



The **Regulation** and
Quality Improvement
Authority

Primary Announced Care Inspection

Name of Establishment: Ards Training and Resource Centre
Establishment ID No: 10748
Date of Inspection: 9 April 2014
Inspector's Name: Suzanne Cunningham
Inspection No: 17612

The Regulation And Quality Improvement Authority
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Name of centre:	Ards Training and Resource Centre
Address:	205 South Street Newtownards BT23 4JY
Telephone number:	028 9181 5364
E mail address:	trc.ards@setrust.hscni.net
Registered organisation/ Registered provider:	South Eastern HSC Trust Mr Hugh McCaughey
Registered manager:	Mrs Elaine Crawford
Person in Charge of the centre at the time of inspection:	Mrs Elaine Crawford
Categories of care:	DCS-LD, DSC-LD(E)
Number of registered places:	50
Number of service users accommodated on day of inspection:	40
Scale of charges (per week):	N/A
Date and type of previous inspection:	18 December 2013 Primary announced inspection
Date and time of inspection:	9 April 2014 09:15 to 17:15
Name of inspector:	Suzanne Cunningham

Introduction

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

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

Purpose of the Inspection

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

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

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

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

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

Methods/Process

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

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

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

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

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

Consultation Process

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

Service users	6
Staff	3
Relatives	0
Visiting Professionals	0

Questionnaires were provided, prior to the inspection, to staff to find out their views regarding the service. Matters raised from the questionnaires were addressed by the inspector in the course of this inspection.

Issued To	Number issued	Number returned
Staff	10	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:

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

Ards Training and Resource Centre is a South Eastern Health and Social Care (SEHSCT) Trust facility, built in 1974 as a sheltered workshop. It was re-designed in January 1977 and opened as a fifty place day care facility for adults with a learning disability. Not all service users attend 5 days a week and adults attending the centre prefer the title "Trainee".

The building is single storey and is located on the outskirts of Newtownards with good access for bus routes and shops. It is set back from the main Comber road, with its own driveway and good car parking space. The catchment area of the centre takes in Newtownards, Comber, Ballygowan, Killinchy, Millisle and down the Ards Peninsula to Portavogie and Portaferry.

The centre has a large dining room and kitchen, a sunroom and several smaller rooms used for offices and for small groups. Trainees have the choice of taking a hot cooked meal or bringing a packed lunch. Meals are cooked in another facility and are delivered to the centre.

The building was adapted from the original workshop design and supports five groups working within designated partitioned spaces. There is a Project Group, Structured / Therapeutic Group; Horticultural Group; Communication Group and a Social Group. The building has a number of limitations regarding its use as a day centre, including significant noise transfer between groups, lack of privacy and little office space for staff to work undisturbed. The SEHSCT is in the process of re-evaluating the provision of day care services to adults with learning disabilities in their catchment area and this may lead to a change of venue for day care provision.

Trainees are allocated to groups of approximately eight - ten people, within which the staff organise programmes of care including a wide range of activities. Care staff frequently liaise with other professional teams in the Trust in response to the assessed needs of trainees.

Summary of Inspection

A primary inspection was undertaken in Ards Training and Resource Centre on 9 April 2014 from 09:15 to 17:15. This was a total inspection time of eight hours. 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 incident and accidents record; evidence of service user consultation, monthly monitoring records; the centres statement of purpose; service users guide and policies & procedures
- Tour of the premises.

The inspector spoke to three staff regarding the standards inspected and their views about working in the centre. This generated positive feedback regarding staff knowledge regarding confidentiality, involving service users in recording, incorporating person centred practice into service user individual records, reporting arrangements including recording; and the management arrangement's in this day care setting. Discussion regarding restraint and restrictive practices revealed they were aware and developing their practice with knowledge of DOLs and the 2005 guidance. However, staff were clear they use de-escalation, communication, time, environment, diversion as alternatives to avoid the use of restraint and restrictive practices. In the main they described this as mostly successful. Staff made comments such as "it's a lovely place to work, very supportive"; "we know everyone well, we anticipate significant dates, events and how this affects trainees"; "we give additional support to each other in all of the rooms".

Five questionnaires were returned by staff which reported satisfactory arrangements were in place with regard to NISCC codes of practice; supervision; staff training; staffing and management arrangements; responding to service user's behaviour; confidentiality and recording. Positive comments were made regarding the quality of care that was provided; which staff described as: high standard; excellent, everyone has a PCP service plan; excellent, all service users have their own PCP review annually and individual service plans; all staff adopt a person centred approach and are driven to provide a high quality service to trainees, families and carers. Overall the discussion with staff and questionnaires provided a very positive view of the care provided in this day centre and a commitment by staff to develop practice in compliance with the day care setting standards examined during this inspection. The inspector was also pleased to note the staff were focussed on improving their practice beyond this inspection and saw the process of improvement as significant to the safe delivery of quality care in this day care setting.

