAVE NOT ATTENDED. THESE EVALUATIONS ARE WRITTEN BY THE DAY CARE STAFF AND OVERSEEN BY TH DAY CENTRE MANAGER.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>Five service user care records reviewed evidenced that a written entry is recorded at least once every five attendances for each individual service user.</p> <p>In addition, staff confirmed that an entry is recorded in a contact sheet when a service user does not attend the centre on their designated day.</p>	<p>COMPLIANCE LEVEL Compliant</p>

<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. 	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment: THE STAFF AT ST PAULS ARE FULLY AWARE OF THE IMPORTANCE OF REPORTING ALL MATTERS AND REFERRALS TO THE DAY CENTRE MANAGER. IF OTHER PROFESSIONAL BODIES NEED TO BE INVOLVED WITH THE SERVICE USER I WOULD INVOLVE THE SERVICE USERS/REPRESENTATIVE AT ALL TIMES.</p>	<p>Moving towards complian</p>
<p>Inspection Findings: As previously stated a range of corporate policies and procedures, as well as a staff handbook were available for staff guidance.</p> <p>Discussion with staff confirmed they are aware of their role and responsibility to discuss concerns in the first instance with the manager and or the Age NI regional manager.</p> <p>Representatives will be only be contacted with the informed consent of the service user, for example, if the service user became unwell and a hospital admission was being considered. A plan of action would be agreed and the detail recorded.</p> <p>Staff consulted demonstrated an awareness of reporting to the right people and recording service user outcomes to meet identified needs.</p>	<p>COMPLIANCE LEVEL Compliant</p>

<p>Criterion Assessed: 7.7 All records are legible, accurate, up to date, signed and dated by the person making the entry and periodically reviewed and signed-off by the registered manager.</p>	
<p>Provider's Self-Assessment: OUR RECORDS ARE LEGIBLE, ACCURATE AND UP-TO-DATE. WE CONSTANTLY MONITOR OUR SERVICE USERS AND CARE PLANS WHILST SOME CARE PLANS NEED TO BE UPDATED, WE WILL REVIEW MONTHLY OR WHEN REQUIRED IF ANY CHANGES OCCUR. ALL RECORDS ARE SIGNED BY THE DAY CENTRE MANAGER.</p>	Moving towards complian
<p>Inspection Findings: A sample of five service user individual records reviewed indicated that the criterion had mostly been met. As previously indicated in criterion 7.4, not all review information was not up to date. A recommendation was made.</p>	<p>COMPLIANCE LEVEL Substantially compliant</p>

<p>PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Provider to complete</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 Substantially 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>AT ST PAULS RESTRAINT WILL NEVER BE USED ON ANY OF OUR SERVICE USERS. STAFF ARE FULLY TRAINED ON VULNERABLE ADULTS AND CHALLENGING BEHAVIOUR AND WORK USING POLICIES AND PROCEDURES AS THEIR GUIDE.</p>	Provider to complete
Inspection Findings:	
<p>A corporate restraint policy reviewed confirms that Age NI do not permit restraint of any service users. Five service users records sampled indicated no records of restraint, restriction or seclusion was recorded.</p> <p>Many of the service users attending the centre on the day of inspection were noted to be independent, and care plans focus on maintaining service users’ independence within the safe parameters of the day care setting as well as protecting the service users’ dignity and respecting their choices and opinions.</p> <p>Two staff consulted confirmed that restraint, restriction or seclusion was never used in the centre, and none of the service users who attend, present with any behaviour which is challenging to others. This was also confirmed in returned staff questionnaires.</p> <p>Staff confirmed communication and activities are promoted to ensure service users actively participate in the day care experience.</p>	COMPLIANCE LEVEL Compliant

