



The **Regulation** and  
**Quality Improvement**  
Authority

## **Primary Unannounced Care Inspection**

**Name of Establishment:** Drumhaw Day Centre  
**Establishment ID No:** 11257  
**Date of Inspection:** 26 March 2015  
**Inspector's Name:** Lorraine Wilson  
**Inspection No:** IN020659

**The Regulation And Quality Improvement Authority**  
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<b>Name of centre:</b>	Drumhaw Day Centre
<b>Address:</b>	Drumhaw Park Lisnaskea BT92 0FT
<b>Telephone number:</b>	028 6772 1588
<b>E mail address:</b>	jo.devlin@westerntrust.hscni.net
<b>Registered organisation/ Registered provider:</b>	Western Health and Social Care trust Ms Elaine Way
<b>Registered manager:</b>	Mrs Amanda Robinson
<b>Person in Charge of the centre at the time of inspection:</b>	Mrs Amanda Robinson
<b>Categories of care:</b>	DCS – MP, DCS – I
<b>Number of registered places:</b>	16
<b>Number of service users accommodated on day of inspection:</b>	9
<b>Date and type of previous inspection:</b>	25 June 2013 Unannounced Primary Inspection
<b>Date and time of inspection:</b>	26 March 2015 10.30 – 15.30 hours
<b>Name of inspector:</b>	Lorraine Wilson

## 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	<b>Met all nine service users and met with four individually</b>
Staff	<b>The registered manager + 3 staff</b>
Relatives	<b>0</b>
Visiting Professionals	<b>0</b>

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.

<b>Issued To</b>	<b>Number issued</b>	<b>Number returned</b>
Staff	<b>4</b>	<b>2</b>

## 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:

<b>Guidance - Compliance Statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>2 - Not compliant</b>	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
<b>3 - Moving towards compliance</b>	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
<b>4 - Substantially Compliant</b>	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
<b>5 - Compliant</b>	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**

Drumhaw Day Care Centre is situated on the ground floor of a two storey Trust owned building, which previously was a residential home. The facility occupies several rooms, including a hair dressing room and a conservatory, allowing for a wide range of activities and services to be provided. The centre is within walking distance of the town centre and close to amenities including the health centre and the library. Most service users are transported to and from the centre in its own bus, which has a tail-lift, but several people travel by taxi or are driven to the centre by a family member. The centre operates on weekdays, with occasional closures for holidays and for staff training.

The registration certificate issued by RQIA was reviewed and was appropriately displayed in the lounge area of the facility.

## **Summary of Inspection**

A primary unannounced inspection of Drumhaw Day Centre was undertaken by Lorraine Wilson, inspector on 26 March 2015, from 10.30 to 15.30 hours.

Mrs Amanda Robinson, registered manager was in charge of the centre and facilitated the inspection and received verbal feedback on conclusion of the inspection.

Prior to this inspection the registered manager was requested to submit a self-assessment of the two standards and one theme to be inspected. The requested information was received and overall the required assurances were provided from the information requested. The self-assessment was not amended in any way by RQIA.

The focus of the inspection was to assess the centre's compliance with the two standards and one theme chosen from the Day Care Settings minimum standards 2012.

The following sources were used during the inspection to evidence compliance.

- Review of the self-assessment
- Relevant policies and procedures
- Statement of Purpose (December 2014)
- Service User Guide (January 2015)
- Analysis of staff questionnaires
- Discussion with staff and service users
- Review of a sample of service user individual file records
- Monthly monitoring reports completed on behalf of the acting responsible individual for November 2014, December 2014, January 2015 and February 2015
- Staff duty rosters, staff training information for 2014-2015
- Staff competency and capability assessments.

In addition to speaking with the registered manager, the inspector spoke individually to two staff members, regarding the standards inspected and their views about working in the service. Positive feedback was provided regarding the service users and the aims of the centre.

Service users were also consulted throughout the inspection.

There were no requirements or recommendations made during the previous primary announced care inspection undertaken on 25 June 2013.

**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 Western Health and Social Care Trust who operate the centre have a range of corporate policies and procedures regarding access to service user records, confidentiality, consent, management of records, monitoring of records, recording and reporting care practices. The records reviewed were available for staff reference and there was recorded evidence that permanent staff working in the centre had read the policies and procedures and signed to confirm they were understood.

