



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

## **Announced Primary Care Inspection**

**Name of Establishment:** Knockbracken Day Centre  
**RQIA Number:** 10756  
**Date of Inspection:** 18 November 2014  
**Inspector's Name:** Suzanne Cunningham  
**Inspection ID:** IN017652

**The Regulation And Quality Improvement Authority**  
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## 1.0 General Information

<b>Name of Establishment:</b>	Knockbracken Day Centre
<b>Address:</b>	Knockbracken Healthcare Park Saintfield Road Belfast BT8 8BH
<b>Telephone Number:</b>	02890 565823
<b>Email Address:</b>	esther.brimage@belfasttrust.hscni.net
<b>Registered Organisation/ Registered Provider:</b>	Mr Colm Donaghy
<b>Registered Manager:</b>	Miss Esther Brimage
<b>Person in Charge of the Centre at the Time of Inspection:</b>	Miss Esther Brimage
<b>Categories of Care:</b>	57 DCS-I & 18 DCS-DE
<b>Number of Registered Places Each Day</b>	75
<b>Number of Service Users Accommodated on Day of Inspection:</b>	38
<b>Date and Type of Previous Inspection:</b>	2 May 2013 Primary announced inspection
<b>Date and Time of Inspection:</b>	18 November 2014 09:30 – 17:00
<b>Name of Inspector:</b>	Suzanne Cunningham

## **2.0 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.

## **3.0 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.

## **4.0 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.

## 5.0 Consultation Process

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

Service users	9
Staff	4
Relatives	2
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	8	0

## 6.0 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.

## 7.0 Profile of Service

Knockbracken Day Centre is situated within the Knockbracken Health Care Park complex. The centre has been operating on this site for the past eleven years. The building is single storey and has parking available. A bright spacious reception area leads to a number of staff rooms and office areas. There are three large spacious members' areas in the frail elderly unit, which are: the dining room which can comfortably seat fifty; a large craft room; a quiet sitting room and hairdressers. There is also a large room where the EMI unit is situated.

There are two bathroom areas in the main centre which staff can assist with personal care and separate male and female toilet facilities available. The management of the centre has divided the general running into two specific areas:

1. EMI unit which supports the care of eighteen members daily. This is a secured area with keypad access to ensure the safety of the members.
2. The frail elderly unit, which supports the care of fifty seven members although attendance is provided to be generally around thirty-five to forty per day.

## 8.0 Summary of Inspection

A primary inspection was undertaken in Knockbracken Day Centre Day Centre on 18 November 2014 from 09:30 to 17:00. This was a total inspection time of seven hours and thirty minutes. The inspection was announced.

Prior to this inspection the provider submitted a self-assessment of the one standard and two themes inspected. The focus of the inspection was to assess the centre's compliance with the one standard and two themes chosen from the Day Care Settings minimum standards 2012; The Day Care Settings Regulations (Northern Ireland) 2007 and the providers' statements were verified. During the inspection the inspector used the following evidence sources:

- Analysis of pre-inspection information and questionnaires
- Discussion with the registered manager, staff and observation of service users
- Examination of a sample of service user individual file records including evidence of behaviour management and support assessments; the complaints record; staff training record; individual staff records; incident and accidents records; 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 of the day care staff and more informally to the remaining staff regarding the standards inspected and their views about working in the centre. This generated positive feedback regarding records and reporting arrangements including recording; ensuring care plans and assessments reflect the individual needs of each service user and the management arrangement's in this day care setting. The inspector gauged from these discussions that staff are given clear guidance regarding their role and responsibilities in the setting and are motivated to ensure the service is meeting the needs of the service users who attend the centre. The service has a clear role of being a social centre where service users who might otherwise be isolated, can socialise in a safe setting whilst having their personal needs met.

