

Primary Announced Care Inspection

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| Name of Establishment: | Magherafelt Day Centre |
| Establishment ID No: | 10718 |
| Date of Inspection: | 5 March 2015 |
| Inspector's Name: | Louise McCabe |
| Inspection No: | 20313 |

The Regulation And Quality Improvement Authority
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| Name of centre: | Magherafelt Day Centre |
| Address: | 57 Hospital Road Magherafelt BT45 5EG |
| Telephone number: | (028) 7936 5075 |
| E mail address: | eileen.doyle@northerntrust.hscni.net |
| Registered organisation/ Registered provider: | Dr Anthony Baxter Stevens |
| Registered manager: | Mrs Eileen Doyle |
| Person in Charge of the centre at the time of inspection: | Mrs Eileen Doyle |
| Categories of care: | DCS-DE, DCS-LD, DCS-MP, DCS-PH, DCS-SI |
| Number of registered places: | 30 |
| Number of service users accommodated on day of inspection: | 22 |
| Date and type of previous inspection: | 20 March 2014 Primary Unannounced Inspection |
| Date and time of inspection: | 5 March 2015 10.15am–4.30pm |
| Name of inspector: | Louise McCabe |

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:

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| Service users | 18 |
| Staff | 5 |
| 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 | 6 | 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

Magherafelt Day Centre is operated by the Northern Health and Social Care Trust and is located at the Mid Ulster Hospital site, Magherafelt.

The centre is a modern purpose-built facility which was opened in April 2002. It provides a service for adults with disabilities between the hours of 9.00am and 4.30pm, from Monday to Friday and has a capacity for 30 service users daily. The geographical areas that it serves include Desert Martin, Moneymore, Toome, Bellaghy, Castledawson, Hillhead and Knockloughrim.

The centre is all on ground floor level offering ease of access for its members. To assist with transport the centre has use of two wheelchair accessible buses, with a care assistant travelling on each bus to assist people to and from their homes, as necessary.

The facilities include four activity rooms, therapy room; bathroom, shower room; toilets; clinical room; training kitchen, laundry, general kitchen, dining room; library (with a loop system) and two offices. There is a rainbow magnifier in the centre for use by service users with a visual or sensory impairment. Magherafelt Day Centre includes a self-contained dementia unit which has two activity rooms, a separate kitchenette/diner, an enclosed sun area/garden and two WC's. The maximum attendance in the Dementia Unit is 10 people per day.

Once weekly there is a rural outreach social club in Draperstown, staffed and organised by the centre, providing services for 14 people.

Summary of Inspection

10:15am–4:30pm = 6 hours 15 minutes

A primary announced care inspection was undertaken in Magherafelt Day Centre on 5 March 2015.

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. Prior to this inspection, the manager submitted a self-assessment of the one standard and two themes. This report compares the provider's statements with the findings of the inspection. During the inspection the inspector used the following evidence sources:

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

An inspector spoke with five staff regarding the standards inspected and their views about working in the centre. This generated positive feedback regarding the management of records and reporting arrangements including recording and the management arrangements in the centre. Staff demonstrated their knowledge and experience regarding responding to behaviours which may challenge in the context of respecting service user's human rights.

Staff and service users' able to verbalise or indicate their views and opinions stated they are aware of the process to follow should a service user or their representative request to see their care file and would approach the manager about this.

Communication between management and staff is effective and no concerns were raised. Discussions with staff conclude there are aware of who is in charge/responsible for the centre in the absence of the manager. It was evident via discussions with staff of their dedication, commitment and enjoyment of their work in Magherafelt Day Centre.

Six questionnaires were returned by staff members who reported satisfactory arrangements were in place with regard to staff training; staffing and management arrangements; responding to service user's behaviour; confidentiality and recording. The staff members' praised the quality of care provided within the returned questionnaires and the following comments were made:

- *"Excellent care."*
- *"It's our responsibility to provide the best quality of care to our service users."*
- *"Great service, great for families with people with dementia or learning disabilities. A safe environment."*
- *"Excellent service."*
- *"Excellent."*
- *"Excellent service. Invaluable to family's with relations with dementia. Providing a safe secure environment."*

Review of three staff files showed evidence of formal supervision taking place in accordance with minimum standard 22.2 for all staff. All staff have had an appraisal within the last year.

