



The **Regulation** and
Quality Improvement
Authority

Primary Unannounced Care Inspection

Name of Establishment: Foyleville Day Centre
Establishment ID No: 11311
Date of Inspection: 25 March 2015
Inspector's Name: Suzanne Cunningham
Inspection No: IN020067

The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1.0 General Information

Name of centre:	Foyleville Day Centre
Address:	Academy Road Londonderry BT48 7LE
Telephone number:	028 7126 3900
E mail address:	patrick.mckeever@westerntrust.hscni.net
Registered organisation/ Registered provider:	Western Health and Social Care Trust Ms Elaine Way CBE
Registered manager:	Mr Patrick McKeever
Person in Charge of the centre at the time of inspection:	Mr Patrick McKeever
Categories of care:	DCS - I, DCS - DE
Number of registered places:	20
Number of service users accommodated on day of inspection:	6
Date and type of previous inspection:	12 February 2014 Primary Unannounced
Date and time of inspection:	25 March 2015 10:45 – 15:00
Name of inspector:	Suzanne Cunningham

2.0 Introduction

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

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

3.0 Purpose of the Inspection

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

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

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

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

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

4.0 Methods/Process

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

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

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

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

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

5.0 Consultation Process

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

Service users	6
Staff	4
Relatives	0
Visiting Professionals	0

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

Issued To	Number issued	Number returned
Staff	5	0

6.0 Inspection Focus

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

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

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

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

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

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

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

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

7.0 Profile of Service

Foyleville Day Centre is owned and managed by the Western Health and Social Care Trust (WHSCCT). The premises were originally part of a residential home which is now closed. The day centre is held in a small part of the home and comprises two community rooms, office accommodation, a staff room, and a medium size dining room with small kitchen attached, a sitting room and toilet facilities.

The building occupies a spacious, elevated site on the outskirts of the city, and is protected by high fences on all sides.

The centre currently provides care and therapeutic intervention for up to 90 persons who are in the primary care and older peoples services programme. Of the 90 places, 12 are allocated to persons with a moderate to severe dementia related condition and those service users attend on a Wednesday.

The service is provided on five days per week from 09:00 to 17:00 and members attend on the basis of assessed need.

8.0 Summary of Inspection

A primary inspection was undertaken in Foyleville Day Centre on 25 March 2015 from 10:45 to 15:00. This was a total inspection time of four hours & 15 minutes. The inspection was unannounced.

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. Post inspection the provider submitted a self-assessment of the one standard and two themes inspected, this report compares the providers' statements with the findings of the inspection. 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 review and safeguarding information; the complaints record; staff training record; incidents and accidents recording; 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 three staff during the inspection and two staff specifically regarding the standards inspected and their views about working in the centre. This generated positive feedback regarding management of records and reporting arrangements including recording, the management arrangement's in this day care setting and the staff knowledge regarding responding to behaviours in the context of human rights.

Staff identified the service user records are kept securely; service users and or their representatives are encouraged to look at the care plan and review records during the review and other meetings and opportunities. The inspector spent time observing the service users having their needs met in this setting, specifically because the group had a diagnosis of dementia which had impacted on their communication and memory. Observations revealed staff were engaging with service users consistently to ensure service users were comfortable

and had their needs met. Staff also encouraged spontaneous group activities such as singing and discussions to encourage social interaction between the group members.

Finally the staff were satisfied with the management arrangements in the setting, they were aware of the management arrangements in the absence of the registered manager, they described the support for staff was good and the manager had an open door policy. The staff did express some concern regarding the future of the service and described they are going through a trust consultation process which has been unsettling.

The inspector spoke with all of the six service users in the setting on the day of the inspection. The inspector found the service users memory and level of communication was impaired due to their diagnosis therefore, the inspector also observed the service users in the setting. Service users arrived in the setting from 11:00 and all of service users attending on the day of the inspection had a diagnosis of dementia. The inspector observed the service users being brought in and the staff took time to familiarise the service users with their surroundings as they entered the day care setting to remind them where they were and that they had been here before. Tea and toast was served when they arrived and the inspector joined them at lunch time and during activities. Generally the inspector observed the service users were relaxed and open to staff suggestions, service users were observed talking freely and enjoying the food they had been served. The inspector did not observe any concerning behaviour or concerns regarding care during this inspection.

