



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

## **Primary Unannounced Care Inspection**

|                               |                           |
|-------------------------------|---------------------------|
| <b>Name of Establishment:</b> | <b>Maghera Day Centre</b> |
| <b>Establishment ID No:</b>   | <b>11299</b>              |
| <b>Date of Inspection:</b>    | <b>2 February 2015</b>    |
| <b>Inspector's Name:</b>      | <b>Dermott Knox</b>       |
| <b>Inspection No:</b>         | <b>20315</b>              |

**The Regulation And Quality Improvement Authority**  
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**General Information**

|   |   |
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| <b>Name of centre:</b>  | Maghera Day Centre  |
| <b>Address:</b>   | 26 Coleraine Road<br>Maghera<br>BT40 6AH  |
| <b>Telephone number:</b>  | (028) 7964 3360   |
| <b>E mail address:</b>  | john.holmes@northerntrust.hscni.net   |
| <b>Registered organisation/<br/>Registered provider:</b>              | Dr Anthony Baxter Stevens   |
| <b>Registered manager:</b>  | Mr John Holmes  |
| <b>Person in Charge of the centre at the<br/>time of inspection:</b>  | Mr John Holmes  |
| <b>Categories of care:</b>  | DCS-DE, DCS-LD, DCS-LD(E), DCS-MP, DCS-<br>MP(E), DCS-PH, DCS-PH(E), DCS-SI, DCS-TI |
| <b>Number of registered places:</b>                                   | 50  |
| <b>Number of service users<br/>accommodated on day of inspection:</b> | 37  |
| <b>Date and type of previous inspection:</b>                          | 10 March 2014<br>Primary Announced Inspection                                       |
| <b>Date and time of inspection:</b>                                   | 2 February 2015<br>10:20am– 5:00pm  |
| <b>Name of inspector:</b>   | Dermott Knox  |

## Introduction

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

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

## Purpose of the Inspection

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

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

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

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

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

## Methods/Process

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

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

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

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

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

### Consultation Process

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

|                        |   |
|------------------------|---|
| Service users          | 7 |
| Staff                  | 3 |
| Relatives              | 1 |
| 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     | 14 on day of inspection | 10              |

### 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

Maghera Day Centre opened in November 1980 and is a purpose built facility, all on one level. It provides care and therapeutic intervention to people over the age of 18 years, who have a disability. This may include a physical disability, acute health problem, sensory impairment, dementia, mental ill health, or a learning disability.

The Centre is open five days a week from 8.45am to 4.15pm Monday to Friday and has the capacity for 50 people daily. The geographical catchment areas include, Maghera town and the rural areas of Draperstown, Tobermore, Kilkronaghan, Swatragh, Upperlands, Tamlaght O'Crily, Innisrush, Clady and Gulladuff.

The aim of the service is to provide help and support to service users so they achieve and maintain optimum independence. Accommodation is designed to be accessible for people with disabilities and consists of five activity rooms, a therapy room; training kitchen; general kitchen; dining room; assisted toilet/shower facilities; hairdressing and laundry facilities. A staff changing area and office space are also provided.

There is an easily accessed therapeutic garden to the rear of the building, in which service users can pursue gardening activities or relax, in fair weather conditions. Activities such as boccia, bowls, cookery, armchair exercises and reminiscence sessions contribute to making the day's attendance enjoyable and varied for service users.

## Summary of Inspection

A primary unannounced inspection was undertaken in Maghera Day Centre on Monday 2 February 2015 from 10:15am until 5:00pm. Following the inspection the service provider submitted a self-assessment of the centre's performance in the one standard and two themes forming the focus of the inspection.

Most parts of the premises were well-maintained and in good decorative order. However, two requirements, both concerning premises issues, were made following this inspection. Each of these has been identified at previous inspections as requiring action. It is a matter of serious concern that the Trust has not complied with the relevant regulation in this regard.

The inspector was introduced to most of the service users attending the centre and met for discussions with seven people, either in groups as at lunchtime, or individually in informal settings. Individual discussions were held with the manager and three staff regarding the standards, team working, management support, supervision, monitoring and the overall quality of the service provided.

Discussions with all contributors' elicited positive views of the service provided in the centre and indicated a strong commitment by the manager and the staff team to comply with, or to exceed, the minimum standards for day care settings. Service users spoke highly of the staff and of the service they provided. Observed practice, throughout the day, indicated that service users had developed trusting and supportive relationships and that they enjoyed significant life enhancements through their participation in the centre's programmes.

