



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

## **Primary Announced Care Inspection**

<b>Name of Establishment:</b>	<b>Edgcumbe Assessment and Therapy Unit</b>
<b>Establishment ID No:</b>	<b>10771</b>
<b>Date of Inspection:</b>	<b>7 May 2014</b>
<b>Inspector's Name:</b>	<b>Suzanne Cunningham</b>
<b>Inspection No:</b>	<b>17613</b>

**The Regulation And Quality Improvement Authority**  
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<b>Name of centre:</b>	Edgcumbe Assessment and Therapy Unit
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<b>E mail address:</b>	gary.kinkade@belfasttrust.hscni.net
<b>Registered organisation/ Registered provider:</b>	Belfast HSC Trust Mr Colm Donaghy
<b>Registered manager:</b>	Mr Gary Kinkade
<b>Person in Charge of the centre at the time of inspection:</b>	Mr Gary Kinkade
<b>Categories of care:</b>	DCS-DE
<b>Number of registered places:</b>	55
<b>Number of service users accommodated on day of inspection:</b>	40
<b>Date and type of previous inspection:</b>	22 October 2013 Primary announced inspection
<b>Date and time of inspection:</b>	7 May 2014 11:15 – 17:45
<b>Name of inspector:</b>	Suzanne Cunningham

## Introduction

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

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

## Purpose of the Inspection

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

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

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

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

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

## Methods/Process

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

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

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

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

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

### Consultation Process

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

Service users	5
Staff	4
Relatives	0
Visiting Professionals	1

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	12	6

### Inspection Focus

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

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

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

- **Theme 1 - The use of restrictive practice within the context of protecting service user's human rights**
- **Theme 2 - Management and control of operations:**

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

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

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

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

## **Profile of Service**

Edgumbe Assessment and Therapy Unit is a purpose built fifty five place day care centre situated in Belfast.

The centre specialises in dementia day care for people in the early, middle and later stages of dementia. The unit aims to provide a holistic service for its clients, which strongly promotes the individuality and well-being of each person, in a therapeutic and stimulating environment, which encourages and respects independence.

The centre operates from Monday to Friday and is flexible regarding times of attendance. Referrals and allocation of days are through the Trust procedures with placements offered following an assessment of need. New carers are encouraged to attend a one off carers' session where centre staff, a social worker and community psychiatric nurse is in attendance to provide information on dementia. A monthly support group is held to provide carers with on-going support.

A hot meal is provided for service users on a daily basis Monday to Friday.

## **Summary of Inspection**

A primary inspection was undertaken in Edgumbe Assessment and Therapy Day Centre on 07 May 2014 from 11:15 to 17:45. This was a total inspection time of six 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; 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 four 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 motivated to ensure the service is meeting the needs of the service users who attend the centre and where possible assist service users to develop interests improve outcomes for the service user and their family.

Six questionnaires were returned by staff who reported satisfactory arrangements were in place with regard to NISCC codes of practice; supervision; staff training; and management arrangements; responding to service users' behaviour; confidentiality and recording. Staff did identify the staffing numbers can be impacted on due to staff sickness which can leave staff

managing large groups of service users while personal care needs are met by staff away from the room. Discussion with staff and management revealed when this is necessary staff are not left for long periods and staff in other areas of the centre assist with cover. Staff and management were clear these arrangements adapt to ensure service users' needs continue to be met.

Staff did make positive comments in the questionnaires regarding the quality of care that was provided; which staff described as: "The highest level of quality I have ever come across in all my years as a trust employee". "I feel there is a good quality care and services provided by day care staff. Training is updated and staff are competent and caring in carrying out their duties. Manager is supportive; information is shared with staff team." "Excellent care for clients".

The inspector spoke directly with five service users 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 inspector spoke with the service users during the observations however this did not generate any feedback regarding compliance because service users in this day care setting have memory loss and some have difficulty finding words to express their feelings. However the service users were positive regarding attending the setting and the activities they were taking part in. Some explained they like to help staff and they said staff were good to them. Observation did reveal service users were at ease in their environment, able to socialise with each other and the staff in the day care setting. Service users took part in activities, some activities had been pre planned by staff to ensure the activities were appropriate to the individuals needs and preferences, other activities were more spontaneous in response to service user mood or restlessness. During the activities service users were encouraged to use their memory, discuss the activity, be active and discuss feelings. The inspector was impressed with the approach taken by staff and the outcomes achieved. The inspector also noted the appropriate staffing levels and good working relationships between staff ensure personal care tasks were undertaken discretely and the activities continued. Most essentially this meant service users did not become distressed regarding an unexpected change and they continued to be engaged in the activity.