The previous announced inspection carried out on 12 February 2014 had resulted in two requirements regarding the settings statement of purpose and the arrangements for staff supervision. The statement of purpose had been improved however staff supervision arrangements still require further improvement and is restated in this inspection quality improvement plan.

Ten recommendations are made regarding improving the training and development plan, advocacy services for service users, training regarding the review process and meeting, recording review attendees, signing care plans, competency assessment for those left in charge, the complaint record, staff training regarding dementia, availability of monitoring reports and the content of the monitoring reports. Improvement was evidenced in all areas except review training for staff and signing care plans post review, these two recommendations are restated.

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

The six criteria within this standard were reviewed during this inspection. Five of the criteria were assessed as compliant by the inspector and one criterion was assessed as substantially compliant, no requirements are made and one recommendation is restated regarding the signing of care plans which must be improved.

Discussions with service users and staff and review of two service users' individual files provided evidence that the centre is performing well regarding standard 7. The observation of service users and the discussion with service users provided clear examples of how staff encourage and assist service users to get the most out of their day care experience.

Based on the evidence reviewed the inspector assessed the centre as compliant in this standard, no requirements and one restated recommendation is made regarding the examination of this standard.

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

No restraints are planned for or had been undertaken in this setting therefore this criterion was not inspected.

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 of the criteria was assessed as moving towards compliance, one criterion was assessed as substantially compliant and one criterion was assessed as compliant. The improvement identified was regarding supervision which is a restated issue. No further recommendations or requirements are made regarding this theme.

Based on the evidence reviewed the inspector has assessed the centre as substantially compliant in this theme.

8.1 Additional Areas Examined

The inspector undertook a tour of the premises, reviewed the complaints record, examined two service users individual files, validated the registered manager's pre inspection 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 that is delivered in this centre that 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 one requirement has been restated to improve the frequency of supervision for staff. Two recommendations have been restated from the last inspection to improve the training for staff regarding the review process and improve the signing of care plans particularly post review. This was reported to the registered manager at the end of the inspection who assured the inspector these matters would be dealt with.

9.0 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Reg 7 (a)	<p>The Statement of Purpose should be reviewed and revised as necessary; should include the time span in relation to the management of complaints and information pertaining to the review process for service users.</p> <p>Some work has been completed in relation to this however; further work needs to be done to ensure full compliance.</p>	This had been completed and was verified during this inspection.	Compliant
2	Reg 20 (2)	<p>The manager should have a system of formal supervision and staff appraisal in operation for all staff by 28 September 2012.</p> <p>Supervision has taken place, however should be arranged on a formal basis at regular intervals.</p>	Supervision had been provided in January 2014, April 2014 & January 2015 for the Day Care Worker. On January 2015, January 2014 for care worker 1 and on January 2015, April & January 2014 for care worker 2 who was the newest member of staff. Therefore some progress had been made in this regard however the progress and improvement must be consistently maintained. The inspector discussed the improvements required to achieve compliance. A plan was in place for year 2014 but had not been kept to therefor this will be restated for a third time.	Moving towards compliance