There was evidence from discussions and in written records to indicate a good level of involvement of service users and their carers in discussions regarding their care plans and the activities in which they participated. Work with service users centred around four enablement programmes, 'Health and Wellbeing', 'Positive Living', 'Steps Toward Postural Stability

(STEPS) and 'Early Dementia' and staff have been trained specifically for leading these twelve week programmes.

The inspector wishes to acknowledge the constructive approach of the manager and staff throughout the inspection process and to thank the service users and carers who contributed information on the quality of the service.

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

Service users' files were found to be well organised and to contain all of the information required by this standard. A record of each service user's involvement and progress was kept in good detail and the frequency of record keeping exceeded the requirement of the minimum standards. The Day Care Workers each held keyworker responsibility for a number of service users' placements and maintained the records for those people. Records were regularly audited by the manager and were dip-sampled by the area manager during monitoring visits.

The Trust's written policies and procedures for recording and for reporting events were available to staff in the centre. Notifiable events and the reporting of these are included in the staff training programme and staff members confirmed their confidence in following procedures accurately. Staff also reported that they had ready access to senior staff should they need to seek guidance. A sample of the notifications of significant events was found to be satisfactory.

Maghera Day Centre was operating in compliance with this standard.

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

The manager reported that restraint was not used in Maghera Day Centre with any service user and that no instances of restraint or restrictive practice had been recorded. When reviewing a service user's individual care plan, issues regarding behaviour management techniques or any necessary diffusing practices are discussed by the manager, keyworker, carers and, where appropriate, the service user. Action plans are discussed to ensure that all interventions are proportionate and do not infringe service the user's human rights. The centre does not have locked entrance/exit doors and there is an enclosed garden area at the rear of the premises where any service user may spend time outdoors in safety.

Staff confirmed that there was no use of restraint or seclusion that service users' human rights are protected and they demonstrated an awareness of the Deprivation of Liberty Safeguards. (DOLS) – Interim Guidance.

The centre was judged to be operating in compliance with the criteria in this theme.

### **Theme 2 - Management and Control of Operations**

Monitoring arrangements put in place by the Trust were regular and a number of service users and staff members were being asked for their views on the quality of the service and on their levels of satisfaction. Some monitoring visits were unannounced and others coincided with the arrangement for supervision with the manager. Monitoring reports addressed all of the matters required by regulation. Two outstanding premises maintenance matters had been identified in monitoring reports but the necessary work has not been carried out. In this regard, the NHSC is not compliant with Regulation 26(2)(b) of the Day Care Setting Regulations (NI) 2007.

Staffing of the centre was satisfactory, with 3 full-time Day Care Workers, 5.8 (Whole Time Equivalent) Care Assistants, and part-time catering, domestic and clerical staff.

Formal supervision of staff and annual appraisals were completed in accordance with the Trust's procedures and in compliance with the minimum standards. The manager had systems in place for assessing the competence of staff, a measure that is particularly important for those who may have delegated responsibility for the centre, should the manager be absent.

Formal, individual supervision meetings were being held bi-monthly, as a minimum, and staff members reported a high level of satisfaction and confidence in these arrangements. Day Care Workers now provide the supervision for Care Assistants and there was evidence to confirm that this system was working constructively.

The centre was judged to be operating in compliance with the criteria in this theme, but not in compliance with Regulation 26(2) (b), in respect of two premises maintenance matters. (See Additional Areas Examined).



**Follow-Up on Previous Issues**

| <b>No.</b> | <b>Regulation Ref.</b> | <b>Requirements</b>  | <b>Action Taken - As Confirmed During This Inspection</b>   | <b>Inspector's Validation Of Compliance</b> |
|------------|------------------------|--|---|---|
| 1          | Regulation 20(2)       | Records of formal supervision meetings with staff showed that they had been held approximately six monthly and this should be developed to at least quarterly. | Formal, individual supervision meetings were being held bi-monthly, as a minimum, and staff members reported a high level of satisfaction and confidence in these arrangements.   | Compliant                                   |
| 2          | Regulation 26(2)(b)    | Chain-link fencing, at the front boundary of the day centre's grounds is neither functional nor safe and must be replaced at the earliest possible time.       | <p>The fencing at the front boundary was in a worse state than a year ago, when this requirement was made for the second time. The NHSCT is in breach of Regulation 26(2) (b).</p> <p>The requirement is repeated in the Quality Improvement Plan accompanying this report.</p> | Not compliant                               |

