



The **Regulation** and
Quality Improvement
Authority

Primary Announced Care Inspection

Name of Establishment:	Willowbank Resource Centre
Establishment ID No:	10711
Date of Inspection:	26 September 2014
Inspector's Name:	Maire Marley
Inspection No:	20459

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

Name of centre:	Willowbank Resource Centre
Address:	Carland Road Dungannon BT71 4AA
Telephone number:	(028) 8772 2821
E mail address:	ann@willowbankcommunity.org
Registered organisation/ Registered provider:	Mrs Ann Marie McGlone
Registered manager:	Mrs Ann Marie McGlone
Person in Charge of the centre at the time of inspection:	Mrs Ann Marie McGlone
Categories of care:	MAX, DCS-SI, DCS-PH, DCS-MAX
Number of registered places:	30
Number of service users accommodated on day of inspection:	9
Date and type of previous inspection:	29 January 2014 Primary Unannounced Inspection
Date and time of inspection:	26 September 2014 10.00am-4.00pm
Name of inspector:	Maire Marley

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	9
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	9	6

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.

Profile of Service

Willowbank Resource Centre Ltd is a charitable organization which is located on the hospital site in Dungannon Co Tyrone.

The centre was established in 1962 and the Organisation- in-Control is the Volunteer Board of Directors which is registered with Companies house. The centre provides a range of support services for people with physical disability and sensory impairment.

Willowbank provides maximum placement for 25-30 persons each week day. The arrangements for attendance are flexible and are tailored to meet the assessed needs of service users.

Summary of Inspection

This announced primary care inspection of Willowbank Resource Centre was undertaken by Maire Marley on 26 September 2014 between the hours of 9.30am and 4.30pm. The registered manager Mrs Anne McClone was available throughout the inspection.

A poster was displayed at the entrance to the centre to inform service users, representatives and professionals of the date and time for this inspection.

The three requirements and three recommendations made as a result of the previous inspection undertaken in 29 January 2014 were examined. Observations and discussion demonstrated that the centre had in the main responded positively to the requested improvements. Details of the action taken can be viewed in the section following this summary.

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 and The Day Care Settings Regulations (Northern Ireland) 2007. During the inspection the inspector used the following evidence sources;

- Discussion with staff
- Discussion with service users
- Observation of practice
- Examination of a sample of service user individual file records including evidence of behaviour management and support assessments, complaint record, staff training record, individual staff records, incident and accidents records, evidence of service user consultation, monthly monitoring records; statement of purpose; service users guide and policies & procedures
- Tour of the premises

Prior to the inspection the provider submitted a self-assessment of the one standard and two themes inspected. The registered provider's responses were examined and were not altered in any way by the RQIA.

There were six questionnaires returned in time for inclusion in this report. Staff consulted on the day reported satisfactory arrangements were in place with regard to NISCC codes of practice, supervision, staff training, staffing and management arrangements. Satisfaction was also reported in regard to responding to service users' behaviour; confidentiality and recording.

Staff commented positively in regard to the quality of care provided which was described as “excellent”, “service users are involved in every aspect of service.”

During the inspection, the inspector was introduced to all of the service users who were in the day care centre. The inspector spoke directly and in private with nine service users in order to gather evidence for the standard inspected and the two themes. Service users were content with the service provided and confirmed if they had any concerns or issues they would speak with the registered manager who is based in the centre or any of the staff. The day centre is committed to actively involving service users in all aspects of their care. Willowbank promote a positive attitude towards disabled people and encourage participation by service users in all aspects of community life.

Service users presented at ease in their environment and staff were observed interacting with them in a respectful manner. No issues or concerns were identified on this occasion.

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 organisation had written policies and procedures pertaining to the management of records, recording and reporting, data protection, access to records and protecting the confidentiality of service user information. The policies and procedures were available for staff reference and were deemed satisfactory.

During the inspection the inspector noted that care records were securely stored and office desks were free of confidential information.

The inspector spoke with four members of staff regarding the standards inspected, their views about working in the centre and the quality of service provided. During discussion staff competently answered questions in regard to confidentiality, access to records and the storage of records.

Each service user has a nominated keyworker who completes a record for at least weekly. It is recommended that the keyworker’s daily notes are more robust.