<p>Regulation 14 (5) which states:</p> <p>On any occasions on which a service user is subject to restraint, the registered person shall record the circumstances, including the nature of the restraint. These details should also be reported to the Regulation and Quality Improvement Authority as soon as is practicable.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p> <p>THE REGISTERED MANAGER AT ST PAULS IS FULLY AWARE OF THE IMPORTANCE OF REPORTING ANY RESTRAINT INCIDENTS TO THE RQIA AS SOON AS POSSIBLE.</p>	<p>Compliant</p>
<p>Inspection Findings:</p> <p>The inspector evidenced the following documents were available in the centre for staff reference, “Guidance on Restraint and Seclusion in Health and Personal Social Services.”</p> <p>There was no recorded evidence in the staff training information presented or during discussion with staff that training in respect of restraint and seclusion had been provided. A recommendation was made.</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>Provider to complete</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
<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 AT ST PAULS ARE FULLY TRAINED, COMPETENT AND EXPERIENCED, WHEN REGISTERED MANAGER IS AWAY FROM DAY CENTRE. THERE ARE TWO FULL TIME MEMBERS OF STAFF ON DUTY, ONE OF THE STAFF MEMBERS WILL BE IN CHARGE ON DAYS DAY CENTRE MANAGER IS AWAY AND GIVE A FULL HANDOVER REPORT ON RETURN. THE NUMBERS AND RATIO OF STAFF IS CALCULATED USING A METHOD DETERMINED BY RQIA.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	<p>COMPLIANCE LEVEL</p>
<p>Age NI have a range of corporate policies and procedures pertaining to the management and control of operations. It was however, of concern that the inspector was unable to evidence that these were effectively embedded into practice within this centre.</p> <p>The inspector could not be assured that the centre was operating in accordance with the statement of purpose.</p>	<p>Not compliant</p>

The delay in submitting requested inspection information, despite agreed assurances provided to RQIA by the regional manager and the manager of the centre also raises further concerns.

Staff consulted confirmed the centre had been without a manager for several months until the manager's appointment in November 2014. The manager of the centre was on leave on the days of inspection. The inspector was unable to confirm the manager's qualifications, as no recruitment records were available.

RQIA had issued an application for registration to the manager which is outstanding. The inspector was informed that the manager is supported by two staff to deliver day care in two specified settings for this registration.

Delegation of tasks for the management of the centre in the acting manager's absence was unclear. On arrival to the inspection, staff advised they were unclear who the designated person in charge was. There was no staff duty roster available where this information was recorded. One staff member who had worked in the centre for a number of years and had previously been in charge agreed to facilitate the inspection.

Staff were unable to provide the inspector with requested competency and capability assessments for either the manager or the staff member in charge of the centre on the day of inspection.

There was no training plan for staff left in charge of the day care setting which adequately prepares them to undertake their roles and responsibilities, and no monitoring of the arrangements had been undertaken to evidence effectiveness.

A staff handbook is available. Current staff training records were unable to be provided, and staff confirmed there had been no staff meetings, formal supervision or appraisals completed in line with Age NI, policies and procedures for a number of months.

The inspector requested copies of monthly monitoring reports completed on behalf of the acting registered person for the organisation for December 2014, January 2015 and February 2015. These were unable to be located. Staff advised they were aware that the regional manager had visited the centre and met with the manager, however, they were unaware that as a result of the visit a report and action plan was produced.

Urgent action is required to address identified deficits. In accordance with The Day Care Setting Regulations (Northern Ireland) 2007, requirements have been made in respect of records, persons employed, and visits by the registered provider or designated deputy.

