



The **Regulation** and
Quality Improvement
Authority

Inspector: Dermott Knox
Inspection ID: IN022717

The Resource Centre Derry
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**Unannounced Care Inspection
of
The Resource Centre Derry**

14 May 2015

The Regulation and Quality Improvement Authority
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS
Tel: 028 822 45828 Fax: 028 8225 2544 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 14 May 2015 from 11.00 to 18.00. Overall on the day of the inspection the Day Care Setting was found, for the most part, to be delivering safe and compassionate care, although there were numerous organisational and documentation shortcomings which have negative implications for the effectiveness of current operations. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Settings Regulations (Northern Ireland) 2007, The Day Care Settings Minimum Standards 2012.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection. A number of the requirements and recommendations made at the last inspection have been reiterated, as the necessary implementation actions have not been completed.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	7	10

The details of the QIP within this report were discussed with Ms Patricia Morrow, Senior Manager Care Services and Mr Paddy McCarron, Manager (registration pending), as part of the inspection process. The timescales for completion commence from the date of inspection. A meeting has been arranged with the registered persons to seek further assurance on the actions being taken toward achieving compliance with the QIP.

2. Service Details

Registered Organisation/Registered Person: Mr Kenny McAdams The Resource Centre Derry	Registered Manager: Mr Paddy McCarron Registration Pending
Person in Charge of the Day Care Setting at the Time of Inspection: Mr Paddy McCarron	Date Manager Registered: Registration pending completion of QCF 5, Leadership and Management
Number of Service Users Accommodated on Day of Inspection: 11	Number of Registered Places: 20

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards and themes have been met:

Standard 5 Care plan:

Where appropriate service users receive individual continence promotion and support.

Standard 8 Service users' involvement:

Service users' views and comments shape the quality of services and facilities provided by the Day Care Setting

4. Methods/Process

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

Prior to inspection the following records were analysed:

- The statement of purpose
- The service user guide
- Record of complaints
- Record of incidents

During the inspection the inspector met with six service users and four staff.

The following records were examined during the inspection:

- Six files of service users' records, including assessments and care plans
- Records of staff training
- Records of daily briefings
- Records of staff team meetings
- Records of service users' forum meetings
- Records of staff training and qualifications
- The staff handbook
- Complaints record
- Records of incidents

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the service was an announced care inspection dated 01 July 2014. The completed QIP was returned and approved by the specialist inspector on 22 August 2014.

Areas to follow up are those identified below, where compliance has not yet been achieved.

Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: 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.	Met
	Action taken as confirmed during the inspection: The service user guide now includes adequate information on the procedure for making a complaint. Further work on the format of the service user guide is identified under Recommendation 6.	
Requirement 2 Ref: 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.	Partially Met
	Action taken as confirmed during the inspection: Some of the service user's files required more detailed assessment information, though in most of the files examined this was satisfactory.	
Requirement 3 Ref: Regulation 17	Reviews to be held when required and not less than annually.	Partially Met
	Action taken as confirmed during the inspection: The senior manager for care services acknowledged that not all reviews had been held within the required timescales and that this needed to be improved.	

<p>Requirement 4</p> <p>Ref: Regulation 21 (3) (b)</p>	<p>All trainees to complete mandatory training as part of induction.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>There was evidence in training records and from discussions with staff to verify that trainees had been provided with mandatory training.</p>	<p>Met</p>
<p>Previous Inspection Recommendations</p>		<p>Validation of Compliance</p>
<p>Recommendation 1</p> <p>Ref: Standard 7.1 Standard 5.3</p>	<p>Review all care plans to ensure that they are signed by the appropriate people.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>There were some examples of care plans having been signed appropriately and others which had not been signed. Overall there was not sufficient evidence of compliance with this standard and it is restated in the QIP for this inspection.</p>	<p>Partially Met</p>
<p>Recommendation 2</p> <p>Ref: Standard 7.4 Standard 7.5.</p>	<p>The registered person should ensure that staff maintain progress notes for each service user, in compliance with Standards 7.4 and 7.5.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>In two of the files examined, progress notes were kept regularly and were up to date. In other files there were substantial periods when no progress notes had been entered. This recommendation has been restated in the QIP.</p>	<p>Partially Met</p>
<p>Recommendation 3</p> <p>Ref: Standard 7.1, ref; 4.4</p>	<p>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.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>There was written evidence in the files examined to confirm that staff were keeping assessment information under review and that changing needs were discussed with the service user and/or carers, as appropriate.</p>	<p>Met</p>