Service users consulted confirmed they contributed to and agreed care plans at annual reviews and were also involved in the event of any changes to their agreed plan. There was good evidence to demonstrate that staff worked in a person centred manner.

Written guidance is available for staff on matters that need to be reported to the relevant health or social care professionals and other statutory bodies.

Observations of practice, discussion with staff and service users along with the review of four individual care files provided evidence that the centre is performing well regarding storage of service user’s information, recording procedures and reporting information on to professionals involved in the service users’ care.

Based on the evidence reviewed the inspector assessed the centre as compliant in this standard.

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

The day centre had policies and procedures regarding restrictive practice and these are reflective of current national, regional and locally agreed protocols and guidance.

The Deprivation of Liberty Safeguards (DOLS), document was discussed with the management team and staff who all demonstrated awareness of the guidance. The inspector was informed the guidance had been discussed with the staff team during meetings and in supervision. A copy of the document was available to the staff team for reference.

There was clear evidence that a human rights approach directs the care provided within the centre and service users are actively involved in all aspects of their care and support. Information on the Human Rights Act was available for service users in an easy read format. This is commended.

Evidence available from discussions with service users, staff and a review of the written records, verified there was no restraint in this centre.

Observations of group interactions during the inspection confirmed that service users responded positively to members of the staff team and it was evident a good rapport had developed between staff, service users and their families.

Based on the evidence reviewed the inspector agreed with the provider's self-assessment and has assessed the centre as compliant in this theme.

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

There was evidence that the registered manager had a range obtained an ILM Level Five Diploma in Health & Social Care Management and had years' of experience working in the caring profession. Staff working in the centre has acquired a range of vocational qualifications commensurate with their roles and responsibilities.

The inspector was informed that the registered manager and day care workers are registered with the NISCC.

The organisational structure was clearly set out in the statement of purpose. Staff confirmed their awareness of reporting arrangements within the organisation should any notifiable event occur.

Staff were clear in regard to their roles and responsibilities and there was evidence that the management arrangements are suitable with appropriate policies in place for the operation of the day care centre.

There was evidence from discussions with staff that they promote positive attitudes towards service users and encourage them to take control of all aspects of their lives.

The registered manager had arrangements in place for the supervision and performance appraisal of the staff team. During discussions with staff they expressed that they felt supported by the management team. A review of staff training revealed that mandatory training was up to date. It is recommended that a competency and capability assessment is completed for any person left in charge of the centre in the absence of the registered manager.

There was evidence of monitoring arrangements that included monthly announced monitoring visits. The organisation complete an annual review of the service based on service users experience. The annual quality report encompassed all areas of service delivery and provided information on areas for improvements.

Based on the evidence reviewed the inspector has assessed the centre as compliant in this theme.

Additional Areas Examined

During the inspection the inspector examined the complaints record, the files pertaining to six service users, validated the registered manager's pre-inspection questionnaire and reviewed the environment.

The inspector undertook a tour of the premises and found all areas to be clean and fresh. The walls of the centre are adorned with work undertaken by service users and the inspector was impressed with the photographs taken by a service user who had joined a camera club.

As a result of this inspection three recommendations have been made. Details can be found in the Quality Improvement Plan attached to this report.

Matters identified during this inspection were discussed with the responsible person and registered manager, assurances were given these would be addressed within an agreed timescale as highlighted in the appended Quality Improvement Plan.

The inspector wishes to acknowledge the work undertaken by the registered 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 and engaged with the inspector and the parents who participated in the inspection process.

Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	4 &5 Schedule 1	Ensure the statement of purpose and service user guide documents are compliant with and include all components listed at regulation 4 and 5 of the regulations. The provider should use the minimum as guidance in this regard. Furthermore, each document should be devised in a format accessible for all service users.	The statement of purpose and service user guide documents were examined. The documents had been revised and were deemed satisfactory.	Compliant
2	28.1	Written procedures shall be in place detailing arrangements for assessing and monitoring the quality of service provision. Monitoring visits and reports will be completed monthly.	There was evidence that written procedures were in place and included the arrangements for assessing and monitoring the quality of service provision.	Compliant
3	Refer to 28.2 28 (4) (c)	The registered provider shall maintain a copy of the report and make it available on request to a service user or his representative; Service users and representative as appropriate are aware of the purpose of quality monitoring visits.	On the day of inspection copies of the monthly monitoring visits were available in the centre. The reports had been made available to service users.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	13.4 & 13.10 & 21.8	All training records should include: <ul style="list-style-type: none"> • Date training session/s carried out • Length of the training session • Contents of training session • Staff signatures • Name and qualifications of the facilitator • Evaluation of the training session. 	Training records viewed were compliant with standard 13.	Compliant
2	17.10	To ensure the organisation is being managed in accordance with minimum standards monitoring visit and report should be qualitative based, see comments made at 17.10 in the attached report.	The monthly monitoring reports viewed on the day were found to be satisfactory.	Compliant

