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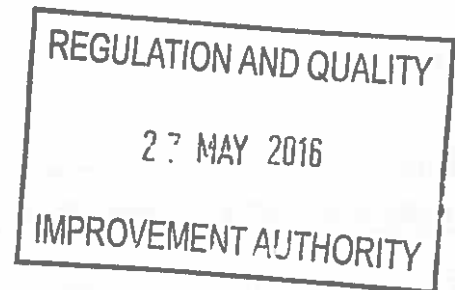
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**Unannounced Care Inspection
of
Creggan Day Centre**

10 March 2016



The Regulation and Quality Improvement Authority
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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 previous care inspection report and returned Quality Improvement Plan (QIP)

Discussion with 17 service users, the manager and four day care workers.

Five staff and five service users' satisfaction questionnaires were provided for completion and return to RQIA.(nil return)

During the inspection the following records were examined:

- Statement of purpose
- Service user guide
- Complaints
- Monthly monitoring reports
- Selected policies and procedures relevant to standards 5 and 8
- Minutes of meetings of the service user group
- Care records for four service users.

Care delivery and care practices were observed during periods throughout the inspection. Inspection of the general environment was undertaken.

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 18 December 2014. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 28 (4) (a)	The registered provider must ensure monthly monitoring visits include opinions from those who act as representatives of the members of the scheme.	Met

	Action taken as confirmed during the inspection: Examination of staff training records showed that First Aid training was provided on 27 May 2015. This was confirmed by staff who spoke with the inspector.	
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Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 17.10	The registered provider should ensure monthly monitoring visits include action plans with specific information regarding who is responsible for actions and detail time frames, specific attention should be given to staffing numbers and development as well as compliance with regulations and standards.	Met
	Action taken as confirmed during the inspection: Monthly monitoring reports were in place. Details, as required, were recorded.	

5.3 Standard 5: Care Plan - Where appropriate service users receive individual continence promotion and support

Is Care Safe?

Staff confirmed they had received training in continence management on 29 May 2015. Training in moving and handling and infection prevention and control was also undertaken. Records of staff training were retained in individual staff files. It is recommended that the manager undertakes mandatory training to ensure knowledge is up to date in all areas relevant to provision of services provided within in the day centre.

Staff consulted confirmed that they were satisfied with arrangements for access to personal protective equipment, and that they possessed sufficient knowledge, skills and experience on how to assist service users with their personal needs based on their care plan.

The centre does not have a policy on continence promotion. The manager confirmed this was work in progress. One recommendation policy was made in regard to provision of the policy.

Observation, review of staffing levels and service users' positive feedback confirmed that sufficient numbers of staff were employed in the day care setting to meet the identified needs of service users who attend.

Staff were observed to be confident in carrying out their duties which were carried out in an organised unhurried manner. Discussions with staff confirmed that they were aware of service users' needs and planned care.

Service users consulted reported that they felt safe in the day centre and were confident that staff had the skills and experience to assist them with their assessed needs.

Care plans inspected provided evidence that service users are encouraged to be involved in the planning of their care and actively participate in their annual care reviews.

There was written evidence to show that staff members in the centre were appropriately qualified and experienced in their designated roles and that Creggan Day Care provides staff development through training, supervision and appraisal. The manager and staff demonstrated good commitment to continuous improvement across the range of knowledge and skills required.

Staff observed during the inspection, presented as being calm and confident in their practice. There were good systems and practices in place to ensure that risks to service users were assessed continually and managed appropriately.

Several service users talked happily about their activities and enjoyment at the centre. The available evidence indicated that safe care was being provided by the centre's staff.

Is Care Effective

There was evidence that the manager and staff actively seek the views of service users. Methods used included:

- Service users' link group meetings which are a platform where everyone's ideas and opinions are listened to. The meetings are held on a two monthly basis. Minutes of the meetings are retained
- Monthly monitoring visits
- Suggestion box
- Daily group discussions
- Assessments/reviews.

Discussions with service users confirmed that they were consulted each day of their attendance regarding their preferred activities and routines.

Annual reviews evaluate the suitability of each service user's placement, involving the service user and his or her representative/s where possible and appropriate. Staff presented as being knowledgeable about the needs of each person who attends the centre and this was consistent with the detailed written assessments of need that were examined.

Monthly monitoring visits and reports, completed by two senior managers, were in place. The monitoring visits included meetings with a number of service users and with staff to ascertain their satisfaction with service outcomes and with the operation of the centre.

Evidence from discussions and from written records confirmed that service users enjoyed the provision of planned activities, both within the centre and on social outings. Within the centre there was a wide range of arts, crafts and project materials, which were used by the centre's staff in supporting service users' involvement in activities. Overall, there was evidence to indicate that the care provided is effective in terms of promoting each service user's involvement and wellbeing and in encouraging the development of life skills.

5.5.2 Staffing

The manager, staff and service users confirmed that staffing levels were satisfactory to meet the identified actual and potential needs of service users in attendance. A staff duty roster is maintained. However, it was noted that daily dates were not recorded. One requirement was made in this regard.

5.5.3 Accidents/Incidents

Accidents/incidents recordings were retained within the WHSC Trust electronic Datix system. These were viewed by the inspector and were noted to be recorded satisfactorily. One requirement was made in regard to notifying RQIA when there is no heating within the day centre.

5.5.4 Environment

The day care centre was observed to be clean, organised, comfortably heated and fresh smelling throughout.

Fire doors were closed and exits unobstructed.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Rhona Curran, "acting" registered manager and two staff 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.

Quality Improvement Plan

Statutory Requirements	
<p>Requirement 1</p> <p>Ref: Regulation 29 (1) (d)</p> <p>Stated: First time</p> <p>To be Completed by: 11 April 2016</p>	<p>RQIA to be notified whenever the central heating within the centre fails to operate.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The manager will endeavour to report to RQIA when the heating fails to operate in the centre.</p>
<p>Requirement 2</p> <p>Ref: Regulation 19 (2) Schedule 5 7.</p> <p>Stated: First time</p> <p>To be Completed by: 30 April 2016</p>	<p>The manager shall ensure that daily dates are recorded within the duty roster.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The manager has already created a roster detailing the dates and staff on duty on a daily basis.</p>

Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 18.1</p> <p>Stated: First time</p> <p>To be Completed by: 31 May 2016</p>	<p>A policy/procedure on continence promotion to be established and available to staff.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: A draft 'PROTOCOL AND GUIDANCE ON PROMOTION OF CONTINENCE' has been made available to staff. This protocol is currently with the continence advisory team for finalising, once finalised this will be shared with center</p>
<p>Recommendation 2</p> <p>Ref: Standard 17.15</p> <p>Stated: First time</p> <p>To be Completed by: 30 June 2016</p>	<p>The manager is to undertake mandatory training to ensure knowledge is up to date in all areas relevant to the management and provision of services.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Manager to attend mandatory training within PCOP in September 2016, final dates to be organised.</p>