The inspector spoke with six service users specifically regarding the standard inspected and the two themes. This resulted in positive comments regarding attending the centre, the activities they had taken part in; and the care provided by the staff. Service users discussed their understanding of records kept in the day care setting about them, they knew some information was kept such as the care plan, review documents but were not aware of their individual file, that they can access the information kept on their file and how they can access information. Service users told the inspector they knew Elaine Crawford is in charge of the day centre and if they had a problem or wanted to discuss something about the day care setting they could talk to any of the staff in the day care setting. Service users knew if Elaine wasn't in the service one of the senior staff would be in charge. Service users discussed how staff enabled people to be safe in the day care setting and help service users resolve any anger or distress they have. Service users viewed staff as central to making the day centre safe, they thought staff help service users before they get to angry and they would explain clearly what needs to happen to make service users safe. Service users made specific comments during the discussion such as "I like this group, it's quiet in here"; "I love it here"; "it gets me out of the house". Service users also identified the activities they enjoy such as going out on the bus; playing snooker; playing play station.

The previous announced inspection carried out on 17 December 2013 had resulted in two requirements regarding the statement of purpose and recording of the use of C&R. Two recommendations were made regarding the care plan and reporting outcomes of VA1 forms. All of these improvements had been progressed at the time of this inspection.

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

Six criteria were inspected which examined the standard achieved in this centre with regard to individual service user records and reporting arrangements. The criteria inspected comprised of the seven areas within standard 7. Three criteria inspected were assessed as compliant; three criteria were assessed as substantially compliant. One requirement was made to ensure regulation 28 visits and reporting identify issues that impact on the conduct of the day care setting and include planning to address these. One recommendation is made to ensure the service users are adequately informed regarding information that is kept by the day care setting about them, how this is kept confidential, access to the same and consent.

Discussions with service users and staff and review of five service users' individual files provided evidence that the centre is performing well regarding standard 7, policies and procedures are in place and do describe how service users information should be kept, specifics regarding recording and accessibility is described however, making this information available to service users in an accessible way should continue to be improved.

The discussions with service users provided clear examples of how staff engage with service users about what they do in the day care setting and the care provided by staff. The inspector concluded the centres process of maintaining and updating service users' records is well managed, is focussed on developing person centred practice and focuses on promoting service users social needs and meeting need.

Based on the evidence reviewed the inspector assessed the centre as substantially compliant in this standard. One requirement and one recommendation 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 compliant and one criterion was assessed as moving towards compliance. Two requirements are made with regard to reviewing restrictive and restraint measures in place, including the assessment to ensure the measures in place are the least restrictive measure to best respond to the service user's behaviour and improve staff access to professional guidance and consultation; regarding the use of measures to manage service user's behaviour. One recommendation is made regarding improving the frequency of behaviour support consultations and meetings.

Discussions with the manager, staff and examination of records provided evidence that the centre was using set operational systems and processes which promote the needs of the service users who attend the centre. Staff discussed their first responses to escalating behaviour is the use of appropriate communication, calming, diffusing techniques and knowing their service users' needs and personalities which generally assists them in ensuring service users behaviour does not escalate. Staff also identified if service users behaviour did start to deteriorate; the staff team would examine triggers and assess to ensure the service users' needs assessment and care plan is up to date.

Based on the evidence reviewed the inspector assessed the centre as substantially compliant in this theme. Two requirements and one recommendation 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 and provided the evidence to examine this theme. The three criteria were assessed as compliant. No requirements or recommendations are made with regard to this theme.

Discussion with the manager, staff and examination of evidence satisfied the inspector the management arrangements had a general approach of promoting quality care and a proactive approach to developing their approach to care in this day care setting which is focussed on person centred practice, improving compliance and meeting individual's needs.

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

Additional Areas Examined

The inspector undertook a tour of the premises, reviewed the complaints record, examined five service users individual files, validated the registered manager's pre inspection questionnaire, reviewed the staff questionnaires, sampled the statement of purpose and service user guide and viewed the environment. This did not reveal any further areas of improvement.

The inspector wishes to acknowledge the work undertaken by the manager and staff in preparation for this inspection and their open and constructive approach throughout the inspection process. Gratitude is also extended to the service users who welcomed the inspector to their centre and engaged with her during the inspection. Overall the inspector commends the proactive approach to day care that is delivered in this centre that presents as in tune with the needs of the service users group and individual needs.

