



The **Regulation** and
Quality Improvement
Authority

Announced Primary Care Inspection

Name of Establishment: Creggan Day Centre
RQIA Number: 11261
Date of Inspection: 18 December 2014
Inspector's Name: Suzanne Cunningham
Inspection ID: IN020552

The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

1.0 General Information

Name of Establishment:	Creggan Day Centre
Address:	Fanad Drive Derry BT48 9QE
Telephone Number:	(028) 7126 9082
E mail Address:	rhona.curran@westerntrust.hscni.net
Registered Organisation/ Registered Provider:	Elaine Way CBE Western HSC Trust
Registered Manager:	Rhona Curran (Acting)
Person in Charge of the Centre at the Time of Inspection:	Rhona Curran
Categories of Care:	DCS-MP, DCS-MP(E), DCS-DE
Number of Registered Places:	35
Number of Service Users Accommodated on Day of Inspection:	9
Date and Type of Previous Inspection:	21 January 2014
Date and Time of Inspection:	18 December 2014 10:30 – 17:15
Name of Inspector:	Suzanne Cunningham

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect day care settings. A minimum of one inspection per year is required.

This is a report of a primary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during the inspection were met.

3.0 Purpose of the Inspection

The purpose of this inspection was to ensure that the service is compliant with relevant regulations and minimum standards and themes and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of day care settings, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Day Care Settings Regulations (Northern Ireland) 2007
- The Department of Health, Social Services and Public Safety's (DHSSPS) Day Care Settings Minimum Standards (January 2012)

Other published standards which guide best practice may also be referenced during the inspection process.

4.0 Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the minimum standards.

The inspection process has three key parts; self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

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

- Analysis of pre-inspection information
- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Tour of the premises
- Evaluation and feedback

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

5.0 Consultation Process

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

Service users	3
Staff	3
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	4	3

6.0 Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Day Care Settings Minimum Standards and theme:

- **Standard 7 - Individual service user records and reporting arrangements:**

Records are kept on each service user's situation, actions taken by staff and reports made to others.

- **Theme 1 - The use of restrictive practice within the context of protecting service user's human rights**
- **Theme 2 - Management and control of operations:**

Management systems and arrangements are in place that support and promote the delivery of quality care services.

The registered provider and the inspector have rated the centre's compliance level against each criterion and also against each standard and theme.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance Statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report.
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report.
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation or in some circumstances a requirement, being made within the inspection report.
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

7.0 Profile of Service

Creggan Day Centre is located in the heart of the Creggan area of Derry; a five minute drive from the city centre. The day centre is operated and run by Western Health and Social Care Trust (WHSCT) and is managed on a day to day basis the centre by Rhona Curran who commenced in this post in March 2013.

The building is divided into two distinct sections with a shared reception area. Day services to toddlers and children and chiropody and health visitors are based in the rooms to the left of the reception area and include a crèche, toddlers' group; special needs group for children in the autistic spectrum disorder. The provision of supported and therapeutic adult day services to individuals with an enduring mental health disorder or dementia is situated in rooms to the right of the reception area.

Rhona Curran is responsible for managing both the children and adult services provided in Creggan Day Centre. The centre is very much a community resource and promotes self-help by offering its use to a variety of community groups.

The service users mainly use a large open plan room and a smaller quiet room is adjoined to this and also utilised by individuals attending Creggan Day Centre. The maximum number of service users per day is 35.

The service is delivered from Monday – Friday inclusive from 09:00 to 17:00. Individuals attend on designated days; however a drop-in service is also available to its service users. Many of the service users utilise community facilities and attend various classes in these facilities.

Close links have been established with community mental health teams, the local GPs, Citizen Advice Bureau, education colleges, leisure centres, volunteer centres, employment agencies and rural community transport. The centre is also involved in several community / voluntary partnerships.

8.0 Summary of Inspection

A primary inspection was undertaken in Creggan Day Centre on 18 December 2014 from 10:30 to 17:15. This was a total inspection time of seven hours & forty five minutes. The inspection was announced.