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Std. 21.9	It is recommended that the manager should develop a training and development plan specifically for the centre, in keeping with Standard 21.9 and that the plan should include training needs identified through supervision and appraisal of staff.	Evidence of staff training needs and how this need would be met was provided for this inspection.	Compliant
2	15.1	The centre should make arrangements for a member of an advocacy group to visit and advise service users and their relatives of the role of an advocate.	Patient and client council has visited the centre twice and is visiting again this year to do a focus group on what service users feel about day care.	Compliant
3	15.4	(1) The information for review should be further developed to include all aspects of the service users' day care. (2) Care staff should receive training on the standard for review.	The review sheet and a review report were in place and met this standard. This had been discussed informally in team meetings however, training and implementation had not been fully achieved therefore this will be restated for the second time.	Substantially compliant
4	15.5	The names of those attending reviews should be noted and apologies recorded for those unable to attend the review.	The revised review from format met this recommendation.	Compliant
5	15.6	Care plans should be updated following review and appropriately signed off by the staff member drawing up the review, the service user / relative and the manager.	Two care plans were inspected one of those was fully complete and updated post review but did not have a sign off page attached to it. Therefore this part of the recommendation is restated for the second time.	Substantially compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
6	13.4	A competency and capability assessment should be carried out on the person who looks after the centre in the absence of the manager to evidence training and knowledge of the centre's policy and procedure including reporting in keeping with the commissioning trust protocol/procedure.	The registered manager completed a competency assessment in April 2014 with the day care worker.	Compliant
7	13.5 (14.10)	The centre should maintain a record for complaints in accordance with guidance.	This was in place.	Compliant
8	13.10	Training on dementia should be provided to enable staff to develop further skills in their day to day work.	Training delivered in May 2014.	Compliant
9	28.4	The manager should inform service users and their relatives of the availability of the monitoring reports.	Service users and their relatives were informed by a letter following the last inspection.	Compliant
10	17.10	(1) The monitoring visit should include audit of working practises. (2) Reviews and follow-up action should be included as part of the monthly monitoring.	Monthly visits sampled from October 2014 to March 2015 and these matters were in place.	Compliant

10.0 Inspection Findings

Standard 7 - Individual service user records and reporting arrangements:	
Records are kept on each service user’s situation, actions taken by staff and reports made to others.	
Criterion Assessed:	COMPLIANCE LEVEL
<p>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.</p>	
Provider’s Self-Assessment:	
<p>All notes of attending member’s are kept in a locked filing cabinet and are treated using the Trust’s Record’s Management Policy.</p>	Substantially compliant
Inspection Findings:	COMPLIANCE LEVEL
<p>The inspector reviewed two individual service user records which presented as described in schedule 4; and other records to be kept in a day care setting, as described in schedule 5. Records are kept in a locked file and accessed by the manager and day care worker for recording purposes.</p> <p>Arrangements for confidentiality was well described in the settings policies and procedures including an information leaflet for service users and their representatives entitled “your right to confidentiality”, which staff have access to. The service users guide describes records are kept about service users and how to access them and there was evidence on the files this is discussed with service users.</p> <p>Discussion with staff validated management and staff knowledge about the duty of confidentiality and their role and responsibility regarding the need to record, the quality of recording and management of service user’s personal information which did not reveal any concerns.</p>	Compliant

<p>Criterion Assessed:</p> <p>7.2 A service user and, with his or her consent, another person acting on his or her behalf should normally expect to see his or her case records / notes.</p> <p>7.3 A record of all requests for access to individual case records/notes and their outcomes should be maintained.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p>	
<p>A service user will see their notes at times of review or at a time of their request, which would then be recorded.</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p>	<p>COMPLIANCE LEVEL</p>
<p>The setting has set out arrangements for management of and access to service user records in the settings service user guide.</p> <p>Discussion with staff working in the confirmed they have knowledge of when and how service users see their records and how they respond to requests from service users and or their representative to access service user records.</p>	<p>Compliant</p>

<p>Criterion Assessed:</p> <p>7.4 Individual case records/notes (from referral to closure) related to activity within the day service are maintained for each service user, to include:</p> <ul style="list-style-type: none"> • Assessments of need (Standards 2 & 4); care plans (Standard 5) and care reviews (Standard 15); • All personal care and support provided; • Changes in the service user’s needs or behaviour and any action taken by staff; • Changes in objectives, expected outcomes and associated timeframes where relevant; • Changes in the service user’s usual programme; • Unusual or changed circumstances that affect the service user and any action taken by staff; • Contact with the service user’s representative about matters or concerns regarding the health and well-being of the service user; • Contact between the staff and primary health and social care services regarding the service user; • Records of medicines; • Incidents, accidents, or near misses occurring and action taken; and • The information, documents and other records set out in Appendix 1. 	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p>	
<p>Individual case notes are substantially maintained in accordance with the Minimum Standards.</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p>	<p>COMPLIANCE LEVEL</p>
<p>The inspector’s examination of a sample of two service user individual records evidence the above records and notes are available and had been maintained. Review of a sample of monitoring records demonstrated working practices had been systematically audited in this regard.</p>	<p>Compliant</p>