The inspector spoke with a total of eighteen service users regarding the standard inspected; the two themes and their views on the quality of care provision in Magherafelt Day Centre. One service user had written the inspector a letter expressing her positive views on the quality of care in the centre. The service users communicated positive feedback regarding attending the centre, the activities they participate in and the care provided by staff. Most of the service users meeting with the inspector stated they are aware there are care records kept in the day care setting about them and that they can access this information by asking staff. Most of the service users confirmed they see their care plan on a regular basis and at their review. They said they are encouraged to be involved in all aspects of the care planning process. The service users are aware of who the manager is and if they had a problem or wanted to discuss something about the day care setting they said they would talk to the staff or manager in the centre. Service users stated they enjoy coming to the centre and the following comments were made:

- *"There's usually nothing perfect in this life, but I have to say this centre is perfect, you couldn't find any fault with it, it's absolutely first class."*
- *"I enjoy the craic here, it's mighty and the banter with my friends and staff."*
- *"Where would you get a service like this? You get picked up at your door and left home, there's lots to do when you're here and it's free. The lunches are delicious, it's only £1.50 and free tea as well – it's a great place and I'd be lost without it."*
- *"It's a special place, the staff are all good to us, you'd never see a cross face or see anything wrong here. There's plenty to keep us occupied and we get to meet our friends. We like to give the staff bother and keep them busy!"*
- *"It's a reason to get up in the morning, I've been coming here for many years and have made a lot of friends, I look forward to seeing them. This place is good to lift your head and takes your mind off things."*
- *"I love coming here, it's a great place and always something to do, the staff are excellent, they treat us very well and we want for nothing."*
- *"I can't fault it and would be lost without the centre, it keeps me active and busy – they are all brilliant."*
- *"It's a happy place, everyone is friendly and the staff are fantastic."*
- *"I wouldn't be without it and I can see that I've improved. I can see the difference and improvements in people coming here for the first time and how they get much better."*
- *"You couldn't get a nicer bunch of people, they go out of their way to help when it's needed."*
- *"I'd be lost without this centre, I'd be bored and lonely in the house."*
- *"The activities we do here are great, it's keeps us busy and wanting to come here. It really lifts my spirits."*

Excerpts from the letter received from a service user are:

"It gives me great pleasure to testify to the work that is done here at the day centre... I can say without a shadow of a doubt, the care here is wonderful..."

I notice how gentle the carers are with the wheelchair patients, talking and guiding them off the bus...

The centre is a pleasure to come to as the cleanliness of the interior is of the highest standard...

We receive a nourishing three course dinner which is suitable for senior people. All staff help at this time, the manageress and her staff are a great team who work in harmony with each other. I have never heard anyone say "that is not my job." Should a person require help with a meal, the carer explains and talks which helps them enjoy their food.

I personally feel at the staff's next appraisal, staff should be elevated for an award. Their human kindness and dedication to duty is not a job to them, but a vocation... I would recommend this centre to any person who is recovering from an illness and needs help to get better."

The previous announced inspection of Magherafelt Day Centre took place on 20 March 2014, one recommendation had been made. This concerned the centre's staff training record. Review of the returned quality improvement plan, staff training record and discussions with management concluded compliance in this area.

Standard 7 - Individual service user records and reporting arrangements: Records are kept on each service user's situation, actions taken by staff and reports made to others.

The six criteria within this standard were reviewed during this inspection. Based on the evidence reviewed by the inspector, all six criteria were assessed as compliant by the inspector.

Discussions with eighteen service users, five care staff and review of three service users' individual files provided evidence the centre is performing well regarding standard 7. The care files were comprehensive in content and person centred. Each contained a service user consent form to photographs, publicity etc. Clear examples were provided of how staff encourage and assist service users to get the most from their day care experience. It is clear this service is improving outcomes for the service users and their carers'. It also provides respite for carers. The inspector concluded the centre promotes service user's social needs, stimulates intellectual activity and promotes independence.

The inspector assessed the centre as overall compliant in 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 in relation to the use of any restrictive practices in this day care setting within the context of human rights. One criterion was assessed as compliant and the other as not applicable as there have been no restrictive incidents in the service.