The operational policy for the centre states that all services users attending the centre have the right to participate in making personal care plans and to be given a copy of the plan and have a regular review.

Discussion with some service users during the inspection confirmed they were aware that a personal record was maintained which could be accessed upon request. There was however, no record of requests for individual case records being maintained. To comply with day care standards, this was identified as an area for improvement.

A sample of service users consulted provided verbal permission enabling the inspector access to their care records. A total of three service users care records were examined. The care records observed were legible, dated, and securely stored. Assessments, risk assessments, care plans and progress notes for service users were kept, as were records of reviews. Overall the care records reviewed were well organised and reflected the service users' needs.

**From a review of the available evidence in all of the criteria inspected, discussion with service users and staff, the inspector can confirm compliance with Standard 7. One recommendation was made. Refer to standard 7 in the main report and the quality improvement plan for further information.**

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

The Western Health and Social Care Trust have a detailed restraint policy in place. Discussion with the registered manager and staff confirmed that no service user is subject to any type of restraint.

The care records of three service users sampled provided no evidence of restraint, restriction or seclusion being used.

Resource and guidance information was also available to staff on "Guidance on Restraint and Seclusion in Health and Personal Social Services."

Discussion with staff confirmed that they had received training in promoting positive behaviour and managing behaviour of service users which may present as challenging to others.

**From a review of the available evidence, discussion with service users and staff, the inspector can confirm compliance with 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.**

Robust management arrangements were in place by the trust and registered manager to support and promote the delivery of quality care services, and to ensure best outcomes for service users.

Governance arrangements were evidenced and the inspector was assured that service improvement and staff development was promoted.

Confirmation was provided that there is a qualified and experienced staff member assigned to take charge of the centre in the absence of the registered manager. Competency and capability assessments were in place, and management training for the role had been provided.

Effective processes for mandatory staff training and other training necessary for the role such as dementia training was evidenced. The inspector evidenced the supervision history of staff which confirmed that supervision took place three monthly and annual appraisals were provided to staff employed to work in Drumhaw. Confirmation was provided that appraisal for staff on long term leave was due to be provided on their return. There was evidence that staff meetings took place frequently with minutes of meetings recorded and retained and available for inspection.

The staffing structure and reporting arrangements were clearly set out within the Statement of Purpose, for reference by all stakeholders. On the day of inspection, the two care staff who ordinarily work in Drumhaw were not on duty. Two care staff from other Trust day centres had been seconded to work in Drumhaw for a temporary period. The care staff confirmed to the inspector they had worked in the centre for a number of weeks and knew the service users' needs well.

Monthly unannounced monitoring visits to the centre were undertaken by a designated manager on behalf of the responsible individual. Four monitoring reports examined, addressed all of the required matters in compliance with relevant regulations.

There was evidence of frequent audits being completed to monitor the quality of service, for example a recent audit on the quality of food had been completed in consultation with service users, which had resulted in a few improvements being made.

In addition, the registered manager frequently monitored service user care records to identify areas for improvement and samples of care records were also monitored for compliance during monthly monitoring visits of the service. This is good practice.

The views of service users are sought on an annual basis when monitoring the quality of the service and a report of the findings is provided. The report was unavailable on the day of inspection, and the registered manager agreed to send the report to RQIA post inspection. At the time of writing this report, the information remains outstanding.

**From a review of the available evidence, discussion with service users and staff, the inspector can confirm compliance with Theme 2.**



## Care and Support Services

The atmosphere in the centre was friendly and welcoming. A few services users receive personal care such as assistance with showering when attending the day centre.

Others prefer the social support offered and the provision of a meal during their attendances.

Service users were observed having a hot drink and a snack on arrival to day care, and during the afternoon period a few service users were observed playing dominos with staff whilst others were observed colouring floral pictures and or chatting to others in the group.

There was good interaction and friendly chat observed between service users and staff.

## Service Users' Views

All service users met with the inspector, some confirmed they had been attending the centre for many years, whilst a few others had recently commenced day care.

There was good evidence from the discussions held to indicate a high level of inclusion and involvement of service users in decision making with regard to the day care and activities provided.

Service users who met the inspector were positive in their comments about the registered manager and the staff team. They described their experiences and opportunities when attending the centre and it was evident that attendance provided many positive benefits to service users. During one service user's review, their representative had noted an overall improvement in the service user since commencing day care and had requested they attend an additional day.

