



The **Regulation** and
Quality Improvement
Authority

Primary Announced Care Inspection

Name of Establishment:	Bayview Resource Centre
Establishment ID No:	11118
Date of Inspection:	25 June 2014
Inspector's Name:	Dermott Knox
Inspection No:	17714

The Regulation And Quality Improvement Authority
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Name of centre:	Bayview Resource Centre
Address:	11-13 Ballyholme Road Bangor BT20 5JH
Telephone number:	(028) 9127 0352
E mail address:	lynn.mcquillan@setrust.hscni.net
Registered organisation/ Registered provider:	Mr Hugh Henry McCaughey South Eastern HSC Trust
Registered manager:	Ms Lynn McQuillan
Person in Charge of the centre at the time of inspection:	Ms Lynn McQuillan
Categories of care:	DCS-I, DCS-DE, DCS-PH, DCS-PH(E), DCS-MP, DCS-MP(E), DCS-A, DCS-SI
Number of registered places:	60
Number of service users accommodated on day of inspection:	56
Date and type of previous inspection:	16 April 2013 Primary Unannounced Inspection
Date and time of inspection:	25 June 2014 10:15am – 3:30pm
Name of inspector:	Dermott Knox

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	9
Staff	5
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	14	12

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

Bayview Resource Centre is a statutory facility which was opened in August 2008. Bayview provides day care for fifty people per day who have needs arising from a wide variety of disabilities, social or medical conditions.

Those attending the centre prefer the title "Member".

The building is two storeys and is located in the town centre with good access for local bus routes and local shops. Good car parking is available. The ground floor area is used for day care and is well designed and appointed to provide spacious activity areas, a dining area, offices and an appropriate number of personal care and toilet facilities.

The first floor area provides office accommodation for approximately fifty staff from Physical Disability and Learning Disability Teams along with some multidisciplinary staff.

The centre caters for six different client groups and the day care team responds to the varied care needs by offering care to different groups on different days, as follows:

Days of week	Client group
Monday	Mental Health (elderly), Elderly
Tuesday	Dementia, Elderly
Wednesday	Physical disability Elderly,
Thursday	Dementia, Elderly
Friday	Physical disability, Physical disability (elderly), Mental Health

Within these categories the members are organised into groups of approximately twelve to fifteen members.

Summary of Inspection

A primary announced inspection was undertaken in Bayview Day Centre on Wednesday 25 June 2014 from 10:15 am until 3:30pm. Prior to the inspection the service provider submitted a self-assessment of the day centre's performance in the one standard and two themes forming the focus of the inspection. There were no requirements or recommendations from the previous inspection.

The inspector was introduced to several of the members attending the centre and met for discussions with nine people, four of them over lunch. Individual discussions were also held with the manager and five staff regarding the standards, team working, management support, supervision and the overall quality of the service provided.

Nine completed questionnaires were returned by staff members, who reported that satisfactory arrangements were in place regarding supervision, staff training and management arrangements, responding to members' behaviour, confidentiality and recording. Positive comments were made regarding the quality of care provided, including,

“The quality of care is of a very high standard and all service users, carers and families are treated with dignity and respect”, and

“An excellent team, who work well together and share information regularly, staff are willing and caring thus provide a good service.”

Overall, the discussions with service users and with staff contributed a positive view of the service provided in the centre and indicated a strong commitment by the manager and the staff team to practice in compliance with, or to exceed the minimum standards for day care settings and to ensure the full inclusion and involvement of service users. Service users spoke highly of the support they experienced and the quality of care provided by the staff.

One recommendation arising from this inspection addresses the efficiency of one current requirement, by the Trust, that the manager counter-sign every entry in a particular record.

The inspector wishes to acknowledge the open and constructive approach of the manager and staff throughout the inspection process. Gratitude is extended to members, who welcomed the inspector to the centre and contributed to the evaluation of the service provided.