As a result of the inspection a total of four requirements are made regarding regulation 28 reporting; review of restrictive measures and restraint; ensuring service users human rights are examined in assessment and planning; and detailing if regulation 28 visits are announced or unannounced. Two recommendations have been made regarding improving service user knowledge and awareness of records kept about them and how they can access them; and access to professional consultation regarding responding to service user's behaviour. This was reported to the management team at the conclusion of the inspection and assurances were made these would be addressed as a priority.

Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	4 (1) (c) & 5 (1) (a)	The registered manager must ensure the settings statement of purpose and service users guide describe the process of the initial and annual review as well as the timescales of the same. Both documents should be submitted to RQIA with the returned QIP.	The statement of purpose and service user guide was amended as described.	Compliant
2.	14 (4) & (5)	<p>The registered person must make appropriate arrangements to ensure:</p> <ol style="list-style-type: none"> 1. the use of C & R for any identified service users is clearly assessed on each service users file with examination of why and when it should be used as a management technique. 2. this must be clearly indicated on the action / care plan. 3. a post incident analysis form needs to analyse any information to ensure staff work towards preventing reoccurrence or ensure they use the least restrictive intervention. 4. Documentation must also clearly indicate when an intervention infringes on a service users human rights why this is considered necessary action and in what circumstances. <p>Arrangements in this regard must be reported on the returned QIP.</p>	<p>There was clear evidence of the day centre undertaking this in the two file inspected which had written use of C&R as part of the care plan.</p> <p>Post incident analysis forms were written.</p> <p>This was written in the risk assessment however overall restraint, restrictive practices and seclusion does need to be considered in terms of human rights and deprivation of liberty for example when reviewing staff must consider are actions still relevant or should the needs be reassessed to ensure the least restrictive actions are in place.</p>	Substantially compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	15.6	The registered manager should make appropriate arrangements to improve the recording in the revised care plan following a review; the care plan should contain a clear plan of how to meet the identified needs and cross references information with the additional assessments and plans. The plan needs to be signed by all who agree the information.	The five files reviewed as part of this inspection did not reveal any concerns in this regard and any that had not been signed, clear actions had been taken to achieve this.	Compliant
2.	13.8	The registered person must make appropriate arrangements for the outcomes of vulnerable adult report forms (VA1's) to be reported to the day care setting staff when they have made the referral. This must be addressed to ensure all service users who identified as an actual or potential vulnerable adult receive appropriate care and support. Improved arrangements must be reported on the returned QIP.	This had been improved and the manager was fully aware of her role and responsibility in this regard.	Compliant

Standard 7 - Individual service user records and reporting arrangements: Records are kept on each service user’s situation, actions taken by staff and reports made to others.	
Criterion Assessed:	COMPLIANCE LEVEL
<p>7.1 The legal and an ethical duty of confidentiality in respect of service users’ personal information is maintained, where this does not infringe the rights of other people.</p>	
Provider’s Self-Assessment:	
<p>In Ards Training & Resource Centre we operate an open door policy. We work in partnership with the service user and parent / carer to develop a service that is transparent / honest. An example of this is at the annual Person Centred Review the parent / carer will have input into the full process and will be encouraged particapte in the decision making. This assessment formulates the service plan which is seen and signed by all relevant parties to include parent and service user. The service plan is secured at the front of the open access file, this is stored in a locked filing cabinet and the DCW holds the key for the cabinet.</p> <p>Where the service user is unable to sign the service plan a person acting on their behalf will go through the document and sign. Occasioanly a request may be made for third party documentation, if this occurs they must request this in writing from the Information Governance Team in Ards Hospital.</p>	Compliant
Inspection Findings:	COMPLIANCE LEVEL
<p>Five individual service user records were inspected and they presented as compliant with schedule 4; and other records to be kept in a day care setting were available for inspection and were compliant with schedule 5. Staff are reminded regarding arrangements for confidentiality in a handy card entitled “don’t forget confidentiality means” as well as accessible 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. The importance of confidentiality of personal information is clear and inspection did not reveal any concerns in this regard.</p> <p>Discussion with staff confirmed staff and management have been given clear information 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 raised questions regarding are they adequately informed regarding confidentiality of personal information and recording practices in the day care setting. A recommendation is made in this regard.</p>	Substantially compliant