## Environment

The environment presented as visibly clean, organised, adequately heated and suitably maintained. Ancillary staff undertook cleaning duties and served meals in the day centre.

On the day of inspection portable electric heating appliances were observed in use. The registered manager confirmed that the heating appliances were used to ensure the building was effectively heated prior to the arrival of service users. There was however no risk assessment completed to identify potential risks and or hazards. The registered manager provided an assurance to the inspector that in future portable heating appliances would be switched off on the service users' arrival at day care.

## Conclusion

The inspector wishes to acknowledge the open and constructive approach of the registered manager and staff throughout the inspection process, and would also like to thank the two staff who returned completed questionnaires.

Gratitude is also extended to service users, who welcomed the inspector to the centre and contributed to the evaluation of the service provided.

The inspector was assured that service users were receiving a good standard of day care in respect of the standards and themes inspected.

There were no requirements made during this inspection. One recommendation was made in respect of requests being maintained for individual case records.

**Follow-Up on Previous Issues**

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
		No requirements were made as a result of this inspection.		

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
		No recommendations were made as a result of this inspection.		

<b>Standard 7 - Individual service user records and reporting arrangements:</b>	
<b>Records are kept on each service user's situation, actions taken by staff and reports made to others.</b>	
<b>Criterion Assessed:</b> 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.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment:</b>	
Yes the legal and ethical duty of confidentiality of service users information is maintained at all times.	Compliant
<b>Inspection Findings:</b>	
<p>The inspector evidenced that a range of Trust corporate policies and procedures were available to staff in the centre.</p> <p>The Operational Policy for the centre was reviewed as well as the commissioning Trust policies on Confidentiality, Data Protection, and Freedom of Information. Documents such as a code of practice produced by the DHSSPS on protecting the confidentiality of service users' information and staff duty of confidentiality was also available. There was recorded evidence that the policies had been read by staff employed to work in Drumhaw.</p> <p>Other resource documents in regard to ethical duty of were available to staff via staff policies.</p> <p>The operational policy for the centre states that all services users attending the centre have the right to participate in making personal care plans and to be given a copy of the plan and have a regular review.</p> <p>The Drumhaw Day Centre Service Users' Guide, January 2015, issued to service users provides information to service users in respect of confidentiality of records, and states;</p> <ul style="list-style-type: none"> <li>• "All service users records are subject to the Data Protection Act 1998. All records are confidential, kept securely locked in the day centre and are only accessed by authorised personnel."</li> </ul> <p>The inspection evidenced each service had an individual care record which was kept securely within the centre.</p>	Compliant

<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
<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>	
<b>Provider's Self-Assessment:</b>	
<p>Service users are involved from assessment through care planning and review and will have all aspects of their files shared through ongoing involvement.</p> <p>Where access to records are requested by the service user/representative staff will be guided by the Freedom of Information Act and the Trust's Access to Records protocol.</p>	Compliant
<b>Inspection Findings:</b>	
<p>As previously indicated the operational policy indicates that the service user have a right to a copy of their plan of care, and the right to access their individual records.</p> <p>In relation to access to records, The Drumhaw Day Centre Service Users' Guide, January 2015, which is issued to service users also states;</p> <ul style="list-style-type: none"> <li>• "Patients and clients or their representatives have a right of access to see or obtain copies of their Health and Social Care Records under the Data Protection Act 1998."</li> </ul> <p>The inspector was unable to evidence that a record of requests for individual records was being maintained in accordance with day care standards. A template for access requests should be developed and maintained. A recommendation was made.</p> <p>Three service users gave verbal permission for their care records to be accessed by the inspector.</p> <p>Three of the four service users who met individually with the inspector confirmed that they were aware that individual care records were being maintained at the day centre, which may be accessed by other agencies.</p> <p>One service user consulted was unable to discuss information in respect of care records maintained on their behalf.</p>	Compliant