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
<p>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.</p>	
Provider’s Self-Assessment:	
<p>The organisation is compliant with current practice in relation to Data Protection, this is evidenced through our data protection policy. training in Data Protection has been delivered to support staff who are aware that we keep information only that is relevant accurate and current. Support staff are aware of the importance of confidentiality and will store and retrieve safely service user files for updating. Files are stored in a locked cabinet in the staff office. Files are never removed from the premises The key is stored in a safe key box the key box is located in the main office. The building has a buzzer system so we are able to monitor who is entering the building, this does not impinge on the freedom of movement of service users who can leave the building by simply pressing the release button. When the building is not in use it is protected by an alarm system linked to a central station which will alert key holders and the PSNI, there is also 24 hour CCTV in operation outside the building. Support staff and service users are aware that in circumstances where there is a risk to an individual(s) it may be necessary to share information with other agencies for example in the case of a vulnerable adults issue. The service user will be informed of the need to share information and will know exactly what information is being shared and why. Where files contain information from third parties their consent will be sought before such information is shared.</p>	Compliant
Inspection Findings:	COMPLIANCE LEVEL
<p>The information outlined in the provider’s self -assessment was validated in the review of the policies and procedures and discussion with staff. During these discussions management and staff demonstrated that they were fully familiar with the duty of confidentiality and their role and responsibility in regard to the management of service users’ personal information. Records requested on the day were stored securely.</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>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment:</p>	
<p>The organisations policy on access to the individuals file is one of open access, service users can request at anytime to see their own file. If a service user has given permission to persons acting on his/her behalf to have access to their file this will be accomodated subject to the permission being provided in writing. Where a service user has requested access to their file or access to information by others acting on their behalf this will be recorded.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>Staff working in the centre revealed they were knowledgeable regarding consent and access to records commensurate with their role and responsibilities. There were examples in care records of service users being fully involved and agreeing the content of their care and learning plan.</p>	<p>COMPLIANCE LEVEL</p> <p>Compliant</p>

<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>At the point of referral the referring agent SHSCT carries out a comprehensive multi-disciplinary assessment, this will include relevant information about the individual the nature of their disability any impact this has on their general health and wellbeing, medication mobility and any associated risks in using transport provided or the day care service. The referring social worker will ensure that this a PCP assessment. This information in conjunction with the input from the individual service user will inform the individuals care plan staff are trained to a PCP approach to this work . The care plan is not a static document it will be updated if there are any changes in circumstances. Agreed objectives will be set these are reviewed periodically and again may change over time the service user will be party to these changes and will sign the updated information. Our primary relationship is with the individual service user however there are times when we may need to involve their representatives for example at review or if there are concerns about the persons wellbeing this will be documented and placed in the service users file</p>	<p>Compliant</p>
<p>Inspection Findings:</p> <p>There was evidence in the random sample of care files examined that each service user had a care record in accordance with this criterion. Records viewed were up to date and appropriate risk assessments were in place.</p>	<p>COMPLIANCE LEVEL</p> <p>Compliant</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.	COMPLIANCE LEVEL
Provider's Self-Assessment:	
At weekly meetings keyworkers report on each person and entries are made accordingly in the individuals file	Compliant
Inspection Findings:	
There was evidence that the identified care worker makes a weekly entry in the service user's record. It was noted these records were not robust and should be further developed.	Compliant
Criterion Assessed:	
7.6 There is guidance for staff on matters that need to be reported or referrals made to: <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:	
At induction and in training staff are made aware of the need to report accidents, incidents, and near misses. They are aware of the need to report concerns that may result in a PVA 1. staff will document appropriately and pass same to the Manager who will in turn report the matter on accordingly. A report on accidents and incidents is part of the monthly monitoring report that is carried out by one of our Directors. A policy document on reporting of adverse incidents is available for staff to refer to, the policy file is regularly reviewed and updated with copies produced in both English and Portuguese, as we have an employee who has English as a second language.	Compliant
Inspection Findings:	
The registered manager and staff consulted were familiar with the reporting arrangements within the organisation and issues that required to be reported under safe-guarding procedures. The inspector viewed the policies and procedures pertaining to communication, confidentiality, consent, and management of records and found them to be satisfactory.	COMPLIANCE LEVEL 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 are kept in line with best practice in terms of being legible up to date and signed . They are reviewed periodically by the manager and signed off by her.</p>	Compliant
<p>Inspection Findings: A sample of service user individual records were reviewed and found to be legible, accurate, up to date, signed and dated by the person making the entry. Staff consulted were aware of their responsibility in relation to maintaining accurate records and the purpose of such records. Staff spoken with and those who completed inspection questionnaires confirmed that procedures are in place to achieve 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</p>
	<p>Compliant</p>

