



The **Regulation** and
Quality Improvement
Authority

Primary Announced Care Inspection

Name of Establishment: The Resource Centre Derry
Establishment ID No: 11255
Date of Inspection: 01 July 2014
Inspector's Name: Margaret Coary
Inspection No: 16578

The Regulation And Quality Improvement Authority
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS
Tel: 028 8224 5828 Fax: 028 8225 2544

Name of centre:	The Resource Centre Derry
Address:	Carnhill Racecourse Road Derry BT48 8DA
Telephone number:	028 7135 2832
E mail address:	paddy@resourcecentrederry.com
Registered organisation/ Registered provider:	Mr Kenny McAdams
Registered manager:	Mr Paddy McCarron (Registration Pending)
Person in Charge of the centre at the time of inspection:	Mr Paddy McCarron
Categories of care:	DCS – I
Number of registered places:	20
Number of service users accommodated on day of inspection:	10
Scale of charges (per week):	Trust Rates
Date and type of previous inspection:	29 October 2013 Primary Announced
Date and time of inspection:	01 July 2014: 10.30 hours -15.00 hours
Name of inspector:	Margaret Coary

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	7
Staff	2
Relatives	0
Visiting Professionals	0

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

Issued To	Number issued	Number returned
Staff	12	6

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

The Resource Centre Derry, day centre is a community based organisation with charitable status and is run in partnership with the Western Health and Social Care Trust. Day care for the elderly is one of a number of services provided by the organisation. Other services include respite sitting and befriending service, information and welfare advice, counselling therapy, transport, Sure Start, meals on wheels and a community shop.

The centre has been in operation since 1974.

The day centre currently provides care and therapeutic intervention for up to 20 service users who are in the primary care and older peoples services programme.

The service is delivered over three days per week from 9am to 5pm and service users attend on designated days. A drop in service is also available for the local community's elderly population to avail of social interaction and a dinner.

Summary of Inspection

This is the report for the primary announced inspection of The Resource Centre Derry.

This announced inspection was carried out on 01 July 2014 from 10.30am to 3pm. The aim of the inspection was to consider whether the services provided to service users were in compliance with legislative requirements and day care minimum standards.

The inspector was made welcome by the Manager of the centre, Mr Paddy McCarron. The inspector had a short meeting and agreed the inspection process with Mr McCarron. Feedback was given at the end of the inspection.

A completed self-assessment document was submitted by Mr McCarron.

Evidence was validated during the inspection by the following methods:

Review and scrutiny of a variety of records pertaining to each standard.
 Discreet observation of staff/service user interaction throughout the inspection process.
 Discussion with seven service users.
 Discussion with two staff members.
 Six completed staff questionnaires.
 Verbal contribution from the manager in relation to any other information that was requested.

The inspection sought to assess progress with the issues discussed 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 themes:

- **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 inspector looked at policies and procedures, inspected staff records, met with two members of staff, talked with seven service users and examined four service users' files to ascertain the centres performance against the criterion inspected.

The inspector found that whilst the centre have been making efforts to complete records in accordance with legislation, further work needs to be done in relation to the development of records so that all criterion are met.

The inspector has reiterated two requirements, these are in relation to assessment and review and both reiterated requirements were discussed with the manager and senior carer. The inspector has reiterated three recommendations pertaining to: review of assessments, signage of care plans and ongoing progress records. The inspector has also made three further recommendations, the first is in relation to the inclusion and discussion of relevant policies and procedures at team meetings, the second pertains to ensuring that there is evidence of access to records including date, who applied for access and outcome of request maintained in each service users file and the third is in relation to the inclusion of information regarding access to records in the Service Users Guide.

The centre have achieved a moving towards compliance level of achievement for Standard 7.

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

The centre do not use restrictive practise at present, however, policies and procedures are in place and are available for staff consultation should the need arise.

The inspector has made one recommendation in relation to staff evaluation of training.