| <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>   | <b>COMPLIANCE LEVEL</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>Provider’s Self-Assessment:</b>   |                         |
| All files are kept and stored in accordance NHSCT policies and procedures. All files are kept in locked filing cabinets in the general office. All staff have attended the Trust training on Protection of Personal Information (POPI). The manager has attended the POPI training for Managers and as a result has written an Operational Procedure for the unit and each member of staff has been given same with further information on this topic at staff meeting on 11/9/13. All staff are computer aware in respect of password protection. We do have an issue with the location of the computer in Slievegallion Room which was highlighted in a Dementia Audit carried out by a senior member of the Mental health and Older Peoples Team, where the location of the computer point does not ensure confidentiality of the screen. I have asked estates to relocate this point to the opposite end of the room to enable the day care Worker to use the computer in a confidential way, this work is in hand. Until it is complete, the day care worker does not use the computer while service users are in the room. | Compliant               |
| <b>Inspection Findings:</b>  | <b>COMPLIANCE LEVEL</b> |
| The provider’s self-assessment was verified through examination of records and record keeping systems and from discussions with the manager and three staff members. Service users’ records were seen to be kept securely. The attention to security of information on computer screens is commendable.  | Compliant               |

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| <p><b>Criterion Assessed:</b></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>   | <p><b>COMPLIANCE LEVEL</b></p>                  |
| <p><b>Provider’s Self-Assessment:</b></p> <p>At this point in time, we have not had a request from a service user or anyone representing a service user, to see their case notes or records. If this were to occur, we would follow the Trusts policy and procedure . We do not have a record of access requests as we have had no requests, if and when a request is made , we will keep and maintain a record. All service users have been asked to complete a proforma which gives them the option of either agreeing or denying to the sharing of information with other health and social care professionals and this is in each service users file..</p> | <p>Compliant</p>                                |
| <p><b>Inspection Findings:</b></p> <p>Signed consent forms were present in each of the service user’s files examined at this inspection. This identified the individual’s agreement for the record to be made available to those who have the necessary authority. While there had not been any requests from service users to see their files, many of the records in each file had been shared with the person and had been signed by them to signify agreement with the contents.</p>   | <p><b>COMPLIANCE LEVEL</b></p> <p>Compliant</p> |

| <b>Criterion Assessed:</b>  | <b>COMPLIANCE LEVEL</b> |
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| <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> |                         |
| <b>Provider's Self-Assessment:</b>  |                         |
| <p>All service users files contain initial referral and assessment information from the referral agent, care plans and risk assessments. Files also contain Reviews and recorded minutes of review, care plans, which are amended to reflect changes in need or circumstances. All contacts with service users representatives or other professionals are recorded in the file as are incidents and associated outcomes.</p>  | Compliant               |
| <b>Inspection Findings:</b>   | <b>COMPLIANCE LEVEL</b> |
| <p>The sample of service users' records, examined at this inspection were found to be well-organised, complete and up to date. Two of the three files selected had a written life history while the third file had a form signed by the service user, stating that a life history should not be included. It was good to note the involvement of service users to the extent that permissions were sought for the inclusion of various optional records.</p>  | Compliant               |

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| <b>Criterion Assessed:</b><br>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.   | <b>COMPLIANCE LEVEL</b>              |
| <b>Provider's Self-Assessment:</b><br>The above would be standard practice within the unit.   | Compliant                            |
| <b>Inspection Findings:</b><br>Three service user's files were examined in detail and two others were checked briefly. Progress records for each service user were kept more frequently than the minimum requirement of the standards.  | <b>COMPLIANCE LEVEL</b><br>Compliant |
| <b>Criterion Assessed:</b><br>7.6 There is guidance for staff on matters that need to be reported or referrals made to: <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>              |
| <b>Provider's Self-Assessment:</b><br>All staff have had safeguarding Vulnerable Adult training at the appropriate level are aware of their responsibilities in respect of thi issue. Other guidance and direction is in the file Day Centre Guidance in The Managers Absence. Staff also have direction and guidance in the "Day Centre Guidance in The Managers Absence" file which is located in the General office. | Compliant                            |
| <b>Inspection Findings:</b><br>The provider's self-assessment was verified through examination of written procedures and guidance and from discussions with the manager and three staff members.  | <b>COMPLIANCE LEVEL</b><br>Compliant |