The focus of the inspection was to assess the centre's compliance with the one standard and two themes chosen from the Day Care Settings minimum standards 2012; The Day Care Settings Regulations (Northern Ireland) 2007. The provider submitted a self-assessment of the one standard and two themes inspected, this report compares the providers' statements with the findings of the inspection. During the inspection the inspector used the following evidence sources:

- Analysis of pre-inspection information and questionnaires
- Discussion with the registered manager, staff and service users
- Examination of a sample of service user individual file records including evidence of review and safeguarding information; the complaints record; staff training record; incidents and accidents recording; evidence of service user consultation, monthly monitoring records; the centres statement of purpose; service users guide and policies & procedures
- Tour of the premises.

The inspector spoke to three staff regarding the standards inspected and their views about working in the centre. This generated positive feedback regarding management of records and reporting arrangements including recording, the management arrangement's in this day care setting and the staff knowledge regarding responding to behaviours in the context of human rights. Staff identified the service user records are kept securely; service users and or their representatives are encouraged to look at the care plan and review records during the review and other meetings and opportunities. Staff identified they are working consistently on their recording to ensure they can gauge progress or deterioration in the service users presentation and ensure appropriate support is given and needs are met.

Staff discussed their understanding of exceptional circumstances and they were clear they understood risk regarding behaviour and how to manage and support service users who have identified behaviour management needs. Staff discussed using communication, 1 to 1 time, diversion, calming and using the environment to ensure service users engage with the day care activities, service users do not become frustrated or behaviours do not escalate. The inspector spent time observing the service users having their needs met in this setting, the group in the day care setting had a diagnosis of dementia which had impacted on their communication and memory. The observation revealed staff using all of the identified interventions to ensure service users were comfortable and had their needs met for example staff spent one to one time with service users who were not engaging in the group activity demonstrating a proactive approach to meeting needs. Finally staff were satisfied with the management arrangements in the setting, however they did identify the staffing numbers had reduced due to maternity cover that had not been recruited for. This absence meant staffing was at the minimum every day and if one staff member goes on sick or annual leave the service cannot meet all the needs of the service users who attend this setting. This is further discussed in theme two.

Three questionnaires were returned by staff members who reported satisfactory arrangements were in place with regard to NISCC codes of practice; supervision; staff training; and management arrangements; responding to service users' behaviour; confidentiality and recording. The staff member's did identify the staffing number is reduced and there is a risk they will not be able to meet the service users' needs if the number is further reduced by annual leave or sickness. This was also discussed with staff during the inspection and is further examined in theme 2. The staff did praise the quality of care provided within the returned questionnaires and the following comments were made: "The service provided is excellent. It is provided by a dedicated experienced team who are inspiring to work with"; "Excellent, always reflective to further improve practice"; "I fell the quality of care is excellent, the staff are conscientious, caring and have a genuine concern for each service user. A great team to work with".

The inspector spoke with four of the service users in the setting on the day of the inspection. Three service users who attend on different days also visited the setting to speak with the inspector. The service users memory and level of communication was impaired due to their diagnosis therefore the inspector focussed on observation of service users in the setting and discussed the standards and themes inspected with the service users who were visiting the setting. The service users were clear they come to Creggan because they enjoy the social aspect of the setting. The service users gave the inspector positive feedback regarding attending the centre, the activities the service users had taken part in; and the care provided by the staff. The service users confirmed they understood records regarding them are kept in the day care setting and that they can access the information by asking staff. They gave examples of staff working with them to explain the care plan and review records, encouraging their views regarding the same and ensure their needs are met. Service users confirmed they could ask

staff if they wanted to see their records. Service users said they were confident staff knew what they liked to do in the setting and knew what they needed.