<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>THE STAFF AT ST PAULS WILL HAVE SUPERVISION ON A MONTHLY BASIS. THIS WILL ENABLE ME AS THEIR MANAGER TO ENSURE THEIR NEEDS, OBJECTIVES AND POSSIBLE OUTCOMES ARE MET. STAFF AT ST PAULS HAVE MANDATORY TRAINING ENABLING THEM TO HAVE THE KNOWLEDGE AND SKILLS REQUIRED TO DELIVER A HIGH STANDARD OF CARE. STAFF WILL HAVE ANNUAL APPRAISALS, THIS WILL ENABLE US TO REVIEW THEIR PERFORMANCE AGAINST THEIR JOB DESCRIPTION AND AGREE ON PERSONAL DEVELOPMENT PLANS AND NEEDS. AT ST PAULS THE DAY CENTRE MANAGER WILL BE APPROACHABLE AT ALL TIMES AND STRIVE TO ENSURE THE STAFF HAVE THE ABILITY AND REQUIREMENTS TO DELIVER A HIGH STANDARD OF CARE.</p>	<p>Moving towards compliance</p>
<p>Inspection Findings:</p> <p>The inspector was unable to validate that supervision was provided, as no records were available.</p> <p>Individual discussion with two staff and responses in one completed questionnaire confirmed supervision had not been completed for a number of months.</p> <p>In addition, there were no completed competency and capability assessments completed to evidence that staff competence had been effectively assessed.</p> <p>A requirement was made.</p>	<p>COMPLIANCE LEVEL</p> <p>Not compliant</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 	COMPLIANCE LEVEL
<p>Provider's Self-Assessment:</p>	
<p>AT ST PAULS THERE IS A COMPETENT PERSON IN CHARGE AT ALL TIMES, THE STAFF ARE FULLY TRAINED, EXPERIENCED AND VERY CAPABLE</p>	Compliant
<p>Inspection Findings:</p>	COMPLIANCE LEVEL
<p>The inspector was unable to verify the manager's qualifications, experience and or training as the required records were not available.</p> <p>The acting manager was issued an application for registration by RQIA, which continues to remain outstanding.</p> <p>One staff member in charge of the centre confirmed to the inspector they had completed NVQ level 2, however, as records were unavailable, this information was not verified.</p> <p>As previously indicated no competency and capability assessments were available to validate staff competence.</p> <p>In one completed questionnaire response, and individual discussion with staff, they confirmed they had not received training in the following:</p> <ul style="list-style-type: none"> • Moving and handling • Protection of vulnerable adults • Food hygiene • First aid • Fire safety training • Restraint and seclusion <p>Urgent action is required to address identified deficits. In accordance with The Day Care Setting Regulations (Northern Ireland) 2007, requirements have been made in respect of training for persons employed.</p>	Not compliant

PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Moving towards complian

INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Not compliant

Additional Areas Examined

Complaints

The requested complaints summary from 1 January to 31 December 2013 remains outstanding and has not been received by RQIA. A requirement has been made.

The complaints recorded for 2014-2015 were not located by staff during this inspection.

Registered Manager Questionnaire

The requested manager questionnaire was not received by RQIA until 15 April 2015, and still has to be reviewed.

Statement of Purpose

The current statement of purpose had been requested, and at the time of writing this report had not been received by RQIA.

Monthly Monitoring Reports

The requested monthly monitoring reports have not been submitted to RQIA as requested. In addition, on the day of inspection, the inspector was unable to evidence availability of reports being maintained in the centre. The staff advised they were unaware of these reports which should be completed on behalf of the acting responsible individual, following monitoring visits of the centre, and which must be completed at least monthly.

Views and Comments made by Service Users

The inspector met with service users attending St Paul's and Aghalee, during both days of inspection.

Service users discussed their experiences and described the positive benefits of the centres. They confirmed they looked forward to attending, as it got them out of the house where they had the opportunity to play games, go on outings throughout the year and enjoy the snacks and food provided. Some service users discussed the real friendships which had been made with other service users attending the centre. There were no issues or concerns raised with the inspector.

On day one of inspection, service users and staff from another Age NI day centre were also attending St Paul's. Staff advised that this was a one off exceptional event due to industrial action of some public servants within the health and social care sector.

Whilst some disruption was caused to service users, there were reduced numbers of service users in attendance, and staff endeavoured to ensure any disruption was kept to a minimum by ensuring usual routines and activities were maintained.

Examples of comments made to the inspector included:

- “I really look forward to coming to this centre, it has been of great benefit since my husband died, I found I did not want to go out of the house”
- “I enjoy the dominos and we have good craic and banter seeing who wins, the staff are great”
- “I generally enjoy the food, and would have no complaints”
- “I know the manager keeps records about us which I can ask for when I want”

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Cathy Sloan, as part of the inspection process.

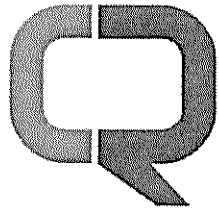
The timescales for completion commence from the date of inspection.