Discussions with the manager, staff and examination of records provided evidence that the centre was using clear operational systems and processes which promote the needs of the service users who attend the centre. The Trust has in place a 'Restrictive Practices Registration' form which must be completed when a restrictive practice is used with service users.

Staff stated they know the service user's well and are familiar with their needs. Staff use effective communication, diversion and calming techniques when the need arises and respond appropriately to service user's needs. Staff believe this assists them in ensuring service users behaviour does not escalate and they meet individual and group needs.

Based on the evidence reviewed during this inspection, the inspector assessed the centre as compliant in this theme. No requirements or recommendations were made concerning it.

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 in relation to this theme. All three criteria were assessed as compliant.

Review of selected management records, monthly monitoring reports, discussions with the manager, five staff and eighteen service users provided evidence that the centre has in place effective monitoring and communication arrangements. There are good systems in place that support and promote the delivery of a quality day care service. These enhance and promote experiences for the service user, their relatives/representatives and the public. It is indicative of the care provision in this centre.

The inspector's review of random monthly monitoring reports showed the content of these are compliant with standard 17.10. However, due to the absence of carers or representatives during monthly monitoring visits, a recommendation is made advising the designated registered person to ensure (where appropriate) the views and opinions of carers/representatives are sought during monthly monitoring visits, this could be done by telephone or email. The designated person should also record the time of the monthly monitoring visits.

The centre was assessed as overall compliant in this theme.

Additional Areas Examined

The inspector undertook a tour of the premises, reviewed the complaints and accident / incident records, examined three service users' individual files and validated the manager's pre-inspection questionnaire.

A requirement is made about the centre notifying RQIA of accidents and incidents occurring with service users. A recommendation is made about the complaints record as additional information is needed.

The environment presented as clean, tidy, spacious and adequately heated. It contained many displays of service user's art and craft work, pictures and photographs.

The inspector wishes to acknowledge the work undertaken by the manager and staff in preparation for the inspection and their open and constructive approach throughout the 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. It presents as in tune with the needs of the service users for support, stimulation and meets their rehabilitation, social and other needs.

As a result of the inspection one requirement and two recommendations are made in the quality improvement plan, these regard:

- the notification of accidents and incidents to RQIA;
- the complaints record;
- monthly monitoring visits and reports.

The inspector thanks the manager, staff and service users for the hospitality shown to her during this inspection.

Follow-Up on Previous Issues

| No. | Minimum Standard Ref. | Recommendations | Action Taken - As Confirmed During This Inspection | Inspector's Validation Of Compliance |
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| 1 | Standard 21.8 | The registered manager should ensure that training records meet all of the requirements of Standard 21.8, as discussed during the inspection. | Review of the centre's staff training record showed the name and the qualification of the trainer is recorded on all training provided to staff. | 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. | |
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| 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: All service user records are kept in line with NHSCT policies and procedures and are secured in a locked cabinet. Staff have received training in Governance Awareness and in Protection of Personal Information. Staff have received training ICT Security relevant to their post and responsibilities and have read Minding Your Information and use of password protecting on electronic files and when using emails. | Compliant |
| Inspection Findings: A sample of the records in respect of each service user, as described in Schedule 4; and those detailed in Schedule 5 are in place in Magherafelt Day Centre. Discussions with staff conclude there are effective arrangements in place regarding confidentiality. All relevant policies and procedures pertaining to the access to records, storage of service user's information; communication, confidentiality, consent, management of records, monitoring of records, recording and reporting care practices are in place and readily available. This information is reflective of current national, regional and locally agreed protocols concerning confidentiality and adheres to DHSSPS guidance, regional protocols, local procedures issued by the HSC Board and Trusts and current legislation. Discussions with five staff and receipt of six completed RQIA staff questionnaires confirmed policies and procedures are in place and available in the centre. The centre's current service user agreement is also compliant with this criterion. There is a Trust 'Agreement of Attendance' form that highlights confidentiality and states "keeping other peoples private information private as you would expect of yours." Discussions with staff also validate they are knowledgeable about the duty of confidentiality and their role and responsibility regarding the need to record, the quality of recording and management of service user's personal | Compliant |