Discussion with staff revealed service user's confidentiality and privacy are protected when managing service user's information and when recording staff know they must be sensitive and use a positive person centred approach to recording. Staff work together with service users and their families to ensure care is current, to ensure everyone is kept informed regarding any changes and that the most important people are involved in decision making. Staff discussed their knowledge regarding exceptional circumstances and awareness of the importance of using least restrictive measures. In this setting staff were clear they do not use restraint and will offer service users 1 to 1 time, a change of environment, clear communication methods appropriate to service user need, diversion, distraction, calming techniques or changing staff. If they have any concerns regarding escalating behaviour staff seek professional guidance. Finally staff discussed the management arrangements in the setting which were clear to staff, staff said the arrangements in place are very supportive and gave examples of team meetings, supervision and training which have supported them to undertake their role and responsibilities.

The inspector spoke informally with nine service users and three service user representatives and observed all of the service users who were in the day care setting at the time of the inspection to gather evidence for the standard inspected and the two themes. The service users were very positive about what the setting meant to them. They described it is a place where they can make friends; staff are kind, approachable, thoughtful and give you everything you need. Service users said they felt confident about attending the setting and one person stated they treat me like a human being. The service user's representatives valued the flexibility of the service which assured them if they had difficulties in their home life; the service could offer additional support to maintain the service user in their community.

The issue of the front door having a lock on was discussed in detail and overwhelmingly service users and representatives felt this was appropriate to ensure service user safety, prevent service users wandering and getting confused, overall they described this makes them feel secure and safe. Service user representatives reported their relative will talk about day care with them and it is overwhelmingly positive regarding the activities they do and the care they have received. Service user representatives were aware records are kept about their relative and they see these at meetings such as the review meeting, when they had been asked to sign documents to agree the content and plan. Finally the service user representatives commented regarding the staff and manager who were described as supportive, easy to talk to and the representatives identified the carers group was a great source of support and information.

The previous announced inspection carried out on 2 May 2013 had resulted in two requirements and one recommendation. These were regarding the content of service users' files; the environment; and the statement of purpose. The inspector concluded arrangements had been improved in the service user's files and statement of purpose and arrangements were in place to improve the environment, therefore the setting had achieved compliance. .

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

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

Observations of service users; discussion with staff, service users and their representatives; and review of seven service users' individual files provided evidence that the centre is performing well regarding standard 7. Policies and procedures were in place and do describe how service user's information should be kept, they specify recording procedures and describe access.

The observation of service users provided the inspector with evidence of the social aspect of the setting and how staff stimulates service users interests and involvement in the day care setting. Furthermore activities and service user progress was being recorded in the service user records. The inspector concluded the centres process of maintaining and updating service users' records presents as well managed, is focussed on person centred practice and focuses on promoting service user's social needs, stimulating intellectual activity; and meeting need.

Based on the evidence reviewed the inspector assessed the centre as compliant in this standard. No requirements or recommendations are made with regard to this standard.

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

Two criterion from regulation 14 were inspected which examined compliance with the use of any restrictive practices in this day care setting within the context of human rights. One criterion was assessed as compliant and one criterion was assessed as not applicable because the setting has not undertaken any restraint of service users and it is not part of anyone's care plan. Therefore no incidents have been or would be reported through to RQIA under current arrangements.

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. Staff discussed they do not use restraint, seclusion or restrictions; other than securing the front door to keep service users safe and meet their needs. Staff described if service users behaviour is observed as deteriorating they would look at triggers and undertake an assessment to ensure the service users' needs can still be met in the day care setting with the family, social worker / care manager and the service user. The inspector was satisfied service users' files provided examples of staff identifying changes in service users' presentation and actions taken to address any concerns and changes to their assessment and care plan.

Based on the evidence reviewed the inspector assessed the centre as compliant in this theme and this is commendable.

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

Two criteria from regulation 20 and one criterion from regulation 21 were inspected which provided the evidence to examine this theme. All of the criteria were assessed as compliant. No requirements or recommendations are made with regard to this theme. The inspector concludes the arrangements in place for the registered manager to manage this day care setting and delegate tasks to the senior day care worker or day care workers have been well assessed, planned for and are subject to on-going monitoring. 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 seven service users individual files, validated the registered manager's pre inspection questionnaire, reviewed the staff questionnaire and viewed the environment. This did not reveal any further areas of improvement.