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 centre has written policies and procedures regarding confidentiality, recording and reporting, data protection, consent, and, storage and destruction of closed files. The policies and procedures are available for staff reference. The registered person had arrangements in place to review policies and procedures in order to ensure that they were up to date and accurate.

In the sample of six service user care records examined, there were many examples of members having signed to indicate their involvement and agreement with the content. Files were structured and maintained in accordance with the Trust’s procedures and approved documentation.

Good progress notes for service users were being kept, as were the records of reviews and the individual care plans.

The Bayview Centre was judged to be operating in compliance with this standard.

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

The SEH&SCT has a written policy and guidelines on the use of restrictive practices, which was available to members of staff. Both the written records and discussions with staff and service users, verified that there had not been any instances of such practices in the centre. Staff discussed the use of good communication, the use of calming and diffusing techniques and the importance of developing good understanding of each individual’s needs and preferences. SEH&SCT also has a written policy and procedures for ‘Managing aggression and Challenging Behaviour’, and staff confirmed their approach to working with any individual whose behaviour is challenging to others.

The centre's written statement, "Bayview Centre do NOT restrain people", is made clear to all staff and a definition of "Restraint" is provided.

The centre was judged to be operating in compliance with this theme.

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 records showed that the registered manager and the senior day care worker are appropriately qualified and experienced to take charge of the centre. Training for key aspects of this role had been provided. Bayview Centre is supporting a senior staff member to undertake QCF Level 5 and the centre has well-developed competence and capability assessments for staff at each level. This is commendable.

There was evidence from discussions with staff to confirm that members of the staff team work supportively and well with one another. The manager had systems in place for supervision, appraisal and promoting staffs' learning. Records of staff training and supervision were well-presented and up to date, with formal supervision sessions being provided either monthly or two-monthly, depending on the responsibilities of the post.

The staffing structure and reporting arrangements were clearly set out in writing in the statement of purpose, for reference by all stakeholders. Staff presented as being knowledgeable, competent and confident in their roles and responsibilities and their learning in specific areas of interest was encouraged, for example, three staff have gained QCF's in dementia care.

Monitoring arrangements are standardised across the SEH&SCT day care services and the four monitoring reports examined, addressed all of the required matters.

The evidence indicates that the centre is operating in compliance with the criteria in this theme.

No requirements or recommendations from previous 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.	
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 upheld in all aspects of personal information pertaining to service users records. There is a restricted section within the blue working file for personal / sensitive information and also a pink file retains restricted information pertaining to a vulnerable adult situation. All service users care plans have a statement at the bottom of the page relating to The Human Rights Act Articles 3 and 8. This care plan is a living document which requires regular reviewing and is shared with the service users regarding any changes implemented or recorded. The care plan is also signed by the service user/the reviewer and the manager. The service user or family/carer/relative receive a copy of the care plan if desired.	Compliant
Inspection Findings:	COMPLIANCE LEVEL
The provider’s self-assessment was verified through examination of a sample of six service users’ records and from discussions with the manager, five staff members and a number of service users. The SHE&SCT has a written Code of Practice on Confidentiality and this was available to staff for reference purposes. The manager and staff team contribute to both local and national quality standards development initiatives and demonstrate leadership in this area.	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>All case records are shared at review with service users and this allows the service user/carer/advocate the opportunity to include additional information or amend current information on assessments/careplans/records Where there are any changes made to documents the service user is made aware of this and also signs their record or if preferred they have the right for someone else to sign their records as stated in their service users individual agreement</p> <p>Service users are given the choice as to who they would like to be present at their review and a carers form is sent to the family/relative/advocate prior to each review for completion.</p> <p>If someone requests access to an individuals records this is completed under The Data Protection Act (1998) where we alert The South Eastern Trust Governance Department who deal with this request. We have a duty of care to record this request on the service users file and also relay the information to the service user or family member that a request has been received to access their records. As this request is of a confidential nature it falls within the Human Rights Act This policy has also been considered and prepared with regard to the Trust’s obligation under the Human Rights Act 1998. The Trust is satisfied that the policy complies with its obligations under the Act. and The Freedom of Information Act.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The provider’s detailed self-assessment was verified through examination of six service users’ records and from discussions with service users and staff members. Each of the files examined had many examples of records having been signed, either by the service user or a representative. There was a written record in place of a formal request for access to a service user’s file.</p>	<p>Compliant</p>

