



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

## **Primary Announced Care Inspection**

**Name of Service and ID: Enler Day Centre**

**Date of Inspection: 28 July 2014**

**Inspector's Name: Suzanne Cunningham**

**Inspection No: 17625**

**The Regulation And Quality Improvement Authority**  
**9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT**  
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<b>Name of centre:</b>	Enler Day Centre
<b>Address:</b>	9 The Enler Complex Craigleith Drive Dundonald BT16 2QG
<b>Telephone number:</b>	(028) 9041 3570
<b>E mail address:</b>	janette.hewitt@belfasttrust.hscni.net
<b>Registered organisation/ Registered provider:</b>	Mr Colm Donaghy Belfast Health and Social Care Trust
<b>Registered manager:</b>	Mrs Janette Hewitt
<b>Person in Charge of the centre at the time of inspection:</b>	Mrs Janette Hewitt (Acting)
<b>Categories of care:</b>	DCS-I, DCS-MP (E)
<b>Number of registered places each day</b>	50
<b>Number of service users accommodated on day of inspection:</b>	33
<b>Date and type of previous inspection:</b>	5 March 2014 Primary Inspection
<b>Date and time of inspection:</b>	28 July 2014 10:20 – 16:00
<b>Name of inspector:</b>	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	33
Staff	5
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	11	5

### Inspection Focus

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

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

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

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

- **Theme 2 - Management and control of operations:**

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

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

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

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

## **Profile of Service**

Enler Day Centre is situated in Dundonald, within the Ballybeen estate. The centre previously known as Millers Lane was initially built by a local Church as a drop in Centre for the community and then handed to social services approximately thirty years ago. The centre is located within a community centre, beside local facilities. The day centre provides day support for older people who may have physical disability, sensory impairment, or may be frail and have dementia or mental health issues. The day centres' opening hours are Monday to Friday 8:45 to 16:15. There is adequate car parking facilities and enclosed private outdoor space.

## **Summary of Inspection**

A primary inspection was undertaken in Enler Day Centre on 28 July 2014 from 10:20 to 16:00. This was a total inspection time of five hours and forty 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 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 review and safeguarding information; the complaints record; staff training record; incidents 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 two support workers and three day care workers regarding the standards inspected and their views about working in the centre. This generated positive feedback regarding records and reporting arrangements including recording using a person centred approach to records and the management arrangement's in this day care setting. Staff were particularly concerned with protecting service users information, confidentiality, open communication with service users and ensuring service users are involved in planning. Staff knowledge regarding restrictive practices and restraint was sound and review of the staff training revealed the staff had reviewed a wide range of information regarding restraint, restrictions and seclusion in the context of human rights and legislation. Regarding management arrangements; this setting had experienced a long period without a registered manager and the senior day care worker had acted up to cover the role and responsibilities. This arrangement assured RQIA an acting manager was in post to fulfil the role and responsibility however the senior day care post was not being covered and other posts were vacant. Staff summarised staff absences had affected the day to day running of the setting nevertheless at the time of the inspection the staffing absences had improved and a new manager had been appointed, therefore staff were hopeful the staffing issues were resolving.

Five questionnaires were returned by staff members which 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. The inspector did note three staff identified the deprivation of liberty safeguards are only applicable to England and Wales however, a circular from the HSSPS dated October 2010 states the principles in the circular must be embedded into the trust procedures, therefore a recommendation is made that staff are made aware of the circular and how this should be embedded into practice within this day care setting.

The staff member's praised the quality of care provided within the returned questionnaires and the following comments were made: "centre is well run day to day"; "high standard of service"; "both quality of care and day service provision is I feel excellent and person centred with a good range of activities on offer"; "clients tell us we do a great job and they are happy with the service"; "excellent".

The inspector spoke generally with the service users in the setting about their experiences in the day care setting and regarding the standard and the two themes inspected. The service users did provide the inspector with positive comments regarding the focus of the inspection, attending the centre, the activities they had taken part in; and the care provided by the staff. Service users said they were familiar with their care plan and aware information was kept securely about them in the day care centre. Service users described staff as generally consulting with them and described their opinion is sought generally and specifically for reviews. The service users identified Janette as the acting manager and described her as good, efficient, sort's queries, very good. All staff were described as pitching in and one service user said it will be good when the centre is fully staffed and new manager is in post, they described the absences have gone on too long, "staff feel it and so do we". Another service user said it's not fair the centre has been short staffed for so long, there needs to be a permanent person to turn to.