The inspector wishes to acknowledge the work undertaken by the manager and staff in preparation for this inspection and their open and constructive approach throughout the inspection process. Gratitude is also extended to the service users who welcomed the inspector to their centre and engaged with her during the inspection. Overall the inspector commends the proactive approach to day care that is delivered in this centre, there is a clear approach of social support to this day care setting which is consistent with the day care settings statement of purpose and presents as improving outcomes for service users and their families. There is also a clear person centred approach to identifying need, meeting needs and planning in this day centre.

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

## 9.0 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) & schedule 1	The registered manager should ensure all service users' individual files contain a photo to ensure compliance with this regulation.	The inspector sampled service users files and assessed this had been completed and consent had been sought to take photos in the setting.	Compliant
2.	26 (2) (a)	The registered person must ensure appropriate measures are taken to ensure the toilet facilities are improved for the service users in the dementia / EMI section of the day care setting. A timescale for undertaking and completion of the works should be reported on the returned quality improvement plan, including the date for completion.	This requirement was in progress at the time of this inspection. The funding had been secured and the trust estates team had undertaken asbestos checks. The inspector was told the works would be starting imminently.	Substantially compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1.	15.1; 15.3	The registered manager should review the centres statement of purpose and procedure for reviews and ensure timescales for the first review are consistent. If the review is not compliant with the four week timescale this should be explained. This review procedure should be consistently applied in Knockbracken in practice.	The statement of purpose had been updated in this regard.	Compliant

**10.0 Inspection Findings**

<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> 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>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment:</b>	
<p>Within Knockbracken Day Centre, all legal and ethical responsibilities in respect of confidentiality for service users is maintained, where this does not infringe the rights of other people. Service users attending the centre have a genuine expectation that their personal information will not be shared inappropriately and this is reinforced to staff at supervision and at staff meetings through discussion of all relevant policies. Copies of these policies are available in the centre.</p> <p>Staff are also aware of the Adult Safeguarding Policy and understand that they have a duty to share information which, if withheld has the potential to cause harm or risk to the service user or others.</p>	Substantially compliant
<b>Inspection Findings:</b>	
<p>The inspector examined seven 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. Arrangements for confidentiality were described in policies and procedures which were available for staff reference. Discussion with staff confirmed recording practices and storage of service user information protects confidentiality by recording in a private space and locking files away when not being used. Discussion with staff also confirmed they are knowledgeable about the duty of confidentiality and their role and responsibility regarding the need to record, ensuring the quality of recording and management of service user's personal information; commensurate with their role and responsibility.</p> <p>Discussion with service users and representatives confirmed they are informed regarding their personal information being kept confidentially 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>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment:</b>	
<p>Within Knockbracken Day Centre all service users and their next of kin are involved in an ongoing assessment and review process and will have access to their care plan and review documentation. Service users and their representatives are invited to comment on the service provided and these comments are recorded on the review record. To date no service users or their representatives have requested access to their records. However in the event that a request is made, staff will adhere to the Belfast Trust Policy on Access to Records.</p>	Substantially compliant
<b>Inspection Findings:</b>	
<p>Inspection of a sample of seven individual service users records, sampling of policies and procedures pertaining to: the access to records and discussion with staff and service users confirmed service users are made aware records are maintained through discussion, information in the service users agreement and sharing records with them as appropriate, for example at the review meeting.</p> <p>Discussion with staff confirmed they understood the need for a person centred approach to their recording.</p>	Compliant