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| <p>information. This is commensurate with staff role and responsibilities.</p> <p>Evidence was provided from a sample of staff meeting minutes to show that standard 7 was discussed with staff.</p> | |
| <p>Criterion Assessed:</p> <p>7.2 A service user and, with his or her consent, another person acting on his or her behalf should normally expect to see his or her case records / notes.</p> <p>7.3 A record of all requests for access to individual case records/notes and their outcomes should be maintained.</p> | COMPLIANCE LEVEL |
| <p>Provider's Self-Assessment:</p> | |
| <p>Service Users are informed that they can see their notes and that their records for the purpose of using the Day Care Service are held in the building in a locked cabinet. Any documentation created within the Centre is shared with the client particularly at review and the need to share information with carers or other professionals is addressed with Service Users regularly. Any request from service users or another person acting on his or her behalf is kept in the service user file.</p> | Compliant |
| <p>Inspection Findings:</p> | COMPLIANCE LEVEL |
| <p>Policies and procedures are in place and accessible in the centre pertaining to: the access to records; consent; management of records and service user's agreement. Review of the centre's staff training record showed Information Governance Awareness training was provided to staff in February and September 2014.</p> <p>There are adequate arrangements in place regarding who takes responsibility for issues and queries of freedom of information, confidentiality, consent and access to records and arrangements.</p> <p>Discussions with the manager concluded there had been one request several years ago for access to specific care information in an identified service user's care file. This was processed in accordance with the Trust's policies and procedures.</p> <p>Discussions with staff conclude the policies and procedures are put into practice for example with reference to records being completed and maintained in the centre. It is evident from discussions with staff and the inspector's review of three service user's care files how they ensure a person centred approach to their recording. Discussions with service users conclude they are aware of their care plan and many have seen this.</p> | Compliant |

| Criterion Assessed: | COMPLIANCE LEVEL |
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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"> • 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: | |
| <p>All service user files contain initial assessments of need from referrer, day care assessments of need and risks and any programmes undertaken. Changes in need or circumstances are recorded and care plans are amended following reviews. Records are kept of contact with service users, carers and other professionals. Any incident and outcomes are recorded and reported.</p> | Compliant |
| Inspection Findings: | COMPLIANCE LEVEL |
| <p>The inspector examined three service users care files. Records pertaining to Schedule 4 (1)(a) regarding an assessment of the service user's needs referred to in Regulation 15(1)(a), standards 2 and 4, and care plans standard 5; were all compliant with legislation and minimum standards. All of the care plans were comprehensive in content and fully reflected how Magherafelt Day Centre meets the service user's assessed needs and areas they wish to further develop. Positive comments were shared with the manager about this.</p> | Compliant |

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| 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: | |
| A record is made for each service user at least every 5 attendances. | Compliant |
| Inspection Findings: | COMPLIANCE LEVEL |
| The inspector examined a sample of three service user care records, there was evidence staff are completing care notes on each individual in accordance with this criteria. | 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: | |
| Staff are provided with guidance through, daily handover, Incident and Near Miss Reporting procedures and forms and in Absence of Manager File. Procedures are in place for accepting and making referrals to other professionals. Staff are supported in developing knowledge on communication of relevant information to those involved in providing services to service users, through individual and team meetings and supervision. | Compliant |
| Inspection Findings: | COMPLIANCE LEVEL |
| Service user's files detail referrals made to other services and described their involvement in the decision if they want other professionals to be involved in their care plan. The inspector's discussions with four care staff generated positive feedback regarding the management of records; reporting arrangements including recording and management arrangements in the centre. Staff demonstrated their | Compliant |

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| <p>knowledge and experience regarding the referral process and responding to service user's needs and behaviours. Staff felt communication between management and themselves is effective and no concerns were raised. Discussions with staff conclude they are aware of their responsibilities and what constitutes reportable accidents and incidents. They would also have the contact telephone number of the registered person should this be needed.</p> <p>The inspector confirmed the centre's policies and procedures are in place and available with regards to communication, confidentiality, consent, management of records, monitoring of records, recording and reporting care practices and service user agreement.</p> | |
| <p>Criterion Assessed:</p> <p>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:</p> <p>All staff are aware of their responsibilities regarding recording. this is regularly discussed at team meetings and the records are monitored by Day Care Staff, the Registered Manager and Area Manager.</p> | Compliant |
| <p>Inspection Findings:</p> <p>The inspector examined a sample of three service user's care files during this inspection. These were qualitative in content, viewed by the inspector as relevant to the care plan and were outcome focused.</p> <p>Consultation with four care staff working in the centre confirmed their understanding of this criterion and their role and responsibility to address this fully when recording in individual files and additional records.</p> | <p>COMPLIANCE LEVEL</p> <p>Compliant</p> |

