Primary Announced Care Inspection

Name of Service and ID:	**Willowtree House Beacon Centre (10717)**
Date of Inspection:	**16 June 2014**
Inspector's Name:	**Suzanne Cunningham**
Inspection No:	**17622**

The Regulation And Quality Improvement Authority
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Name of centre:	Willowtree House Beacon Centre
Address:	25 Glasvey Drive Twinbrook Belfast BT17 0DB
Telephone number:	028 9061 1197
E mail address:	willowtree@beaconwellbeing.org
Registered organisation/ Registered provider:	NI Association for Mental Health Miss Rose Anne Reynolds
Registered manager:	Mr Paul Crawford
Person in Charge of the centre at the time of inspection:	Mr Paul Crawford
Categories of care:	MP; MP(E)
Number of registered places:	12
Number of service users accommodated on day of inspection:	9
Date and type of previous inspection:	3 October 2014 Primary announced inspection
Date and time of inspection:	16 June 2014 10:00 – 14:15
Name of inspector:	Suzanne Cunningham

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	5
Staff	2
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	3	1

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

The Northern Ireland Association for Mental Health (NIAMH) opened Willowtree House, then known as Twinbrook drop in or Beacon Centre, on 10 December 1990. The overall aim of the setting is to provide support to people within the community who have mental ill-health issues.

From its base at 25 Glasvey Drive, Twinbrook Estate, Willowtree House provides service to the greater Lisburn area. The day centre is based in an end of terrace house adjacent to a nursery and primary school and within a few minutes' walk of all local shops and amenities. It is situated close to public transport routes.

Willowtree House is staffed by NIAMH and they maintain strong working links with several local health and community organisations for example Lisburn and Stewartstown Road Community Mental Health Teams (CMHT's), Citizen Advice Bureau (CAB), Colin Neighbourhood Forum, Oaklee Housing, Habinteg, Northern Ireland Housing Executive (NIHE) and others.

The philosophy of care is based on the principles of normalisation, therefore promoting choice, participation, dignity and integration for the members is of primary importance as well as the principle of recovery which relates to taking control of one's life.

Summary of Inspection

A primary inspection was undertaken in Willowtree House Day Centre on 16 June 2014 from 10:00 to 14:15. This was a total inspection time of four hours and fifteen minutes. The inspection was announced.

Prior to this inspection the provider submitted a self-assessment of the one standard and two themes inspected. 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 and the providers' statements were verified. 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 behaviour management and support assessments; the complaints record; staff training record; individual staff records; incidents and incident and accidents record; 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 the manager and two staff regarding the standards inspected and their views about working in the centre. This generated positive feedback regarding records and reporting arrangements including recording; planning, meeting the individual needs of each service user and the management arrangement's in this day care setting. The inspector gauged from these discussions that staff have clear procedures in place to motivate service users to take part in activities that will assist with their recovery and long term health with the overall aim of improving the service user's quality of life.

One questionnaire was returned by member of staff who reported satisfactory arrangements were in place with regard to NISCC codes of practice; supervision; staff training; staffing and management arrangements; responding to service users' behaviour; confidentiality and recording. Positive comments were made regarding the quality of care that was provided; which the staff member described as: "It is of an excellent standard".

The inspector spoke with five service users in a group who were in the day care setting at the time of the inspection to gather evidence for the standard inspected and the two themes. The discussion revealed service users were aware records were kept about them by the staff. They described they can write their own records regarding attending the centre which is encouraged by staff, they confirmed they sign the records and read the content of plans and assessments. One service user had accessed his record and was supported by a staff member to read the reports. The service user described he was able to identify his progress since staring in the day care setting and felt accessing his individual file was beneficial for him. Service users were aware Paul Crawford was the manager and were able to discuss his role and the support workers role in the day care setting. Service users told the inspector this centre was important for them because it was a source of support, a social experience for them that gave them confidence, became part of a healthy and motivating routine, it is a place where they can access 1 to 1 support and somewhere where they can laugh and be among people who have some understanding of their diagnosis. Service users said they can approach all staff, Paul is a brilliant manager, staff are good and there is always someone about.

The previous announced inspection carried out on 3 October 2013 had resulted in three requirements regarding the description of the review in the service user guide and statement of purpose and the policy and procedures; notification of an incident to RQIA; and the regulation 28 visits. Improvements had been made and the centre was compliant regarding these requirements. Two recommendations were made regarding consultation with service users prior to their review and arrangements to ensure reviews happen. The inspector concluded arrangements had been improved in all of these areas and the centre had achieved compliance.