Service users also made the following comments: regarding the staff "they are great ladies", "they are very good to us, very nice", we enjoy our day here", "they couldn't be better", "I like coming here", made specific comments during the discussion such as "it's a lovely centre"; "it gets me out of the home"; "were well looked after"; "I enjoy singing". In conclusion the discussion with service users provided the inspector with service users' views about why this day centre is important for them and why they like to come to the day care setting.

The previous unannounced follow up inspection carried out on 5 March 2014 had resulted in no requirements or recommendations.

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

The six criterion criteria within this standard were reviewed during this inspection. Two of the criteria were assessed as substantially compliant and the remaining four were assessed as compliant by the inspector. One recommendation is made regarding informing service users and their representatives what information is kept about them in the day care setting; how this is kept confidential; consent to records and how service users and their representatives can access records. The remaining recommendation is made regarding file 2.

Discussions with service users and staff and review of five service users' individual files provided evidence that the centre is performing well regarding standard 15. The discussions with service users provided examples of how staff support and encourage service users to get the most out of their day care experience and take part in activities. Service users spoke about enjoying the social aspect of attending the centre and how much they appreciate staff attention and support. Discussion with service users revealed this setting is an important source of support and social stimulation for the group.

Based on the evidence reviewed the inspector assessed the centre as compliant in this standard. No requirements and two recommendations have been made regarding the examination of this standard.

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

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

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. When assessing needs for service users they do review behaviour needs and plan the least restrictive intervention however restraint had not been used to date and staff attributed this to using good communication, diversion, calming, diffusing techniques and knowing their service users' needs and personalities. They strongly believe this assists them in ensuring service users behaviour does not escalate.

Based on the evidence reviewed the inspector assessed the centre as substantially compliant in this theme, one recommendation and no requirements are made regarding this theme.

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

Two criteria from regulation 20 and one criterion from regulation 21 were inspected which provided the evidence to examine this theme. One criterion was assessed as compliant and two as substantially compliant. No requirements or recommendations are made regarding this theme.

Discussion with the manager and staff provided evidence that the organisation had in place monitoring arrangements; and they had a general approach of promoting quality care. Overall the arrangements in this setting regarding management cover are temporary and the manager commends the current acting manager for her commitment to ensuring improvements in this setting and the staff for putting the improvements into practice.

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



## **Additional Areas Examined**

The inspector undertook a tour of the premises, reviewed the complaints record and examined five 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 additional areas for 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 and the improved approach to meeting the regulations and standards in this day care setting which has been a focus for the acting manager and staff for the last twelve months. In this day care setting the staff provide an environment where service users receive support in a homely setting, there is also a clear focus of social support in this day care setting which is entirely consistent with the day care settings statement of purpose. In conclusion the care presents as in tune with the needs of the service users for support, stimulation and to meet their social needs.

As a result of the inspection a total of no requirements and three recommendations have been made. The first recommendation is regarding improving staff knowledge of DOLs guidance, the second regarding informing service users and their representatives how information is kept confidential regarding service users and consent to records; and access to records and the third regarding ensuring the service users record is updated at least once every five attendances. This was reported to the acting manager at the conclusion of the inspection and assurances were made these would be addressed as a priority.

## **Follow-Up on Previous Issues**

No requirements or recommendations resulted from the follow up inspection of Enler Day Centre which was undertaken on 5 March 2014.

<b>Standard 7 - Individual service user records and reporting arrangements:</b>	
<b>Records are kept on each service user’s situation, actions taken by staff and reports made to others.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
7.1 The legal and an ethical duty of confidentiality in respect of service users’ personal information is maintained, where this does not infringe the rights of other people.	
<b>Provider’s Self-Assessment:</b>	
Within Enler Day Centre all legal and ethical responsibilities in respect of confidentiality for service users are maintained, where this does not infringe the rights of other people.	Substantially compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
<p>The inspector reviewed five individual service user records which presented as described in schedule 4; and other records to be kept in a day care setting, as described in schedule 5. Records are kept securely in the acting manager’s office and staff access files as required. Staff record on the trust system called PARIS which is a secure trust recording system.</p> <p>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 reflect this criterion and are they available for staff reference. Staff had attended a course entitled my data your business regarding records management and recording.</p> <p>Discussion with staff validated management and staff knowledge about the duty of confidentiality and their role and responsibility regarding the need to record, the quality of recording and management of service users’ personal information commensurate with their role and responsibility. Discussion with service users confirmed they are informed regarding confidentiality of personal information and recording practices in the day care setting.</p>	Compliant