The centre have achieved a substantially compliant level of achievement for Theme 1.

- **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 inspector found that there were satisfactory arrangements in place to support and promote the delivery of quality care services and the manager and staff work well as a team to ensure best outcomes for service users, however, further work needs to be completed to ensure compliance with the criterion inspected.

The inspector has made two recommendations from Theme 2; these are in relation to the completion of a competency and capability assessment in the absence of the manager and further training to enhance staff skills in their day to day work.

The centre have attained a substantially compliant level of achievement for Theme 2.

Environment

The inspector toured the premises and found the facility to be warm, clean and comfortable.

Staffing

There were sufficient staff on duty to meet the needs of service users and the duty rota reflected that staffing was satisfactory.

There were 10 service users present on the day of inspection. The service users' were involved in various activities according to their preferences. The inspector met with seven service users, all had positive comments about the centre. One service user did comment that she would like more variety in relation to the activities programme. The inspector has recommended that staff receive training in this area so that all service users' needs are met. The inspector noted that there was a comfortable, relaxed atmosphere in the centre and staff were observed to be patient and caring.

There were three reiterated requirements, one additional requirement and three reiterated recommendations and seven further recommendations from this announced inspection.

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

Follow-Up on Previous Issues

No.	Regulation Ref.	Requirement	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Regulation 5 (1)	The registered manager should ensure that the service user guide includes details of the process and procedure regarding the management of complaints.	The inspector found that the service users' guide had been amended to include the management of complaints, however, this needs to be further developed to include details of the time frame for the management of complaints and the role and function of the RQIA. (Reiterated)	Moving towards compliance
2	Regulation 28 (1) (2) (3) (4) (5)	The setting must be visited by an employee of the organisation or partnership who is not directly concerned with the conduct of the setting.	The inspector looked at evidence of monitoring visits which demonstrated that the centre is monitored by an independent employee.	Compliant
3	Regulation 15 ref: follow up from previous inspection.	Review all files to ensure they contain an up to date and holistic assessment of each service user.	The inspector found that files examined demonstrated that the manager and staff were endeavouring to improve and develop their service user information, however, the centre still have considerable work to do to ensure compliance. (Reiterated)	Moving towards Compliance
4	Regulation 17	Reviews to be held when required and not less than annually	The centre have not completed all annual reviews and called reviews in cases where a change of circumstances has occurred.	Moving towards compliance

			Further work needs to be done to ensure compliance. (Reiterated)	
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No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Standard 5.3 Ref: follow up from previous inspection	Review all care plans to ensure that they are signed by the appropriate people.	The inspector found that care plans had been signed but designation was not included. This is reiterated.	Moving towards compliance
2	Standard 4.3	Referral information to be reviewed within the first ten days of the service user commencing attendance.	The files demonstrated that information was reviewed after commencement.	Compliant
3	Standard 2 4.2	All assessments to be up-dated signed and dated by the service user, the member of staff responsible for its review and the registered manager. Where the service user is unable or chooses not to sign, this should be recorded.	The files evidenced that assessments had been appropriately signed-off.	Compliant
4	4.4	Assessments to be kept under continual review amended as changes occur and kept up to date to accurately reflect at all times the needs of the service users.	The inspector found that assessments were not regularly updated. This recommendation is reiterated.	Moving towards compliance
5	6.1	Staff to maintain progress notes for each service user.	The inspector found that staff notes for service users were not detailed. (Reiterated)	Moving towards compliance
6	6.8	The centre should maintain a policy and procedure in relation to seclusion and restraint.	The inspector verified that the centre hold a policy and procedure in relation to seclusion and restraint.	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:	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:	
Service User Guide is explicit to Service Users about confidentiality Staff training on confidentiality (Workshop March 2013) RCD Trainee placement documentation / Contract RCD Policy and Procedure Confidentiality Access / permission in service users file Induction programme for trainees Service Closure Day - Staff training Inspectors, RCD Managers, Monitoring officials	Substantially compliant
Inspection Findings:	COMPLIANCE LEVEL
<p>The inspector looked at the Service Users Guide and confirmed that this included information pertaining to confidentiality.</p> <p>The inspector examined a selection of four files and found that whilst the manager and staff had made efforts to improve care records the centre have further work to do to ensure that records are maintained in accordance with legislation and guidance.</p> <p>There are two previous requirements relating to this; first in relation to ensuring a complete and holistic assessment is completed for each service user and second that reviews are carried out at least annually or where there is a change of circumstances, both requirements have been reiterated from today's inspection.</p> <p>The inspector viewed the policies and procedures and confirmed that the centre had appropriate policies in place, some of those included were; Confidentiality Policy and Procedure, Data Protection Policy, Equality Policy and Procedure and Policy on Assessment, Care planning and Review.</p>	Moving toward compliance