Criterion Assessed:	COMPLIANCE LEVEL
<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. 	
Provider’s Self-Assessment:	
<p>From the first day of commencing day care the blue working file contains all of the above documents and is updated on a regular basis to include</p> <ol style="list-style-type: none"> 1. Review of assessments, care plans, reviews 2. Review of personal care and support 3. Review of service users needs/behaviours including individual risk assessments 4. Review of any aims and objectives set and how these have been achieved including timeframes 5. Review of programme of activity and how this is meeting the service users individual needs 6. Review of unusual or changed circumstances which affects the service users and what action is taken 7. Conversing with multi-disciplinary teams in regards to the individual needs of the service user and their well being including consultation with their referrer, G.P. District Nurse, Speech and Language Department. Physiotherapist, podiatrist, or any other allied health professional 8. Reviewing of medication and ensuring current medication scripts are on file 9. Recording in the contact record the number of the IR1 completed and discussing this at review including any 	Compliant

actions/outcomes taken as a result of the IR1	
Inspection Findings:	COMPLIANCE LEVEL
Service users' records in Bayview were found to be maintained to an excellent standard and to contain all of the required information.	Compliant
Criterion Assessed:	COMPLIANCE LEVEL
7.5 When no recordable events occur, for example as outlined in Standard 7.4, there is an entry at least every five attendances for each service user to confirm that this is the case.	
Provider's Self-Assessment:	
An audit is completed once per month to confirm that each staff member has at least recorded information every 5 visits regarding their service users on their case load - This file can be found in the Managers Office - "Monthly Record of Service User Records" This tool allows the manager to see at a glance that all staff are completing their 5 entries These audits are unannounced which allows the Senior Day Care Worker to open any file drawer and inspect files randomly	Compliant
Inspection Findings:	COMPLIANCE LEVEL
The provider's self-assessment was verified through examination of the audits of service user records, which had been carried out regularly on a monthly basis.	Compliant

<p>Criterion Assessed: 7.6 There is guidance for staff on matters that need to be reported or referrals made to:</p> <ul style="list-style-type: none"> • The registered manager; • The service user’s representative; • The referral agent; and • Other relevant health or social care professionals. 	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment: All staff are aware of how to make referrals and are also aware of the reporting systems This is discussed on a regular basis by the Manager at team briefs All staff have been trained in completing IR1’s All Band 5 staff have been trained in completing V.A. Forms - this was discussed recently at a Team Brief as a refresher and a flow chart was given by the Manager to all Band 5 staff to refresh their knowledge on what to do if a V.A. was required Staff are familiar with S.E.T website which holds forms for Occupational Therapy Department etc. Staff are also aware of how to make a referral to the Social Work Team if the service users does not have a social worker Staff are aware of how to refer a carer who requires a carers assessment completed - this is discussed and offered at each review Staff are aware of the reporting system and the guidance available for all reporting systems within S.E.T. Service users within Day Care have two representatives from each day of the week who advocate on their behalf These 10 people form the service users committee who meet with the Manager 10 times per year to discuss Centre operations/complaints/compliments/menu/activities.The role of the service users representatives are to ensure that they converse with the service users to gather any issues and bring these to the table at the end of each month. The Manager has an open door policy which staff know that they can come and ask a question re - guidance or reporting mechanisms at any time and the Manager would prefer that her staff do this rather than not ask for guidance and get it wrong.</p>	<p>Compliant</p>