<p>Recommendation 4</p> <p>Ref: Standard 7.1 Standard 21.4</p>	<p>Relevant policies to be discussed at team meetings and staff to sign-off to denote that they have been read and understood.</p>	<p>Partially Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>While there was evidence of some action on this recommendation, improvement is necessary to ensure all staff are familiar with the full range of written policies and procedures.</p>		
<p>Recommendation 5</p> <p>Ref: Standard 7.2 Standard 7.3</p>	<p>A record of access to information including date, who applied for access and outcome of request, should be retained in each service users' file.</p>	<p>Partially Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>While an authorisation form was available for use, there had not been any cases of people requesting access to records. It is recommended that reference to access to records should be included in the planned, revised service user guide.</p>		
<p>Recommendation 6</p> <p>Ref: Standard 7.2 Standard 7.3</p>	<p>The service users guide should include information pertaining to access to records.</p>	<p>Not Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The senior manager for care services undertook to ensure the revision of the service user guide, including the recommended information.</p>		
<p>Recommendation 7</p> <p>Ref: Standard 7.4</p>	<p>All communications with other professionals should be recorded and followed up in care plans.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Records of communications with other professionals, with regard to care plans, were present in service user' files.</p>		
<p>Recommendation 8</p> <p>Ref: Standard 14.4 ref; 21.9</p>	<p>Staff to complete an evaluation of all training undertaken and retain in staff files.</p>	<p>Not Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Training records did not include evidence of staff's evaluations of their training. This recommendation is reiterated in the QIP with this inspection report.</p>		

<p>Recommendation 9</p> <p>Ref: Standard 17.1</p>	<p>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.</p> <p>Action taken as confirmed during the inspection: An assessment framework had been completed and implementation of this had been scheduled. A requirement under Regulation 21(3)(b) has been included in the QIP.</p>	<p>Partially Met</p>
<p>Recommendation 10</p> <p>Ref: Standard 21.4</p>	<p>Staff to receive training on Parkinson's Disease, Stroke Awareness, Dementia and Planning and carrying out Activities.</p> <p>Action taken as confirmed during the inspection: A number of training events, including Dementia Awareness, had been arranged for staff and plans were in place to organise further training on other specialist topics such as Stroke Awareness and Parkinson's Disease. These should be provided by the end of September 2015.</p>	<p>Partially Met</p>

5.2 Standard 5 Care plan:

Where appropriate service users receive individual continence promotion and support

Is Care Safe?

None of the service users who attend the centre were identified as requiring physical assistance or personal continence care. Staff referred to two service users who benefited from continence promotion reminders. Toilet facilities for service users are good and were found to be clean and well maintained. Service users confirmed that they had ready access to the facilities that they needed. This area of care was judged to be safe.

Is Care Effective?

None of the service users who attend the centre were identified as requiring physical assistance or personal continence care. Staff referred to two service users who benefited from continence promotion reminders and this need was identified in a written assessment for one of those people. Care in this area could be improved by the development of more detailed assessment information for some service users, the regular review of each person's care needs and care plan and, possibly, by the provision of staff training in continence promotion.

Is Care Compassionate?

Throughout the day of the inspection many staff and service user interactions were observed. Seven service users held individual discussions with the inspector and were unanimous in

their praise of the quality of care and support that staff provide. There was good evidence of compassionate care being delivered in the practice setting.

Areas for Improvement

- More consistent and detailed assessments of need
- More consistent progress record keeping
- Regular reviews of care needs and plans
- Assess the need for staff training in continence promotion

Number of Requirements	1	Number Recommendations:	2
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5.3 Standard 8 service users' involvement:

Service users' views and comments shape the quality of services and facilities provided by the Day Care setting

Is Care Safe?

There was evidence from discussions during the inspection to confirm that service users felt safe and secure in the setting. Key pad entry controls were in place between the day centre and other parts of the organisation's premises. However, the available records of service users' forum meetings were dated 2013 and some service users' review records were also dated from that year. This suggests that formal opportunities for service users to discuss matters with the manager and staff were not being provided consistently. Implementation of a number of the improvements identified in the QIP should contribute to the provision of safer care.

Is Care Effective

Service users spoke very highly of the staff and managers in the centre, a typical comment being, "This place is just a lifeline for me and for others. We enjoy the activities and the company and staff can't do enough for you".

There are areas in which improvement is necessary to expand, formalise and record the views of service users. A number of the service users' files required more detailed assessment information and more focussed and achievable care planning objectives, all of which should contribute to the provision of more effective care.