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.

Six criteria were inspected which examined the standard achieved in this centre with regard to individual service user records and reporting arrangements. The criteria inspected comprised of the seven areas within standard 7 and these were all assessed as compliant. No requirements or recommendations are made regarding this standard.

Observations of service users; discussion with staff; and review of three service users' individual files provided evidence that the centre is performing well regarding standard 7. Policies and procedures were in place and do describe how service user's information should be kept, specify recording procedures and describe access. The service user guide describes the information kept about service users, confidentiality and accessibility.

The inspector concluded the centres process of maintaining and updating service users' records presents as well managed and is focussed on person centred practice. Based on the evidence reviewed the inspector assessed the centre as compliant in this standard. No requirements or recommendations are made with regard to 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 undertaken any restraint of service users and it is not part of anyone's day care plan, therefore no incidents have been or would be reported through to RQIA under current arrangements.

Discussion 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. This setting does not use restraint or seclusion and staff discussed if service users behaviour escalates they use diversion, good communication, calming, diffusing techniques and knowing their service users' needs, diagnosis, treatment plan and personality. 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. All of the criteria were assessed as compliant.

No requirements or recommendations are made with regard to this theme. The inspector concludes the arrangements in place for the registered manager to manage this day care setting are compliant with the criterion. Staff in post reported they are confident that the arrangements in place which they assured the inspector ensures the service is delivering a service that is compliant with regulations and standards; furthermore the service is meeting the needs of the service users who attend the setting. Based on the evidence reviewed the inspector has assessed the centre as compliant in this theme; no requirements or 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, reviewed the staff 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, there is a clear approach of social support to this day care setting which is consistent with the day care settings statement of purpose and presents as improving outcomes for service users.

As a result of the inspection no requirements or recommendations have been made. This was reported to the management team at the conclusion of the inspection.

Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	4 (1) (c) 5 (1) (a)	The registered manager must review the content of the statement of purpose; service user guide and policy and procedure to ensure these documents accurately describe the timescales and process for the service user's first and annual review.	The improvements had been implemented.	Compliant
2.	29	The registered person must ensure arrangements are in place to ensure incidents and accidents, as defined within this regulation, are notified to RQIA. For example the incident referred to as 09.08.13. Furthermore this incident must be reported to RQIA without delay.	This had been completed.	Compliant
3.	28.5	The registered person must ensure service users and their representatives are made aware of the regulation 28 visits and report. Information must be made available to service users, it must describe the visits and describe arrangements for service users to access the reports on their request.	This had been improved.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	15.4	The registered manager must ensure arrangements are in place to evidence a review report is written prior to the review meeting. The development of a review report can be done in partnership with the service users and could be in a report form or other format such as a questionnaire which seeks the service user's views, wishes and feelings with regard to attending the day centre and their care plan, where appropriate. If this is not possible views of their representative should be evidenced.	This had been improved.	Compliant
2.	15.5	The registered person should make arrangements for the reviews process in this day care setting to be reviewed to monitor if the reviews have been held, any significant information to be followed up; and a general review and comment regarding compliance with standard 15.5.	This had been improved.	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: 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.	**COMPLIANCE LEVEL**
Provider's Self-Assessment:	
The legal and ethical duty of confidentiality in respect of service users personal information is maintained in accordance with NIAMH policies and procedures covering Confidentiality(RP/07), Data Protection(CS/06), Storage and Destruction of Closed Files(MA/14) and Safeguarding Vulnerable Adults(BS/2). NIAMH Data Protection Policy gives individual service users the right to have access to personal information relating to themselves where this information is being held or processed by NIAMH as outlined in 5.02.. Confidentiality in respect of obtaining, handling, use of, storage and retention of service user information and documentation is detailed in Sections 2.0 to 2.4 of NIAMH Confidentiality Policy, RP/07(a). All service user personal information held at scheme is stored in individual files within a locked cabinet. These procedures are supported by Safeguarding Vulnerable Adults Policy, BS/2, Sections 5.3 and 5.4. Good practice in relation to the Storage and Destruction of Closed Files is described in NIAMH Policy MA/14. Staff understanding of their legal and ethical duty is assessed and evidenced in Section A of the Induction and Foundation Framework undertaken by all staff prior to being confirmed in post, and in the "New Employee Orientation & Induction" workbook completed by staff as part of their induction. The DHPSSPS Code of Practice on Protecting the Confidentiality of the Service User is available on scheme to provide additional practical guidance on decision-making regarding the disclosure of service user personal information.	Compliant