<p><b>Criterion Assessed:</b></p> <p>7.2 A service user and, with his or her consent, another person acting on his or her behalf should normally expect to see his or her case records / notes.</p> <p>7.3 A record of all requests for access to individual case records/notes and their outcomes should be maintained.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment:</b></p>	
<p>Within Enler Day Centre, service users or their carers are encouraged to be involved in the care planning and review process. Copies of care plans and review outcomes are issued to the service user or their carer following meeting and consultation.</p> <p>To date, no service users or their carers have requested to view any other documentation excepting the above. In the event that a service user or their carer requests the same, the relevant Trust procedure will be followed.</p>	<p>Substantially compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>The service is aware of their responsibility to share information with service user openly; this was evidenced through the file reviews and discussion with staff and service users. However there was nothing written in the service user guide or service users agreement to describe what records are kept and how service users and or their representatives can access this information. A recommendation is made in this regard.</p> <p>Discussion with staff working in the centre validated their knowledge commensurate with their role and responsibilities and confirmed they ensure a person centred approach to their recording, they openly share planning and review documents with service users and or their representative, were clear service users can see their records and would bring any requests from service users and or their representative to access service user records to the manager of the setting.</p> <p>Discussion with service users confirmed they are aware that a service user record is kept and were not concerned regarding access to the record as they identified records are brought to the review meetings and they can ask any questions during the review.</p>	<p>Substantially compliant</p>

<p><b>Criterion Assessed:</b></p> <p>7.4 Individual case records/notes (from referral to closure) related to activity within the day service are maintained for each service user, to include:</p> <ul style="list-style-type: none"> <li>• Assessments of need (Standards 2 &amp; 4); care plans (Standard 5) and care reviews (Standard 15);</li> <li>• All personal care and support provided;</li> <li>• Changes in the service user’s needs or behaviour and any action taken by staff;</li> <li>• Changes in objectives, expected outcomes and associated timeframes where relevant;</li> <li>• Changes in the service user’s usual programme;</li> <li>• Unusual or changed circumstances that affect the service user and any action taken by staff;</li> <li>• Contact with the service user’s representative about matters or concerns regarding the health and well-being of the service user;</li> <li>• Contact between the staff and primary health and social care services regarding the service user;</li> <li>• Records of medicines;</li> <li>• Incidents, accidents, or near misses occurring and action taken; and</li> <li>• The information, documents and other records set out in Appendix 1.</li> </ul>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment:</b></p> <p>All service users within Enler Day Centre have an individual file, containing information pertaining to assessment of need, personal care needs, changes in behaviours, aims &amp; objectives and all significant changes in the programme of care for the individual. Contact with the service users representatives and contact with staff including other members of the multidisciplinary team is also documented, as are records of all accidents &amp; incidents and identified risks.</p>	<p>Substantially compliant</p>
<p><b>Inspection Findings:</b></p> <p>The inspector examined a sample of five service user individual records which evidenced the above records and notes were available and maintained in accordance with relevant policies and procedures.</p> <p>Examination of a sample of monitoring records maintained by the acting manager and day care workers confirmed working practices are systematically audited in this regard. The case records and notes had mostly been updated as required, were current, person centred, and care reviews were taking place as described in standard 15 criterion 3.</p>	<p><b>COMPLIANCE LEVEL</b></p> <p>Compliant</p>

<b>Criterion Assessed:</b> 7.5 When no recordable events occur, for example as outlined in Standard 7.4, there is an entry at least every five attendances for each service user to confirm that this is the case.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment:</b>	
Within Enler Day Centre an entry is recorded at least every five attendances for each service user.	Compliant
<b>Inspection Findings:</b> The inspector examined a sample of five service user care records and evidenced in four of the five examples individual care records have a written entry at least once every five attendances. The recording is written into the trust computer system and the information recorded was relevant to the day care setting and future planning for the service users. A recommendation is made that the recording for file 2 is improved and compliant with this criterion.	<b>COMPLIANCE LEVEL</b> Substantially compliant
<b>Criterion Assessed:</b> 7.6 There is guidance for staff on matters that need to be reported or referrals made to: <ul style="list-style-type: none"> <li>• The registered manager;</li> <li>• The service user's representative;</li> <li>• The referral agent; and</li> <li>• Other relevant health or social care professionals.</li> </ul>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment:</b>	
Staff meetings are held fortnightly and supervision is scheduled routinely enabling staff to receive both corporate and local information. All staff have been issued with a copy of the Day Centre Guidelines and are aware of operational procedures and responsibilities through this document. Staff liaise closely with other members of the multi disciplinary team and with carers and this can be evidenced though PARIS casenotes.	Substantially compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
The review of policies and procedures, discussion with staff and review of a sample of five service user individual records confirmed compliance with this criterion.	Compliant