<p>This information was accessible for staff consultation, however; the inspector found that discussion with one staff member revealed that there was some confusion regarding proper processes and procedures. The inspector has made a recommendation that relevant policies and procedures are discussed at staff team meetings and staff sign to denote that they have been read and understood current guidelines.</p> <p>The inspector found that storage of information was reflective of current national guidelines. The inspector talked with two staff members and confirmed that they were aware of their roles and responsibilities in relation to confidentiality in respect of service users' information.</p> <p>The inspector, manager and senior carer discussed how the centre could become compliant with the stated requirements and recommendations and the manager advised that he would consult with other day centres and look at good practise in this area and transfer this to recording practises in The Resource Centre.</p>	
<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>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment:</p>	
<p>Consent form - Service Users files Annual / interim reviews Service User Guide Individual Service User file Counter signature of family carers / referral Agents at review meeting 1 staff / 2 trainees secouded to BTEC Dementia Awareness Qualification 2013/2014</p>	Substantially compliant
<p>Inspection Findings:</p>	COMPLIANCE LEVEL
<p>The inspector looked at policies and procedures relating to access to records and found that there were relevant policies and procedures in place which were accessible for staff guidance. Some examples of policies and other relevant information held in the centre were Procedure for Processing Requests for access to Records, Code of Practise on Protecting the Confidentiality of Service Users and Data Protection.</p>	Moving towards compliance

<p>The inspector met with two staff members and found that there was some confusion regarding the process to follow regarding access to records. The inspector has made a previous recommendation that access to records is discussed at a staff meeting and staff members sign-off all appropriate policies in relation to this.</p> <p>The inspector also met with seven service users, one service user was unsure regarding her right to access to her records. The inspector has made a recommendation that access to records is discussed at a service user group meeting.</p> <p>The inspector also recommends that a record of access to information including date, who applied for access and outcome of request, is retained in each service users' file.</p> <p>The inspector noted that whilst the Service Users Guide contains information pertaining to confidentiality it does not include information regarding access to records. There is also a recommendation in this regard.</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>

Provider's Self-Assessment:	
Service User files Holistic Care Plan Progress notes minimum of weekly (5 days) Annual service user / interim reviews Progress note documentation on range of personal care / support Reporting in progress notes of contract with referral agents / next of kin / care agencies / GP appointments / district nurse	Substantially compliant
Inspection Findings:	COMPLIANCE LEVEL
The inspector looked at a selection of four files and found that further work needs to be completed to ensure compliance. The manager and staff should ensure that all communications with other professionals are recorded and followed up in care plans. The inspector has made a recommendation in relation to this. The inspector has also made two reiterated requirements and one reiterated recommendation.	Moving towards compliance
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:	
Service Users files Service Users files are updated as progress notes, as a minimum over a five day period for steady state reporting Signed by service user / RCD key worker / Registered Manager	Compliant
Inspection Findings:	COMPLIANCE LEVEL
The inspector has made a reiterated recommendation in relation to developing progress notes.	Moving towards compliance
Criterion Assessed:	COMPLIANCE LEVEL
7.6 There is guidance for staff on matters that need to be reported or referrals made to: • The registered manager;	