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| <p>PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p> | COMPLIANCE LEVEL |
| | Compliant |

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

| Theme 1: The use of restrictive practice within the context of protecting service user's human rights | |
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| 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: | |
| Restraint measures are not used in the Day Centre. Should restraint be needed this is carried out in line with policies and procedures and would be reported as required. Staff have received training in RESPECT and have a yearly refresher. Staff have received Human Rights and DOLS training as evidenced in the staff training file, and these issues are taken into consideration when assessing and care planning for individual service users. | Compliant |
| Inspection Findings: | COMPLIANCE LEVEL |
| The manager's pre-inspection questionnaire, and discussion confirmed there have been no restrictive practices used with service users' in Magherafelt Day Centre. The inspector examined a selection of records including a sample of three individual service user records. These showed comprehensive care plans are in place that clearly describe the day care service user's receive based on their assessed support needs, likes and dislikes. Section 13 in service user's care plans highlights if there are any Deprivation of Liberty Safeguard concerns or if there are any capacity or liberty issues. Review of the centre's staff training record showed Respect training (management of behaviours which challenge) was provided to staff on 29 September 2014. Deprivation of Liberty Safeguard (DoLS) training was provided to staff in September 2015. Discussions with the manager and staff concluded care is focused on meeting individual need, clear communication strategies, diversion, distraction and calming techniques. Service user information is written in the context of staff | Compliant |

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| <p>being able to facilitate positive outcomes in the centre and avoid any negative experiences. There is a clear focus on identifying and understanding if service users are not happy and how to manage this sensitively and proactively. Overall the approaches referred to present as sound plans to avoid escalation of behaviour or concerns whilst respecting each individual service user's methods of communicating, their views, choices and preferences.</p> | |
| <p>Regulation 14 (5) which states:</p> <p>On any occasions on which a service user is subject to restraint, the registered person shall record the circumstances, including the nature of the restraint. These details should also be reported to the Regulation and Quality Improvement Authority as soon as is practicable.</p> | COMPLIANCE LEVEL |
| <p>Provider's Self-Assessment:</p> | |
| <p>Restraint is not used in the Day Centre. If in exceptional circumstances restraint is required this would be recorded using RESPECT proformas and also reported to RQIA as required.</p> | Compliant |
| <p>Inspection Findings:</p> | COMPLIANCE LEVEL |
| <p>Refer to the inspection findings above for information.</p> <p>Discussions with the manager and staff conclude no service users have been subject to restraint and use of restraint is not planned for in this service with the current group of service users.</p> <p>Staff are currently using approaches such as sound planning, understanding the service user's needs, clear communication, diversion, one to one time, distraction and appropriate activities to avoid any escalation of behaviours. This approach is consistent with the settings ethos, statement of purpose and aims of the service.</p> <p>Guidance on Restraint and Seclusion in Health and Personal Social Services, Department of Health, Social Services and Public Safety, Human Rights Working Group, August 2005 is available.</p> <p>A selection of records in respect of each service user as described in schedule 4 and other records to be kept in a day care setting as per schedule 5 were reviewed by the inspector. These are being maintained in accordance with legislation and minimum standards.</p> | Not applicable |

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

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| INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED | COMPLIANCE LEVEL |
| | Complaint |

| Theme 2 – Management and Control of Operations | COMPLIANCE LEVEL |
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| <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>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>(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>The Day Centre Statement of Purpose indicates staffing levels and the Management Structure. In the absence of the registered manager a rota is in place for a Duty Day Care Worker to cover and deal with any managerial issues. Training has been provided to help develop skills, competence and related issues are addressed in team meetings and through individual supervision and KSF review. All staff receive training relevant to their role on an ongoing basis</p> | Compliant |
| <p>Inspection Findings:</p> | COMPLIANCE LEVEL |
| <p>The registered manager has worked in Magherafelt Day Centre for thirty one years. She is registered with the NISCC and her current certificate is displayed. There are four day care workers (one full time and three are part time) and five care assistants (one full time with driving duties and are four part time) working in the centre. There is also a part time clerical officer and one part time domestic staff. Staffing rotas are in place and retained in a file.</p> | Compliant |