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| <p><b>Criterion Assessed:</b><br/>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><br/>The above would be standard practice in the unit and all records are available for inspection by the Area Manager and the registered manager</p>  | Compliant                                    |
| <p><b>Inspection Findings:</b><br/>Records were found to well-organised, legible, accurate and up to date. There was wide-ranging evidence to show that records were signed and dated by staff, as a matter of usual practice. Overall there was a high standard of record keeping.</p> | <p><b>COMPLIANCE LEVEL</b><br/>Compliant</p> |

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| <p><b>PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p> | <p><b>COMPLIANCE LEVEL</b><br/>Compliant</p> |
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| <p><b>INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p> | <p><b>COMPLIANCE LEVEL</b><br/>Compliant</p> |
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| <b>Theme 1 - The use of restrictive practice within the context of protecting service user’s human rights</b>   |                         |
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| <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>Restraint measures are not used in the unit. All care staff received the initial 3 day SCIPT training and also the 2 day RESPECT training with the annual refresher training, Staff have also had training on DOLS/Human Rights issues.</p>  | Compliant               |
| <b>Inspection Findings:</b>   |                         |
| <p>Training records confirmed that staff had been provided with training relevant to the issues of restrictive practice and service user’s human rights. Staff were alert to matters that might compromise a service user’s human rights and they confirmed that no restraint of any kind was used in the centre. Service users confirmed that they were treated with respect and that their wishes were always taken into account in relation to decisions on their care and activities within the centre.</p> | Compliant               |

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| <p><b>Regulation 14 (5) which states:</b></p> <p><b>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.</b></p>  | <p><b>COMPLIANCE LEVEL</b></p>                  |
| <p><b>Provider’s Self-Assessment:</b></p> <p>Restrain is not used in the unit. All staff have their RESPECT two day training with one day update and are fully aware of the process of using only touch support. We are aware of the need to have restraint programmes written up by the Challenging Behaviour Team for learning disability and the Behavioural Nurse for Mental Health and Older Peoples Team, where restraint may be required and the need to record and inform the C.B.T on each and every occasion restraint is used. At this point in time we have not needed to use restrictive practice or restraint.</p> | <p>Compliant</p>                                |
| <p><b>Inspection Findings:</b></p> <p>There was no indication in records, or from discussions with service users or staff members, that restraint of any kind is, or has been used in Maghera Day Centre.</p>  | <p><b>COMPLIANCE LEVEL</b></p> <p>Compliant</p> |

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| <p><b>PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p> | <p><b>COMPLIANCE LEVEL</b></p> <p>Compliant</p> |
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| <p><b>INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p> | <p><b>COMPLIANCE LEVEL</b></p> <p>Compliant</p> |
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| Theme 2 - Management and Control of Operations  | COMPLIANCE LEVEL               |
|---|--------------------------------|
| <p><b>Management systems and arrangements are in place that support and promote the delivery of quality care services.</b></p> <p><b>Theme covers the level of competence of any person designated as being in charge in the absence of the registered manager.</b></p>   |                                |
| <p><b>Regulation 20 (1) which states:</b></p> <p><b>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 -</b></p> <p><b>(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;</b></p> <p><b>Standard 17.1 which states:</b></p> <p><b>There is a defined management structure that clearly identifies lines of accountability, specifies roles and details responsibilities for areas of activity.</b></p>  |                                |
| <p><b>Provider’s Self Assessment:</b></p>   |                                |
| <p>The Day Centres Statement of Purpose is update regularly to include current staffing levels, staff experience and profession qualifications and management structure. The management structure is also displayed in notice board information ,throughout the unit. There is a system in place for a Duty Day Care worker rota. This delegates responsibility to a named day care Worker who supports the manager and is responsible for the unit in the managers absence. The Trust recently identified and provided training for day care Workers who take responsibility in the Managers absence, it focused on, Time Management, Communication and Assertiveness, Team Working, Motivating Staff, Appraisal and k.S.F. Review, and R.Q.I.A. Inspection and Expectation.</p> | <p>Compliant</p>               |
| <p><b>Inspection Findings:</b></p>  | <p><b>COMPLIANCE LEVEL</b></p> |
| <p>The management and staffing structures were clearly set out in the statement of purpose. Staff members confirmed their understanding of the lines of accountability and the reporting arrangements. The system for providing continuing management of the centre, in the absence of the registered manager, had been established and there was recent evidence to show that this was working well.</p>   | <p>Compliant</p>               |