<p><b>Criterion Assessed:</b> 7.7 All records are legible, accurate, up to date, signed and dated by the person making the entry and periodically reviewed and signed-off by the registered manager.</p>	
<p><b>Provider's Self-Assessment:</b> All records are made electronically and are legible, accurate, up to date and signed and dated by the person making the entry. The registered manager is required to audit/sign off all service user care plans and reviews. Additionally the Assistant Service Manager or representative carries out a monthly monitoring visit at which a sample of service user records are reviewed.</p>	Substantially compliant
<p><b>Inspection Findings:</b></p>	<b>COMPLIANCE LEVEL</b>
<p>The inspector reviewed a sample of five service user individual records and confirmed they met this criterion.  Consultation with a sample of staff working in the centre confirmed their understanding of this criterion and did not reveal any concerns.</p>	Compliant

<p><b>PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b> Substantially compliant</p>
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<p><b>INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b> Compliant</p>
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<b>Theme 1: The use of restrictive practice within the context of protecting service user’s human rights</b>	
<b>Theme of “overall human rights” assessment to include:</b>	
<p><b>Regulation 14 (4) which states:</b></p> <p><b>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.</b></p>	<b>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment:</b>	
<p>Staff working in Enler Day centre adhere to the Belfast Trust Policy on restrictive practice. Restrictive practice is used as a very last resort when all other strategies have failed and only after consultation and agreement with the service user or their carer as well as other members of the multi disciplinary team.</p>	Compliant
<b>Inspection Findings:</b>	
<p>The inspector examined a selection of records including: five individual records of each service user as described in schedule 4; and other records to be kept in a day care setting, as described in schedule 5. This revealed there was no records of restraint, restriction or seclusion that had been used in exceptional circumstances. Two service users do have restrictive measures written into their care plan and assessment, this is clearly described for their own health and personal safety and the records did not reveal any concerns in this regard.</p> <p>Training had been provided to staff as part of the mandatory training programme and training relevant to their service and service user group had been provided such as Human Rights Awareness training; safeguarding vulnerable adults; person centred planning; dementia and personal safety and disengagement. Staff competence, knowledge and skill is monitored at training, in supervision, in practice, in supervision and assessed on an on-going basis in the monitoring arrangements such as the regulation 28 visits. Discussion with staff validated management and staff knowledge about when and why restraint is used including their understanding of exceptional circumstances, staff spoken were knowledgeable regarding the use of restraint or seclusion including how service users’ human rights are protected in the day care setting. Staff were not familiar with the guidance document for Deprivation of Liberty Safeguards. (DOLS) – Interim Guidance and the inspector recommends the acting manager reviews this with staff to ensure it is embedded into practice.</p>	<b>COMPLIANCE LEVEL</b> Substantially compliant



<p><b>Regulation 14 (5) which states:</b></p> <p><b>On any occasions on which a service user is subject to restraint, the registered person shall record the circumstances, including the nature of the restraint. These details should also be reported to the Regulation and Quality Improvement Authority as soon as is practicable.</b></p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment:</b></p> <p>All restrictive practice is recorded and incidents outside of the service users usual behaviour requiring intervention and restrictive practice are recorded on a Datix Incident Form and forwarded to RQIA. The family are informed and the incident and use of restrictive practice is discussed with the Assistant Services Manager. To date, within Enler Day Centre no incidents of restrictive practice have been forwarded for the attention of RQIA.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p> <p>No service users had been subject to restraint. <i>Guidance on Restraint and Seclusion in Health and Personal Social Services</i>, Department of Health, Social Services and Public Safety, Human Rights Working Group, August 2005 is available for staff information.</p>	<p><b>COMPLIANCE LEVEL</b></p> <p>Not applicable</p>