Is Care Compassionate?

Throughout the day of the inspection many of the staff and service user interactions were observed. Seven service users held individual discussions with the inspector. Together these provided good evidence of compassionate care being delivered in the practice setting.

Areas for Improvement

- Service user forum meetings
- Service user guide
- Service user involvement in records
- Service user reviews

- Monthly monitoring
- Staff training

Number of Requirements	3	Number Recommendations:	4
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5.4 Additional Areas Examined

- 5.4.1 The statement of purpose should be revised to include all of the information required by Regulation 4 (Schedule 1), including the range of needs for which provision is made.
- 5.4.2 Visits by the registered provider must comply with Regulation 28.
- 5.4.3 The manager's registration requirements must be completed within the timescale stated in the QIP.
- 5.4.4 Formal supervision arrangements did not meet the minimum standards requirement and should be improved.
- 5.4.5 Quality assurance systems, such as file auditing, were not being carried out regularly and this should be further developed.
- 5.4.6 The registered person must ensure that a record is kept of all staff meetings, including the names of all those attending.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Paddy McCarron, Manager (registration pending) and Ms Patricia Morrow, Senior Manager, Care Services, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP 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.

6.1 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 (Northern Ireland) 2007.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Day Care Settings Minimum Standards 2012. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/ registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to day.care@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Statutory Requirements	
<p>Requirement 1</p> <p>Ref: Regulation 5(1)</p> <p>Stated: Third time</p> <p>To be Completed by: 30 June 2015</p>	<p>A number of the service users' files required more detailed assessment information and more focussed and achievable care planning objectives.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: nimda Patricia Morrow visited MagheraDay Centre on June 12th 2015 and discussed needs assessment /care plan formats. She is re-drafting RCD's documentation and will ie. do all care plans accordingly.</p>
<p>Requirement 2</p> <p>Ref: Regulation 16(2)(b)</p> <p>Stated: Third time</p> <p>To be Completed by: 30 June 2015</p>	<p>Not all service users' reviews had been held within the required timescales and the registered person must ensure that this requirement is carried out.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Schedule of reviews has been identified on the new year planner, and a list of outstanding reviews devised for each of the key working RCD staff.</p>
<p>Requirement 3</p> <p>Ref: Regulation 21(3)(b)</p> <p>Stated: Second time</p> <p>To be Completed by: 30 June 2015</p>	<p>The registered person shall ensure that any staff member taking charge of the centre has the skills and experience necessary for such work. It is acknowledged that a competence assessment framework had been completed and implementation of this had been scheduled but not yet implemented.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Person in Charge. Patricia has devised a Person in Charge Manual for RCD. The Responsible Person, Registered Manager and Senior Care Manager will complete a self-assessment of competences. This is scheduled for June 2015</p>
<p>Requirement 4</p> <p>Ref: Regulation 10(2)(b)(i)</p> <p>Stated: First time</p> <p>To be Completed by: 30 October 2015</p>	<p>The manager, (Registration pending) must complete his registration as manager by the end of October 2015.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The Registered Manager is submitting coursework to the Mary Watkins Level 5 tutor provider, and will have completed this by September 2015, to allow a period for External Verifier issue of successful completion of the registration. I have contacted the tutor to schedule submissions of work.</p>

Requirement 5 Ref: Regulation 4(1) and 4(2) Stated: First/ time To be Completed by: 31 August 2015	<p>The registered person must ensure that the centre's statement of purpose addresses all of the matters required by this regulation, as set out in Schedule 1, including the full range of needs for which provision is made. A copy of the revised document should be sent, electronically if possible, to RQIA.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Management of the service will schedule a meeting to review the requirements make changes in line with regulations requirements. by the requested completion date.</p>
Requirement 6 Ref: Regulation 28 Stated: First time To be completed by: 30 June 2015	<p>Monthly monitoring visits must be carried out in accordance with this regulation, either by the registered person in control, by a director, or by an employee of the organisation who is not directly concerned with the conduct of the day care setting. All parts of Regulation 28 must be addressed.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Monthly monitoring visits will carry out by Liz Bonham, Family Services Co-ordinator at RCD Sure Start will make monthly visits. Liz has had induction training on the aims and objectives of the visit, the processes required and familiarisation with report document. (Induction carried out June 11th 2015) The following dates have been set for the next 3 months: June 16th, July 15th and August 16 2015. All visits will be announced to our service users.</p>
Requirement 7 Ref: Regulation 19(2) and Schedule 5(17) Stated: First time To be completed by: 30 June 2015	<p>The registered person must ensure that a record is kept of all staff meetings, including the names of all those attending.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Staff Meeting Minutes. The Registered Manager and Senior Care Manager have scheduled all staff meetings on the year planner, at intervals of one month. All meetings will be recorded by our Senior Care Manager and will circulate minutes, noting attendees / apologies.</p>
Recommendations	
Recommendation 1 Ref: Standard 5.3 Stated: Third time To be Completed by: 31 July 2015	<p>The registered person should ensure that care plans, review records and other key service user records are signed by the appropriate people, as evidence of their involvement and agreement with the content.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Signature on all service users files.</p>

