



The **Regulation** and  
**Quality Improvement**  
Authority

## **Primary Announced Care Inspection**

**Name of Establishment:** Age NI, Portaferry Resource Centre  
**Establishment ID No:** 11303  
**Date of Inspection:** 2 April 2014  
**Inspector's Name:** Suzanne Cunningham  
**Inspection No:** 17609

**The Regulation And Quality Improvement Authority**  
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<b>Name of centre:</b>	Age NI, Portaferry Resource Centre
<b>Address:</b>	Ann Street Portaferry BT22 1LX
<b>Telephone number:</b>	028 4272 9937
<b>E mail address:</b>	Claire.braniff@ageni.org
<b>Registered organisation/ Registered provider:</b>	Age NI Linda Robinson (Acting)
<b>Registered manager:</b>	Claire Braniff (Acting registration pending)
<b>Person in Charge of the centre at the time of inspection:</b>	Claire Braniff (Acting)
<b>Categories of care:</b>	DCS - I
<b>Number of registered places:</b>	20
<b>Number of service users accommodated on day of inspection:</b>	14
<b>Scale of charges (per week):</b>	£2 per day for lunch, morning and afternoon tea.
<b>Date and type of previous inspection:</b>	7 October 2014 Primary announced inspection
<b>Date and time of inspection:</b>	2 April 2014 10:00 – 16:30
<b>Name of inspector:</b>	Suzanne Cunningham

## Introduction

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

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

## Purpose of the Inspection

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

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

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

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

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

## Methods/Process

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

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

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

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

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

### Consultation Process

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

Service users	<b>10</b>
Staff	<b>2</b>
Relatives	<b>0</b>
Visiting Professionals	<b>0</b>

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.

<b>Issued To</b>	<b>Number issued</b>	<b>Number returned</b>
Staff	<b>1</b>	<b>1</b>

### 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:

<b>Guidance - Compliance Statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>2 - Not compliant</b>	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
<b>3 - Moving towards compliance</b>	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
<b>4 - Substantially Compliant</b>	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
<b>5 - Compliant</b>	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**

The centre is situated in the town of Portaferry and accepts clients from a wide geographical area who are in need of social support, personal care, as required and some rehabilitation services when necessary. Referrals are received from GPs, health and social care staff and self referrals.

The centre is open three days per week - Monday, Wednesday and Friday from 9.00 – 17.00hrs.

## **Summary of Inspection**

A primary inspection was undertaken in Age NI (Portaferry) Day Centre on 2 April 2014 from 10:00 to 16:30. This was a total inspection time of six hours and thirty minutes. The inspection was announced.

Prior to this inspection the provider submitted a self-assessment of the two standards and one theme inspected. The focus of the inspection was to assess the centre's compliance with the one standard and two themes chosen from the Day Care Settings minimum standards 2012; The Day Care Settings Regulations (Northern Ireland) 2007 and the providers' statements were verified. 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; incidents and incident and accidents record; 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 staff regarding the standards inspected and their views about working in the centre. This generated positive feedback regarding records and reporting arrangements including recording; developing person centred approach to records and the management arrangement's in this day care setting. Claire Braniff is a new manager in this day care setting who had commenced the post since the last inspection, the change was viewed as positive in terms of service delivery. However, it is clear Claire now needs to focus on developing records, developing care planning, organising reviews and recording.

One questionnaire was returned by a staff member who reported satisfactory arrangements were in place with regard to NISCC codes of practice; supervision; staff training; staffing and management arrangements; responding to service users' behaviour; confidentiality and recording. Positive comments were made regarding the quality of care that was provided; which the staff member described as: excellent care and facilities, the service users are always saying how happy they are. Overall the discussion with staff and questionnaire provided a very positive view of the care provided in this day centre and indicated a commitment by staff to develop practice in compliance with the day care setting standards.