The service users told the inspector they knew Rhona is in charge of the day centre and she is around the setting every day and involved in care. The service users identified communication between staff and service users is very good and staff ring service users if they had not come in to check they are ok. Staff were described as respectful and treat service users as equals, they were described as a good team and work well together sharing tasks. If they had a problem or wanted to discuss something about the day care setting they felt they could talk to any of the staff in the day care setting. Specific comments were made during the discussion with service users regarding the difference the service has made to their lives, one service user said they had learnt a lot, the setting had given them hope and it had been a life line. Staff were described as humble and empower service users to all be involved with lots of activities. This description is reflective of the care the inspector observed on the day of the inspection.

The previous announced inspection carried out on 21 January 2014 had resulted in two requirements regarding staff appraisals which had been improved and monthly monitoring visits including the views of representatives and service user which had not been fully addressed and is restated in this inspection quality improvement plan. One recommendation is made regarding improving the reporting and recording of the regulation 28 visits to include action plans. Improvement was not evidenced as improved during this inspection and this recommendation is restated.

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 six criterion criteria within this standard were reviewed during this inspection. All of the criteria were assessed as compliant by the inspector, no requirements or recommendations were made.

Discussions with service users and staff and review of three service users' individual files provided evidence that the centre is performing well regarding standard 7. The observation of service users and the discussion with service users provided clear examples of how staff encourage and assist service users to get the most out of their day care experience. Furthermore discussion and observation in this setting identified this service is improving outcomes for the service users by identifying changes in need, ensuring they meet need and promoting any additional services that can improve outcomes for service users. The inspector concluded the centre promotes service users social needs, stimulates intellectual activity; and independence.

Based on the evidence reviewed the inspector assessed the centre as compliant in this standard, no requirements or recommendations have been made regarding the examination of this standard.

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

Two criterion from regulation 14 were inspected which examined compliance with the use of any restrictive practices in this day care setting within the context of human rights. One criterion was assessed as compliant and one criterion was assessed as not applicable because the setting has not used restraint and therefore no incidents have been or would be reported through to RQIA.

Discussions with the manager, staff and examination of records provided evidence that the centre was using clear operational systems and processes which promote the needs of the service users who attend the centre and protect their rights. Staff discussed using good communication, diversion, calming techniques and knowing their service users' needs. Staff believe this assists them in ensuring service users behaviour does not escalate and they meet the individual and group needs.

Based on the evidence reviewed the inspector assessed the centre as compliant in this theme and this is commendable.

Theme 2 - Management and control of operations: Management systems and arrangements are in place that support and promote the delivery of quality care services.

Two criteria from regulation 20 and one criterion from regulation 21 were inspected which provided the evidence to examine this theme. Two of the criteria were assessed as moving towards compliance and one criterion was assessed as compliant. No recommendations and three requirements are made regarding improving staffing numbers, competency assessment for staff who acts up in the manager's absence and staff training.

Based on the evidence reviewed the inspector has assessed the centre as substantially compliant in this theme; three requirements and no recommendations are made.

Additional Areas Examined

The inspector undertook a tour of the premises, reviewed the complaints record, examined three service users individual files, validated the registered manager's pre inspection questionnaire and viewed the environment. This did not reveal any further areas of improvement.

The inspector wishes to acknowledge the work undertaken by the manager and staff in preparation for this inspection and their open and constructive approach throughout the inspection process. Gratitude is also extended to the service users who welcomed the inspector to their centre and engaged with her during the inspection. Overall the inspector commends the proactive approach to day care that is delivered in this centre that presents as in tune with the needs of the service users for support, stimulation and to meet their social needs.

As a result of the inspection four requirements have been made to improve the feedback from service users and representatives in the regulation 28 reports (Restated); improve staffing numbers in the setting; undertake competency assessment of staff who act up in the managers absence and staff training. One recommendation has been restated from the last inspection to improve the use of action plans in the monthly monitoring visits when issues are identified.