Criterion Assessed: 7.2 A service user and, with his or her consent, another person acting on his or her behalf should normally expect to see his or her case records / notes. 7.3 A record of all requests for access to individual case records/notes and their outcomes should be maintained.	COMPLIANCE LEVEL
Provider's Self-Assessment: In Ards Training & Resource Centre each service user has an open access file . Staff record personal and relevant information to enable them provide a high and safe quality service that meets their individual needs. The files are stored in a locked cabinet to maintain confidentiality. Policies which staff adhere to: Data Protection Policy Statement SET/Gen (60) 2012 Good Management, Good Record 2011 Code of Practice on Protecting the Confidentiality of Service User Information - January 2012 If a service user or someone acting on their behalf requested personal information held within the Centre I would ask them to request this in writing to myself or Lynda McCree Governanace Dept A record of all requests and responses should be retained for a minimum of three years. Redacted responses must be retained for ten years. The master file will be held by the Information Governance Department as per Trust Policy SET/Gen (61) Procedure for Dealing with Freedom of Information (FOI) Requests. DHSSPSNI.gov.uk retention - schedule gives guidance on retention periods and relevant legislation in relation to records management.	Compliant

Inspection Findings:	COMPLIANCE LEVEL
<p>The policies and procedures pertaining to: the access to records; consent; management of records and service user agreement were available for inspection and detail as described above the service user individual information is kept in an open file. In practice service users are encouraged to contribute to their plans, reviews and recording as appropriate and are encouraged to sign any plans or changes to their plan. The inspector did not see any information for the service user and / or their representative explaining what information is kept about them in the day care setting, how that is stored, what they need to do if they want to access the information and attempts to seek consent regarding the same. This was added to the service user guide and could also be added to the service user agreement. A recommendation is made in this regard.</p> <p>Discussion with staff working in the centre confirmed they were aware of the need to involve service users in recording, the need to gain consent and for service users to be aware they can access information. Staff discussed they ensure they maintain a person centred approach to their recording by keeping an individual approach to all service user's needs, care and risks when planning.</p> <p>Service users spoken to during the inspection were aware there was a record kept about them but were not clear what was in it or should they be able to read it. However, service users did say they would ask staff if they wanted to see it.</p>	<p>Substantially compliant</p>

Criterion Assessed:	COMPLIANCE LEVEL
<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>The service plan is held at the front of the individuals open access file. The open access file is divided into sections - Correspondence between family, Health Professionals etc.. , Recording, Medication, Review/Report, Education, Legal and Restricted documentation. Planned transition placements induction starts as a partnership with the school and centre. The induction is planned on an individual basis as to what is best for the service user. Within 10 days of commencement the " All About Me " assessment is completed on the individual. This details their story so far, what we need to know about them, important to them now and for their future, etc- this document can be viewed on the day of the inspection.</p> <p>4 - 6 weeks of commencement of placement the service user will have their first Person Centred Review. At this stage the service plan will be developed ensuring that support systems are recorded ie personal care requirements, behaviour support strategies and risk assessments are drawn up and reflected in the plan. The review thereafter will take place annually or sooner if there is a change in circumstances. Within the service plan is an action plan which staff review monthly to ensure actions are being achieved and if not they must record reason why.</p> <p>Accident / incidents are recorded on a NMIR report, contact to RQIA via Notification Event Form and were appropriate VA1 to Team Leader</p>	<p>Compliant</p>

Inspection Findings:	COMPLIANCE LEVEL
<p>The examination of a sample of five service user individual records evidenced the above records and notes were available and had been maintained in compliance with this criterion and relevant policies and procedures such as: access to records, communication, confidentiality, consent, management of records, monitoring of records, recording and reporting care practices and service user agreement. A selection of file audits was provided to demonstrate working practices had been systematically audited in this regard.</p> <p>In the five individual case records inspected there was evidence they had been updated as required, they were current, person centred, incorporate service user recording when possible, and present as contemporaneous, analytical when required and compliant with appendix 1(The Day Care Setting Regulations (NI) 2007). In the five files inspected day centre are reviews had taken place as described in standard 15 criterion 3.</p>	Compliant
Criterion Assessed:	COMPLIANCE LEVEL
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.	
Provider's Self-Assessment:	
<p>Within Ards TRC each DCW maintains a daily attendance record of activity - this includes positive / negative feedback from the service user. This enables staff complete the fifth day of attendance record. This document has recently been amended to include face to face contact with the service user, incidents and service user involvement in activities. These records can be viewed on the day of the inspection.</p>	Compliant
Inspection Findings:	COMPLIANCE LEVEL
<p>The inspector examined a sample of five service user care records which evidenced the individual care records have a written entry at least once every five attendances for each individual service user, and the quality of information recorded was appropriate to the needs of each individual service user.</p>	Compliant