Inspection Findings:	**COMPLIANCE LEVEL**
The inspector reviewed three service user individual records and they presented as compliant with schedule 4. The files are kept in a locked cabinet and recording is completed by the staff on duty or the service user. The settings policies and procedures pertaining to the access to records, communication, confidentiality, consent, management of records, monitoring of records, recording and reporting care practices and service user agreement are consistent with this criterion and are available for staff reference. Recording practices and storage of service user information also presents as reflective of current national, regional and locally agreed protocols re confidentiality. Discussion with staff validated management and staff knowledge about the duty of confidentiality and their role and responsibility to record ensure the quality of recording and manage service user's personal information appropriately. Discussion with service users revealed they had been informed regarding confidentiality of personal information and recording practices in the day care setting.	Compliant
Criterion Assessed: 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. 7.3 A record of all requests for access to individual case records/notes and their outcomes should be maintained.	**COMPLIANCE LEVEL**
Provider's Self-Assessment:	
7.2 Current information in R/R/101 is contained in Beacon Member Notes p.19. A new draft referral procedure expands on this in R/R/102 Sections 7 and 14. In both sections members are reminded that they have open access to their files; they are also encouraged to input to their files participatively and by writing their own notes for example. Section 14 of R/R/102 contains additional information for Beacon Members wishing to access their files following discharge from the service. The Beacon Members Guide also provides relevant information to all new members. Sections 1.3 and 1.5 outline both content and open access arrangements to members files. 7.3 Section 6.0 of Corporate Policy no. CS/06 on Data Protection covers the right of access to personal information in relation to Individual Subject Data Requests.	Compliant

Inspection Findings:	COMPLIANCE LEVEL
The setting has policies and procedures pertaining to: the access to records and this is detailed in the service user guide. All staff will respond to a request for access to records and arrangements will be made within the service for service users to see the information NIAMH has written about them. Furthermore in this setting service users are encouraged to write their own records and therefore access their files openly and are aware of the content. Discussion with staff working in the centre confirmed they were aware of service users rights to access their information, staff discussed they ensure a person centred approach to their recording by encouraging service users to record in their files. Service user's requests to access their records are responded to by any staff member who will be assisted by the manager to do this. Discussion service users revealed they are aware that a service user record is kept and have been informed how they can access the records.	Compliant

Criterion Assessed:	**COMPLIANCE LEVEL**
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: • 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.	
Provider's Self-Assessment:	
Individual case records are contained in the Beacon Members Personal File in accordance with Beacon Policy Number R/R/101(p.7,8) and titled Policy and Procedure for Referral and Attendance in Beacon Day Support. Beacon Members, staff members and referral agents work together through the processes outlined above to ensure a meaningful and holistic intervention. An individual's recovery journey is about change and Beacon consider that it is essential to record information that chronicles this. R/R/101 contains guidance for staff on the information and recording required to assess, plan and review the delivery of care and support to all our members with relevant appendices designed to provide the information required in Appendix 1 of the Standards, Schedule 4 of the Regulations. A separate Serious Incident Reporting Policy CS/07 provides an Incident Form and Flow Chart with clear guidance for recording and reporting. We do not administer, store or engage directly in medication or medication issues in the daycare setting.	Moving towards compliance
Inspection Findings:	**COMPLIANCE LEVEL**
The examination of three service user individual records evidenced the above records and notes are available and maintained by staff in compliance with this criterion, monitoring records also demonstrate working practices are systematically audited in this regard. The case records and notes are updated as required, by service users and staff and care reviews are taking place as described in standard 15.	Compliant

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:	
R/R/101 currently notes in 2 locations (p.17,19) that a note is to be recorded at least at every fifth visit. This is standard practice across all our day care provision.	Compliant
Inspection Findings:	**COMPLIANCE LEVEL**
The inspector examined a sample of service user care records and evidenced individual care records have a written entry at least once every five attendances for each individual service user. Some records are written by service users and some by staff and in both examples the quality of information recorded was focussed on service user need and improving outcomes in the short and longer term.	Compliant