The inspector spoke with ten service users specifically regarding the standard inspected and the two themes. This resulted in positive comments regarding attending the centre, the activities they had taken part in; and the care provided by the staff. Service users discussed their understanding of records kept in the day care setting about them, they knew some information was kept but were not aware of the care plan, on-going recording and that they can

access the information kept on their file. Service users told the inspector they knew Claire is in charge of the day centre and if they had a problem or wanted to discuss something about the day care setting they felt they could talk to any of the staff in the day care setting. Service users made specific comments during the discussion such as “it’s a lovely centre”; “we like to see (new) people coming to the centre”; “staff are excellent, they make this place, we have a laugh and a joke”; “I enjoy coming here and meeting folk”. In conclusion the discussion with service users provided the inspector with service users’ views about why this day centre is important for them and why they like to come to the day care setting. It did identify the service could improve the information for service users regarding records kept in the day care setting about the service users, how they are kept and how service users can access them. This is further examined in the assessment of standard 7.

The previous announced inspection carried out on 7 October 2013 had resulted in one requirement regarding the manager’s registration with NISCC; this had been progressed but only just before the inspection and the registration had not been processed by NISCC, and therefore had not been fully achieved. This requirement is restated. One recommendation was made regarding recording in service user’s files which had been improved and was compliant at the time of this inspection.

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

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. Two criteria inspected were assessed as compliant; three criteria were assessed as substantially compliant and one criterion was assessed as moving towards compliance. One requirement was made to ensure service users’ individual records contained a photograph or an acknowledgement if the service user refused to have a photo on their record. Three recommendations are made to improve service user knowledge regarding records that are kept about them in the day care setting; improve arrangements for service user reviews; and improvements in the content of the individual service user recording.

Discussions with service users and staff; and review of three service users’ individual files provided evidence that the centre is performing well regarding standard 7. Policies and procedures in place do describe how service users information should be kept, specify recording procedures and describe access. However, making this information available and accessible to service users should be improved overall. Since the last inspection the manager has changed and the new acting manager does need to improve her approach to communicating with service user’s representatives and social workers / care managers to facilitate the review of service user placements.

The discussions with service users provided clear examples of how service users value their time in the day care setting as well as the care provided by staff. The inspector concluded the centres process of maintaining and updating service users’ records is well managed, is working towards developing person centred practice and focuses on promoting service user’s social needs, stimulating intellectual activity; and meeting need.

Based on the evidence reviewed the inspector assessed the centre as substantially compliant in this standard. One requirement and three recommendations have been made regarding the examination of 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 a no restraint policy and therefore no incidents have been or would be reported through to RQIA.

Discussions with the acting manager, staff and examination of records provided evidence that the centre was using clear operational systems and processes which promote the needs of the service users who attend the centre and they do not accept referrals for a service user who may need a behaviour management plan as part of their care. Staff discussed using good communication, calming, diffusing techniques and knowing their service users' needs and personalities. They strongly believe this assists them in ensuring service users behaviour does not escalate. Staff also identified if a service users behaviour did start to deteriorate they would look at triggers and assess to ensure the service users' needs can still be met in the day care setting with the family, social worker / care manager and the service user.

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. One criterion was assessed as compliant, one as substantially compliant and one as moving towards compliance.

No requirements and two recommendations are made with regard to this theme to ensure staff who act on behalf of the manager in her absence have a competency assessment in place and regulation 28 reporting should include the monitoring officers views and judgements about staffing arrangements.

Discussion with the acting manager and staff provided evidence that the organisation had in place monitoring arrangements; and they had a general approach of promoting quality care. Overall the improvements identified are to strengthen the management arrangements in place and assure staff are confident and competent if and when left in charge of the day care setting, in the acting managers absence.

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

### **Additional Areas Examined**

The inspector undertook a tour of the premises, reviewed the complaints record, examined three service users individual files, validated the registered manager's pre inspection questionnaire, reviewed the staff questionnaire and viewed the environment. This did not reveal any further areas of improvement.



The inspector wishes to acknowledge the work undertaken by the manager and staff in preparation for this 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 commends the proactive approach to day care and lively social aspect of care that is delivered in this centre. The care inspected presents as in tune with the needs of the service users for support, stimulation and to meet their social needs.