<p>Criterion Assessed:</p> <p>7.6 There is guidance for staff on matters that need to be reported or referrals made to:</p> <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
<p>Provider’s Self-Assessment:</p>	
<p>Basic information sheet for staff has been developed as a guide to what needs to be reported or referred this is displayed in Manager's and General Office. Guidance Record can be viewed on the day of the inspection.</p>	Compliant
<p>Inspection Findings:</p>	COMPLIANCE LEVEL
<p>Policies and procedures pertaining to communication, confidentiality, consent, management of records, monitoring of records, recording and reporting care practices and service user agreement are in place, were consistent with this criterion, were available for staff reference and staff were aware of their role and responsibility to report and refer information. Consent and discussion was recorded regarding information that may be reported or referred and outcomes were recorded. The main barriers to progress for a referral for an assessment or getting an outcome regarding a referral were other teams’ workloads and staff absence. The reporting of barriers to improving outcomes for service users had not been documented in the regulation 28 reports and as these are issues which can impact on the conduct of the day care setting. The inspector expects this to be reported and monitored to ensure it does not lead to the day centre breaching any of the regulation’s or not achieving full compliance with the day care setting standards. A requirement is made in this regard.</p>	Substantially compliant

<p>Criterion Assessed: 7.7 All records are legible, accurate, up to date, signed and dated by the person making the entry and periodically reviewed and signed-off by the registered manager.</p>	
<p>Provider’s Self-Assessment: All records are legible, accurate up to date and signed by person making the entry. The registered manager will sample and sign off several open access files during supervision. As this is an audit process recommendations are made and followed up at the next supervision.</p>	Compliant
<p>Inspection Findings: The inspector examined a sample of service user individual records and was satisfied they met this criterion. Consultation with a sample of staff working in the centre confirmed their understanding of this criterion, staff training, and staff discussion ensures that all staff understand their role and responsibility in this regard. Three staff spoken with during the inspection and the five completed inspection questionnaires, confirmed procedures and practice was in place to achieve this criterion.</p>	<p>COMPLIANCE LEVEL Compliant</p>

<p>PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Compliant</p>
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<p>INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Substantially compliant</p>
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Theme 1: The use of restrictive practice within the context of protecting service user's human rights

Theme of "overall human rights" assessment to include:

Regulation 14 (4) which states:

The registered person shall ensure that no service user is subject to restraint unless restraint of the kind employed is the only practicable means of securing the welfare of that or any other service user and there are exceptional circumstances.

COMPLIANCE LEVEL

Provider's Self-Assessment:

The registered manager ensures that restraint of a service user is only employed under exceptional circumstances and as a last resort after all other measures have been exhausted. The criteria for use of C&R is clearly set out in The South Eastern Trust Procedure for the Use & Recording of C&R Techniques in Adult Disability Services. All staff have received a copy of this policy. This Policy will be available to view on the day of the inspection

Compliant

Inspection Findings:

The inspector examined a selection of three individual records of each service user as described in schedule 4; other records to be kept in a day care setting, as described in schedule 5; records of restraint, restriction or seclusion. The records described restraint and restrictions used as a planned or reactive response to service users challenging behaviour or assessed risk.

In all of the examples examined there had been previous professional guidance regarding behaviours and needs of service users which described management techniques and these had been transferred into the service users individual behaviour management plan, however there must be current evidence that restrictive practices and restraint are still required to meet needs. Therefore there should be a review of measures in place to ensure restraint remains the least restrictive option to respond to behaviour and risk; and the least restrictive measure that can be put in place. The staff did discuss the availability of information can be frustrated by staff absence or a lack of engagement of other services with the day care service, if this is the case this should be reported to senior management and the trust must improve the settings access to professional guidance and assessment. Two requirements are made in this regard.

COMPLIANCE LEVEL

Moving towards compliance

Staff receive C & R training every 18 months and is planned as part of the mandatory training programme for staff. The training includes an assessment of staff element to assess their competence, knowledge and skill. If C & R is used in the centre post incident analysis is undertaken and requires staff to reflect on what action they took, monitors effectiveness, outcome and what can be done to prevent reoccurrence.

The staff have access to policies and procedures pertaining to: the assessment, care planning and review; managing aggression and challenging behaviours; recording and reporting care practices; reporting adverse incidents; responding to service users behaviour; restraint and seclusion; and untoward incidents .

No incidents of restraint had occurred since the last inspection. In the last twelve months one service user had been restrained, restraint was described in the care plan for the service user, post incident analysis confirmed the use of restraint was last resort and the least restrictive method was used to ensure the safety of the service user and others for the shortest time. The effectiveness and outcome of the use of restraint is subject to continuous review by the key worker, in post incident analysis, in reports to RQIA and in behaviour support meetings. However, the inspector did note these are held very infrequently (e.g. 1 march 2012; 21 November 2013 & 31 January 2014) and there should be an improvement in the frequency of the meetings to ensure professional guidance regarding managing service user's behaviour is available for staff to improve outcomes for service users. A recommendation is made in this regard.