Inspection Findings:	COMPLIANCE LEVEL
Efficient checking by management in Bayview and the clear recording of this activity ensures that all staff are well informed with regard to reporting of significant events. The records were up to date and a sample was cross-referenced to daily notes and minutes of staff meetings, to verify the provider's self-assessment.	Compliant
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.	
Provider's Self-Assessment: As part of our H.Q.S. Process the Senior Day Care Worker completes an audit of all of the above on a monthly basis This tool allows us to capture all of the above and more This file is named "HQS Audits" and can be found in the Managers Office From this completed audit three service users files are audited each month and put onto the HQS Action Plan This includes soscare numbers to maintain confidentiality The Manager has been asked by senior management to look at this tool to break it down to allow questions to be put onto a data base. To date I have been able to stream-line this tool down to 10 questions which I have forwarded to senior management for approval. Once approval has been sought these questions will go onto the Trust I-Connect Data Base and can be completed monthly on-line and with one click of a button - "SUBMIT" these will go straight to our Safe & Effective Care Department who will automatically see the results. This will be an easier way to capture statistics for the Department	Compliant
Inspection Findings:	COMPLIANCE LEVEL
The manager demonstrated the effectiveness of the systems described in the self-assessment, above, and talked the inspector through the process she had followed in streamlining the monthly audit of service user records. As with other auditing and monitoring systems in Bayview, this system provided good evidence of efficiency and effectiveness.	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

Theme 1: The use of restrictive practice within the context of protecting service user’s human rights	
Theme of “overall human rights” assessment to include:	
Regulation 14 (4) which states:	COMPLIANCE LEVEL
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.	
Provider’s Self-Assessment:	
Bayview Do Not restrain service users Staff are aware of the Restraint Policy and we have a Page included in our V.A. File - which reads That Bayview do not restrain people which includes the definition of restraint This file can be found in the Managers Office	Compliant
Inspection Findings:	COMPLIANCE LEVEL
The provider of this service has communicated clearly to all staff that physical restraint is not to be used in the centre. A variety of other methods of responding to challenging behaviours has been used. The day care worker who has lead responsibility for the specialist dementia care unit in Bayview described the gentle, supportive and diversionary methods employed in that work.	Compliant
Regulation 14 (5) which states:	COMPLIANCE LEVEL
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.	
Provider’s Self-Assessment:	
Bayview Centre do not restrain service users	Compliant

Inspection Findings:	COMPLIANCE LEVEL
Not applicable.	Not applicable

PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

<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>Bayview have a statement of purpose in place which is updated as and when required and this is shared at team briefs</p> <p>This document can be found in the Managers office and a recent copy was e-mailed to all staff as of March 2014</p> <p>All staff within Bayview have a professional qualification which they are very proud of.</p> <p>The Manager of Bayview was asked to step out for a period of seven months last year to manage a Domiciliary Care Setting who received a poor QIP on the back of an RQIA Care Inspection. As I had to be out of the building I completed an action plan for my senior day care worker and for my Band 5 staff in the absence of the Manager. This give me the assurance that my day care centre staff knew exactly what was expected of them in my absence. I also informed RQIA of my absence and completed paperwork for same. This action plan was discussed at a team brief with all staff as it included changes to supervision and the management structure while I was away for seven months. I made it clear to my team that I still would be at the end of the phone if they needed me and that I would call over</p>	<p align="center">Compliant</p>