As a result of the inspection a total of two requirements are made, the first is re stated and regarding the registration of the manager with NISCC; the second is regarding photos of service users on their files. Five recommendations have been made regarding improving service user knowledge and awareness of records kept about them and how they can access them; improve arrangements for service users reviews; improve the quality of individual recording; evidence the competency of staff who may be left in charge; and improve the monitoring of staffing in the regulation 28 reporting. This was reported to the management team at the conclusion of the inspection and assurances were made these would be addressed as a priority.

**Follow-Up on Previous Issues**

<b>No.</b>	<b>Regulation Ref.</b>	<b>Requirements</b>	<b>Action Taken - As Confirmed During This Inspection</b>	<b>Inspector's Validation Of Compliance</b>
1.	10, 21 & schedule 2:5	The registered person must take immediate action to ensure the manager of this day care setting has current and valid registration with the appropriate professional regulatory body for example NISCC and submit confirmation of registration to RQIA on the returned QIP.	The acting manager had applied for registration however NISCC had not processed the application at the time of this inspection.	Not Compliant

<b>No.</b>	<b>Minimum Standard Ref.</b>	<b>Recommendations</b>	<b>Action Taken - As Confirmed During This Inspection</b>	<b>Inspector's Validation Of Compliance</b>
1.	7.5	The manager should ensure arrangements are in place for the staff to record in the service users individual records / files in compliance with standard 7, that is if there is not significant event there should be an entry in the recording at least every five attendances.	This had been improved in three files inspected.	Compliant

<b>Standard 7 - Individual service user records and reporting arrangements:</b>	
<b>Records are kept on each service user’s situation, actions taken by staff and reports made to others.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
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.	
<b>Provider’s Self-Assessment:</b>	
all service users information is confidential and is ,maintained in locked facilities.	Compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
<p>The day care setting had policies and procedures pertaining to the access to records, communication, confidentiality, consent, management of records, monitoring of records, recording and reporting care practices and service user agreement which describe confidentiality of service users personal information and reflect this criterion. The policies and procedures are available for staff reference and the recording practices and storage of service user information is consistent with protocols regarding confidentiality. Staffs also have access to current DHSSPS guidance regarding the same.</p> <p>Discussion with staff validated management and staff knowledge about the duty of confidentiality, they described their role and responsibility regarding the need to record; and ensure the quality of recording and management of service users personal information which was commensurate with their role and responsibility</p> <p>Discussion with service users revealed they were aware some information is kept about them but they were not clear regarding the extent of the information, how this is kept confidentially and the recording practices in the day care setting, a recommendation is made to improve service user knowledge in this regard.</p>	Substantially compliant

<p><b>Criterion Assessed:</b></p> <p>7.2 A service user and, with his or her consent, another person acting on his or her behalf should normally expect to see his or her case records / notes.</p> <p>7.3 A record of all requests for access to individual case records/notes and their outcomes should be maintained.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment:</b></p> <p>and reporting .keeping service users have consent to see their case records</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p> <p>The setting has policies and procedures pertaining to: the access to records; consent; management of records and service user agreement. The policies and procedures detail this criterion and are available for staff reference.</p> <p>In terms of putting these criterion into practice the inspector did note there was no information given to service users and their representatives in written form however, this is described verbally when the initial visit regarding attending the centre is undertaken. Nevertheless ensuring service users are informed and give consent to records being kept could be improved and a recommendation is made the service users are informed in writing about the information that will be kept in the day care setting about them, how it will be kept and how they can access information, for example in the service user guide and or service user agreement.</p> <p>The setting had not had any requests for information at the time of this inspection however, the manager was aware of the need to keep a record which details the date, who applied for access and outcome of request.</p> <p>The discussion with staff and manager and review of policies and procedures confirmed arrangements are in place regarding the manager or however is delegated the management tasks will take responsibility for issues and queries of freedom of information, confidentiality, consent, access to records. Discussion with staff identified they can improve their person centred approach to recording and the inspector looks forward to seeing this in practice in the future.</p>	<p><b>COMPLIANCE LEVEL</b></p> <p>Substantially compliant</p>