The inspector did note the recording of restraint inspected did not consider the human rights of service users in the exploration of the use of restraint or any restrictions and any outcomes agreed. A requirement is made in this regard

Discussion with the settings staff validated management and staff knowledge about when and why restraint is used including their understanding of exceptional circumstances and this did not reveal any concerns. Staff were able to confidently discuss protecting service users human rights if restraint or seclusion is planned for or when it is used reactively, for example using the least restrictive measure possible that ensures protection and staff were able to discuss the Deprivation of Liberty Safeguards. (DOLS) – Interim Guidance and how this is being integrated into practice.

Discussion with service users confirmed they view staff intervention as keeping them safe and the staff do seek their views about plans that are being put in place. Service user recording also evidences service users representatives views are sought when agreeing strategies for behaviour management.

<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>If a service user requires the use of restraint the technique will be clearly documented in the service plan. When staff restrain a service user there are a number of forms that need completed: 1. RQIA - Form 1a Statutory Notification of Events, 2. Trust NMIR, Post Review Incident Form, Monthly Record of the Use of C&R. Forms will be available to view on the day of the inspection.</p>	Compliant
<p>Inspection Findings:</p> <p>The inspector reviewed a selection of records in respect of each service user who had been subject to restraint and restriction and was satisfied the service is reporting incidents as required by this regulation. No restraint had been used which was not part of the service users plan and the manager does not anticipate this would be an issue in the future because they have a clear assessment and planning process which should anticipate and identify any restraint, restrictive practices or seclusion necessary to meet the needs of all service users when they attend ARDs TRC. Staff have access to C & R training, policies and procedures for responding to service users behaviour in the day care setting and <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. Generally the incidents of restraint recorded involved a service user whose communication was complex and did not involve a lot of speech therefore it was not possible to involve her in the post incident analysis. Discussion with staff working in the centre did validate their knowledge and training regarding managing service user's behaviour; responding to service user's behaviour; protecting the human rights of service users when delivering care; and how they ensure service users are responded to in the most appropriate and least restrictive way.</p>	COMPLIANCE LEVEL Compliant

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

INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

<p align="center">Theme 2 – Management and Control of Operations</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>Management systems and arrangements are in place that support and promote the delivery of quality care services.</p> <p>Theme covers the level of competence of any person designated as being in charge in the absence of the registered manager.</p>	
<p>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 Statement of Purpose clearly defines the management structure,- lines of accountability and roles of staff within Ards TRC. When the manager is absent from Ards TRC a Band 5 staff member will act as designated officer. The registered manager will carry out a competency and a capability assessment with any Band 5 who is given the responsibility of being in charge of the centre during the manager's absence. The Staff Competency Assessment can be viewed on the day of the inspection.</p>	<p align="center">Compliant</p>

Inspection Findings:	COMPLIANCE LEVEL
<p>The registered manager is currently undertaking the QCF level 5 and was the registered manager prior to the implementation of the day care standards in 2012. From discussion and examination of evidence during this inspection the inspector has no concerns regarding the experience and competence of the registered manager. In addition the inspector reviewed the records of the senior staff member who manages the day care setting in their absence and discussed the same with her. This did not reveal any gaps in experience or competency. The senior would also like to complete the QCF level 5 in the future and the inspector would promote this as it would complement and support the senior's role and responsibilities in this day care setting.</p> <p>The staffing rota describes the staff and their location in the day centre, there is also a board which identifies who is the manager and who is taking individual responsibility for any particular tasks in the managers absence.</p> <p>Discussion with staff working in the centre confirmed they were aware of the managers role and responsibility and cover arrangements in her absence, for example who do they report to; who should they seek support or guidance from; who supervises them and had no concerns regarding the effectiveness of the same.</p> <p>Discussion with service users confirmed they identify the registered manager as the person in day to day charge of the centre and in her absence identified the senior staff as who they should approach. The staffing structure of the day care setting is clearly described in the settings statement of purpose, which describes day to day staffing.</p> <p>There is a training plan specifically for staff that would manage or are left in charge of the day care setting which adequately prepares them to undertake their roles and responsibilities. The registered manager and staff left in charge of the day care setting in the registered manager's absence described their role and responsibility to ensure management and control of operations tasks in the day care setting are competently completed.</p>	<p>Compliant</p>