<p>once per week for signing invoices etc..</p> <p>I have currently written an ISO procedure on staff competence and capability and backed this up with questions pertaining to their job role. This has been discussed at a recent team brief and all staff have embraced this for development.</p> <p>This is a tick box exercise which will be completed with all staff at individual supervision and addressed at supervision as an ongoing topic to address gaps, progression and relevant training needs.</p>	
Inspection Findings:	COMPLIANCE LEVEL
<p>A daily staff rota is produced in Bayview, detailing specific duties throughout the day for each staff member and this provides excellent clarity with regard to both individual and group care. The staffing structure is set out in the statement of purpose and on a service user information board. There was clear evidence of the supervision systems within the centre being effective on both a day to day level and in the formal, individual supervision process. Two staff members, in ancillary posts, demonstrated their enthusiasm for supportive involvement in the overall care of service users.</p>	Compliant
<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
Provider's Self-Assessment:	
<p>All Band 5 staff are supervised on a monthly basis</p> <p>All Band 3 staff are supervised on a two monthly basis</p> <p>All Band 2 staff are supervised on a two monthly basis</p> <p>The Manager is supervised on a monthly basis</p> <p>The supervision tool used is the R.I.T. Proforma - which is used Trust Wide</p>	Compliant
Inspection Findings:	COMPLIANCE LEVEL
<p>Compliance with this criterion was verified. (See under 17.1, above)</p>	Compliant

<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 within Bayview Centre have a professional qualification and some are working towards additional qualifications such as QCF All staff complete the competency check list as per ISO Staff Competency & Capability Procedure to ensure compliance within Bayview setting This is addressed at supervision and appraisal All staff are 100% compliant with SET mandatory training and additional training is provided externally for development needs and career progression All staff have completed e-learning as per Trust Training Guidelines The Manager is currently completing a QCF Level 5 in Management for career progression The Senior Day care Worker is completing a QCF in Governance One staff member Band 5 has completed a QCF level 3 in Dementia Two care staff Band 2 have completed a QCF level 2 in Dementia All staff discuss training needs at supervision and the manager encourages courses for upskilling staff All staff are trained in all group activities within the centre and refresher training is sought to keep skills up to date Staff skills are transferrable and are utilised as and when required for group cover</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>Training records showed that all staff were up to date with their mandatory training and that the management supported staffs' development in a wide range of knowledge and skills areas, as evidenced above in the provider's self-assessment. The creation and implementation of competence and capability assessments for care staff was seen to have added significantly to staff development and confidence in their work.</p>	<p>Compliant</p>

PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

Additional Areas Examined

Audits of care plan reviews and revisions

Under the current system in Bayview, the manager is required by the Trust's Governance Department, to counter-sign every entry of a care plan revision, despite the fact that these are being made, or overseen by experienced Band 5 staff members. Given the large number of service users who attend the centre, this has become an enormous task that is regarded by the inspector as an inefficient use of the manager's time.

It is recommended that the registered person should review and revise this current requirement, with a similar audit timescale as is effectively in operation in a number of other areas of the centre's record keeping.

(Standard 7.7 requires records to be "periodically reviewed and signed-off by the manager".)

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Ms Lynn McQuillan, Registered Manager, 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:

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



Quality Improvement Plan

Primary Announced Care Inspection

Bayview Day Centre

25 June 2014

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

The specific actions set out in the Quality Improvement Plan were discussed with Ms Lynn McQuillan, Registered Manager, either during or after the inspection visit.

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

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

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

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

Recommendations

These recommendations are based on The Day Care Settings Minimum Standards January 2012. This quality improvement plan may reiterate recommendations which were based on The Day Care Settings Minimum Standards (draft) and for information and continuity purposes, the draft standard reference is referred to in brackets. These recommendations are also based on research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details of Action Taken By Registered Person(S)	Timescale
1	Standard 7.7	The manager is required by the Trust's Governance Department to counter-sign every record of a care plan revision. It is recommended that the registered person should review and revise this current requirement, with a similar audit timescale as is effectively in operation in a number of other areas of the centre's record keeping. The standard requires records to be "periodically reviewed and signed-off by the manager.	One	Dermott Knox has informed me via e-mail today that this recommendation has been removed from QIP on RQIA Website as it is being discussed at a higher level Therefore there are no requirements or no recommendations as of this care inspection	31 July 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:

Name of Registered Manager Completing Qip	Lynn McQuillan
Name of Responsible Person / Identified Responsible Person Approving Qip	Hugh McCaughey

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	D Knox	11/09/14
Further information requested from provider	No		