



The **Regulation** and
Quality Improvement
Authority

Primary Announced Care Inspection

Name of Establishment: Killadeas Day Centre
Establishment ID No: 11247
Date of Inspection: 31 March 2015
Inspector's Name: Priscilla Clayton
Inspection No: IN020665

The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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Name of centre:	Killadeas Day Care Centre (11247)
Address:	Lackaboy Unit 1 Units 14 – 17 Enniskillen Business Centre Tempo Road Enniskillen BT74 4RL
Telephone number:	028 6632 0031
E mail address:	patricia.griffith@westerntrust.hscni.net
Registered organisation/ Registered provider:	Western HSC Trust Ms Elaine Way CBE
Registered manager:	Patricia Griffith
Person in Charge of the centre at the time of inspection:	Patricia Griffith
Categories of care:	DCS-LD, DCS-LD(E)
Number of registered places:	28
Number of service users accommodated on day of inspection:	18
Date and type of previous inspection:	16 January 2014 Primary Unannounced
Date and time of inspection:	31 March 2015: 10.30am – 3pm
Name of inspector:	Priscilla Clayton

1.0 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.

2.0 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.

3.0 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.

4.0 Consultation Process

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

Service users	18
Staff	3
Relatives	1 plus one letter received
Visiting Professionals	nil

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	7	6

5.0 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.

6.0 Profile of Service

Killadeas Day Care Centre (Unit 14 – 17) is situated in a business centre outside the town of Enniskillen. There are adequate car parking spaces at the entrance to the building, including designated spaces for people with a disability.

The centre provides day care from Monday to Friday each week and is open from 8.45 am until 4.15 pm each day. It closes on public holidays, Easter, two weeks in July and for Christmas / New Year. Other occasional closures take place for staff training and development activities. The focus of the centre is to promote independence through programmes of integration and interaction within the local community.

The premises have two activity rooms, a relaxation area, a multi-sensory room, kitchen, administrative office, bathrooms, toilets, storage and domestic facilities.

7.0 Summary of Inspection

The primary announced inspection of Killadeas Day Centre took place on 31 March 2015 between the hours of 10.30am and 3 pm. The registered manager, Patricia Griffith was in the centre throughout the inspection.

The registered manager is supported in her role by a team of six mixed skilled care workers.

Eighteen service users were in attendance at the centre on the day of inspection.

Two requirements and two recommendations made at the previous inspection conducted on 16 January 2014 had been addressed by the registered manager.

Prior to the inspection, the registered manager completed a self -assessment of the standard criteria outlined in the standards to be inspected. The comments provided by the registered manager in the self- assessment were not altered in any way by RQIA.

During the inspection the inspector met with service users and staff, discussed the day to day arrangements in relation to the conduct of the day centre and standard of care provided to service users, observed care practice, reviewed completed staff questionnaires, examined a selection of records and carried out a general inspection of the day care environment. Discussion also took place with one relative who afforded time to meet with the inspector. Additionally one letter from a relative was received.

Throughout the inspection staff interactions and responses to service users were observed to be appropriate and were based on an understanding of individual service users' conduct, behaviours and means of communication.

7.1 Inspection findings

Standard 7 – Individual service user records and reporting arrangements

Policies and procedures on Confidentiality, Data protection and Management of Records were in place and available to staff who demonstrated knowledge and understanding of good professional practice in regard to recording and record keeping including assessment, care planning and review.

Care records examined reflected user / representative consultation in regard to assessment and care planning, care reviews and other necessary documents as set within Day Care Settings Minimum Standards (DHSSPS) 2012.

The supporting evidence gathered through the inspection process concluded that Killadeas Day Centre was compliant with Standard 7. This is to be commended.

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

The inspector reviewed the arrangements in place for responding to service user's behaviour.

The centre had policies and procedures in place which reflected best practice guidance in relation to management of actual and potential aggression (MAPA), restraint, seclusion and human rights. Through observation, review of documentation and discussion with staff and service users, confirmation was obtained that restraint would only ever be used as a last resort and no form of restrictive practice was in place. The use of lap strap on chairs for some residents in place was not seen as restrictive practice rather a form of maintaining the health safety and well-being of service users in accordance with prescribed multi-professional care planning.

Staff training in MAPA is provided annually and staff who spoke with the inspector demonstrated knowledge of the policy in place and procedure to follow should challenging behaviour arise.