<p><b>Criterion Assessed:</b></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"> <li>• Assessments of need (Standards 2 &amp; 4); care plans (Standard 5) and care reviews (Standard 15);</li> <li>• All personal care and support provided;</li> <li>• Changes in the service user’s needs or behaviour and any action taken by staff;</li> <li>• Changes in objectives, expected outcomes and associated timeframes where relevant;</li> <li>• Changes in the service user’s usual programme;</li> <li>• Unusual or changed circumstances that affect the service user and any action taken by staff;</li> <li>• Contact with the service user’s representative about matters or concerns regarding the health and well-being of the service user;</li> <li>• Contact between the staff and primary health and social care services regarding the service user;</li> <li>• Records of medicines;</li> <li>• Incidents, accidents, or near misses occurring and action taken; and</li> <li>• The information, documents and other records set out in Appendix 1.</li> </ul>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment:</b></p>	
<p>all service users records include the above .</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p> <p>As stated in 7.1 relevant policies and procedures such as: access to records, communication, confidentiality, consent, management of records, monitoring of records, recording and reporting care practices and service user agreement are in place for staff reference. The examination of three files randomly selected on the day of the inspection evidenced the above records had been maintained for each service user. Discussion with the manager did identify reviews for this year do need to be planned for, contact with social workers and care managers could be improved and general recording could be more analytical for example to help monitor what each service user enjoys about their day in the setting, what it is about an activity that makes it enjoyable and how is day care improving outcomes for service users. A recommendation is made in this regard. The inspector did note service users individual records did not contain a photo as required in regulation 19 (1) (a) and schedule 4.2. A requirement is made in this regard.</p>	<p><b>COMPLIANCE LEVEL</b></p> <p>Moving towards compliance</p>

<b>Criterion Assessed:</b> 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.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment:</b> recording occurs at least every week.	Compliant
<b>Inspection Findings:</b> Three individual service user care records were examined which evidenced individual care records have a written entry at least once every five attendances for each individual service user. As described in 7.4 recording could be more analytical to help monitor what each service user enjoys about their day in the setting, what it is about an activity that makes it enjoyable and how the day care setting is improving outcomes for service users. A recommendation is made in this regard.	<b>COMPLIANCE LEVEL</b> Substantially compliant
<b>Criterion Assessed:</b> 7.6 There is guidance for staff on matters that need to be reported or referrals made to: <ul style="list-style-type: none"> <li>• The registered manager;</li> <li>• The service user's representative;</li> <li>• The referral agent; and</li> <li>• Other relevant health or social care professionals.</li> </ul>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment:</b> this guidance is included in the induction of new staff.	Compliant
<b>Inspection Findings:</b> The setting has policies and procedures pertaining to communication, confidentiality, consent, management of records, monitoring of records, recording and reporting care practices and service user agreement in place which are consistent with this criterion and available for staff reference. Discussion with staff confirmed they are aware of their role and responsibility to report and refer information and record the outcomes achieved.	<b>COMPLIANCE LEVEL</b> Compliant

<b>Criterion Assessed:</b>	
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.	
<b>Provider’s Self-Assessment:</b>	
all records are signed ,legible and accurate and dated by the registered manager	Compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
The inspector examined a sample of three service user individual records which met this criterion. Consultation with two staff working in the centre confirms their understanding of this criterion and the staff who completed the inspection questionnaire confirmed procedures and practice are in place to achieve this criterion.	Compliant

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

<b>INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Substantially compliant

<b>Theme 1: The use of restrictive practice within the context of protecting service user’s human rights</b>	
<b>Theme of “overall human rights” assessment to include:</b>	
<p><b>Regulation 14 (4) which states:</b></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>	<b>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment:</b>	
<p>Ageni have a no restraint policy</p>	Compliant
<b>Inspection Findings:</b>	
<p>The inspector discussed this theme with staff, examined three individual service user records, reviewed the draft restraint policy which confirms staff do not use restraint in their day centres and examined a selection of records as described in schedule 5, other records to be kept in a day care setting. This confirmed the staff do not use restraint, no service users are looked after in this day care setting whose behaviour requires a plan for restraint and staff are trained to identify, use diversion and diffuse any behaviours that have the potential to escalate into an aggressive or angry outburst.</p>	Compliant