<ul style="list-style-type: none"> • The service user's representative; • The referral agent; and • Other relevant health or social care professionals. 	
Provider's Self-Assessment:	
Referral procedure Contract referral agent / GP / Others	Moving towards compliance
Inspection Findings:	COMPLIANCE LEVEL
<p>The inspector examined the policies and procedures manual and was satisfied that appropriate policies and procedures were in place in relation to communication, confidentiality, consent and reporting care practises and, as previously stated staff had access to all policies.</p> <p>The inspector has made a previous recommendation that all relevant policies and procedures are read and signed-off.</p> <p>This was discussed with the manager who advised that staff have gone through some policies; however, he will ensure that current relevant policies are discussed with the team at a staff meeting.</p>	Substantially 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:	
Most are up to date, mostly all word processed. Some hand written referrals from social workers continue.	Moving towards compliance
Inspection Findings:	COMPLIANCE LEVEL
As stated further work needs to be completed on records for service users to ensure that all criterion are met and records are regularly reviewed and signed –off.	Moving towards compliance

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

INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Moving towards compliance

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:

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.

COMPLIANCE LEVEL

Provider's Self-Assessment:

RCD Policy & Procedure on Restraint / Seclusion / Isolation
Staff training day - Care & Transport team March 14th 2014 (Service Closure Day) practice scenario training
Session on human rights included

Substantially compliant

Inspection Findings:

The centre does not use restrictive practise or seclusion at present.

The inspector confirmed that there were policies and procedures in place pertaining to; Assessment, Care planning and Review, Restraint Isolation and Seclusion, Management of violent or potentially violent members and Incident reporting and Management Policy.

There is a previous recommendation that relevant policies and procedures are discussed, read and signed-off at team meetings.

The inspector confirmed that staff had completed recent training on Restraint Seclusion and Isolation. This was evidenced in staff training records and through discussion with two staff. The inspector noted that staff do not complete an evaluation of training undertaken, this should be completed and training needs and outcomes discussed at supervision.

The inspector has recommended that an evaluation of all training undertaken is carried out and is maintained in staff supervision files.

The inspector found that discussion with two staff reflected that staff had good practise in place to manage challenging

COMPLIANCE LEVEL

Substantially Compliant

behaviours, however, as previously stated; all records need to be developed to ensure that there is a person centred full and detailed path to follow for each service user and all communication and advice from allied professionals is recorded.	
Regulation 14 (5) which states: 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.	COMPLIANCE LEVEL
Provider's Self-Assessment:	
RCD training for day care / transport team March 14 th 2014 RCD Policy & Procedure	Substantially compliant
Inspection Findings:	COMPLIANCE LEVEL
As stated restraint is not used at the centre.	Not applicable

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
	Substantially Compliant

<p align="center">Theme 2 – Management and Control of Operations</p>	<p align="center">COMPLIANCE LEVEL</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>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 style="padding-left: 40px;">(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>RCD Policy & Procedure - Person in Charge Audit tool to affirm competence Training at senior Team Meeting for Responsible Person / Registered Manager / Senior Care Manager Senior Care Assistant RCD Absence of Manager Policy & Procedure Person in Charge signage (Day Room) / notification at reception RCD Management & Control of Trainees Policy & Procedure Qualifications / Selection Procedure on experience identified on RCD Audit tool</p>	<p align="center">Substantially compliant</p>
<p>Inspection Findings:</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>The inspector examined the statement of purpose and noted that there was information pertaining to the management structure and staffing arrangements and this was clear and informative.</p> <p>The inspector also examined a selection of staff duty rotas. The inspector was satisfied that there were sufficient</p>	<p align="center">Substantially Compliant</p>