During the inspection a visiting professional spoke with the inspector. The professional described the day care setting in positive terms for example "I get a good feeling when I walk in, good structure evident in delivery of care, the setting is organised and focused on care, staff are focussed on meeting all levels of need and communicate effectively with service users". The carers are also supported and the professional described attending the support group where staff had a good rapport with carers, there was a sense of equality and inclusive approach to supporting carers. With regard to the staff communication with him he described staff as professional, communication had been good and they have a proactive approach to meeting needs. The professional described the staff respond to behaviours by using effective calming techniques, individual time to settle. He felt this was an effective response.

The previous announced inspection carried out on 22 October 2013 had resulted in no requirements and two recommendations. These were regarding the arrangements for reviews and regulation 28 visits. The inspector concluded arrangements had been improved in both of these areas and the centre had achieved compliance. .

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

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

Observations of service users; discussion with staff; and review of five 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 what service users can achieve in the day care setting and the inspector was pleased to note this 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 and they do not anticipate using restraint, seclusion or restrictions other than securing the front door to keep service users safe and meet their needs. Staff identified if a service users behaviour is observed as deteriorating they would look at triggers and assess 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. In service users files the inspector viewed examples of staff awareness and identification of 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 deputy manager or day care worker 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 five service users individual files, validated the registered manager's pre inspection questionnaire, reviewed the staff questionnaire and viewed the environment. This did not reveal any 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 support, homeliness and 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.

## Follow-Up on Previous Issues

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	15.1	The registered manager must review and amend the policy and procedure, service user's guide and statement of purpose regarding the initial and first review of service user's care. Particular attention should be given to describing the consultation or involvement of service users and the four week timescale of the initial review.	This had been achieved and the revised document was provided for the inspector prior to this inspection.	Compliant
2.	17.10	The registered person should make arrangements for the policy and procedure regarding the regulation 28 visits to be amended to ensure it details how the visits are done and procedure regarding the formats that are used.	This had been revised and was forwarded to the inspector after the last inspection.	Compliant

<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>	
Within Edgcumbe day centre staff are aware of their legal and ethical responsibilities and work within the Trust policies in respect of service users confidentially and Data Protection and where this does not infringe on the rights of other people.	Substantially compliant
<b>Inspection Findings:</b>	
<p>The inspector examined five individual service user records which were compliant with schedule 4; the inspector also sampled other records to be kept in a day care setting, as described in schedule 5. The records are kept securely and confidentially in compliance with trust 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 trust and programme policies and procedures present as reflective of this criterion and are available for staff reference. The recording practices and storage of service user information in Edgcumbe also present as reflective of current national, regional and locally agreed protocols re confidentiality and current DHSSPS guidance, regional protocols, local procedures issued by the HSC Board and Trusts and current legislation.</p> <p>Discussion with staff validated management and staff knowledge about the duty of confidentiality and their role and responsibility regarding the need to record, the quality of recording and management of service user's personal information commensurate with their role and responsibility. Service users and representatives had been informed regarding confidentiality of personal information and recording practices in the day care setting during the introductory visit and again at other meetings such as the review, carers support meetings and service user meetings.</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>All service users and their representatives are involved in an ongoing assessment and review process at Edgcumbe Day Centre and will have access to their care plan and review documentation. Service users and their representatives are also invited to give their opinions on the service provided, these are recorded on a comments sheet at the review meeting. To date no service users or their representatives have requested access to their records.</p> <p>In the event that a request is made by a Service User or their representative the Belfast trust policy on access to records will be adhered to.</p>	Substantially compliant
<b>Inspection Findings:</b>	
<p>The day centre has policies and procedures pertaining to: the access to records; consent; management of records and service user agreement. The policies and procedures detail how this criterion should be met and are available for staff reference. The review of the service user guide did not detail the issue personal information is kept by the day care setting and added to during their time in the day care setting, consent and how this information can be accessed. However, recording and storing of personal information is explained to service users and or their representative when commencing in this day care setting and part of the signed service agreement. Furthermore the staff are open with service users and their representatives, often discussing issues in regular meetings and forums. The inspector is aware the issue of records and access had been openly discussed and this did not reveal any concerns regarding access or consent.</p> <p>All staff are aware they need to act on any queries of freedom of information, confidentiality, consent, access to records and arrangements will be made as necessary. Discussion with staff working in the centre validated their knowledge commensurate with their role and responsibilities with regard to consent and access to records. Staff discussed a person centred approach to their recording was maintained to ensure information is accessible and personal to each individual service user.</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>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment:</b></p>	
<p>All service users referred to Edgumbe Day Centre have an individual file, containing information pertaining to assessment of need, personal care needs, changes in behaviours, aims &amp; objectives and all significant changes in the programme of care for the individual. Contact with the service users representatives and staff including other members of the Multidisciplinary team are also documented, as are records of all accidents &amp; incidents and identified risks.</p>	<p>Substantially compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>The examination of a sample of five service user individual records evidenced the above records and notes are available and maintained by staff in compliance with 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 which are in place and available for staff reference. Examination of a sample of four monitoring records (e.g. file audits and regulation 28 reports) demonstrates working practices are audited in this regard.</p>	<p><b>COMPLIANCE LEVEL</b></p> <p>Compliant</p>