<p><b>Regulation 14 (5) which states:</b></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><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment:</b></p>	
<p>N/A</p>	<p>Not applicable</p>
<p><b>Inspection Findings:</b></p>	<p><b>COMPLIANCE LEVEL</b></p>
<p>No service users had been subject to restraint and this setting has a draft no restraint policy which is consistent with the settings ethos, statement of purpose and aims of the service.</p> <p>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 was available for staff information.</p>	<p>Not applicable</p>

<p><b>PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b></p> <p>Not applicable</p>
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<p><b>INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b></p> <p>Compliant</p>
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<p align="center"><b>Theme 2 – Management and Control of Operations</b></p>	<p align="center"><b>COMPLIANCE LEVEL</b></p>
<p><b>Management systems and arrangements are in place that support and promote the delivery of quality care services.</b></p> <p><b>Theme covers the level of competence of any person designated as being in charge in the absence of the registered manager.</b></p>	
<p><b>Regulation 20 (1) which states:</b></p> <p><b>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 -</b></p> <p style="padding-left: 40px;"><b>(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;</b></p> <p><b>Standard 17.1 which states:</b></p> <p><b>There is a defined management structure that clearly identifies lines of accountability, specifies roles and details responsibilities for areas of activity.</b></p>	
<p><b>Provider’s Self Assessment:</b></p>	
<p>the statement of purpose has been reviewed to include the above ,there is defined structure included in the policy.</p>	<p align="center">Compliant</p>

Inspection Findings:	COMPLIANCE LEVEL
<p>The manager position has been subject to change since the last inspection. At the time of this inspection there is an acting manager in post who will be confirmed as such when RQIA receive her NISCC registration details. In terms of experience she had previously worked in another age NI day care setting and discussion confirmed she has knowledge of her role and responsibility in this day care setting. The acting manager does not have the appropriate qualifications to become a registered manager however; there is a plan in place for her to start a QCF level 5 course in September this year. If the staff member is absent there is two staff who will work together to manage the setting with the support of the monitoring officer. Both of these workers were not present during the inspection to discuss this due to explained absence of one and the other was due to commence post pending the access NI check being returned. The inspector recommends both staff complete a competency assessment to ensure they can competently and confidently undertake their role and responsibility in the manager's absence. Any gaps identified should be addressed through training, supervision, appraisal etc. There should also be evidence of any delegation of tasks which must clearly identify the monitoring of arrangements in place to evidence effectiveness of arrangements.</p> <p>The inspector examined policies and procedures pertaining to the management and control of operations, for example: absence of the manager; inspections of the day care setting; management, control and monitoring of the setting; operational policy; staff meetings; staff records; staff supervision and appraisal; staff training and development; staffing arrangements and the settings statement of purpose, these were available for staff reference and staff were aware of the content.</p> <p>Discussion with staff working in the centre validated their knowledge commensurate with their role and responsibilities regarding management arrangements of the day care setting. They were clear regarding who they report to; who should they seek support or guidance from; who supervises them and the effectiveness of the same.</p> <p>Discussion with service users confirmed their understanding of the management structure which is in place, who is the person or people in charge of the day care setting, their roles and responsibilities, and who they speak to if they want to discuss something about the day centre.</p> <p>The settings statement of purpose describes the staffing structure of the day care setting and will be updated when the new member of staff commences. Regulation 28 reports for the last eleven months were sampled and they did evidence staff were spoken to monthly however, the analysis of staffing arrangements in place for the month being inspected and the monitoring officers view could be clearer regarding: the effectiveness of staffing arrangements; and compliance with regulations and standards regarding the same. A recommendation is made in this regard.</p>	<p>Moving towards compliance</p>