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| <p>The manager has provided evidence of her NISCC registration and provided evidence of how she ensures her team are kept informed regarding key issues for this service user group. For example empowering service users, improving outcomes, person centred practice and understanding how to protect service user's rights in the centre.</p> <p>Discussions with four care staff validate their knowledge is commensurate with their roles and responsibilities regarding management arrangements in the centre. For example who they report to; who they seek support or guidance from; who supervises them and the effectiveness of same. In the absence of the manager, one of the day care workers would assume responsibility for the centre. This is done on a rota basis. Competency assessments have been completed with each day care worker and are retained in their staff file. Staff would have contact mobile phone numbers of the manager and her line manager should the need arise.</p> <p>Regulation 28/monthly monitoring reports of Magherafelt Day Centre evidence the staffing arrangements in place for the month being inspected and form a view regarding: the effectiveness of staffing arrangements and matters to be monitored in schedule 3 of the day care regulations. These visits are both planned and unplanned. Review of three monthly monitoring reports showed qualitative information is obtained in accordance with regulation 28, however the views and opinions of carers or representatives is missing due to no visitors being in the centre during the visits. A recommendation is made in the quality improvement plan for the designated registered person (where appropriate) to ensure systems are in place to obtain and record the views and opinions of carers/representatives e.g. by telephone or email during each monthly monitoring visit. The records should also show the time the monitoring visit occurred.</p> <p>Discussions with management and staff conclude communication is effective within the centre and enhanced with regular monthly staff meetings. This is in accordance with minimum standard 23.8. Staff sign that they have read the minutes of these meetings.</p> | |
| <p>Regulation 20 (2) which states:</p> <ul style="list-style-type: none"> The registered person shall ensure that persons working in the day care setting are appropriately supervised | COMPLIANCE LEVEL |
| <p>Provider's Self-Assessment:</p> <p>Staff Supervision is carried out in accordance with NHSCT Supervision Policy. The manager supervises all Day Care Workers and Day Care Workers have responsibility in supervision of Care Assistants on a regular basis. The Registered Manager is regularly supervised by the Area Manager. Evidence of this is found in individual staff files and</p> | Compliant |

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| group and staff meetings file. | |
| Inspection Findings: | COMPLIANCE LEVEL |
| <p>A sample of three staff files were reviewed and confirmed staff have participated in the Trust's annual performance appraisal process (known as a Personal Contribution Plan) in the last year. Discussions with care staff members concluded they receive regular informal and formal recorded supervision. This was validated during the inspection and is in accordance with standard 22.2.</p> <p>The setting has policies and procedures pertaining to the management and control of operations, for example: absence of the manager; staff records; staff supervision and appraisal; staffing arrangements. These are available for staff reference and reflect day to day practice.</p> | Compliant |

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| Regulation 21 (3) (b) which states: <ul style="list-style-type: none"> • (3) For the purposes of paragraphs (1) and (2), a person is not fit to work at a day care setting unless – • (b) he has qualifications or training suitable to the work that he is to perform, and the skills and experience necessary for such work | COMPLIANCE LEVEL |
| Provider's Self-Assessment: | |
| All staff who apply for posts in the Day Care setting meet a minimum qualification and experience requirement before being accepted for interview. Staff must undertake all mandatory training and any other training requirements that are identified when undertaking KSF reviews or as training needs develop. | Compliant |
| Inspection Findings: | COMPLIANCE LEVEL |
| The Trust's Human Resources Department are responsible for ensuring all recruitment areas are completed. There are no concerns in this area. | Compliant |

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

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| INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED | COMPLIANCE LEVEL |
| | Compliant |

Additional Areas Examined

11.1 Complaints

The complaints record was reviewed as part of this inspection. The records were qualitative however improvements are needed in order to fully comply with minimum standard 14.10. The manager is asked to retrospectively record the outcome/s of the identified complaint and to state if the complainant is or is not satisfied with this. A recommendation is made in the quality improvement plan about this.