Regulation 20 (2) which states:	COMPLIANCE LEVEL
<ul style="list-style-type: none"> The registered person shall ensure that persons working in the day care setting are appropriately supervised 	
<p>Provider's Self-Assessment:</p> <p>Staff working in Ards Training & Resource Centre receive supervision frequency is recorded in their supervision agreement. Band 5 monthly and Band 3 bimonthly. The supervision agreement sets out the frequency, length and functions of supervision. Supervision and appraisal are the most important ways of ensuring that staff within Ards deliver a high standard of service. There are four functions of supervision management, development, support and engagement. In preparation staff draw up an agenda staff and supervisor may contribute to this. Supervision minutes are agreed / signed, these are stored in the staff member's personal supervision file with a copy for the staff member. Supervision sessions are in general confidential however the supervision record is an organisational document which may be seen by others for audit purposes. See South Eastern Trust Policy Supervision Policy for Social Care Workers in South Eastern Health and Social Care Trust (SET/Gen (51) 2012</p> <p>Additional support is provided to staff at their annual appraisal (Knowledge Skills Framework) this allows staff to reflect on the knowledge / skills required for their job profile. Outcome of KSF a personal development plan will be devised - training plan for the incoming year. Progress is monitored via supervision process. Supervision and KSF should be viewed as a positive experience with time to discuss service users, training etc., reflect - give me the opportunity to praise staff for achievements and for going the extra mile.</p>	Compliant
<p>Inspection Findings:</p>	COMPLIANCE LEVEL
<p>Examination of the training, supervision, appraisal and staff record of the registered manager and those staff left in charge of the day care setting in the registered manager's absence did not reveal any concerns in this regard.</p> <p>Discussion with staff working, who have a management role confirmed they are supervised monthly and receive appraisal annually.</p>	Compliant

Regulation 21 (3) (b) which states:	COMPLIANCE LEVEL
<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 	
Provider's Self-Assessment:	
<p>The Job Description / Specification which is attached to the application form informs potential staff of what qualifications / training is required for the job. Essential criteria is used as part of the shortlisting process ie: Band 3 essential criteria is NVQ II in care or equivalent or one years paid experience working in the caring environment and a requirement to complete equivalent to NVQ II and completion of NISCC Induction. If an individual does not possess these they will not be shortlisted to next stage of selection / recruitment process - interview.</p>	Compliant
Inspection Findings:	COMPLIANCE LEVEL
<p>The inspector examined the professional registration, experience and evidence of competence of the registered manager and the records of the staff member who manages the day care setting in their absence which did not reveal any concerns in this regard. Staff also receive mandatory training, supervision and appraisal. Furthermore the manager is completing the QCF level 5 as required in the day care setting standards, despite having retained registered status as she was registered manager prior to the standards being implemented.</p> <p>The inspector viewed the policies and procedures pertaining to the Management and control of operations, for example: management, control and monitoring of the setting; operational policy; staff records; staff supervision and appraisal; staff training and development; staffing arrangements - the centre's policies and procedures were available for staff reference and reflected day to day practice. Discussion with staff validated their knowledge commensurate with their role and responsibilities and revealed they are keen to further their knowledge and experience through courses, additional training and professional consultation.</p>	Compliant

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

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

Additional Areas Examined

Complaints

The complaints record was reviewed as part of this inspection. The annual complaints return for 2013 identified no complaints had been recorded. The inspector reviewed the complaints record which confirmed the return to RQIA. This did not reveal any concerns regarding the record.

Service User Records

Five service user files were inspected as part of this inspection and this revealed the files were consistent with schedule 4. The content of the service user's individual files is further examined in standard 7.

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, 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.

Staff Questionnaires

Five questionnaires were returned by staff which reported satisfactory arrangements were in place with regard to NISCC codes of practice; supervision; staff training; staffing and management arrangements; responding to service user's behaviour; confidentiality and recording. Positive comments were made regarding the quality of care that was provided; which staff described as: high standard; excellent, everyone has a PCP service plan; excellent, all service users have their own PCP review annually and individual service plans; all staff adopt a person centred approach and are driven to provide a high quality service to trainees, families and carers. Overall the discussion with staff and questionnaires provided a very positive view of the care provided in this day centre and a commitment by staff to develop practice in compliance with the day care setting standards examined during this inspection.

Statement of Purpose & Service Users Guide

These documents were submitted for this inspection and reference to them during the inspection did not reveal any concerns.

Monthly Monitoring Reports

The inspector reviewed a sample of regulation 28 reports written in 2013 & 2014. This revealed they did not specify if the visits were announced or unannounced and a requirement is made in this regard. This inspection also revealed the reports need to identify shortcomings that affect the conduct of the day care setting such as receiving professional advice and receiving outcomes / assessment information and input into care plans which when received will improve outcomes for service users and assist the day care setting to meet the day care settings standards and regulations. This is further explored in the examination of standard 7 and theme 1.

Environment

The inspector walked around the centre during the inspection and noted it was warm, free from clutter and comfortable. The trust hope to move this day care setting to new premises in the future however, in the meantime the staff in this day care setting are using the environment in this setting to achieve the best outcomes for service users.