<p>The inspector was satisfied the case records and notes are updated as required, are written in a person centred way, incorporate service user recording when possible, when required they are analytical in approach and compliant with appendix 1(The Day Care Setting Regulations (NI) 2007).</p> <p>Evidence of care reviews taking place was compliant with standard 15.</p>	
<p><b>Criterion Assessed:</b> 7.5 When no recordable events occur, for example as outlined in Standard 7.4, there is an entry at least every five attendances for each service user to confirm that this is the case.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment:</b></p>	
<p>When no significant events occur staff in Edgcumbe D.C.follow the local guidance when recording entries on the electronic PARIS system. In these circumstances a case note is recorded at least every five attendances for each service user.</p> <p>Day Care staff record on a tick chart system to ensure that the correct amount of casenotes are recorded on each service user, based on the number of attendances.</p>	Substantially compliant
<p><b>Inspection Findings:</b></p>	<b>COMPLIANCE LEVEL</b>
<p>A sample of service user care day to day care records were reviewed and evidenced there is a written entry at least once every five attendances for each individual service user and this information helps to map changes, note positives, identify key behaviours and needs, map management techniques and provide information for future assessment, planning and review.</p>	Compliant

<p><b>Criterion Assessed:</b></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"> <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>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment:</b></p> <p>Staff employed within the Belfast Trust will undertake a comprehensive corporate and local induction on commencement of service. 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 to. This is achieved through daily planning and weekly staff meetings and through monthly supervision sessions with all centre staff.</p> <p>In addition, Edgumbe Day Centre is developing a shared folder on the I.T system which will give guidance to staff on matters that need to be reported or referred on.</p> <p>Good professional relationships can be evidenced in all coresspondance between the manager,the staff and all professionals within the multidisciplinary team who are involved in the centre.</p>	<p>Substantially compliant</p>
<p><b>Inspection Findings:</b></p> <p>Policies and procedures pertaining to communication, confidentiality, consent, management of records, monitoring of records, recording and reporting care practices and service user agreement were in place, were consistent with this criterion and were available for staff reference. Discussion with staff confirmed they are aware of their role and responsibility to report and refer information and record the outcomes achieved.</p> <p>Service users and or representatives are informed if any information needs to be reported or referred on and staff are aware of consent issues, as well as checking any information that has been reported; is reported to the right people, outcomes are recorded to ensure needs are met, risk is diminished and care is appropriate.</p>	<p><b>COMPLIANCE LEVEL</b></p> <p>Compliant</p>