<p><b>Criterion Assessed:</b></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"> <li>• Assessments of need (Standards 2 &amp; 4); care plans (Standard 5) and care reviews (Standard 15);</li> <li>• All personal care and support provided;</li> <li>• Changes in the service user’s needs or behaviour and any action taken by staff;</li> <li>• Changes in objectives, expected outcomes and associated timeframes where relevant;</li> <li>• Changes in the service user’s usual programme;</li> <li>• Unusual or changed circumstances that affect the service user and any action taken by staff;</li> <li>• Contact with the service user’s representative about matters or concerns regarding the health and well-being of the service user;</li> <li>• Contact between the staff and primary health and social care services regarding the service user;</li> <li>• Records of medicines;</li> <li>• Incidents, accidents, or near misses occurring and action taken; and</li> <li>• The information, documents and other records set out in Appendix 1.</li> </ul>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment:</b></p>	
<p>Individual case records include all of the above for each service user.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	<p><b>COMPLIANCE LEVEL</b></p>
<p>Information was verified through discussion with the registered manager, two staff and examination of three individual service users’ care records.</p> <p>The care records reviewed confirmed that records were comprehensive with assessments, including risk assessments, care plans showing actual and potential needs and interventions to meet agreed objectives. There was evidence of the involvement of the service user and or their nominated representative as well as multi-professional collaboration in planned care. Some service users confirmed to the inspector that their plan of care had been discussed with them and they were consulted and involved in their care review.</p> <p>The review reports examined had been signed off by the service user or their nominated representative evidencing involvement in care reviews, as well as the registered manager and the service users’ social worker.</p>	<p>Compliant</p>

<p>The records reviewed were well organised and suitably recorded. As part of quality monitoring of the service, the registered manager regularly reviewed care records identifying areas for improvement.</p> <p>In addition, audits of care records were also undertaken during monthly monitoring visits to identify areas for further improvement, as part of the Trust's quality monitoring. This is good practice.</p>	
<p><b>Criterion Assessed:</b> 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>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment:</b></p>	
<p>An entry is made at least every five attendances.</p>	Compliant
<p><b>Inspection Findings:</b></p>	<b>COMPLIANCE LEVEL</b>
<p>In the three care records examined, entries had been recorded at least every five attendances.</p>	Compliant
<p><b>Criterion Assessed:</b> 7.6 There is guidance for staff on matters that need to be reported or referrals made to:</p> <ul style="list-style-type: none"> <li>• The registered manager;</li> <li>• The service user's representative;</li> <li>• The referral agent; and</li> <li>• Other relevant health or social care professionals.</li> </ul>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment:</b></p>	
<p>All staff report and record any significant changes to the registered manager. There is ongoing liaison with the key worker/referral agent who is responsible for appropriate ongoing referrals to other health and social care professionals. Family are informed regarding all referrals made.</p>	Substantially compliant
<p><b>Inspection Findings:</b></p>	<b>COMPLIANCE LEVEL</b>
<p>Robust policies were evidenced with regard to reporting and recording information.</p>	Compliant
<p>The inspector also met individually and in private with two staff on duty, both of whom had day care experience and</p>	

<p>had worked for some time in day care facilities operated by the Western Health and Social Care Trust.</p> <p>The staff presented as being confident and competent in their roles and clear in their reporting procedures to the registered manager, and other professional staff.</p> <p>The staff indicated there was good communication and frequent discussion between management and staff on a day to day basis to discuss issues which may require onward reporting to service users’ nominated representatives and or referral agents.</p>	
<p><b>Criterion Assessed:</b> 7.7 All records are legible, accurate, up to date, signed and dated by the person making the entry and periodically reviewed and signed-off by the registered manager.</p>	
<p><b>Provider’s Self-Assessment:</b></p>	
<p>Yes, all records are legible, accurate, up to date, signed and dated by the person making the entry, these are reviewed and signed off periodically.</p>	Compliant
<p><b>Inspection Findings:</b></p>	<b>COMPLIANCE LEVEL</b>
<p>A review of three service users’ care records evidenced that records were well organised, legible, signed and dated by the staff member and reviewed. Care record reviews were signed off by the registered manager upon completion.</p>	Compliant