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

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

Enquiries relating to this report should be addressed to:

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



The Regulation and
Quality Improvement
Authority

Quality Improvement Plan

Primary Unannounced Care Inspection

Age NI St. Paul's Day Centre incorporating 'Age NI Aghalee Day Centre'

13 and 18 March 2015

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

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Cathy Sloan 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
1	14.1	The registered person must ensure the issue of space in Aghalee is addressed which is due to the increasing numbers on the one day of operation. The use of the large hall should be progressed as a matter of urgency or the numbers of service users using rolators and/or wheelchairs should be managed to ensure the use of the small group room and dining hall accommodates the service user numbers and needs. Ref: Follow up to previous issues	Two	As the heating system has been renewed we are now using larger hall in Aghalee..	28 days from date of inspection
2	19(2)(3)(a)(b)	The registered person must ensure that records as specified in Schedule 5, are maintained in the day centre, are kept up to date. These records must be available for inspection at all times. Ref: Theme 2	One	At present at St Pauls and Aghalee myself and staff are working towards updates to all our records which will continue to be maintained thereafter. These records are and will continue to be available for inspection at all times. ////////////////////	28 days from date of inspection
3	20(1)(a)(c)(i)(iii)(2)	The registered person must ensure that at all times, staff competency has been assessed and records of evidence regarding the same	One	All staff at St Pauls are fully trained, competent and experienced. When Day centre	28 days from date of inspection

		<p>are maintained, particularly for any staff who assumes responsibility in the manager's absence.</p> <p>All staff must be receive supervision at least once every three months, be appropriately supervised by a suitable person, receive an annual appraisal, mandatory training and other training such as food hygiene training appropriate for the duties they perform.</p> <p>Records to evidence compliance in this regard must be available for future inspections</p> <p>Ref: Theme 2</p>		<p>manager is away from the centre there are two full time members of staff on duty. One of the staff members will be designated to be in charge on days manager is away and give a full hand over report on return. The numbers and ratio of staff is calculated using a method that is determined by RQIA.</p> <p>Supervision will take place once every three months to determine their needs and objectives and discuss relevant training both mandatory and any other ageni can provide. This will be recorded in staff members file and discussed of outcome at next supervision. Staff will have annual appraisals to review their performance against their job discription and agree on personal development plans and needs. This will also be recorded in personal files.</p>	
4	28(2)(c), (3), (4)(a)(b)(c),5(a)(b)	<p>(a) The registered person must ensure that monthly monitoring visits are undertaken and a report of the visit is maintained in the centre and is available for inspection at all times.</p> <p>(b) The registered person should also</p>	One	<p>I as manager monitor the quality of service on an on going basis. I have regular monitoring visits with my line manager and a report of this visit is maintained in the centre and is available for inspection</p>	28 days from date of inspection

		<p>ensure there is an effective policy and procedure regarding the regulation 28 visit which outlines the purpose, content and process of the regulation 28 announced and unannounced visits and incorporates arrangements to ensure staff are aware of the process of the visits and have access to the reports and any subsequent action plans.</p> <p>Ref: Theme 2</p>		<p>at all times. The staff at St Pauls are aware of the policies and procedures and have access to the reports and any subsequent action plans.</p>	
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5	24(8)	<p>The registered person must supply a statement to RQIA by return, of the complaints made during 1 January 2013 to December 31 2013.</p> <p>Ref: Additional areas examined</p>	One	<p>I as manager have submitted a complaints statement to RQIA for the dates 1 January 2013 to December 31 2013</p>	By return
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Recommendations

<p>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.</p>					
No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details of Action Taken By Registered Person(S)	Timescale
1	12	<p>Carried forward for review at next inspection.</p> <p>The registered person in Age NI must urgently address the issues regarding transportation of service users to and from the day care settings with the South Eastern Trust, specifically the following issues must be addressed to ensure the safety and comfort of service users:</p> <ul style="list-style-type: none"> • the journey times should be reduced in compliance with criterion 12.4 • the rolators carried on the bus must be secure • the use of the tail lift should be reviewed to ensure arrangements in place are safe • the leaving of service users on the bus whilst service users are collected from their homes must be compliant with criterion 12.8. <p>Ref: Follow up to previous issues</p>	One	<p>When a service users assessment of need has determined a maximum journey time because of a health or other condition, this is taken into account of when making the transport arrangements and the maximum journey time will not be exceeded, unless in exceptional circumstances. Records are kept of such circumstances. If possible, service users journey to and from the day care setting should not normally exceed 45 minutes. Transport staff are made fully aware of relevant elements of the service users care plans, including risk factors, and are trained to deliver the necessary care and support while service users are in their care. Are clear about their roles and responsibilities, work as a team and know what to do in the event of an</p>	For review at next inspection