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

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>We have a policy on restraint that is in line with DHSSPS Guidance, the policy was cowritten by service users and spells out an early intervention approach to managing challenging behaviour should it arise. Staff are trained in Managing Challenging behaviour, de-escalation and the legislation that underpins the appropriate use of restraint the reporting obligations and a temperate use of restraint should it be used (DOLS) Human Rights Act. Staff are aware that restraint or seclusion would only be used as a last resort if the safety of the individual or others was at risk . We are a rights based organisation and would not be engaging in any practice that would impinge on the Human Rights of an individual using our service</p>	Compliant
Inspection Findings:	
<p>The day centre had the appropriate policies and procedures to direct and guide staff in regard to restrictive practices as detailed in the provider’s self-assessment.</p> <p>The records examined provided evidence that restrictive practices were not used in this centre. Discussion with staff revealed they did not anticipate any occasion when restraint would need to be used with the current service user group. Furthermore, service users confirmed that they had never seen any practice that was restrictive and confirmed they were free to move around the centre or leave at any time.</p> <p>A review of care records and observations confirmed the information detailed in the provider’s self- assessment.</p> <p>Appropriate policies and procedures pertaining to assessment, care planning and review; managing aggression and challenging behaviours were in place and available for staff reference.</p>	Compliant

<p>The registered manager is a member of Human Rights Consortium and it was very evident that a human rights approach directed all aspects of the service within the centre.</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>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p>	
<p>We have never used restraint but are aware of our obligation that should it be used we are required to record the circumstances and the nature of the restraint. We are also aware of the need to report this to RQIA as soon as possible</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	<p>COMPLIANCE LEVEL</p>
<p>Willowbank Resource Centre had policies and procedures to direct and guide staff in regard to restraint. The registered manager and staff reported that restraint had never been used in the centre and there were no records of such practices.</p>	<p>Compliant</p>

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

<p>INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p> <p>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>We have a defined management structure that identifies lines of accountability, service users and staff are aware of this structure. Staff all have individual Job descriptions and clearly defined roles and responsibilities, staff have regular supervision, daily team briefings and weekly team meetings. The manager and her deputy operate an open door policy and are easily accessible should staff need additional support. We are very fortunate that we have no issues with staff sickness/absence and we therefore don't need to use agency staff. The qualifications and experience of the Manager and other staff is documented in our statement of purpose as are the number of years worked by the individual in the care sector generally and Willowbank specifically.</p>	<p style="text-align: center;">Compliant</p>