<p>Recommendation 2</p> <p>Ref: Standard 7.4</p> <p>Stated: Third time</p> <p>To be Completed by: 5 June 2015</p>	<p>While each service user's records contained progress notes, there were significant gaps between the dates of some of these, indicating the need for tighter management control of this aspect of record keeping. The registered manager should ensure compliance with Standards 7.4 and 7.5 in this regard.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: This will be completed by July 31st. The Audit tool / and signatures have been tracked since May 15th 2015</p>
<p>Recommendation 3</p> <p>Ref: Standard 21.4</p> <p>Stated: Second time</p> <p>To be Completed by: 31 August 2015</p>	<p>The registered person should develop improved supervision and support systems to ensure all staff are familiar with the full range of written policies and procedures.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Improved supervision / P&P's. Supervision dates have been agreed on the year planner. Each staff member has diarised their dates for supervision. These dates will not be changed</p>
<p>Recommendation 4</p> <p>Ref: Standards 7.2 and 7.3</p> <p>Stated: Second time</p> <p>To be Completed by: 31 July 2015</p>	<p>It is recommended that reference to the procedure for accessing records should be included in the planned, revised service user guide.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Completed</p>
<p>Recommendation 5</p> <p>Ref: Standard 21.9</p> <p>Stated: Second time</p> <p>To be Completed by: Immediate and ongoing</p>	<p>The registered person should ensure that staff complete an evaluation of any training undertaken and retain this in staff training files.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: New file created and completed Evaluation form - devised + used / file created</p>
<p>Recommendation 6</p> <p>Ref: Standard 21.4</p>	<p>All required policies should be available, read by staff members and signed by staff to confirm that they have been read and understood.</p>

<p>Stated: Second time</p> <p>To be Completed by: 31 August 2015</p>	<p>Response by Registered Person(s) Detailing the Actions Taken: P+P's - signed off by staff Commenced - Safeguarding / confidentiality / staff P+P's</p>
<p>Recommendation 7</p> <p>Ref: Standard 1.2</p> <p>Stated: First time</p> <p>To be Completed by: 31 August 2015</p>	<p>The registered person should ensure that the service user guide is available in a format and language suitable for each service user.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Service User Guide - formats. completed Photos / Language / Large Print</p>
<p>Recommendation 8</p> <p>Ref: Standard 21.4</p> <p>Stated: Second time</p> <p>To be Completed by: 30 September 2015</p>	<p>It is recommended that training on topics such as Stroke Awareness and Parkinson's Disease should be provided by the end of September 2015, to ensure staffs understanding of the needs of people with these conditions.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Training - Smoke / Diabetes / Parkinsons Schedule in training programme</p>
<p>Recommendation 9</p> <p>Ref: Standard 19.3</p> <p>Stated: First time</p> <p>To be Completed by: 30 June 2015 and ongoing</p>	<p>The file audit record, developed by the centre, should be completed systematically in order to ensure that service users' records are kept accurate and up to date.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: File Audit Record Formatted and in use since May 15th 2015</p>
<p>Recommendation 10</p> <p>Ref: Standard 8.2</p> <p>Stated: First time</p> <p>To be Completed by: 30 June 2015 and on-going</p>	<p>The registered person should ensure that service users' meetings are held at least every three months and that accurate records are kept of the matters raised and the actions taken in response.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Service User meetings Planned on year planner. Have meeting this week - Wednesday Liam Margaret Geraldine Pat Rita</p>

Registered Manager Completing QIP	Paddy McCarron	Date Completed	19/06/2015
Registered Person Approving QIP	Kenny Mc Adams	Date Approved	19/06/2015
RQIA Inspector Assessing Response		Date Approved	18/11/15.

Please ensure the QIP is completed in full and returned to day.care@rqia.org.uk from the authorised email address