9.0 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1	Regulation 28 (4) (a)	It is required that the registered provider ensures that monthly monitoring visits include opinions from those who act as representatives of the members of the scheme.	Reports from January to December reviewed and only one report details comments from a relative or significant person involved in the service users lives that do not work for the trust or work in the setting. This level of communication with representatives is not wholly reflective of this requirement and further improvement in this regard is required.	Moving towards compliance
2	Regulation 20 (c) (1)	It is required that the registered manager compiles a schedule of staff appraisals .This must be forwarded to RQIA and appraisals completed within the time limits specified.	Appraisals had been commenced by the manager and were evidenced during this inspection in two staff files inspected.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1	Standard 17.10	It is recommended that the registered provider ensures that monthly monitoring visits include action plans with specific information regarding who is responsible for actions and detail time frames.	The form used to record regulation 28 visits does include a heading for action plans however the most recent report highlights staffing as a concern but does not detail any actions to ease staff concerns or address the vacant post. This should be improved and the recommendation is restated.	Moving towards compliance

10.0 Inspection Findings

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:	
Confidentiality in relation to service user's information is maintained, is core to the record keeping and is in accordance with The DHSSPS Code of Practise on Protecting the Confidentiality of the Service User Information (2009). All service users or carers are given a copy of same when attendance begins at CDC and a signature is requested to say that they have recieved it.	Compliant
Inspection Findings:	COMPLIANCE LEVEL
<p>The inspector reviewed three individual service user records which presented as described in schedule 4; and other records to be kept in a day care setting, as described in schedule 5. Arrangements for confidentiality; access to records, communication, management of records, monitoring of records, recording and reporting care practices were in the settings policies and procedures which were accessible to staff.</p> <p>They do give out a “your right to confidentiality leaflet” which tells service users that information is kept confidentially and securely and details their right to see this information.</p> <p>Discussion with staff validated management and staff knowledge about the duty of confidentiality and their role and responsibility to record, the quality of recording and management of service user’s personal information. Discussion with service users confirmed the staff had informed them regarding confidentiality of personal information and recording practices in the day care setting.</p>	Compliant

<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>Service users have a right of access to records and to any other information held on them. However staff and manager are aware that there may be situations where there are legitimate reasons for limiting access to records. Service users/ representatives are made aware at each Review that they can have a copy of the Care Plan and their Review Report. A signature is requested to say that they have recieved same.</p>	Compliant
<p>Inspection Findings:</p> <p>Service users, when they start in the setting are given a leaflet which details their right to confidentiality, this is a trust wide leaflet and details what information is kept, how it is kept and their right to access.</p> <p>Discussion with staff revealed how they ensure a person centred approach to their recording, they were also aware service users can and should be encouraged to see their records.</p> <p>Discussion with service users confirmed they are aware that a service user record is kept and have been informed how they can access the records.</p>	COMPLIANCE LEVEL Compliant

<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>
<p>Provider’s Self-Assessment:</p>	
<p>All of the above are maintained within each individual file.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	<p>COMPLIANCE LEVEL</p>
<p>The inspector reviewed a sample of three service user individual records which evidenced the above records and notes are available and maintained.</p> <p>Examination of a sample of monitoring records (e.g. file audits and regulation 28 reports) evidenced working practices had been audited in this regard.</p> <p>The inspector was pleased to see the case records and notes were updated as required, care reviews were taking place as described in standard 15 and recording was focused on service user needs and outcomes.</p>	<p>Compliant</p>

<p>Criterion Assessed: 7.5 When no recordable events occur, for example as outlined in Standard 7.4, there is an entry at least every five attendances for each service user to confirm that this is the case.</p>	COMPLIANCE LEVEL
Provider's Self-Assessment:	
There is a record kept at least on a weekly basis on each service user if no recordable events occur.	Compliant
Inspection Findings:	
The inspector examined a sample of three service user care records and evidenced individual care records have a written entry at least once every five attendances for each individual service user and the information recorded was relevant to the service users assessment of need and care plan.	Compliant
Criterion Assessed:	
<p>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"> • The registered manager; • The service user's representative; • The referral agent; and • Other relevant health or social care professionals. 	COMPLIANCE LEVEL
Provider's Self-Assessment:	
<p>Staff are aware and follow procedures in relation to any reportable incidents and/or concerns. Staff are aware of reporting any changes in a person's needs whilst at day care to appropriate personnel.</p>	Compliant
Inspection Findings:	
The inspector found in all of the files examined that information and changes in care had been communicated to the service user, referring officer and the relatives/ carers involved in the service users overall care plan.	Compliant