<p><b>PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b></p> <p>Compliant</p>
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<p><b>INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b></p> <p>Substantially compliant.</p>
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<p style="text-align: center;"><b>Theme 2 – Management and Control of Operations</b></p> <p><b>Management systems and arrangements are in place that support and promote the delivery of quality care services.</b></p> <p><b>Theme covers the level of competence of any person designated as being in charge in the absence of the registered manager.</b></p>	<p style="text-align: center;"><b>COMPLIANCE LEVEL</b></p>
<p><b>Regulation 20 (1) which states:</b></p> <p><b>The registered person shall, having regard to the size of the day care setting, the statement of purpose and the number and needs of service users -</b></p> <p style="padding-left: 40px;"><b>(a) ensure that at all times suitably qualified, competent and experienced persons are working in the day care setting in such numbers as are appropriate for the care of service users;</b></p> <p><b>Standard 17.1 which states:</b></p> <p><b>There is a defined management structure that clearly identifies lines of accountability, specifies roles and details responsibilities for areas of activity.</b></p>	
<p><b>Provider’s Self Assessment:</b></p>	
<p>The Belfast Trust has a defined management structure, from Director down to facility Manager. Within Enler Day Centre the Manager is assisted by a Senior Day Care Worker who has line management responsibility for 5 Day Care Workers who in turn line manage 5 Care Assistants.</p> <p>In the event that the Manager is absent from the centre, the Senior Day Care Worker takes responsibility for the day to day running of the centre and understands that she can contact the Assistant Services Manager or peer Day Centre Managers for advice and support during this period.</p>	<p>Substantially compliant</p>

Inspection Findings:	COMPLIANCE LEVEL
<p>This day care setting has not had a permanent manager in post for over twelve months; the senior day care worker has been acting up in the absence of the manager since the last manager retired. The trust senior management team has supported the acting manager as have other managers in this programme of care. This assistance has assisted the manager to develop the service and provide management cover in her absence. A manager had been recruited at the time of this inspection and when they take up post and have gained registration with RQIA, the arrangements as described above will be fully realised and acted upon.</p> <p>The inspector has been consistent since the last manager was in post and the inspector commends the acting manager for her approach to her role which has improved this service. The acting manager has worked consistently to improve the staffs compliance with regulations and standards, her focus on improvement has ensured this service is providing a service that is in tune with the service users’ needs and is person centred. The inspector acknowledges the absence of a manager in post has been difficult for staff because it has reduced staffing numbers and support; however the acting manager has worked hard to ensure the impact is minimal.</p> <p>Staff and service users did identify during the inspection and in questionnaires that staff were reduced as the senior day care worker was acting up and a support worker post was vacant. Discussion with the acting manager confirmed the manager post had recently been interviewed for and the support worker post had been forwarded to scrutiny for approval, therefore the inspector is assured the staffing arrangements in this setting will be resolved.</p> <p>Policies and procedures pertaining to the management and control of operations, for example: absence of the manager; inspections of the day care setting; management, control and monitoring of the setting; operational policy; staff meetings; staff records; staff supervision and appraisal; staff training and development; staffing arrangements and the settings statement of purpose were available for staff reference and the discussion with staff revealed they were aware of content.</p> <p>Discussion with staff working in the centre confirmed their knowledge commensurate with their role and responsibilities regarding management arrangements of the day care setting, they were clear who they report to; who they should seek support from and who supervises them.</p> <p>Discussion with service users revealed they were clear regarding the management structure in the setting and described the manager and staff in a supportive way however, a number were also aware of the absence of a permanent manager and vacant positions which they identified can make the day busy for the remaining staff.</p>	<p>Substantially compliant</p>

<p><b>Regulation 20 (2) which states:</b></p> <ul style="list-style-type: none"> <li><b>The registered person shall ensure that persons working in the day care setting are appropriately supervised</b></li> </ul>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment:</b></p> <p>All staff receive a mandatory induction where roles and responsibilities are explained and expectations outlined in relation to job roles. In the absence of the Manager and until a new manager is appointed, the Senior Day Care Worker currently supervises all staff within the day centre. Band 5 staff are supervised every month and Band 3 staff every 6 - 8 weeks.</p> <p>At supervision all staff agree to the agenda items in advance, these regularly include current clients, assessment, care plans and reviews, Incidents/accidents, Policies/procedures, reflective practice, activities, PCP/PDP, training and learning needs.</p>	Moving towards compliance
<p><b>Inspection Findings:</b></p> <p>The inspector reviewed a sample of the training, supervision, appraisal arrangements and discussed the same with staff and this did not reveal any concerns regarding compliance with this criterion.</p>	<b>COMPLIANCE LEVEL</b> Compliant