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

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



<b>Theme 1: The use of restrictive practice within the context of protecting service user’s human rights</b>	
<b>Theme of “overall human rights” assessment to include:</b>	
<p><b>Regulation 14 (4) which states:</b></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>	<b>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment:</b>	
<p>Where restraint is used to secure the welfare of the client, a record will be made of this, to date this has not been necessary in the Day Centre. All key stakeholders will be informed, keyworker, family and RQIA. Case review to update care plan, risk management protocol.</p>	Substantially compliant
<b>Inspection Findings:</b>	
<p>The trust has a policy on the use of restraint which was available for staff reference. The three care records reviewed provided no evidence of restraint, seclusion or restrictive practices.</p> <p>The two staff who met individually and in private with the inspector confirmed that they had never witnessed restraint, restriction or seclusion within the centre.</p> <p>Staff confirmed they had received training in promoting positive behaviour and behaviour which may present as challenging to others. They also discussed potential situations which may present with service users, providing examples how identified risks were positively managed to prevent any potential situation from escalating further.</p>	Compliant
<p><b>Regulation 14 (5) which states:</b></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>	<b>COMPLIANCE LEVEL</b>

<b>Provider’s Self-Assessment:</b>	
Currently there are no service users on a specific behaviour programme. If the situation arose then the centre manager would record and report the incident to the necessary bodies including RQIA. This would result in a multi-disciplinary review of the service users care plan. Necessary training and guidance would be sought for all staff involved.	Compliant
<b>Inspection Findings:</b>	
The inspector was assured through discussion with the registered manager and staff that robust policies and procedures were available for staff reference and staff consulted were aware of their reporting responsibilities in respect of restraint reporting.	<b>COMPLIANCE LEVEL</b> Compliant

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

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

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><b>Provider’s Self Assessment:</b></p>	
<p>At all times the centre is staffed where possible with qualified, competent and experienced persons in such numbers as are appropriate for the care of service users. There is a defined management structure in the Statement of Purpose. Arrangements for cover is displayed on notice board clearly identifying roles.</p>	<p>Moving towards complian</p>
<p><b>Inspection Findings:</b></p>	<p><b>COMPLIANCE LEVEL</b></p>
<p>On a day to day basis, the registered manager has the overall responsibility for ensuring the centre is operated in compliance with day care setting regulations and standards.</p> <p>The trust has a policy which complies with day care standards when the registered manager is absent from the day centre for a specified period of time.</p> <p>A senior day care assistant with the required qualifications is assigned to be in charge of the centre in the absence of the registered manager. A competency and capability assessment had been completed by the registered manager, and the records reviewed confirmed that the staff member had the necessary knowledge and skills to be in charge and</p>	<p>Compliant</p>

<p>was assessed as competent and capable.</p> <p>Staff training records examined confirmed that in addition to mandatory training, staff were encouraged and supported to attend other training sessions to assist them in their specific role within the centre, for example, staff discussed the dementia training they had attended.</p> <p>Staff rotas reviewed for a four week period identified that with one exception staffing in the centre was being maintained. On one recorded date two staff instead of three were on duty.</p> <p>On the day of inspection, a permanent senior care assistant employed in Drumhaw had been on long term leave and another care assistant was on leave.</p> <p>To ensure safe staffing, two care assistants from other Trust day care facilities had been transferred to Drumhaw for a temporary period.</p> <p>Four monthly monitoring visits completed on behalf of the nominated responsible individual were reviewed and evidenced that staffing arrangements were examined and information regarding staffing was recorded during each visit.</p>	
<p><b>Regulation 20 (2) which states:</b></p> <ul style="list-style-type: none"> <li><b>The registered person shall ensure that persons working in the day care setting are appropriately supervised</b></li> </ul>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment:</b></p>	
<p>All staff are deemed competent and experienced to work in a day care setting through recruitment and selection. Staff are part of a team who are supervised by a line manager. Where there are volunteers on site, the Registered Manager ensures that they are supervised at all times.</p>	Compliant
<p><b>Inspection Findings:</b></p>	<b>COMPLIANCE LEVEL</b>
<p>The inspector verified that supervision is provided to staff at least three monthly and records of the supervision history for individual staff confirmed that staff supervision had taken place.</p> <p>There was also evidence that staff appraisal had taken place, with appraisal scheduled for permanent staff on their return to work.</p>	Compliant