<p>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.</p>	
<p>Provider’s Self-Assessment: All records meet this standard.</p>	Compliant
<p>Inspection Findings: Examination of a sample of three service user individual records confirmed they meet this criterion.</p>	<p>COMPLIANCE LEVEL Compliant</p>

<p>PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Compliant</p>
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<p>INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Compliant</p>
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Theme 1: The use of restrictive practice within the context of protecting service user’s human rights	
Theme of “overall human rights” assessment to include:	
<p>Regulation 14 (4) which states:</p> <p>The registered person shall ensure that no service user is subject to restraint unless restraint of the kind employed is the only practicable means of securing the welfare of that or any other service user and there are exceptional circumstances.</p>	COMPLIANCE LEVEL
Provider’s Self-Assessment:	
<p>All staff are aware of the Trust’s Policy For The Use Of Restrictive Interventions with Adult Service Users and are aware that this type of intervention is carried out in certain circumstances.</p>	Compliant
Inspection Findings:	
<p>The inspector examined a selection of records including three service user records and other records as described in schedule 5. There were no records of restraint, restriction or seclusion detailed however there was evidence of staff using clear communication methods, 1 to 1 time, distraction, diversion and management of the environment to calm to prevent escalation of behaviours in the day care setting. In the service users records plans had been reviewed to ensure they are necessary, proportionate and do not infringe service user’s human rights.</p> <p>Discussion with staff and observation revealed they are very aware of each service users individual needs and what kind of support they need to feel relaxed in day care and engage with activities on offer. Staff had received promoting positive behaviour training in May 2014 and this focussed on avoiding behaviours escalating. The staff have access to policies and procedures pertaining to: the assessment, care planning and review; managing aggression and challenging behaviours; recording and reporting care practices; reporting adverse incidents; responding to service users behaviour; restraint and seclusion; and untoward incidents.</p> <p>The inspector observed staff caring for service users in a considerate and sensitive manner, for example taking time to reassure service users who were confused, enabling service users with mobility problems to sit in chairs with the rest of the group, ensuring lap belts are loosened or undone when they are not required and are re</p>	Compliant

<p>secured discretely as needed. Ensuring service users with personal care needs are taken discretely to have their needs met and encouraging choice and opinion throughout the day.</p> <p>Discussion with staff validated management and staff knowledge about when and why restraint is used including their understanding of exceptional circumstances. Discussion with staff working in the centre confirmed they have sound knowledge regarding the use of restraint and their role and responsibility to protect service user's human rights.</p>	
<p>Regulation 14 (5) which states:</p> <p>On any occasions on which a service user is subject to restraint, the registered person shall record the circumstances, including the nature of the restraint. These details should also be reported to the Regulation and Quality Improvement Authority as soon as is practicable.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment:</p>	
<p>We have had no incident of restraint however should a restraint occur it will be recorded in the 'Record of Restraint Book', individual file, individual care plan, Datix reporting format and RQIA would be informed.</p>	Compliant
<p>Inspection Findings:</p>	COMPLIANCE LEVEL
<p>No service users had been restrained in this setting and no care plans detail this as a management of behaviour plan. Staff does not anticipate using restraint and this presented as consistent with the settings ethos, statement of purpose and aims of the service. <i>Guidance on Restraint and Seclusion in Health and Personal Social Services</i>, Department of Health, Social Services and Public Safety, Human Rights Working Group, August 2005 is available for staff information.</p>	Not Applicable
<p>PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p style="text-align: center;">COMPLIANCE LEVEL</p> <p style="text-align: center;">Compliant</p>
<p>INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p style="text-align: center;">COMPLIANCE LEVEL</p> <p style="text-align: center;">Compliant</p>