11.2 Compliments

Positive comments were shared with management regarding the many compliments recorded about the quality of care provision in Magherafelt Day Centre.

11.3 Incidents/Accidents

The inspector randomly sampled the centre's accident and incident records. These were qualitative and informative. The inspector noted RQIA had not been notified of two identified accidents involving service users. A requirement is made about this.

11.4 Service User Care Files

The inspector reviewed three service user's care files during this inspection. These were comprehensive and reflected person centred care plans completed in user friendly language.

11.5 Discussions with Carers

The inspector met with the daughter of a service user. The relative expressed her gratitude to the manager and centre staff and stated:

"The centre has really helped mum. We can see a difference in her, she looks forward to coming here and loves all of the activities especially the relaxation. We are very happy with the care and how she is treated. Staff give everyone attention and treat them equally – my mum is particularly fond of several staff and talks kindly about them. I've no issues or concerns."

11.6 Registered Manager Questionnaire

Prior to this inspection, the manager submitted a questionnaire to RQIA. The information provided confirmed that satisfactory arrangements are in place regarding governance and management, recruitment and induction of care staff, policies and procedures, responding to service user's behaviour and reporting of accidents and incidents. The information was verified during the inspection visit, from written records and from discussions with the manager and staff members.

11.7 Statement of Purpose and Service Users Guide

Both Magherafelt Day Centre's Statement of Purpose and Service Users' Guide were revised in February 2015 and meet minimum standards.

11.8 Environment

The inspector undertook a tour of the environment and met with the centre's domestic staff member. The centre appeared as clean, tidy and in good decorative order. Positive comments were shared with the domestic staff member and the manager about cleanliness and the spacious, bright and well decorated group rooms and dining room. Areas used by service users' were adequately heated, tidy and fit for purpose. Group rooms and central areas displayed service user's art work and photographs.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Eileen Doyle, 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:

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



Quality Improvement Plan

Primary Announced Care Inspection

Magherafelt Day Centre

5 March 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 Mrs Eileen Doyle (registered manager/ person receiving feedback) either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Statutory Requirements

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Day Care Settings Regulations (NI) 2007

| No. | Regulation Reference | Requirements | Number Of Times Stated | Details Of Action Taken By Registered Person(S) | Timescale |
|-----|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| 1 | 29 | <p><u>Notifications of Accidents/Incidents to RQIA</u></p> <p>In accordance with regulation 29, the registered manager must ensure:</p> <p>(a) RQIA is notified of any accident involving service users;</p> <p>(b) The two identified accidents/incidents discussed during the inspection are retrospectively forwarded to RQIA (additional information section refers).</p> | Once | <p>RQIA will be notified of all accidents involving service users.</p> <p>The identified accident and the identified incident have been forwarded to RQIA 3rd April 2015.</p> | Immediate and on-going |

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 | 17.10 | <p><u>Monthly Monitoring Visits</u></p> <p>With regards to monthly monitoring visits and reports, the designated registered person should ensure:</p> <p>(a) systems are in place to obtain (where appropriate) the views and opinions of carers for example by telephone or email.</p> <p>(b) the time of the monitoring visit is recorded (Theme two refers).</p> | Once | <p>A system for capturing the views and opinions of carers by the designated registered person is currently being constructed and will be in place as soon as this is agreed.</p> <p>The time of the monitoring visits will be recorded.</p> | Immediate and on-going |
| 2 | 14.10 | <p><u>Complaints Record</u></p> <p>The registered manager must ensure:</p> <p>(a) the outcome/s of the identified complaint are recorded in the complaints record;</p> <p>(b) the record must state if the complainant is or is not satisfied with this (additional information section refers).</p> | Once | <p>The outcome of the identified complaint is unknown at present as safeguarding procedure is not complete and outcome will be recorded when this information is available.</p> <p>The records show the complainant is partially satisfied.</p> | Immediate and on-going |

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 | Eileen Doyle |
| Name of Responsible Person / Identified Responsible Person Approving Qip | Dr Tony Stevens Una Cuning |

| QIP Position Based on Comments from Registered Persons | Yes | Inspector | Date |
|---------------------------------------------------------------|------------|------------------|---------------|
| Response assessed by inspector as acceptable | Yes | Louise McCabe | 22 April 2015 |
| Further information requested from provider | | | |