<p><b>Criterion Assessed:</b> 7.7 All records are legible, accurate, up to date, signed and dated by the person making the entry and periodically reviewed and signed-off by the registered manager.</p>	
<p><b>Provider's Self-Assessment:</b> All records are legible, accurate, up to date, signed and dated by the person making the entry.  The registered manager is required to audit/sign off all service user care plans and reviews. Additionally the Assistant service manager or representative carries out a monthly monitoring visit at which a sample of service user records are reviewed.</p>	Substantially compliant
<p><b>Inspection Findings:</b></p>	<b>COMPLIANCE LEVEL</b>
<p>The inspector examined a sample of five 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 and the centre's staff training (eg confidentiality; data protection and report writing and recording training), supervision and team meeting records detail recording is periodically discussed and that staff all understand their role and responsibility in this regard. Staff spoken with and who complete inspection questionnaires, can confirm procedures and practice are in place to achieve this criterion.</p>	Compliant

<b>PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b> Substantially compliant
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<b>INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b> Compliant
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<b>Theme 1: The use of restrictive practice within the context of protecting service user’s human rights</b>	
<b>Theme of “overall human rights” assessment to include:</b>	
<b>Regulation 14 (4) which states:</b>  <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>	<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 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 service users body.</p> <p>Within Edgumbe day centre there is a locked Inner door, which restricts severely confused service users leaving the premises unaccompanied. Where a service user requests to leave the building staff accompany them out, offer support and make every effort in consultation with family to resolve their concerns.</p> <p>At the pre-admission visit an explanation regarding the locked door is given to service users and their representatives both client and carer sign the agreement.</p> <p>Physical contact restraint would rarely be used in Edgumbe Day Centre and only as a last resort where all other less restrictive strategies have failed.</p>	Substantially compliant
<b>Inspection Findings:</b>	
Examination of a selection of records including: records of each service user as described in schedule 4; and other records to be kept in a day care setting, as described in schedule 5 revealed there were no examples of restraint, restriction or seclusion written up in service users care plans. The staff and management had identified the locked front door as a restrictive practice however, they identified this is necessary to ensure service users don’t wander out of the day centre. Discussion with service users and representatives at the point of introduction includes the locked front door to ensure people understand this is in place, why it is in place and how staff ensure freedom of movement is	Compliant

<p>not restricted in and out of the day centre. During the inspection a service user wanted to leave the centre, a staff member facilitated this and he was supported and accompanied to leave the centre, he later returned to the day centre on his own request and settled until he was due to go home. The day centre 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 as well as appropriate training. Discussion with staff and review of records revealed human rights of service users is considered when recording incidents or restrictions and any outcomes agreed.</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 contacted and informed of the situation and circumstances.</p> <p>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 necessary. All care plans and risk assessments will be amended and updated accordingly following any such intervention in centre.</p>	Substantially compliant
<p><b>Inspection Findings:</b></p> <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>	<b>COMPLIANCE LEVEL</b> <b>Not applicable</b>

<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

Theme 2 – Management and Control of Operations	COMPLIANCE LEVEL
<p><b>Management systems and arrangements are in place that support and promote the delivery of quality care services.</b></p> <p><b>Theme covers the level of competence of any person designated as being in charge in the absence of the registered manager.</b></p>	
<p><b>Regulation 20 (1) which states:</b></p> <p><b>The registered person shall, having regard to the size of the day care setting, the statement of purpose and the number and needs of service users -</b></p> <p><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 Edgcumbe day centre attend routine mandatory training and updates. In the absence of the manager the band 6 Deputy Manager will take responsibility for the daily functioning of the centre. Staff members left in charge of the centre will be aware of the peer mentoring system provided by the other day centre managers within the service group.</p> <p>The adult social and primary care service has clear and identified lines of accountability from director down to individual facility level. Within Edgcumbe day centre the manager has responsibility for the day to day running of the centre and is assisted in this role by 1 Deputy Manager and 3 day care workers and 7 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/available in the reception area at all times.</p>	<p>Compliant</p>