The supporting evidence gathered through the inspection process concluded that Killadeas Day Centre was compliant with this standard. This is to be commended.

Theme 2 - Management and control of operations

There was a defined management structure which clearly defines lines of accountability, specifies roles and details responsibilities for areas of activity which was reflected within the Statement of Purpose.

The inspector reviewed the arrangements in place in regard to the management and control of operations. The registered manager, Patricia Griffith is supported at senior management level by Patrice Curran, community services manager. At operational level support is provided by a mixed skill team of care workers.

Supporting evidence of the level of compliance with this theme was obtained from examination of associated policies / procedures and a sample records maintained including for example; staff induction records, staff appraisal, supervision, staff meetings, mandatory training, staffing levels / procurement, complaints, competency and capability assessments and discussion with staff and service users.

Service users / relative and staff views

Service users who were able to respond spoke positively about their experience of attending the centre. Service users who were able to respond spoke openly with the inspector and indicated they liked attending the centre and staff was always very helpful and kind.

One service user raised a concern in regard to the long delay in receiving a suitable wheelchair for outside use which means he cannot go outside of the centre when all others can do so.

The registered manager agreed to have further discussion with the occupational therapist in this regard.

One complementary letter received from a relative commended staff. Positive comment was made in regard to staffing, information sharing, transport staff and the happy atmosphere within the centre.

One visitor who spoke with the inspector commended staff on the care provided, however issues in regard to lack of safe secure outside space for service users, no internet access and staff ratio to service users were raised. This was shared with the manager.

Staff confirmed they felt supported in their respective roles and responsibilities and were provided with the adequate resources to do their work efficiently and effectively. Staff confirmed that supervision / appraisal and ongoing training were provided.

No issues or concerns were raised or indicated by staff. However, they did acknowledge that one resident was unable to participate in outdoor activity due to the lack of an appropriate wheel chair for outside use and that this was an unmet need which they had escalated to management.

Review of six completed staff questionnaire returned to RQIA evidenced positive responses to all questions.

7.2 Care practices

The atmosphere in the centre was friendly and welcoming. Staff observed treated service users with dignity and respect taking into account their views and preferences. During the inspection service users participated in planned activities including flower arranging and quiz group.

Staff interactions with service users were noted to be unhurried, friendly and respectful.

Service users' choice was promoted and their privacy, dignity and independence were respected.

7.3 Environment

All areas viewed by the inspector were clean, tidy, organised, comfortably heated and fresh smelling throughout. One issues raised by one relative related to the lack of a secure outside area where residents can move freely in and out of the centre as desired. This matter had been escalated by the registered manager to senior management in the Trust.

7.4 Additional Matters

A number of additional areas were also considered. These included pre inspection documents submitted to RQIA by the registered manager and accident / incidents. Further details can be found in section 9.0 of the report.

7.5 Conclusion

The registered manager and staff are to be commended on the outcome of this inspection. Compliance was achieved in Standard 7 and Themes 1 and 2.

The inspector wishes to thank the service users, staff and the registered manager for their assistance and co-operation throughout the inspection.

8.0 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Regulation 20 (2)	Staff appraisals be carried out for all staff at the earliest possible time.	Examination of records evidenced that appraisals are conducted annually. Staff told the inspector that they received appraisals annually.	Compliant
2	Regulation 29 (d)	<p>The registered person shall give notice to RQIA without delay of the occurrence of -</p> <p>any event in the day care setting which adversely affects the wellbeing or safety of any service user;</p> <p>Any notification made in accordance with this regulation which is given orally shall be confirmed in writing within three working days of the oral report.</p>	All accidents / incidents are now being notified to RQIA.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	17.10	The monitoring officer should reference deficits identified in other monitoring reports/ audits and how these are being addressed, namely periodic monitoring report, infection control audit report, working practises audits, complaints audit report and other relevant reports.	Areas identified which require to be addressed had been actioned by the registered manager.	Compliant
2	14	The registered provider should review availability of broadband internet services for service users to access as part of their activities during day care placement at the centre.	The manager discussed this recommendation with her line manager. Currently there no plans to install broadband at this time.	Compliant