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| <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>There is a formal supervision programme in place in the unit in keeping with the Trusts policy on Supervision of staff. The manager is supervised by the area manager on a monthly basis. The manager supervises the Day Care Workers every three months, or more frequently if required by either party. The day care workers supervise the support care assistants in their respective rooms. The Area Manager supervises the Registered manager on a monthly basis. Any issues raised by the care assistants are fed back through the day care workers to the manager in their supervision. The manager makes himself available to all staff at all times to address any issues that require immediate response. The area manager is available to offer support and guidance to the manager at all times either by telephone or e-mail. All students are allocated a staff member to mentor and supervise for the duration of the placement. We do not have any volunteers in the unit.</p> | Compliant                            |
| <p><b>Inspection Findings:</b></p> <p>There was both written and verbal evidence to verify the provider's self-assessment, above. Staff members stated their satisfaction with the supervision arrangements and confirmed that there was a very positive and constructive support system in place within the centre.</p>  | <b>COMPLIANCE LEVEL</b><br>Compliant |

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| <p><b>Regulation 21 (3) (b) which states:</b></p> <ul style="list-style-type: none"> <li>• (3) For the purposes of paragraphs (1) and (2), a person is not fit to work at a day care setting unless –</li> <li>• (b) he has qualifications or training suitable to the work that he is to perform, and the skills and experience necessary for such work</li> </ul>  | <p><b>COMPLIANCE LEVEL</b></p>                  |
| <p><b>Provider’s Self-Assessment:</b></p> <p>The qualifications of all staff are stated in the Statement of Purpose, manager has Certificate in Social Services (C.S.S.). One Day care Worker has C.S.S, two Day Care Workers Have N.V.Q.level 3. All of the Care Assistants have attained either N.V.Q. level 2 or Q.C.F level two. All staff undertake mandatory training and apply for training as it becomes identified through K.S.F review or as new needs develop..</p> | <p>Compliant</p>                                |
| <p><b>Inspection Findings:</b></p> <p>Maghera Day Centre has a well-trained and well qualified staff team. Staff who met with the inspector confirmed that there were good training opportunities, in addition to the annual mandatory training, and that they were well supported in this regard.</p>   | <p><b>COMPLIANCE LEVEL</b></p> <p>Compliant</p> |

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

## **Additional Areas Examined**

### **Premises**

On arriving at Maghera Day Centre it was evident that the front boundary fence remains in an unfit state, with parts of it being broken down and being potentially hazardous. The replacement or repair of this fence was stated as a requirement in two previous inspection reports. The NHSCT is operating in breach of Regulation 26(2)(b) in that the premises are not being kept in a good state of repair. This requirement is re-stated in the accompanying Quality Improvement Plan and must be addressed satisfactorily by the end of April 2015.

Floor coverings in the front entrance foyer and in the adjacent Tirnoney Room were in a poor state and should be replaced at the earliest possible time. The manager stated that the Trust agreed in 2013 to have this work done, but no action has followed in a period of two years. The NHSCT is operating in breach of Regulation 26(2)(b) in that the premises are not being kept in a good state of repair. This requirement is re-stated in the accompanying Quality Improvement Plan and must be addressed satisfactorily by the end of March 2015.

## **Quality Improvement Plan**

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

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



## Quality Improvement Plan

### Primary Unannounced Care Inspection

#### Maghera Day Centre

2 February 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 Mr John Holmes, 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     |
|-----|----------------------|--|------------------------|--|---------------|
| 1   | Regulation 26(2)(b)  | Chain-link fencing, at the front boundary of the day centre's grounds is neither functional nor safe and must be replaced at the earliest possible time. | Three                  | Existing fencing being replaced - Job No 386952        | 30 April 2015 |
| 2   | Regulation 26(2)(b)  | Floor coverings in the front entrance hall and in the adjacent Tirnoney Room were in a poor state and should be replaced at the earliest possible time.  | Two                    | Existing floor covering being replaced - Job no 386938 | 31 March 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:

|   |                               |
|---|-------------------------------|
| <b>Name of Registered Manager Completing Qip</b>                                | John Holmes                   |
| <b>Name of Responsible Person / Identified Responsible Person Approving Qip</b> | Dr Tony Stevens<br>Una Cuning |

| <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                  | Yes        | D Knox           | 11/03/15    |
| Further information requested from provider                   | No         |                  |             |