<p>Criterion Assessed: 7.5 When no recordable events occur, for example as outlined in Standard 7.4, there is an entry at least every five attendances for each service user to confirm that this is the case.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p>	
<p>There is an entry in the member's notes at least once a week or every other attendance.</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p>	
<p>The inspector sampled service user progress reports and confirmed there is a written entry at least once every five attendances for each individual service user. The information recorded was generally repetitive regarding their form or the activity they had taken part in unless something unusual had happened or was noted and then more detail had been recorded.</p>	<p>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:</p>	
<p>There is guidance available via the policy's and procedures and professional supervision on these matters.</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p>	
<p>This was in place.</p>	<p>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: All record's are maintained to as high a standard as possible.</p>	Substantially compliant
<p>Inspection Findings: The inspector examined a sample of two service user individual records and most of the records met this criterion except for the care plans which were not signed. This requires improvement and a recommendation has been restated in this regard. Staff spoken with and who complete inspection questionnaires confirmed procedures and practice are in place to achieve this criterion.</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</p>
	<p>Substantially compliant</p>

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

Theme 1: The use of restrictive practice within the context of protecting service user’s human rights	
Theme of “overall human rights” assessment to include:	
<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>There have been no incidents where restraint has had to be used but the staff are aware of the policy For The Use of Restrictive Interventions with Adult Patients</p>	Substantially compliant
Inspection Findings:	
<p>No restraints are planned for or had been undertaken in this setting therefore this criterion was not inspected.</p>	Not Inspected
<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>	COMPLIANCE LEVEL
Provider’s Self-Assessment:	
<p>Staff are aware of the Use Restrictive interventions with Adult Patients Policy</p>	Substantially compliant
Inspection Findings:	
<p>No restraints are planned for or had been undertaken in this setting therefore this criterion was not inspected.</p>	Not Inspected

PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant
INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Not Inspected

<p align="center">Theme 2 – Management and Control of Operations</p> <p>Management systems and arrangements are in place that support and promote the delivery of quality care services.</p> <p>Theme covers the level of competence of any person designated as being in charge in the absence of the registered manager.</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>Regulation 20 (1) which states:</p> <p>The registered person shall, having regard to the size of the day care setting, the statement of purpose and the number and needs of service users -</p> <p>(a) ensure that at all times suitably qualified, competent and experienced persons are working in the day care setting in such numbers as are appropriate for the care of service users;</p> <p>Standard 17.1 which states:</p> <p>There is a defined management structure that clearly identifies lines of accountability, specifies roles and details responsibilities for areas of activity.</p>	
<p>Provider’s Self Assessment:</p>	
<p>The registered person is satisfied that the day care setting, the statement of purpose and the number and need of service user's are suitably looked after in accordance with the minimum standards. All staff member's are aware of their roles, role responsibilities, lines of accountability and routines of this Day Care Centre.</p>	<p align="center">Substantially compliant</p>
<p>Inspection Findings:</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>The manager of this day care setting is a qualified nurse and has current registration with NMC. The manager was supported by three staff on the day of the inspection and the day care worker is also a registered nurse. The registered manager had completed a competency assessment with the day care worker, the inspector reviewed this and the assessment did not reveal any concerns.</p> <p>The staff mandatory training recording confirmed the mandatory training had been completed for 2014, appraisals had been completed but supervision had not been delivered to staff frequently enough and this is a restated issue in the quality improvement plan for this inspection.</p>	<p align="center">Substantially compliant</p>

<p>The inspector observed the distribution of staff across the setting during the inspection, the staff on duty presented as adequate and observation as well as discussion with staff in this regard did not reveal any concerns.</p> <p>The setting has policies and procedures pertaining to the management and control of operations available for staff reference.</p> <p>Discussion with staff revealed supervision arrangements are in place and they describe feeling supported in the current arrangements. The staff have access to 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. Discussion with service users confirmed they were aware of the management staff in the setting and they described they could access support from any of the staff.</p>	
<p>Regulation 20 (2) which states:</p> <ul style="list-style-type: none"> The registered person shall ensure that persons working in the day care setting are appropriately supervised 	COMPLIANCE LEVEL
<p>Provider's Self-Assessment:</p>	
<p>The staff at Foyleville Day Centre are appropriately supervised at all times.</p>	Substantially compliant
<p>Inspection Findings:</p>	COMPLIANCE LEVEL
<p>The frequency of supervision was not compliant with the standard; individual supervision should be provided at least once every three months. This was identified in the previous inspection and although some improvement was noted it is still not fully compliant. Therefore this is a restated issue in the quality improvement plan.</p>	Moving towards compliance