Criterion Assessed: 7.6 There is guidance for staff on matters that need to be reported or referrals made to: • 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:	
The relevant guidance is outlined in a number of documents with an introduction to relevant policies and procedures an important part of the Induction process for new staff and a key component of the Induction and Foundation Framework (Units B, C). In addition staff are introduced to key mechanisms for communication within the organisation and the scheme. These include the staff section of the organisations website and the policy and procedure manual plus minutes of staff meetings, staff files and member files. For ease of access a number of policy documents include lists of numbers and flow charts that may be displayed on office notice boards, for example BS/4 Protection of Children and Reporting of Suspected Abuse requires a list of relevant contacts for Gateway Teams and Designated Officers to be displayed. BS/2 Safeguarding Vulnerable Adults includes a Reporting Flowchart as does QG/4 Incident Reporting and Management Policy and Procedure. Personal information on members and their contacts is updated annually at review using Appendix 3, Beacon Member Information Record, of Policy RR/101 Beacon Referral and Attendance Policy. Other relevant policies include BS/1 Beacon Member Safety/Risk/Vulnerability, BS/14 Consent Policy, HS/13 RIDDOR Policy and QG/3 Complaints Procedure.	Compliant
Inspection Findings:	**COMPLIANCE LEVEL**
This setting has policies and procedures pertaining to communication, confidentiality, consent, management of records, monitoring of records, recording and reporting care practices and service user agreement in place and are consistent with this criterion. All policies and procedures are available for staff reference and staff are aware of their role and responsibility to report and refer information and record the outcomes achieved. Service users and or representatives are informed regarding information that may be reported or referred and staff are aware of consent issues regarding reporting information on.	Compliant

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.	
Provider's Self-Assessment:	
Relevant guidance is contained in the section on Beacon Member Notes of R/R/101 Policy and Procedure on the Referral and Attendance in Beacon Day Support p.19. In Willowtree House we encourage members to routinely participate in file entries with staff support. This member involvement ensures greater accuracy, good relationships and communications between staff and member. Registered Manager reviews and signs off periodically. Any clarifications needed are discussed confidentially with those directly involved.	Compliant
Inspection Findings:	**COMPLIANCE LEVEL**
A sample of three service user individual records were examined and the inspector was satisfied they met this criterion. Consultation with a sample of staff working in the centre confirmed their understanding of this criterion and staff confirmed they understand their role and responsibility in this regard.	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	**COMPLIANCE LEVEL** Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	**COMPLIANCE LEVEL** Compliant

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:**	
Regulation 14 (4) which states: **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.**	**COMPLIANCE LEVEL**
Provider's Self-Assessment:	
NIAMH's policy on the use of restraint is set out in BS/2 Guidance on Restrictive Practice. This policy states clearly that staff are not to use "physical restraint" or "physical intervention" to restrain service users in any situation. Any physical intervention should only be the minimum used as a last resort to enable staff to get away for their own or others safety. If a situation is deemed serious enough to require physical intervention the police must be called. This guidance is reinforced by BS/16 Policy and Procedures for Dealing With Violence at Work, Section 6.2, g, which states that "the staff member should never attempt to restrain the service user". This guidance is explained in Section 6.3,a&b, of the policy, " The legal position on physical restraint", which states that "NIAMH staff are not trained in restraint techniques and therefore to ensure their own safety and that of the service user should not attempt to restrain the service user in any circumstances". In incidences where physical support is required to manage an incident of violence at work the staff member will summon the police. (6.2,f). All staff receive training on Personal Safety/ Calming and Diffusing. This training focuses on skilling staff to prevent work related violence rather than on how to use/apply restraint techniques.	Compliant