<p><b>Regulation 20 (2) which states:</b></p> <ul style="list-style-type: none"> <li><b>The registered person shall ensure that persons working in the day care setting are appropriately supervised</b></li> </ul>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider's Self-Assessment:</b></p>	
<p>supervision is carried out per Ageni policy which is every 3 months</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	<p><b>COMPLIANCE LEVEL</b></p>
<p>The inspector examined the training and supervision record of the acting manager and those staff left in charge of the day care setting in the registered managers absence, examined policies and procedures pertaining to the Management and control of operations, for example: absence of the manager; staff records; staff supervision and appraisal; staffing arrangements are the centre's policies and procedures are available for staff reference and reflect day to day practice and this did not reveal any concerns.</p> <p>Discussion with the manager confirmed supervision in place meets the standard regarding the same and the review of a record of supervision did not reveal any concerns regarding the structure or content.</p> <p>There is a training plan specifically for staff who manage the centre and those who work in the setting which is consistent with the RQIA guidance and there is a plan in place to develop the managers skills and training to undertake their role and responsibilities as a registered manager in the future.</p>	<p>Compliant</p>

<p><b>Regulation 21 (3) (b) which states:</b></p> <ul style="list-style-type: none"> <li>• (3) For the purposes of paragraphs (1) and (2), a person is not fit to work at a day care setting unless –</li> <li>• (b) he has qualifications or training suitable to the work that he is to perform, and the skills and experience necessary for such work</li> </ul>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider's Self-Assessment:</b></p>	
<p>all staff following the guidelines on recruitment and selection process to ensure they are fit for the post</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	<p><b>COMPLIANCE LEVEL</b></p>
<p>The inspector examined the professional registration, qualifications, experience and evidence of competence of the acting manager and concludes this manager must complete QCF level 5 to achieve registered manager status. A plan is in place for the acting manager to commence this course in September 2014. Observation and discussion with staff confirmed the manager does have experience of working with this service user group; she is viewed as the manager who takes day to day responsibility and is looked upon as someone who is competent in fulfilling the manager role and responsibility.</p>	<p>Substantially compliant</p>

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

### **Complaints**

The complaints record was reviewed as part of this inspection. The annual complaints return for 2013 identified no complaints had been recorded. The inspector reviewed the complaints record which confirmed the return to RQIA. This did not reveal any concerns regarding the record. Furthermore no complaints had been recorded for 2014.

### **Service User Records**

Three service user files were inspected as part of this inspection and this revealed the files did not contain a photo of the service user, as detailed in schedule 4. The inspector also identified service users' reviews for 2014 had not been progressed and individual service users recording could be improved. These issues are further detailed in the examination of standard 7.

### **Registered Manager Questionnaire**

The registered manager submitted a questionnaire to RQIA prior to this inspection. The information returned confirmed satisfactory arrangements were in place regarding governance and management arrangements, staffing arrangements and support for staff, policies and procedures, responding to service user's behaviour and reporting of accidents and incidents. The information was validated during the inspection and this did not raise any concerns that required further discussion or analysis. The inspector did identify for the second consecutive inspection the manager was not registered with NISCC. The manager is an acting manager and informed the inspector she had applied for registration and further information had recently been requested by NISCC which had delayed her application. A receipt of the application was shown to the inspector however, contact with NISCC revealed this application had not been accepted at this stage and therefore the manager is not registered with NISCC at the time of this inspection. Therefore the requirement is restated in this regard.

### **Staff Questionnaires**

One staff questionnaire had been returned by a staff member who reported satisfactory arrangements were in place with regard to NISCC codes of practice; supervision; staff training; staffing and management arrangements; responding to service users' behaviour; confidentiality and recording. Positive comments were made regarding the quality of care that was provided; which the staff member described as: excellent care and facilities, the service users are always saying how happy they are.

### **Statement of Purpose & Service Users Guide**

These documents were submitted for this inspection and reference to them during the inspection did not reveal any concerns. One recommendation was made that these documents could describe service user information kept in the day care setting as there was no information for service users regarding what information is kept about them, how it is kept, where it is kept and how they can access it. This is further examined in standard 7.