Service users were observed as at ease in the environment of the day centre and could access with ease where they wanted or needed to. Service users were observed using the space socially and for activities.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Elaine Crawford, 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



The Regulation and
Quality Improvement
Authority

Quality Improvement Plan

Primary Announced Care Inspection

Ards Training and Resource Centre

9 April 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 Elaine Crawford (**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.	28 (4) (c)	<p>The registered person must ensure the regulation 28 visit and reports examines any barriers to progress of a service users care plan for example a referral for an assessment not being actioned or not receiving the outcome of a referral due to other teams' workloads and staff absence. These are issues which can impact on the conduct of the day care setting and therefore should be reported and monitored to ensure it does not lead to the day centre breaching the day care settings regulation's or not achieving full compliance with the day care setting standards.</p> <p>There must also be evidence any deficits are reported to senior management and the trust response to ensure the access to professional guidance and assessment is improved for the setting.</p>	First	<p>Registered Manager & Senior DCW discussed the referral highlighted during the inspection with Behaviour Specialist Nurse. Service User was still active and known to the team. Assessment commenced 19.5.14. Any further delays will be discussed at supervision with Band 5, and deficits will be reported to the Business Support Manager for further guidance at supervision. Any deficits which impact on the service will be discussed with the monitoring manager who has responsibility to take forward also</p>	4 June 2014
2.	14 (4)	<p>The registered manager must ensure any restrictive practices and restraint assessed as necessary to meet service user's needs is subject to regular review. Planned interventions must remain the least restrictive option to respond to behaviour and risk, therefore planned interventions must be the least restrictive measure that can be put in place.</p>	First	<p>Each Service User has an individual risk assessment based on restrictive practice. This will be reviewed annually or sooner if required. This risk assessment will form part of the service plan, which all parties including carers have input to and sign. Restrictive</p>	4 June 2014

				<p>practice & restraint will now be included in the Person Centred Review Documentation and will be monitored annually. Restrictive Practice will also be a permanent agenda item at Behaviour Support Meetings where the individual's needs are reviewed. Practice changes will reflect a multidisciplinary decision.</p>	
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No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
3.	14 (4) European Convention on Human Rights Article 3 & Article 5 Deprivation of Liberty Safeguards – Interim Guidance	The registered manager must ensure service users human rights are fully assessed if the use of restraint or any restrictions are planned for. If a restriction or restraint is the least restrictive method to respond to behaviour and meet need, what potential rights are being infringed and why this is necessary must be fully recorded.	First	Each Service User has a service plan which highlights when restraint / restrictive practice is used to repond to behaviour and to meet need. This will be discussed by the relevant parties recorded and signed. This will be reviewed at the annual review. The information will also be recorded on an individual risk assessment, which forms Service Plan.	4 June 2014
4.	28 (3)	The registered person must make appropriate arrangements for the regulation 28 visits to be a mix of announced and unannounced monthly visits during the year. Reports must detail if a visit is announced or unannounced.	First	The Business Support Manager has emailed Registered Managers to inform them that future monitoring visits will be a mixture of announced and unannounced visits. Monitoring Report will reflect this	4 June 2014

Recommendations

These recommendations are based on The Day Care Settings Minimum Standards January 2012. This quality improvement plan may reiterate recommendations which were based on The Day Care Settings Minimum Standards (draft) and for information and continuity purposes, the draft standard reference is referred to in brackets. These recommendations are also based on research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details of Action Taken By Registered Person(S)	Timescale
1.	7.1, 7.2, 7.3	The registered manager should make appropriate arrangements for service user's and or their representatives to be fully informed regarding confidentiality of personal information, recording practices in the day care setting and access to information. The service user and or their representative should be informed regarding what information is kept about them in the day care setting, how that is stored, what they need to do if they want to access the information and the service user or representatives consent regarding the same. This could be included in the service user agreement.	First	The Registered Manager amended the Service User Guide on the day of inspection to inform carers / service users that information is recorded on the service user . This will be shared at future reviews. Carers and Service User where possible will sign plan.	4 June 2014
2.	6.8	The registered manager should make appropriate arrangements for the frequency of the behaviour management review meetings to be improved. Meeting should review the use of restraint or restrictions planned for or used in the day care setting which must be subject to continuous review with relevant behaviour management professionals or services.	First	The Registered Manager has arranged quarterly dates with the Behaviour Nurse Specialist, restrictive practice and restraint will be an ongoing agenda item to ensure practices are assessed and reviewed to ensure multidisciplinary input. Since our last Inspection two service plans have been reviewed and signed off by the	4 June 2014

				Behaviour Nurse Specialist.	
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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	Elaine Crawford
Name of Responsible Person / Identified Responsible Person Approving Qip	Brendan Whittle

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Suzanne Cunningham	09/06/14
Further information requested from provider			