				accident, medical, or other emergency during journeys to and from day care; and report any incidents or accidents that occur during the journey and any unusual or changed circumstances that affect the well-being of the service user to the registered manager or person in charge of the service. Service users are never left unattended in the vehicle unless their risk assessments allow for this. During journeys to and from the day care setting, passenger assistants, where employed, actively supervise service users and take any action necessary to ensure their safety.	
2	15.2	<p>The registered manager should revise the process of preparing for a review to evidence the referral agents involvement in the review process</p> <p>The registered person should make arrangements for staff to attend training regarding reviews; the inspector would encourage the organisation to consider person centred training for key staff involved in the reviewing process.</p> <p>Ref: Follow up to previous issues</p>	Two	<p>Each client file is continually being reviewed and amended and referral agents being involved in annual reviews.</p> <p>As manager I will make arrangements with my line manager for staff to attend mandatory training and person centered training.</p>	28 days from date of inspection


3	15.4	<p>The registered manager should ensure appropriate arrangements are in place to ensure service users views are recorded regarding their view of the care they receive for the review and preferably prior to the review. For example a questionnaire or a summary of their time in the centre.</p> <p>Ref: Follow up to previous issues</p>	Two	<p>At St Pauls our service users views are very important and all the staff ensure individuals needs are met and goals are being worked towards, and if not how it could be improved. A questionnaire for our service users will be implemented.</p>	28 days from date of inspection
4	15.5	<p>The registered manager should revise the review reports format to ensure compliance with this standard.</p> <p>Ref: Follow up to previous issues</p>	Two	<p>As manager I am working towards compliance with this standard.</p>	28 days from date of inspection

5	7.3	The registered person should ensure a record is maintained of requests for access to service user records and the outcomes of requests are recorded in individual records. Ref: 7.3.	One	When a service user requests access to their records it is recorded in their individual files of any changes.	28 days from date of inspection
6	15.3	The registered person must ensure that service user reviews take place as a minimum once a year in accordance with this standard and Age NI procedures. Ref: 7.4	One	At St Pauls all service users receive a review yearly unless there is changing circumstances/needs which requires to be addressed at an earlier stage.	28 days from date of inspection
7	21.4	The registered person should ensure that training is provided to staff in restraint and seclusion, and the programme of training provided is retained. Ref: Theme 1	One	At St Pauls all staff are aware of policies and procedures in restraint and seclusion, a copy of the policies and procedures are available at all times.	30 June 2015
8	25.2	The registered person should ensure that in areas occupied by service users, the temperature is monitored during opening hours in both centres and is maintained between 19-22 degrees centigrade. Ref: Summary	One	At St Pauls the temperature is monitored in both the centres. It has been discussed in great length with the caretaker at St Pauls and committee members at Aghalee and they have assured me new heating system is being put in place at Aghalee and at St Pauls I constantly monitor the temperature and inform the caretaker of my concerns	28 days from date of inspection

				regarding the temperature.	
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9	21.4 23.7 23.8	<p>The registered person must ensure that :</p> <ul style="list-style-type: none"> • there is a written training and development plan which is reviewed and updated annually • a record is kept of staff working each day and the capacity in which they worked, for example if they are designated to be in charge in the manager's absence. • staff meetings take place on a regular basis and at least quarterly, and records are maintained. <p>Ref: Theme 2</p>	One	<p>Staff meetings have taken place since my appointment as manager at the end of November 2014. It was discussed with staff the training and development plan and recorded. Staff are aware that if manager is absent then a designated member will be in charge until manager returns and on return I will receive a full handover. Staff meetings will take place on a regular basis at least every three months and recorded.</p>	28 days from date of inspection
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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	Margaret Carlisle		
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	V. Rumball	4/06/15
Further information requested from provider			



QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Lorraine Wilson	04/06/1 5
Further information requested from provider			