Inspection Findings:	COMPLIANCE LEVEL
<p>The information outlined in the provider’s self- assessment was validated during the review of records and discussion with two members of staff. The management structure is clearly set out in the centre’s statement of purpose. Examination of the staffing rota, provided evidence that adequate staffing numbers were maintained in the day care setting. The registered manager is based in the day centre and is available daily. Staff consulted were aware of their roles and responsibilities and there was evidence that staff had received a range of training that included challenging behaviour. Mandatory training was seen to be up to date. In the event of the absence of the registered manager the deputy manager would assume responsibility for the day centre. A competency and capability assessment must be completed for any staff member left in charge of the centre in the absence of the registered manager.</p> <p>A review of the monthly monitoring reports found that visits were undertaken monthly. The monitoring reports included the views of service users and staff and provided an adequate assessment of the service provision in regard to the regulations and minimum standards.</p> <p>Overall there was evidence that this is a well-established centre with sound management arrangements in place.</p>	<p>Substantially compliant</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 	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p> <p>Annual appraisals are carried out and supervision takes place regularly normally each six-eight weeks the frequency of this can change if needed. In terms of the day to day operations staff are supervised by K.L. Deputy manager who in turn is supervised by AMG Manager. A policy is in place in the event of the Manager being absent from her role and the new role of deputy manager has been created with training and mentoring underpinning this so that the deputy is conversant with all regulatory obligations. .</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	<p>COMPLIANCE LEVEL</p>
<p>Records showed that formal supervision was being provided as detailed in the provider’s self -assessment. Staff confirmed that informal day to day supervision was readily available and there was evidence of regular staff meetings. Staff expressed that the management team were very approachable and supportive.</p>	<p>Compliant</p>

<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 	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p>	
<p>As per our statement of purpose staff undergo a rigorous on the job and mandatory training regime we aim to have all staff qualified or working towards qualification at a minimum of NVQ Level Two. We currently have the registered Manager who has NVQ Level 5, the Deputy Manager who is undertaking her NVQ Level 5 this academic year, two staff with NVQ Level 3, two staff with NVQ Level 2 and one trainee. We use the NISCC induction for staff new to the organisation and as a base line for moving to Level 2, we have one trainee care worker who will undertake her NVQ 2 next year. Staff are encouraged to take personal responsibility for their professional development and this is supported by management so far as is reasonably possible.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>Records showed that formal supervision was being provided quarterly. Staff confirmed that informal day to day supervision was readily available and there was evidence of regular staff meetings. Staff expressed that the management team were very approachable and supportive. Throughout the day the inspector observed that service users were in and out of the office chatting to the clerical officer, it was obvious a supportive relationship had been developed between the staff member and service users. It was recommended that protection of vulnerable adult training is provided to this support member of staff. Mandatory training was up to date for other staff and dates for refresher training organised.</p>	<p>Compliant</p>

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

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

Additional Areas Examined

Complaints

The information on complaints submitted by the registered provider prior to the inspection was examined and indicated that the centre had received two complaints for the year 2013. On the day of inspection the complaint record maintained in the centre was reviewed and confirmed that the complainants were satisfied with the action taken.

The registered manager and staff were fully aware of the complaints procedure and the action to take should a service user express dis-satisfaction with any aspect of the service.

Registered Manager Questionnaire

The registered manager submitted the completed questionnaire prior to the inspection. A review of the information found all questions had been addressed and were validated during this inspection.

Statement of Purpose

A review of the statement of purpose found it to be in keeping with regulations.

Service Users Guide

A review of the statement of purpose found it to be in keeping with regulations.

Environment

The inspector viewed the day centre environment. All areas were found to be clean and fresh smelling. The inspector undertook a tour of the premises and found all areas to be clean and fresh. The walls of the centre are adorned with work undertaken by service users and the inspector was impressed with the photographs taken by a service user who had joined a camera club.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Ann Marie McGlone, 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:

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



Quality Improvement Plan

Primary Announced Care Inspection

Willowbank Resource Centre

26 September 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 Anne McClone, registered manager during 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.

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	7.5	The registered manager should confirm that the entries made in each service users' care records have been further developed.	One	Staff have been briefed in line with the inspectors comments . staff are making sure records are further developed	No later than 30 November 2014
2	13.4	The registered manager should confirm that the identified staff member has received training on the protection of vulnerable adults.	One	Training on Protection of vulnerable adults has been delivered to the identified staff member	No later than 30 November 2014
3	17.4	The registered manager should confirm that a competency and capability assessment has been completed for any staff member left in charge of the centre.	One	We have adapted the proforma used by SHSCT in line with the Standards for Day care. A competency and capability assessment has been carried out with relevant staff.	No later than 30 November 2014

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	Ann McGlone
Name of Responsible Person / Identified Responsible Person Approving Qip	Ann McGlone

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	M. Marley	6/1/15
Further information requested from provider			