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: 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.	COMPLIANCE LEVEL
Provider's Self-Assessment: All service user information is stored securely and shared on a need to know basis only and in line with WHSCT Data Protection & Confidentiality Policy (Nov 2013). Service user agreement is sought, where possible, before sharing any information.	Compliant
Inspection Findings: Information illustrated by the manager was verified through discussion and review of the policies / procedures.	COMPLIANCE LEVEL Compliant
Criterion Assessed: 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. 7.3 A record of all requests for access to individual case records/notes and their outcomes should be maintained.	COMPLIANCE LEVEL
Provider's Self-Assessment: Service users are encouraged to review their personal files and to seek clarification on any information contained, if they desire. Service users have been encouraged to review their files, by the manager through their 'Members Council Meetings'. Findings of assessments carried out, are shared with service users and those who support them at annual review or as andwhen circumstances change . Any such request will be responded to, in writing, and accommodated, where possible in line with WHSCT policies and procedures in relation to Data Protection and Confidentiality Policy Nov 13 & Records Management Policy Nov 13.	Compliant
Inspection Findings: Information as illustrated by the manager was verified through discussion with staff and examination of care records	COMPLIANCE LEVEL Compliant

which evidenced consultation with service users in as far as they could understand. Review records evidenced consultation with service user relatives / representative.	
<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. 	COMPLIANCE LEVEL
<p>Provider's Self-Assessment:</p>	
All of the above records are maintained for each service user and stored in the service user's personal files and/or files specific to the identified documents.	Compliant
<p>Inspection Findings:</p>	COMPLIANCE LEVEL
Three care records examined evidenced that records as listed within this criterion were in place.	Compliant
<p>Criterion Assessed:</p> <p>7.5 When no recordable events occur, for example as outlined in Standard 7.4, there is an entry at least every five attendances for each service user to confirm that this is the case.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment:</p>	
Staff record information in each service user's 'contact sheet' as a minimum of one entry per every 5 days of	Compliant

attendance.	
Inspection Findings:	COMPLIANCE LEVEL
Examination of three care records evidenced that a record was made in each at least every fifth attendance at the centre.	Compliant
Criterion Assessed:	COMPLIANCE LEVEL
7.6 There is guidance for staff on matters that need to be reported or referrals made to: <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. 	
Provider's Self-Assessment:	
Staff are provided with guidance on reporting concerns ref service users through supervision, memos from the manager, Managerial Health Checks, Multi-Disciplinary Reports and through case discussions. This guidance may include guidance on the completion of referrals to relevant health and social care practitioners. Copies of such referrals are kept in service user files for reference.	Compliant
Inspection Findings:	COMPLIANCE LEVEL
Examination of several WHSC Trust policies / procedures evidenced the requirement to make referral as required. Staff confirmed guidance was provided at staff meetings and supervision.	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:	
Staff ensure all records are legible, accurate, up to date, signed and dated by the person making the entry. These are reviewed and signed off by the registered manager at the monthly unit health checks or as and when required.	Compliant

Inspection Findings:	COMPLIANCE LEVEL
Three care records examined evidenced that these were legible, current, dated and signed by staff and periodically signed by the manager.	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:	
<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>Day Care staff take each service users human rights into account before implementing any practice that may be considered restrictive in any way. Where restrictions of the service users rights are implemented for the health and safety of the service user, other service users, staff and members of the public, as identified in the WHSCT Policy of Restrictive Interventions of Adult Service Users Jan 2014 and the AMH&D Directorate's Guidance on the Deprivation of Liberty Oct 14, this will be agreed, signed and regularly reviewed by relevant members of a Multi-Disciplinary team, including the service user and their representatives.</p>	Compliant
Inspection Findings:	
<p>Staff training in MAPA is provided and recorded. Staff demonstrated knowledge of the Trust policy / procedure in regard to restraint. Staff confirmed that no form of restraint was ever used in the centre. The registered manager and staff told the inspector there was no service user under a DoLS and no restrictions were in place. Service users who were not at risk could leave the centre if desired. However’ those service users who would at risk are always accompanied by a staff member if they wanted to go outside.</p> <p>Are there policies and procedures pertaining to: the assessment, care planning and review; managing aggression and challenging behaviours; recording and reporting care practices; reporting adverse incidents; responding to service users behaviour; restraint and seclusion; and untoward incidents available for staff reference.</p> <p>The lack of a safe secure outside area for service users to go outside when they wished was discussed with the manager who stated that this matter had been raised with senior management.</p>	Compliant