<p>numbers of staff on duty at all times.</p> <p>The manager had received a variety of training and is currently completing Level5 in Leadership and Management. The inspector checked the professional registration, qualifications, experience and evidence of competence of the registered manager and confirmed that the information met current guidelines.</p> <p>The centre have a policy and procedure in place outlining cover arrangements in the absence of the manager and this was available for inspection.</p> <p>The inspector examined supervision and appraisal records and confirmed that these were held in accordance with regulations. The inspector also noted that Regulation 28 visits reflected that staffing was inspected and recorded as part of the inspection.</p> <p>The records of the staff member who manages the day care setting in the absence of the manager were available for examination. The inspector noted that the staff member has not completed a competency and capability assessment. There is a recommendation in relation to this.</p> <p>The inspector viewed the staff training record and has made a recommendation that staff receive training on Parkinsons Disease, Stroke Awareness, Dementia and Planning and carrying out Activities in order to enhance skills in day to day work with service users.</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>RCD Policy / Procedure on Supervision Personal file for staff, including 4-6 weekly supervision meeting records Annual Appraisals There are currently no volunteers working in the day service Trainees are supervised / reported on monthly as a requirement by DEL, submitted to the Training Manager's Department</p>	Substantially compliant
<p>Inspection Findings:</p> <p>The inspector verified that staff have supervision on a regular basis and that staff appraisals have been planned. This</p>	COMPLIANCE LEVEL Compliant

<p>was confirmed through discussion with two staff members and observation of staff supervision/appraisal records.</p>	
<p>Regulation 21 (3) (b) which states:</p> <ul style="list-style-type: none"> • (3) For the purposes of paragraphs (1) and (2), a person is not fit to work at a day care setting unless – • (b) he has qualifications or training suitable to the work that he is to perform, and the skills and experience necessary for such work 	COMPLIANCE LEVEL
Provider's Self-Assessment:	
<p>RCD Care staff - 2 staff have completed Level 3 Health & Social Care and one completed QCF Level 2, awaiting Level 2 Certificate Award. (June 24th 2014 The Registered Manager / Senior Manager and Care Assistant are all NISCC registered The Care Assistant is completing BTEC in Dementia Awareness 2013 / 2014-06-24 The Transport Supervisor is about to undertake commercial A1 Drivers Licence All three drivers have completed Level 2 in Health & Social Care Qualification (Awaiting Award) No complaints received</p>	Substantially compliant
Inspection Findings:	
<p>The inspector examined the professional registration, qualifications, experience and evidence of competence of the registered manager and was satisfied that these were in accordance with legislation and guidance.</p> <p>The inspector has made a previous recommendation that a competency and capability assessment is carried out on the staff member who manages the centre in the absence of the manager.</p> <p>As stated previously all supervision records were available for observation and met with the standards.</p> <p>The inspector verified that there were appropriate policies and procedures in place pertaining to the management of operations, a selection of policies and procedures included; Day Care Operational policy, Policy and Procedure for the Absence of the Manager, Incident Reporting, Supervision policy, Performance Appraisal Policy, and Safeguarding Vulnerable Adult policy.</p> <p>All policies and procedures are held in the office and are available for staff reference. The inspector has made a previous recommendation that staff read and sign –off all current policies in relation to the standards for inspection.</p> <p>The inspector looked at staff records and verified the information contained in the managers' self -assessment.</p>	Substantially Compliant

The inspector also talked with two staff members and was satisfied that they were aware of their roles and responsibilities in relation to the service users.

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

COMPLIANCE LEVEL

Provider to complete

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

COMPLIANCE LEVEL

Substantially Compliant

Additional Areas Examined

Complaints

The inspector examined the complaints record and the accidents and incidents record and was satisfied that these were managed in accordance with guidance.