<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
<p>The registered manager of this day care setting is a qualified social worker and has professional registration, the deputy manager has completed the QCF level 5 qualification. In addition they have a number of years, experience, and evidence of competence, evidence of supervision; training and appraisal. Delegation of tasks between the manager and deputy manager is clear and good communication between them monitors effectiveness of arrangements in place.</p> <p>Discussion with the manager and staff revealed the rota is well staffed if there are no absences however, this can be more challenging if there is sick leave or long term absences as these are not being covered by the trust. Nevertheless the inspector was assured by the manager and day care workers; distribution of staff across the day care setting is carefully monitored to ensure need can be met and if there are concerns they are reported to ensure practice remains safe and needs led.</p> <p>The inspector viewed 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, these were available for staff reference.</p> <p>Discussion with staff working in the centre validated their knowledge commensurate with their role and responsibilities regarding management arrangements of the day care setting. For example who do they report to; who should they seek support or guidance from; who supervises them and the effectiveness of the same.</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>	<p><b>COMPLIANCE LEVEL</b></p>
<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 weekly staff meetings. Staff are encouraged to contribute their views openly to improve services and are supported to do this through bi-monthly individual and group formal and peer supervision sessions. The Manager supervises the Deputy Manager who in turn supervises the 3 Day Care Workers, who then supervise the 7 Care Assistants Band 3. All supervision sessions are recorded.</p> <p>Staff are provided with an annual schedule of supervision. Staff agree to the agenda items in advance, these regularly include Current clients (caseload management), assessment, care plans and reviews, Incidents/accidents, Policies/procedures, reflective practice, activities, PCP/PDP, training and learning needs, Management of attendance and annual leave planning.</p>	<p>Substantially compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>The inspector examined 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. This evidence confirmed the provider’s self-assessment and did not reveal any concerns.</p>	<p><b>COMPLIANCE LEVEL</b></p> <p>Compliant</p>
<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 Manager of Edgcumbe Day Centre is registered with NISCC and RQIA to carry out duties in accordance with the code of practice and Day Centre standards. In the managers absence the Deputy Manager who is also registered with NISCC complys with the code of practice and RQIA standards to take responsibility for all day to day functioning of the day centre.</p> <p>Any staff member required to take charge of the centre will have attended all necessary mandatory training and will be aware of the peer mentoring system provided by the other day centre managers within the service group.</p> <p>Currently the manager is in the process of developing proformas for Day Care Workers Band 5 to give guidance on future increased managerial responsibilities.</p> <p>All staff complete the mandatory training requirements for the service and continue to update knowledge as required. All staff have attained relevant to their grade QCF and NVQ qualifications.</p>	<p>Substantially compliant</p>
<p><b>Inspection Findings:</b></p>	<p><b>COMPLIANCE LEVEL</b></p>
<p>As described in the first criterion the inspector examined the professional registration, qualifications, experience and evidence of competence of the registered manager, deputy manager and the records of a day care worker. This corroborated the provider’s self-assessment for this criterion.</p>	<p>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> Moving towards complian</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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## **Additional Areas Examined**

### **Complaints**

The complaints record was reviewed as part of this inspection. The annual complaints return for 2013 identified five complaints had been recorded. The inspector reviewed the complaints record which confirmed the return to RQIA and did not reveal any concerns regarding the record. Furthermore no complaints had been recorded for 2014.

### **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.

### **Service Users' files**

Five service user files were reviewed as part of this inspection, three in detail and three were sampled in terms of behaviour management planning. This did not reveal any areas for improvement and the files presented as consistent with schedule 4.

The inspector is aware all 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. However service users in the setting can walk around gardens and rooms and can leave the centre with a staff member to walk around the entrance area and front grounds.

### **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.

### **Environment**

The environment presented as in a good state of repair and is planned specifically to meet the needs of service users with varying diagnosis of dementia and memory loss. Observation of how staff and service users use the environment identified the environment is very suitable for this service user group and offers a lot of additional activity options for the service users if they are distracted or distressed.



## **Quality Improvement Plan**

The findings of this inspection were discussed with Gary Kinkade as part of the inspection process.

This inspection resulted in no recommendations or requirements 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.

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**



No requirements or recommendations resulted from the **primary announced** inspection of **Edgumbe Assessment and Therapy Unit** which was undertaken on **7 May 2014** and I agree with the content of the report. Return this QIP to **care.team@rqia.org.uk**

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

<b>NAME OF REGISTERED MANAGER COMPLETING</b>	Gary Kinkade
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING</b>	Martin Dillon

<b>Approved by: Suzanne Cunningham</b>	<b>Date</b> <b>03 September 2014</b>