<p>Regulation 14 (5) which states:</p> <p>On any occasions on which a service user is subject to restraint, the registered person shall record the circumstances, including the nature of the restraint. These details should also be reported to the Regulation and Quality Improvement Authority as soon as is practicable.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p> <p>Killadeas Day Care currently to do not engage in restraint tactics, however, if a service user has to be restrained in any way, where restraint is the only practicable means of securing the welfare of that or any other service user and there are exceptional circumstances, deployment of tactics will be carried out in line with staff training and guidance on the use of MAPA techniques all details will be recorded and reported as an incident to the WHSCT Risk Management Department, the Service User's Key Worker and RQIA as soon as possible.</p>	<p>Not applicable</p>
<p>Inspection Findings:</p> <p>Information as illustrated by the manager was verified through examination of policies, discussions with staff and the registered manager confirmed that restraint is not used.</p> <p>The manager and staff confirmed they were aware of the requirement to notify RQIA should restraint ever have to be used and that the policy on Restrictive Practice was being reviewed and revised to include this detail.</p>	<p>COMPLIANCE LEVEL</p> <p>Not applicable</p>

<p>PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p> <p>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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Theme 2 – Management and Control of Operations	COMPLIANCE LEVEL
<p>Management systems and arrangements are in place that support and promote the delivery of quality care services.</p> <p>Theme covers the level of competence of any person designated as being in charge in the absence of the registered manager.</p>	
<p>Regulation 20 (1) which states:</p> <p>The registered person shall, having regard to the size of the day care setting, the statement of purpose and the number and needs of service users -</p> <p>(a) ensure that at all times suitably qualified, competent and experienced persons are working in the day care setting in such numbers as are appropriate for the care of service users;</p> <p>Standard 17.1 which states:</p> <p>There is a defined management structure that clearly identifies lines of accountability, specifies roles and details responsibilities for areas of activity.</p>	
<p>Provider's Self Assessment:</p>	
<p>All staff employed by Killadeas Day Care are recruited in line with the WHSCT's recruitment Policies and eligibility criteria.</p> <p>A record is kept on each staff members contract of employment, a record of their qualifications, supervision and appraisals.</p> <p>A staffing structure is in place in each unit's Statement of Purpose as well as a clear reporting structure for staff to refer to when support is required.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	<p>COMPLIANCE LEVEL</p>
<p>Information as illustrated by the manager was verified through discussion with staff and examination of a number of documents including policies and procedures.</p> <p>The organisational structure of the centre was reflected within the Statement of Purpose.</p> <p>A senior day care support worker undertakes responsibility for management of the centre when the registered</p>	<p>Compliant</p>

<p>manager is out of the centre. Staff confirmed that the registered manager is contactable via mobile telephone.</p> <p>Competency and capability assessment of staff were in place.</p> <p>There was evidence of induction programme for all new staff which is signed by the employee and the manager when deemed competent in each of the activities / factors listed.</p> <p>Staff meetings are held on a monthly. Minutes were recorded.</p> <p>Staff supervision is provided with records retained.</p> <p>Staff appraisal takes place on an annual basis with records retained by the registered manager.</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>All staff in Killadeas Day Care receive regular formal supervision in accordance with RQIA Day Care Minimum Standards.</p>	Compliant
<p>Inspection Findings:</p>	COMPLIANCE LEVEL
<p>Information as illustrated by the registered manager was evidenced through examination of supervision records and policy / procedure on supervision.</p> <p>Staff confirmed that supervision was provided monthly for senior day care support workers and three monthly for day care support workers.</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 	COMPLIANCE LEVEL
Provider's Self-Assessment:	
All staff employed by Killadeas Day Care are recruited in line with the WHSCT's recruitment Policies and eligibility criteria. A record is kept on each staff members contract of employment, a record of their qualifications, supervision and appraisals.	Compliant
Inspection Findings:	
Information as illustrated in the self- assessment was verified through discussion with the manager, staff and examination of records including; staff training, induction and competency and capability assessments. The manager confirmed that care staff employed hold NVQ Level 2 or 3 qualifications.	COMPLIANCE LEVEL Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL Compliant
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INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL Compliant
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9.0 Additional Areas Examined

9.1 Complaints

Two complaints received during the past year were recorded, appropriately managed.

9.2 Service users / visitor /staff views

Service users who were able to respond spoke positively about their experience of attending the centre.

Service users who were able to respond spoke openly with the inspector and indicated they liked attending the centre and staff was always very helpful and kind.