<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>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment:</b></p> <p>All service users within Knockbracken Day Centre have an individual file, containing information pertaining to assessment of need, personal care needs, changes in needs or behaviours including any actions taken by staff, 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 all identified risks. Records are available for inspection on the PARIS IT system.</p>	Substantially compliant
<p><b>Inspection Findings:</b></p> <p>The examination of a sample of seven service user individual records evidenced the above records and notes are available and maintained. Service user recording is maintained on the trust recording system that is accessed trust wide; to ensure relevant information is shared and available to inform other areas of care in the trust.</p>	<b>COMPLIANCE LEVEL</b> Compliant

<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 Knockbracken Day Centre an entry is recorded at least every five attendances for each service user. A spreadsheet has been developed to mark service user attendance. When a service user has attended for 5 days, an email is sent to the keyworker to highlight that an entry is required.	Compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
Service user care records relevant to this criterion are maintained on the trust recording system, PARIS.	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 employed by the Belfast Trust will undertake a comprehensive corporate and local induction on commencement of service and will have access to regular mandatory and individual training specific to their role and level of responsibility. The Manager is trained and fully briefed on the requirements and expectations of the service and works closely with Senior Management within the Trust, to ensure that services are delivered effectively on a day to day basis and that all relevant regulatory requirements are adhered too. This is achieved through daily planning and weekly team meetings and through regular supervision sessions with all staff in centre. Trust policies and procedures are discussed routinely at team meetings and all staff are issued with a copy of the Day Centre Guidelines which provide direction and instruction on all aspects of the day care service. A shared folder on the I.T system has been developed to ensure effective communication for the management team. Good professional relationships can be evidenced in all correspondence between the Manager, the staff and all professionals within the multidisciplinary team who are involved in the care and support of service users attending the centre.	Substantially compliant

<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
The examination of seven individual service users' records and discussion with staff, service users and relatives confirmed this criterion is being achieved. Service users and or representatives had been informed regarding information that may be reported or referred and staff were fully aware of consent issues regarding the same. Examination of records evidenced information that had been reported; was reported to the right people and outcomes were recorded. Information recorded evidenced needs had been met, risk was reduced and care was appropriate.	Compliant
<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.	
<b>Provider's Self-Assessment:</b>	
All records are completed 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. In addition the Assistant Services Manager or her representative completes a monthly monitoring visit at which a sample of service user records are reviewed.	Substantially compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
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.	Compliant

<b>PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Substantially compliant
<b>INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant



<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>The Belfast Trust has clear guidelines on the ‘Use of Restrictive Practice in Adults.’ This policy outlines the circumstances and the decision making process that must be employed ‘when a patient/service user presents a risk of harm to himself/herself or others and it is deemed necessary to use restrictive practices such as direct physical contact, the use of barriers or equipment/medication which will restrict the movement of a patient’s body.’ Within Knockbracken Day Centre restraint is only used as a last resort when all other less restrictive strategies have been deemed unsuccessful.</p>	Compliant
<b>Inspection Findings:</b>	
<p>The inspector examine a sample of records including a sample of seven records of individual service users which presented as consistent with schedule 4; and other records to be kept in a day care setting, as described in schedule 5. There was no record of restraint or segregation in this setting for individual service users however; there was evidence of behaviour plans in place that may be deemed as restrictive. The risk assessment and assessment information described why these plans were in place and in all cases it was in response to an identified need.</p> <p>Staff received a number of training sessions on responding to service users ‘behaviour and they described using diversion, redirection, calming, communication techniques to manage behaviour and stop escalation. To date this had been effective.</p> <p>There are policies and procedures in place 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 available for staff reference.</p>	Compliant