<p style="text-align: center;">Theme 2 – Management and Control of Operations</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 style="text-align: center;">COMPLIANCE LEVEL</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>All staff within the day centre are appropriately qualified and experienced with a high level of competence. We have presently one staff member on maternity leave and a recent decision has been taken by Higher Management not to replace her given financial constraints. I have forwarded a Risk assessment outlining the effects of this decision unto Higher management. Carers have also been informed. All staff including the manager are familiar with the management structure and the roles and responsibilities within the day care setting.</p>	<p style="text-align: center;">Substantially compliant</p>

Inspection Findings:	COMPLIANCE LEVEL
<p>The manager of this day care setting is social work qualified and manages three projects which are: children’s, elderly and mental health. The manager was supported by 3 staff on the day of the inspection and the staff identified there should be four staff. The staff identified the missing staff member is on maternity leave and this post has not been covered to date. The inspector reviewed the settings statement of purpose and this post is included in the staffing compliment and would have been part of the information used to register. Discussion with the manager revealed on days when service users attend who have been diagnosed with dementia, service users need 1 to 1 time which is a concern due to the reduced staffing numbers. The manager of this centre has produced a risk assessment for senior management to evidence why this post must be covered however, no senior management action plan is in place to address this. Therefore the inspector requires the responsible person to urgently review staffing for this setting to ensure the right amount of staff are working at all times to ensure the service users’ needs are met, the numbers must be compliant with the settings statement of purpose, ensure the building can be managed and the records can be maintained. A requirement is made in this regard.</p> <p>Discussion with staff revealed supervision arrangements are in place and a sample of records confirmed the frequency. The manager did note there was no competency assessments to evidence staff who act up in the absence of the manager are aware of and able to meet the additional role and responsibilities. A requirement is made in this regard. The staff have access to policies and procedures pertaining to the management and control of operations, for example: absence of the manager; inspections of the day care setting; management, control and monitoring of the setting; operational policy; staff meetings; staff records; staff supervision and appraisal; staff training and development; staffing arrangements and the settings statement of purpose. Discussion with service users confirmed they were aware of the management structure in place and they described they could access support from any of the staff.</p>	<p>Moving towards compliance</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
Provider's Self-Assessment:	
<p>Manager supervises staff once every three months. There were two occasions where joint/group supervision took place.</p>	Provider to complete
Inspection Findings:	
<p>The discussion with staff and review of records confirmed the provider's self-assessment in this regard.</p>	Compliant
<p>Regulation 21 (3) (b) which states:</p> <ul style="list-style-type: none"> (3) For the purposes of paragraphs (1) and (2), a person is not fit to work at a day care setting unless – (b) he has qualifications or training suitable to the work that he is to perform, and the skills and experience necessary for such work 	COMPLIANCE LEVEL
Provider's Self-Assessment:	
<p>Staff are up to date in all areas of training suitable to their work with the exception of First Aid Training. As this training has to be bought in, i have made my manager aware that this is an unmet training need and i am awaiting the go- ahead and funding provision for same.</p>	Substantially compliant
Inspection Findings:	
<p>The inspector reviewed the training records for staff and noted the first aid training for staff in this day care setting had not been provided. The current training staff analysis and personal development plan detail this should be provided but there is no provision from Trust or action plan in place to meet this identified need. This must be reviewed and a decision made if first aid training is going to be provided what the timescale and arrangements in place to provide this are. If first aid training is not going to be provided, the responsible person must detail how service users medical (first aid) needs will be met in this day care setting. A requirement is made in this regard.</p>	Moving towards compliance

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

INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

11.0 Additional Areas Examined

11.1 Complaints

The complaints record was reviewed as part of this inspection. The annual complaints return for 2013 identified no complaints had been recorded. The inspector reviewed the complaints record which confirmed the return to RQIA. Similarly there were no complaints or issues of dissatisfaction recorded for 2014.

11.2 Service user records

Three service user files were reviewed as part of this inspection, this did not reveal any areas for improvement and the files presented as consistent with schedule 4.