One service user raised a concern in regard to the long delay (approx. 40 weeks) before receiving a suitable wheelchair for outside use. This means he cannot go outside of the centre when all others can do so. This was discussed with the registered manager who readily agreed to have further discussion with the occupational therapist and to escalate this matter to senior management and if necessary to the registered provider.

One visitor who afforded time to meet with the inspector commended staff on the good care provided. However, comment was made in regard to the lack of safe secure outside space for service users, no internet access and staff ratio to service users. This information was shared with the manager who confirmed that the issue in regard to internet access and outside security had been raised with senior management.

One very complementary letter was received from a relative. Positive comment was made in regard to staffing, information sharing, transport staff and the happy atmosphere within the centre. Staffing levels were considered to be satisfactory for the number and dependency levels of service users accommodated.

Staff confirmed they felt supported in their respective roles and responsibilities and were provided with the adequate resources to do their work efficiently and effectively. Staff confirmed that supervision / appraisal and ongoing training were provided.

No issues or concerns were raised or indicated by staff. However, they did acknowledge that one resident was unable to participate in outdoor activity due to the lack of an appropriate wheelchair for outside use and that this was an unmet need which they had escalated to management.

Review of six completed staff questionnaire returned to RQIA evidenced positive responses to all questions.

9.3 Registered Manager Questionnaire.

The completed questionnaire was returned by the registered manager to RQIA prior to the inspection. Review of the information evidenced that governance and management arrangements including staff appraisal, staff supervision / appraisal, policies and procedures, responding to service users' behaviour and staff response to care practice were in place. Confirmation was indicated that restraint was not used in accordance with WHSC Trust Restraint policy.

9.4 Environment

Inspection of the internal environment was undertaken. All areas were observed to be clean, tidy, organised and fresh smelling throughout. The centre was comfortably heated and service users were provided with a range of comfortable seating.

9.5 Monthly Monitoring Reports

Bi-monthly monitoring visits were being conducted in accordance with Regulation 5 of The Day Care Setting Regulations (Northern Ireland) 2007.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Patricia Griffith, registered manager as part of the inspection process.

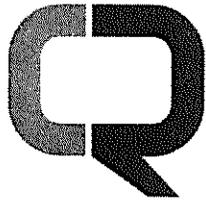
The timescales for completion commence from the date of inspection.

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:

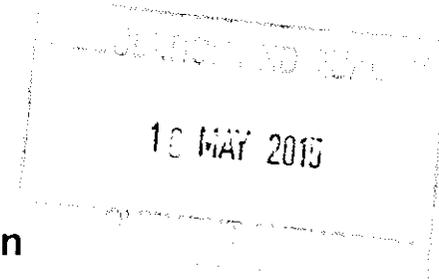
Priscilla Clayton
The Regulation and Quality Improvement Authority
9th Floor
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BT1 3BT



The Regulation and
Quality Improvement
Authority

Quality Improvement Plan
Primary Announced Care Inspection
Killadeas Day Centre (11247)

31 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 the registered manager on conclusion of 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
		No requirements were made as a result of this inspection.			

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	Recommendation	Number Of Times Stated	Details of Action Taken By Registered Person(S)	Timescale
1	Standard 15.5	<p><u>Unmet need</u></p> <p>One service user who raised a concern in regard to the long delay (approx. 40 weeks) before a suitable wheelchair for outside use could be provided. This means he cannot go outside of the centre when all his peers can do so.</p> <p>It was recommended that the manager escalates this unmet need to senior management and a care management review called to address this matter.</p> <p>Ref: 9.2</p>	One	<p>This issue had been highlighted by day care staff with the service user's Care Manager, following their Person Centred Planning Meeting on 25.02.15 - Inspector informed of this, during the inspection.</p> <p>Issue also raised by Centre Manager with the Community Services Manager on 01.04.15, following inspection.</p> <p>CSM emailed Head of Community Occupational Therapy on 03.04.15, raising concern.</p> <p>Response received has confirmed service user is on a</p>	30 May 2015

				waiting list and cannot be fast tracked, as he has another wheelchair to use in the interim.	
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Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

Name of Registered Manager Completing Qip	PATRICIA GRIFFITH <i>P. Griffith - 28/4/15</i>
Name of Responsible Person / Identified Responsible Person Approving Qip	<i>Carie Way</i>

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	<i>Yes</i>	<i>[Signature]</i>	<i>1 June 2015</i>
Further information requested from provider			