Inspection Findings:	COMPLIANCE LEVEL
The inspector examined a selection of records including a sample of three individual records of service user's as described in schedule 4; and other records to be kept in a day care setting, as described in schedule 5. The inspector concluded there was no records of restraint, restriction or seclusion or any plans in place where this was a part of the behaviour management plan. It is clear from the settings policies and procedure and the self-assessment that this setting does not use any restraint, restrictions or seclusion to manage behaviour. Staff discussed they use communication, the environment, diversion, calming techniques among other strategies to avoid behaviour escalating out of control. Generally service users who use this setting are aware they are responsible for their own behaviour and if they need support they can seek this from staff in the day care setting. Staff provided evidence they do monitor mood and behaviour to ensure if a pattern of concern is escalating and the service user is not responding to staff; that advice is sought from the community social worker or CPN. Staff receive a range of training such as personal safety and lone working, keeping myself safe, vulnerable adults training, keeping adults safe as part of the staff training programme. Discussion with staff regarding the same did not reveal any concerns. The setting has 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 and they are available for staff reference. Discussion with staff validated management and staff knowledge about the definition of restraint and confirmed it is not used in this setting. Staff were also knowledgeable regarding service users human rights which they described they promote in the setting in individual support sessions and group activities. Discussion with service users confirmed they are informed regarding their rights and described staff as supportive in ensuring their rights are protected.	Compliant

Regulation 14 (5) which states: **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.**	**COMPLIANCE LEVEL**
Provider's Self-Assessment:	
BS/16, Policy and Procedures for Dealing with Violence at Work, states clearly that staff sholud never attempt to restrain a service user (6.2,g). In incidences where restraint would be required, police assistance would be called to do so (6.2,f). In such circumstances staff would follow the investigation and recording requirements detailed in 6.4 of the Policy and record details in accordance with QC/4, Incident Reporting and Management Policy and Procedure. RQIA would be notified of all incidents requiring the involvement of the police in the use of restraint (QC/4, Appendix 4).	Compliant
Inspection Findings:	**COMPLIANCE LEVEL**
Restraint had not been used therefore no records were written.	Not applicable

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**
	Compliant

Theme 2 – Management and Control of Operations **Management systems and arrangements are in place that support and promote the delivery of quality care services.** **Theme covers the level of competence of any person designated as being in charge in the absence of the registered manager.**	**COMPLIANCE LEVEL**
Regulation 20 (1) which states: **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 -** **(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;** **Standard 17.1 which states:** **There is a defined management structure that clearly identifies lines of accountability, specifies roles and details responsibilities for areas of activity.**	
Provider's Self Assessment:	
Niamh's Recruitment Policy and Procedure R/P/04 uses a competency based selection process to recruit individuals with the qualifications, experience and character requirements that accord with Schedule 2 of The Day Care Setting Regulations (NI) 2007, and Part III Section 21 Fitness of Workers. In addition they meet the requirements of current employment legislation and good employment practice (as outlined in RP/07/1.3). Ongoing competence of staff is monitored and enabled via Supervision (R/P/39) and the group competency based Performance Management System (PMS). Twice a year managers and their direct reports complete a performance and development review that is linked to an competence profile and agree objectives and actions that are designed to enhance each staff members personal development in the context of their personal aspirations, the nature of the service they are delivering, and the overall organisational strategy. The management structure of each scheme is outlined in the Statement of Purpose. Section 2.0 identifies the number and qualifications of staff, Section 5.0 outlines the structure of the facility. Each facility will employ different grades of staff including Scheme Managers, Project Workers, Support Workers, Clerical Staff and Peripatetic Staff. Job descriptions detail the specifics of each role, lines of accountability and areas of activity. Scheme specific areas of activity will be reflected in Centre Programmes and Activity Schedules. Numbers of staff reflect a balance between number of sessions, numbers of users and programme of delivery.	Compliant

Inspection Findings:	**COMPLIANCE LEVEL**
The manager has the QCF level 5 qualification, is registered with NISCC and has seven years of experience in this setting. The manager divides his time between this service and another service however, he is contactable when not in the service. Staff also described if the manager is not in the day care setting due to planned absence or sick leave, cover is provided by a peripatetic manager, the service manager or a manager from another setting. These arrangements did not reveal any concerns regarding management arrangements in this setting. The inspector observed the staffing during the inspection and this did not reveal any concerns regarding the staffing numbers and distribution of staff across the day care setting. The staff can access policies and procedures pertaining to the management and control of operations and staff were informed regarding management arrangements of the day care setting, who they report to; who should they seek support or guidance from; who supervises them and the effectiveness of the same. Discussion with service users confirmed they are aware of the management structure in place and their role and responsibilities. Staff confirmed they are they receiving supervision in line with the day care setting standards and a selection of records sampled verified this. The staffing structure of the day care setting is clearly described in the settings statement of purpose, and details the manager's experience and qualifications. There is a training plan for all staff that plans for mandatory training and service specific training which adequately prepares them to undertake their roles and responsibilities.	Compliant
Regulation 20 (2) which states: • **The registered person shall ensure that persons working in the day care setting are appropriately supervised**	**COMPLIANCE LEVEL**
Provider's Self-Assessment:	
All staff supervision takes place in accordance with the Supervision Policy R/P/39. Staff are supervised at a frequency and duration commensurate with their position and levels of responsibility as outlined in section 1.3 of the policy, with every staff member having a supervision contract and a shared responsibility for the process. The supervision process is designed with links to the organisation's Performance Management System. All managers attend a full day's training on supervision. Staff Supervision Records form part of Monthly Monitoring.	Compliant
Inspection Findings:	**COMPLIANCE LEVEL**
The inspector examined the training, supervision, appraisal and staff record of the registered manager and a supervision record for a member of staff, reviewed questionnaires and discussed the same with staff. The inspector concluded this criterion was being met.	Compliant