Discussion with the two care assistants on duty confirmed that they also received regular supervision and annual appraisal in their respective trust operated day centres.	
<p><b>Regulation 21 (3) (b) which states:</b></p> <ul style="list-style-type: none"> <li>• <b>(3) For the purposes of paragraphs (1) and (2), a person is not fit to work at a day care setting unless –</b></li> <li>• <b>(b) he has qualifications or training suitable to the work that he is to perform, and the skills and experience necessary for such work</b></li> </ul>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment:</b></p>	
All staff are trained to NVQ Level 3 or are professionally qualified. The staff will have completed an induction programme and keep up to date by attending organised mandatory training sessions.	Compliant
<p><b>Inspection Findings:</b></p>	<b>COMPLIANCE LEVEL</b>
<p>Information provided confirmed that registered manager and staff employed to work in the centre had the required qualifications and experience.</p> <p>On this occasion however, staff recruitment records and staff qualifications were not validated as staff recruitment records are not maintained in the centre, but retained by the trust human resources department. An assurance was provided that the staff working in the centre had been employed by the trust for a number of years and the required recruitment checks had been completed.</p> <p>Information regarding mandatory training was evidenced through examination of individual staff training records and discussion with the registered manager and staff. Competency and capability assessments were in place for staff.</p> <p>The staff consulted were aware of their roles and responsibilities and demonstrated during discussion that they knew the needs of the service users in Drumhaw.</p>	Compliant

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

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

## **Additional Areas Examined**

### **Complaints**

The requested complaints summary required by RQIA confirmed that no complaints had been received by the day centre from 1 January –31 December 2013.

Complaints records examined within the centre confirmed that no formal or informal complaints had been recorded during the 2014-2015 year.

### **Accidents/Incidents**

The accident and incidents records reviewed indicated that there had been no accidents, incidents, or safeguarding incidents recorded since 1 April 14- 26 March 2015.

### **Service Users Guide**

The service user guide was updated in January 2015, and a copy was submitted to RQIA. The information recorded was in accordance with regulations.

### **Monthly Monitoring Reports**

Four monthly monitoring reports completed on behalf of the responsible individual were reviewed and verified that these were undertaken in accordance with the required legislation. Reports of visits completed on 13 November 2014, 11 December 2014, 26 January 2015 and 24 February 2015 were examined and provided evidence of detailed quality monitoring and good governance processes.

### **Service Users' Views**

The inspector met with service users at different periods throughout the inspection. Service users were invited to speak privately to the inspector; however, they confirmed they were happy to speak to the inspector in the day care setting.

Four service users spoke individually and freely and discussed their experiences and positive benefits from attending the centre. The service users' consulted confirmed they were well looked after and were treated with dignity and respect by staff.

The inspector also noted many thank you letters and letters of compliments thanking the management and staff for care provided to service users who had previously attended the centre.

There were no issues or concerns raised during this inspection.

Samples of comments made to the inspector included:

- "This is a great place, there is nothing wrong here, I love it."
- "The food is lovely as are the staff."
- "I enjoy the music and dancing."
- "We are like a big family, and I look forward to coming."

## Staff Questionnaires

The inspector met individually and privately with two staff during the inspection, and two staff questionnaires were also completed and returned to the inspector.

Positive responses were provided about the service, and there were no issues or concerns raised with the inspector about the service provision in Drumhaw.

One issue was raised in respect of transport facilities for Trust day care generally. The inspector was advised that due to insufficient transport availability, this resulted in late arrivals to day care for service users on occasions. The staff member confirmed that they had raised the issue with their line manager.

Samples of recorded and verbal staff comments included:

- “Very good, happy and cheerful.”
- “Excellent care provided.”
- “I enjoy my work and feel well supported.”
- “There is good teamwork and we work to the benefit of the clients.”
- “The manager in my own centre completes my supervision and appraisal.”
- “We have opportunities to attend training days with other trust staff.”



## **Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Amanda Robinson, 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:

**Lorraine Wilson**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**



A completed Quality Improvement Plan from the inspection of this service has not yet been returned.

If you have any further enquiries regarding this report please contact RQIA through the e-mail address [info@rqia.org.uk](mailto:info@rqia.org.uk)



## Quality Improvement Plan

### Primary Unannounced Care Inspection

Drumhaw Day Centre

26 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 Mrs Amanda Robinson, registered manager, either during or after the inspection visit.

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

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

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

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

**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
		There were no requirements made during 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	7.3	The registered manager must ensure that a record of requests for individual records is maintained, and a template to record access and outcomes is developed and maintained for each service user to evidence requests.  <b>Ref: 7.3</b>	One		28 days from date of inspection

**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:**

<b>Name of Registered Manager Completing Qip</b>	
<b>Name of Responsible Person / Identified Responsible Person Approving Qip</b>	

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable			
Further information requested from provider			