<p><b>Regulation 21 (3) (b) which states:</b></p> <ul style="list-style-type: none"> <li>• <b>(3) For the purposes of paragraphs (1) and (2), a person is not fit to work at a day care setting unless –</b></li> <li>• <b>(b) he has qualifications or training suitable to the work that he is to perform, and the skills and experience necessary for such work</b></li> </ul>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment:</b></p> <p>Day Centre managers are registered with NISCC. This post is currently vacant within Enler and is under recruitment. In the absence of the Manager, the Senior Day care Worker is assisted by 5 Day Care Workers who, although not required to be registered at present, are managed to comply with the NISCC code of practice. Any staff memembr left in charge of the centre will have attended all necessary mandatory training and will be aware of the peer mentoring system provided by the other day centre managers within the service group.</p>	<p>Substantially compliant</p>
<p><b>Inspection Findings:</b></p> <p>The acting manager does not have sufficient qualifications to be registered manager in this setting however; she does have substantial experience of the role and has proven since acting in the manager’s absence that she can cover this post in the manager’s absence with the right level of support.</p>	<p><b>COMPLIANCE LEVEL</b></p> <p>Substantially compliant</p>
<p><b>PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b></p> <p>Substantially compliant</p>
<p><b>INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b></p> <p>Substantially compliant.</p>

## **Additional Areas Examined**

### **Complaints**

The complaints record was reviewed as part of this inspection. The annual complaints return for 2013 identified one complaint which was a minor issue of dissatisfaction that had been recorded. The inspector reviewed the complaints record which confirmed the return to RQIA and revealed the issues were of a minor nature and had been resolved locally in accordance with the organisations policy and procedure. This did not reveal any concerns regarding the record. Furthermore no complaints or issues of dissatisfaction had been recorded for 2014. This review of the settings complaints log did not reveal any concerns regarding the recording, management and resolution of complaints or issues of dissatisfaction.

### **Service User Records**

Five service user files were inspected as part of this inspection and this did not reveal any areas for improvement and the files were 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 submitted for this inspection and the inspector made reference to them during the inspection. Examination of these documents did not reveal any concerns.

### **Environment**

The Enler day centre is located in a residential area on the site of a small number of shops. The building is a community building also used for appointments and child care.

The day centre uses a number of rooms for activities, has bathroom facilities and has a dining/kitchen area. A walk around the centre reviewed the service users had been undertaking a number of creative activities that were displayed around the setting for example on the theme of the commonwealth games. The outside space is accessible for the service users and was featuring a number of plants that made the space visually attractive. No concerns or improvements were noted during this inspection. The Enler day care setting does have secure access to enter the day care setting however; any service user can exit the day centre at any time as the exit is not secure.

### **Monthly Monitoring Reports**

Three reviewed monthly monitoring reports were reviewed during this inspection and provided evidence for all of the areas inspected; these did not reveal any concerns regarding the compliance with regulation 28.

## **Quality Improvement Plan**

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

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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

Enquiries relating to this report should be addressed to:

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



## Quality Improvement Plan

### Primary Announced Care Inspection

Enler Day Centre

28 July 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Janette Hewitt 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.



**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.	21.4	The registered manager should make arrangements for all of the staff in Enler to familiarise themselves the deprivation of liberty safeguards circular from the HSSPS dated October 2010 and evaluate how this should be embedded into practice within this day care setting.	First	All staff have read and signed Deprivation of Liberty Safeguards October 2010 and discussed this at team meeting. Key workers to ensure that the service user is always listened to and no decisions will be made without their input. Service user's views will always be recorded on their care plan	22 September 2014
2.	7.2	The registered manager should make arrangements for service users to receive information regarding what records are kept and how service users and or their representatives can access this information, for example in the service user guide or service users agreement	First	This information has been added to Enler Day Centre Information Leaflet which is in the Welcome Pack. It has also been added to Service User's Agreement. Key worker will also remind service users at review meeting that his information is available to them or their representatives.	22 September 2014
3.	7.5	The registered manager should ensure arrangements are in place to improve the frequency of recording in file 2 and comply with this criterion.	First	All key workers and care staff recording attendances shall record a casenote even if service user does not attend centre on the fifth attendance.	22 September 2014

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

<b>Name of Registered Manager Completing Qip</b>	Janette Hewitt
<b>Name of Responsible Person / Identified Responsible Person Approving Qip</b>	Martin Dillion Acting Chief Executive

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	Yes	Suzanne Cunningham	6 November 2014
Further information requested from provider			