11.4 Registered Manager Questionnaire

The registered manager submitted a questionnaire to RQIA during this inspection. The information returned confirmed satisfactory arrangements were in place regarding governance and management arrangements, staffing arrangements and support for staff, policies and procedures, responding to service user's behaviour and reporting of accidents and incidents. The information was consistent with the outcome of this inspection and this did not raise any concerns that require further discussion or analysis.

11.5 Statement of Purpose & Service Users Guide

These documents were submitted at this inspection and reference to them during the inspection did not reveal any concerns.

11.6 Monthly Monitoring Reports

The inspector reviewed a sample of regulation 28 reports from January to December 2014. This revealed the visits had been recorded monthly in compliance with the regulation however, the inspector did note improvements had not been made in reporting service users and representatives opinions and detailing action plans for issues identified during the inspection which will be followed up to ensure improvement.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Rhona Curran, as part of the inspection process.

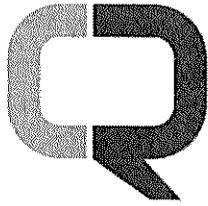
The timescales for completion commence from the date of inspection.

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:

Suzanne Cunningham
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



The Regulation and
Quality Improvement
Authority

Quality Improvement Plan
Announced Primary Care Inspection
Creggan Day Centre
18 December 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 Rhona Curran (registered manager/ person receiving feedback) 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 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.	Second	Manager has shared this Requirement with Day Care Services Manager who completes the Monthly Monitoring visits for the Dementia Group. This has been discussed at length with the Monitoring Manager who has raised the impracticalities of this Requirement as carers are availing of Respite while the client is at the Centre and in fact many carers are at work. She will endeavour to interview any relative who is available at the time of her visit and has asked the Manager to make relatives aware to contact her if they wish to discuss aspects of the service.	12 February 2015
2.	20 (1)	The responsible person must ensure the staffing numbers are urgently reviewed for this setting to ensure the right amount of staff are working at all times to ensure the service users' needs are met, the numbers of staff are compliant with the settings statement of purpose, ensure the building can be managed and the records can be maintained.	First	Staff numbers are reviewed on a daily basis; more so now that we are one staff member short temporarily. An ITR has been submitted and we continue to work towards compliance regarding staffing. This has been raised with	12 February 2015

				Senior Management and we are awaiting approval.	
3.	20 (1) (a)	The registered manager must complete a competency assessment with those staff who acts up in the absence of the manager. This competency assessment must evidence the staff member is aware of, able and committed to meeting the additional role and responsibilities.	First	Competency assessments will be completed on the two Band 5 staff whom this affects. Manager is presently compiling an assessment format for same.	12 February 2015

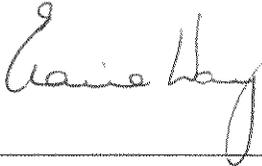
No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
4.	20 (1) (c)	The responsible person must ensure the provision of the first aid training for staff in this day care setting is addressed in line with the current training staff analysis and personal development plan. A decision must be made if first aid training is going to be provided, the timescale and arrangements in place to provide this. If first aid training is not going to be provided, the responsible person must detail how service users medical (first aid) needs will be met in this day care setting. This detail must be reported on the returned QIP.	First	Manager has identified First Aid training in PDPs and Appraisals as a Mandatory training need. Manager has requested funding for same outlining the need for training. The Trust is presently undertaking a survey of facilities in need of First Aid and the manager has provided the Centre's training needs in this area.	12 February 2015

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.	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.	Second	Manager has shared this Recommendation with the Day Care Manager who completes the Monthly Monitoring visits for Dementia Group. This was discussed with Monitoring Manager who feels that a number of the action plans are outside of her remit due to the complex management structure of the Centre given the cross over of Directorates.	12 February 2015

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	Rhona Curran
Name of Responsible Person / Identified Responsible Person Approving QIP	

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes		3/07/15
Further information requested from provider			