<p>Regulation 21 (3) (b) which states:</p> <ul style="list-style-type: none"> • (3) For the purposes of paragraphs (1) and (2), a person is not fit to work at a day care setting unless – • (b) he has qualifications or training suitable to the work that he is to perform, and the skills and experience necessary for such work 	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment:</p> <p>All staff have the necessary qualifications for their respective roles, receive regular mandatory training and are all registered with suitable professional bodies.[NMC and NISCC],</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p> <p>The manager and day care worker whom acts up in the managers absence are both qualified nurses and this inspection did not reveal any concerns regarding compliance with this criterion.</p>	<p>COMPLIANCE LEVEL</p> <p>Compliant</p>

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

11.1 Complaints

The complaints record was reviewed as part of this inspection. The annual complaints return for 2013 identified no complaints had been recorded. The inspector reviewed the complaints record which confirmed the return to RQIA. Similarly there were no complaints or issues of dissatisfaction recorded for 2014.

11.2 Service users Individual records

Two service user files were reviewed as part of this inspection; this did not reveal any additional areas for improvement other than the restated issue of signing care plans.

11.3 Registered Manager Questionnaire

The registered manager submitted a questionnaire to RQIA after 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 consistent with the outcome of this inspection and this did not raise any concerns that require further discussion or analysis.

11.4 Statement of Purpose & Service Users Guide

These documents were submitted at this inspection and reference to them during the inspection did not reveal any concerns.

11.5 Monthly Monitoring Reports

The inspector reviewed a sample of regulation 28 reports from October 2014 to March 2015. This revealed the visits had been recorded monthly in compliance with the regulation.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mr Patrick McKeever, as part of the inspection process.

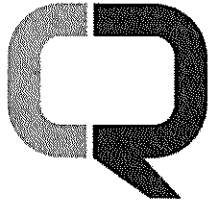
The timescales for completion commence from the date of inspection.

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

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

Enquiries relating to this report should be addressed to:

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



The Regulation and
Quality Improvement
Authority

Quality Improvement Plan

Primary Announced Care Inspection

Foyleville Day Centre

25 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 Mr Patrick McKeever 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.

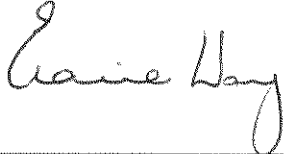
It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

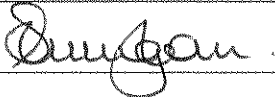
Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of 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	Requirement	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Reg 20 (2)	<p>The manager must have a system of formal supervision and staff appraisal in operation for all staff.</p> <p>Records must evidence supervision has taken place at least once every three months and is a formal meeting between the supervisee and supervisor.</p>	Third	<p>A formal plan is in place and is attached to the QIP.</p> <p>Plan to be signed off after each supervision.</p>	20 May 2015

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	15.4	<p>The registered manager must make appropriate arrangements for the review report and meeting to be further developed to include all aspects of the service users' day care.</p> <p>Care staff should receive training on the standard for review and the evidence of this training should be recorded in the settings training record.</p>	Second	<p>Manager to ensure that the review template is more detailed by including more questions in the actual review.</p> <p>A request has been made to have formal training on the standard for review to be included in the Day Care Services annual training in MAY 2015.</p>	20 May 2015
2	15.6	<p>The registered manager should make appropriate arrangements for care plans to be updated following review and appropriately signed off by the staff member drawing up the review, the service user / relative and the manager.</p>	Second	<p>Manager to make it a part of the review process to update the care plan of the service user on the day of the actual review and having all forms appropriately signed off.</p>	20 May 2015

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

Name of Registered Manager Completing Qip	Patrick Mc Keever
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.		2/6/2015.
Further information requested from provider			