The inspector also looked at the arrangements for the trainees within the “Steps to Work” programme. This is a 26 week programme which is part of The Induction to Adult Social Care in Northern Ireland and is verified by Rutledge. The trainees are supervised by the manager for the centre and their tutor is the senior day care staff worker. The inspector viewed the induction programme for the trainees and has made a requirement that all trainees undertake mandatory training as part of induction.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mr Paddy McCarron, 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:

Margaret Coary
The Regulation and Quality Improvement Authority
Hilltop
Tyrone & Fermanagh Hospital
Omagh
BT79 0NS



QUALITY IMPROVEMENT PLAN

PRIMARY ANNOUNCED INSPECTION

THE RESOURCE CENTRE DERRY

01 JULY 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 **Mr Paddy McCarron, 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.

Statutory Requirements

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Day Care Settings Regulations (NI) 2007

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Regulation 5 (1)	The registered manager should ensure that the service user guide includes details of the process and procedure regarding the management of complaints.	Two	Completed July 15 TH 2014. And reissued to Service Users.	Ongoing
2	Regulation 15 ref: follow up from previous inspection	Review all files to ensure they contain an up to date and holistic assessment of each service user.	Two	Comprehensive Workshop for all staff August 15 TH . Liason with other service providers September 2014.	Ongoing
3	Regulation 17	Reviews to be held when required and not less than annually	Two	Two Service Users interim reviews September 2014 Tommy Roberts Gerry Mc Laughlin	Ongoing
4	Regulation 21 (3) (b)	All trainees to complete mandatory training as part of induction.	One	19 TH September 2014 Manual Handling Infection Control First Aid POVA	Ongoing

Recommendations

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

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details of Action Taken By Registered Person(S)	Timescale
1	7.1 ref; Standard 5.3	Review all care plans to ensure that they are signed by the appropriate people.	Two	Completed	Ongoing
2	7.1 ref; 6.1	Staff to maintain progress notes for each service user	Two	Completed and up to date	Ongoing
3	7.1 ref; 4.4	Assessments to be kept under continual review amended as changes occur and kept up to date to accurately reflect at all times the needs of the service users.	Two	Interim reviews September 2014 for 2 x Service Users November 2014	Ongoing
4	7.1 ref; standard 21.4	Relevant policies to be discussed at team meetings and staff to sign-off to denote that they have been read and understood.	One	Monthly team meetings. Standard agenda item at team meetings and supervision meetings. Tracking record in place.	Ongoing
5	7.2 7.3	A record of access to information including date, who applied for access and outcome of request should be retained in each service users' file.	One	Policy and Procedures completed. Service User authorisation form completed. Master file for tracking completed.	One month
6	7.2 7.3	The service users guide should include information pertaining to access to records.	One	Completed July 2014	One month

7	7.4	All communications with other professionals should be recorded and followed up in care plans.	One	Section included in progress notes and care plans	Ongoing
8	14.4 ref; 21.9	Staff to complete an evaluation of all training undertaken and retain in staff files.	One	All staff are currently undertaking additional training, which will be retained and filed within a secure location.	Ongoing
9	17.1	The staff member who manages the centre in the absence of the manager should complete a competency and capability assessment which should be retained in her file.	One	Competency framework completed for all managers in role of responsible person	One month
10	17.1	Staff to receive training on Parkinsons Disease, Stroke Awareness, Dementia and Planning and carrying out Activities.	One	October 2014 Training Day for all staff / Trainees, will also include diabetes Two staff have completed Level 3 Dementia Awareness Health Improvement bookings Facilitating Groups March 2015 Falls Prevention January 2015 Boccia Leaders Award February 2015 Walk Leader Training October 2014 On your Feet December 2014 Chair Based Activity September 2014. Accredited training for all staff	Three months

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	Paddy Mc Carron
Name of Responsible Person / Identified Responsible Person Approving Qip	Kenny Mc Adams

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Margaret Coary	22 August 2014
Further information requested from provider			