<p>Discussion with staff validated management and staff knowledge about when and why restraint is used including their understanding of exceptional circumstances. Discussion with staff working in the centre revealed their knowledge regarding the use of restraint or seclusion including how service users human rights are protected in the day care setting. Staff were also aware of the Deprivation of Liberty Safeguards. (DOLS) – Interim Guidance.</p> <p>Discussion with service users and or representatives confirmed service users feel able to access different parts of the day care setting and their views are sought on an ongoing basis.</p>	
<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>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider’s Self-Assessment:</b></p>	
<p>In the event that restrictive practice has been used as a last resort, when all other less restrictive strategies have been unsuccessful, an Incident Report is completed and the service user’s relative or carer is contacted and informed of the situation and circumstances. The Day Centre Manager will complete a Manager’s Investigation Report for the Assistant Services Manager and the Regulation Quality Improvement Authority will be notified as a matter of course</p> <p>. All care plans and risk assessments will be amended and updated accordingly following any such intervention in centre.</p>	Compliant
<p><b>Inspection Findings:</b></p>	<b>COMPLIANCE LEVEL</b>
<p>No service users had been restrained in this setting and no care plans detail this as a management of behaviour plan. Staff do not anticipate using restraint and this presented as consistent with the settings ethos, statement of purpose and aims of the service. <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>	Not applicable

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

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

<p align="center"><b>Theme 2 – Management and Control of Operations</b></p>	<p align="center"><b>COMPLIANCE LEVEL</b></p>
<p><b>Management systems and arrangements are in place that support and promote the delivery of quality care services.</b>  <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><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>  <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>All staff working within Knockbracken Day Centre attend routine mandatory and individual training specific to their role and responsibility. In the absence of the Manager, the Acting Senior Day Care Worker takes responsibility for the daily functioning of the centre. She and all other members of the team are aware of the peer mentoring system provided by the other Day Centre Managers within the service group. In addition they are aware that advice and support can be sought from the Assistant Services Manager at any time. In the unusual event that both members of the management team are absent from the centre, the Assistant Services Manager is informed and cover is provided by another Manager or Senior Day Care Worker.</p> <p>The Adult Social and Primary Care Service has clear and identified lines of accountability from Director down to individual facility level. Within Knockbracken Day Centre the Manager has responsibility for the day to day running of the centre and is assisted in this role by an Acting Senior Day Care Worker, five Day Care Workers and four Care Assistants as well as staff line managed through Support and Transport services. A diagram of the management structure is included in the centres Statement of Purpose and a copy of this is displayed in the centre.</p>	<p>Moving towards compliance</p>

<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
<p>The inspector examined the professional registration, qualifications, 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. The manager has achieved the QCF level 5 qualification and the senior day care worker is due to commence the QCF level 5 qualifications in March 2015. The manager is usually in the day care setting but on occasions when she has been asked to cover another manager who is absent or is on leave from the setting the senior day care worker will act up in her absence. There is a contingency file in place if the manager and senior is absent from the setting for day care workers to follow and to date these arrangements have not revealed any concerns regarding management structure in this setting.</p> <p>The inspector reviewed the staff training, supervision, appraisal and a sample of staff records including the staff member who manages the day care setting in their absence, this did not reveal any concerns regarding compliance with this theme.</p> <p>The inspector reviewed the staffing numbers and observed the distribution of staff across the day care setting, the inspector noted staff were very busy but were responsive to service user need during the day. Some service users were more independent than others and staffing numbers presented as adequate in this regard.</p> <p>The staff had access to 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. Discussion with staff working in the centre validated their knowledge commensurate with their role and responsibilities regarding management arrangements of the day care setting. Staff were clear who they report to; who should they seek support or guidance from; who supervises them and the effectiveness of the same.</p> <p>Discussion with service users; representatives and staff provided positive feedback regarding the management structure in place and the effectiveness of the same. The discussion with the manager and senior day care worker confirmed they are clear regarding their roles and responsibilities.</p>	<p>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>The Trust promotes a culture of openness and transparency through dialogue and this is reflected in the day centre, with daily planning and weekly team meetings. Staff are encouraged to contribute their views openly to improve services and are supported to do this through regular formal and peer supervision sessions which are well established in the centre. The Manager supervises the Acting Senior Day Care Worker, who in turn supervises the Band 5 staff who supervise the Band 3 staff. All supervision sessions are recorded and are conducted within the agreed timescales and in line with policy.</p> <p>At supervision, all staff contribute to a shared agenda in advance of the meeting date. This includes discussion of client issues, assessments, care plans and reviews, incidents and accidents, policies and procedures and activities. There is also opportunity for reflective practice, discussion of PCP/PD and individual training and development needs.</p> <p>The centre has a supervision planner indicating proposed dates for supervision sessions to take place.</p>	Substantially compliant
<p><b>Inspection Findings:</b></p>	<b>COMPLIANCE LEVEL</b>
<p>The inspection of a sample of staff files and discussion with a sample of staff confirmed the provider's self-assessment for this criterion.</p>	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>The day centre Manager is registered with the NISCC and carries out her duties in accordance with this code of practice. Although Day Care Workers and Care Assistants are not currently required to be registered at present, they are aware of this Code of Practice and of the Belfast Trust value system. In the absence of the registered Manager, the Acting Senior Day Care Worker takes responsibility for the day to day running of the centre. The Manager is educated to degree level and has 24 years’ experience in day care, 7 of these as Manager of Knockbracken Day Centre. She also has Acting Manager experience in Supported Housing and Residential care settings and is currently completing her QCF Level 5 qualification. The Acting Senior Day Care Worker has 13 years’ experience within the day care setting, 6 of which have been in a management role. She has attended all necessary mandatory and individual training to assist and guide her in this role and will commence QCF Level 5 training at next intake. All staff, including the Acting Senior Day Care Worker are 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 discussion with staff, inspection of staff information and the training records confirmed the provider’s self-assessment for this criterion.</p>	<p><b>COMPLIANCE LEVEL</b> 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> Substantially 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> Compliant</p>
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## **11.0 Additional Areas Examined**