Regulation 21 (3) (b) which states: • **(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:	
In the first instance Niamh recruits staff with the quailifications, skills and experience required by the Personnel Specification for the role. Niamh provide an Essential Regional Training Schedule designed to meet the mandatory training requirements of RQIA and essential sector specific content. To ensure timescales match RQIA requirements all staff are required to attend training on the dates allocated with attendance being monitored on the HR IT System(Cascade) and reviewed in supervision, to ensure compliance. All new staff are required to complete a New Employee Orientation and Induction Handbook that in particular introduces staff to those policies, procedures and systems, knowledge of which enables them to take charge in the absence of the manager. Staff also complete an Induction and Foundation Framework leading to an accredited qualification with the National Open College Network, that is either a level 2 or level 3 in Social Care and Mental Health (level is commensurate with grade). In addition and annually all grades of staff have access to opportunities for further development that include short courses with external providers and/or additional qualifications such as the Qualification Credit Framework (QCF) Level 3 in Health and Social Care, or QCF Level 5 in Leadership in Health and Social Care Services (Adults Management). The organisation is also currently developing 2 programmes to identify and develop future leadership talent through their 'Nurturing Talent' and 'Building Talent' Programmes for different grades of staff across the whole Niamh Group	Compliant
Inspection Findings:	**COMPLIANCE LEVEL**
As described in the previous two criterions, the professional registration, qualifications, experience and discussion regarding the competence of the registered manager, the training, supervision, and appraisal records did not reveal any concerns regarding compliance with this criterion.	Compliant

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
	Compliant

Additional Areas Examined

Complaints

The complaints record was reviewed as part of this inspection. The annual complaints return for 2013 identified no complaints had been recorded for 2013. The inspector reviewed the complaints record which confirmed the return to RQIA and did not reveal any concerns regarding the record. One complaints had been recorded for 2014 and review of the record revealed this had been fully investigated and a clear plan of action had been implemented to avoid reoccurrence. The inspector was satisfied with the process and intervention to resolve this concern.

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.

Registered Manager Questionnaire

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

Statement of Purpose & Service Users Guide

These documents were made available for this inspection and the inspector referenced them during the inspection, examination of these documents did not reveal any concerns. The Statement of Purpose was last reviewed January 2014.

Monthly Monitoring Reports

The inspector examined two regulation 28 reports for May and April 2014. This revealed the visits had been undertaken in compliance with regulation 28 and reports written were consistent with the same regulation. The inspector noted these reports were accompanied by improvement plans which clearly sought to improve practice and outcomes for service users who attend the setting.

Environment

This day care setting had been reasonably maintained and the monthly monitoring / regulation 28 visits and reports had identified areas for improvement which were monitored through the service improvement plan. Service users were observed as relaxing in the space and observation did not reveal any concerns regarding the environment in this day care setting.

Quality Improvement Plan

The findings of this inspection were discussed with Mr Paul Crawford as part of the inspection process.

This inspection resulted in no requirements or recommendations being made. The registered provider/manager is asked to sign the appropriate page confirming they are assured about the factual accuracy of the content of the report.

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

No requirements or recommendations resulted from the primary announced inspection of Willowtree House Beacon Centre which was undertaken on 16 June 2014 and I agree with the content of the report.

Please provide any additional comments or observations you may wish to make below:

NAME OF REGISTERED MANAGER COMPLETING	Paul Crawford
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING	Liam Quigley

Approved by:	**Date**
Suzanne Cunningham	29 Jul. 14