**Monthly Monitoring Reports**

The inspector reviewed eleven regulation 28 reports written in 2013 & 2014. This revealed the content could be improved to ensure gaps in the service or staffing are identified and analysed in terms of delivery of service. A recommendation is made in this regard.

**Environment**

The inspector walked around the centre during the inspection and noted it was warm, free from clutter and comfortable. Service users were observed as at ease in the environment of the day centre and could access with ease where they wanted or needed to. Service users were observed using the space socially and for activities.

## **Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Claire Branniff, 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**





## Quality Improvement Plan

### Primary Announced Care Inspection

Age NI, Portaferry Resource Centre

2 April 2014

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

The specific actions set out in the Quality Improvement Plan were discussed with Claire Braniff (acting manager, registration pending) 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.	10, 21 & schedule 2:5	The registered person must take immediate action to ensure the acting manager of this day care setting has current and valid registration with the appropriate professional regulatory body for example NISCC and submit confirmation of registration to RQIA on the returned QIP.	Second	This has now been completed Claire Braniff has now been registered with NISCC her NO.is 6010520.	28 May 2014
2.	19 (1) (a) and schedule 4.2	The acting manager must make appropriate arrangements for service users' individual records to contain a photo as required in regulation. If a service user does not want this to be in their individual record, this must be stated in the file and signed by the service user.	First	Photographs are now being added to service user agreement at present or a signed decline will be in place.	28 May 2014

**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.	7.1; 7.2; 7.3	The acting manager should make appropriate arrangements to improve service users' knowledge and awareness of the information kept about them in the day care setting. For example what is kept; how this is kept confidentially and the recording practices in the day care setting. Consent to information should also be recorded; the service could use the service user's guide / service user agreement to achieve this.	First	This has now been included by Age Ni. and will now be included in all service users guide. All requests will be recorded,dated and signed accordingly.	28 May 2014
2.	7.4	The acting manager must put in place arrangements to progress service user reviews for this year, evidence of contact with social workers and care managers should be improved.	First	This is now currently being put in place,and all contact is recorded social workers will be contacted and a request made that the manager be informed of all reviews..	28 May 2014

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details of Action Taken By Registered Person(S)	Timescale
3.	7.4 & 7.5	The acting manager must put in place arrangements to improve recording in the individual records so it is more analytical. This will record what each service user enjoys about their day in the setting, what it is about an activity that makes it enjoyable and how the day care setting is improving outcomes for service users.	First	The acting day care manager will ensure a more detailed recording be put in place for each service user.	28 May 2014
4.	17.1	<p>The acting manager should complete with staff that cover her post, in her absence a competency assessment to ensure they can competently and confidently undertake their role and responsibility in the manager's absence. Any gaps identified should be addressed through training, supervision, appraisal etc.</p> <p>There should also be evidence of any delegation of tasks which must clearly identify the monitoring of arrangements in place and evidence effectiveness of arrangements.</p>	First	Age Ni has now put in place a competency assessment tool which will be filled out by the manager throughout the year to ensure the person left in charge is competent and up to date with all training.	28 May 2014

<b>No.</b>	<b>Minimum Standard Reference</b>	<b>Recommendations</b>	<b>Number Of Times Stated</b>	<b>Details of Action Taken By Registered Person(S)</b>	<b>Timescale</b>
5.	17.1	The registered person should make suitable arrangements for the regulation 28 reports to analyse the staffing arrangements in place for the month being inspected and the monitoring officer's view regarding: the effectiveness of staffing arrangements; and compliance with regulations and standards regarding the same.	First	The monitoring officer has reviewed the effectiveness of staffing arrangements. The acting manager has now received the NISCC reg.no. which allows her to carry out the roles and responsibilities required for the post.	28 May 2014

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:

<b>Name of Registered Manager Completing Qip</b>	Claire Braniff
<b>Name of Responsible Person / Identified Responsible Person Approving Qip</b>	Linda Robinson

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	yes	Suzanne Cunningham	08/05/14
Further information requested from provider			