### **11.1 Complaints**

The complaints record was reviewed as part of this inspection. The annual complaints return for 2013 identified fourteen minor issues of dissatisfaction had been recorded. The inspector reviewed the complaints record which confirmed the return to RQIA and did not reveal any concerns regarding the record; the issues had been locally investigated and resolved to the complainant's satisfaction in a timely manner which is entirely consistent with the settings procedure. There was also evidence practice and service delivery had been reviewed regularly in light of the issues to ensure practice was responsive and appropriate. Furthermore five minor issues of dissatisfaction had been recorded for 2014 and these had also been responded to appropriately in a timely manner.

### **11.2 Service User Records**

Seven service user files were reviewed as part of this inspection, this did not reveal any areas for improvement and the files presented as consistent with schedule 4.

The inspector is aware a number of service users referred to this setting are in need of a secure environment due to their diagnosis of dementia and this is clear in the initial assessment, service user guide and induction. Service users in the setting can walk around gardens and rooms and can leave the centre with a staff member to walk further into the Knockbracken grounds. Discussion with service users and their representatives revealed they feel the secure front door is reassuring and they feel safe in the setting.

### **11.3 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, 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.

### **11.4 Statement of Purpose & Service Users Guide**

These documents were made available for this inspection and the inspector made reference to them during the inspection, examination of these documents did not reveal any concerns. Furthermore the new service user agreement includes service user and representative access to records.

### **11.5 Monthly Monitoring Reports**

The inspector reviewed the regulation 28 reports from June to October 2014; this revealed the visits had been recorded monthly in compliance with the regulation. The inspector noted no concerns had been identified and there was clear focus on monitoring the improvements in toileting for dementia service users.



## **12.0 Quality Improvement Plan**

The findings of this inspection were discussed with Miss Esther Brimage as part of the inspection process.

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

Enquiries relating to this report should be addressed to:

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



No requirements or recommendations resulted from the primary announced inspection of Knockbracken Day Centre which was undertaken on 18 November 2014 and I agree with the content of the report.

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

<b>NAME OF REGISTERED MANAGER COMPLETING</b>	Esther Brimage
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING</b>	Dr Michael McBride Acting Chief Executive

<b>Approved by:</b>	<b>Date</b>
Suzanne Cunningham	7 January 2014