



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

## **Primary Announced Care Inspection**

**Name of Service and ID:**            **Towerview Resource Centre**

**Date of Inspection:**                **25 September 2014**

**Inspector's Name:**                 **Suzanne Cunningham**

**Inspection No:**                      **IN017636**

**The Regulation And Quality Improvement Authority**  
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<b>Name of centre:</b>	Towerview Resource Centre
<b>Address:</b>	60 Bristol Park Newtownards BT23 4RJ
<b>Telephone number:</b>	(028) 9181 7080
<b>E mail address:</b>	darren.bradshaw@setrust.hscni.net
<b>Registered organisation/ Registered provider:</b>	South Eastern Health and Social Care Trust
<b>Registered manager:</b>	Darren Bradshaw
<b>Person in Charge of the centre at the time of inspection:</b>	Darren Bradshaw
<b>Categories of care:</b>	DCS-MP, DCS-MP(E), DCS-LD, DCS-LD(E), DCS-PH, DCS-PH (E), DCS-I, DCS-DE
<b>Number of registered places:</b>	50
<b>Number of service users accommodated on day of inspection:</b>	31
<b>Date and type of previous inspection:</b>	26 February 2014 Primary announced inspection
<b>Date and time of inspection:</b>	25 September 2014 09:15 – 15:15
<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	10
Staff	3
Relatives	0
Visiting Professionals	0

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

Issued To	Number issued	Number returned
Staff	12	5

## Inspection Focus

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

- **Standard 7 - Individual service user records and reporting arrangements:**  
**Records are kept on each service user's situation, actions taken by staff and reports made to others.**
- **Theme 1 - The use of restrictive practice within the context of protecting service user's human rights**
- **Theme 2 - Management and control of operations:**  
**Management systems and arrangements are in place that support and promote the delivery of quality care services.**

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

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

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

## Profile of Service

Towerview Resource Centre is located in the centre of the Westwinds estate on the outer limits of the town of Newtownards. The centre is close to local amenities and the local bus routes.

It is a purpose built facility, opened originally in 1978 and extended in 1992. The building is single storey and provides a variety of rooms for activities, a treatment room, a hairdressing room and staff accommodation. There is a well organised kitchen with a serving hatch to a dining room. Appropriate bathing and toileting facilities are available.

The catchment area for the centre includes Newtownards, Portaferry and around the Peninsula to Ballywalter. It also incorporates Conlig, Holywood and Ballygowan. The centre is open Monday to Friday from 09:30 to 15:00 for members to attend.

Towerview Resource Centre supports up to fifty members per day and provides structured, activity based care to people whose needs may be related to acquired brain injury, dementia, mental ill-health, physical disabilities and, for a small number of people, a learning disability. Members are encouraged to travel to the centre independently, though transport is available for those who require it. Service users can avail of a lunch for an agreed price.

## Summary of Inspection

A primary inspection was undertaken in The Towerview Resource Day Centre on 25 September 2014 from 09:15 to 15:15. This was a total inspection time of six hours. The inspection was announced.

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

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

The inspector spoke to three staff regarding the standards inspected and their views about working in the centre. This generated positive feedback regarding the management of records and reporting arrangements including recording; ensuring records are accessible for the service users and the management arrangements in this day care setting. Staff described service users are involved in their records; they are encouraged to review plans and review documentation and have one to one time with staff to do this. Recording is led by service user choice and interests as well as meeting identified needs. Staff described setting objectives with service users and encouraging service users to express their views, opinions and feelings freely.

The inspector spoke to staff regarding restrictive practices and restraint and concluded their knowledge was appropriate for the service and consistent with the statement of purpose. Staff described they do not use hands on physical intervention but are aware of other restrictions that can be in place and how these need to be reviewed to ensure they are proportionate, improving outcomes for service users and service user choice and wishes and feeling are sought. Regarding management arrangements this setting had cover arrangements in place in the absence of the manager and staff were satisfied the arrangements work well. The staff described the staff team as a good team with good communication, they feel valued, and their views are respected; as are their opinions.

Five questionnaires were returned by staff members and reported satisfactory arrangements were in place with regard to NISCC codes of practice; supervision; staff training; staffing and management arrangements; responding to service user's behaviour; confidentiality and recording. The staff member's praised the quality of care provided within the returned questionnaires and the following comments were made: "The care at the centre is very good, through feedback from service users I am pleased that I am involved in working in Towerview, everyone is treated with respect and dignity and their individual needs are being met"; "Very good"; "Good"; "I would say it is second to none, our members are well looked after and I feel the service we offer is excellent"; "Quality of care provided is of a very high standard, great importance is placed on a person centred approach and seeking service user involvement in relation to service delivery". These comments and staff responses demonstrate the day care setting is delivering a service that is intended to be of high quality and proactive in its approach.

The inspector spoke with ten service users in the setting generally about their experiences in the day care setting and the focus of today's inspection. The service users explained they were aware records were kept about them, they knew the records were about them only, kept confidential and their key worker updates them. They had seen the assessment, review and care plan information around the time of the review. They stated they can ask staff to see the records at any time. Service users described enjoying attending the centre, the activities they had taken part in; and were complimentary regarding the care provided by the staff. The service users identified the manager as in charge and if he is not in the centre Sarah the senior day care worker would be in charge. Overall the service users said they all liked being in day care in Towerview and they particularly enjoy the classes on offer such as glass painting; they enjoy attending and seeing friends; one service user said they like getting to Dobbies and outings to Newcastle. Service users commented the day centre "cheers me up"; "I am very very happy"; "I like it very much, everyone's very interesting"; and "it breaks the week up".

The previous unannounced follow up inspection carried out on 26 February 2014 had resulted in one requirement regarding staffing and three recommendations regarding pre review consultations; including safeguarding information in planning documentation and regulation 28 reports. The manager provided evidence of improvements in all of these areas and therefore evidenced 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.**

The six criterion criteria within this standard were reviewed during this inspection. All of the criteria were assessed as compliant. No requirements or recommendations are made.

Discussions with service users and staff and review of five service users' individual files provided evidence that the centre is performing well regarding standard 15. The discussions with service users confirmed service users are aware a record is kept about them and they see this record when they attend their review or if the care plan is being worked on. Service users described this setting as somewhere they can go to take part in activities, socialise and prevent isolation as well as receive support from staff.

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

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

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

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. Restraint had not been used to date and staff described using clear communication, diversion, calming, diffusing techniques and knowing their service users' needs and personalities. The staff identified this approach assists them in ensuring service users behaviour does not escalate.

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

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

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

Discussion with the manager and staff provided evidence that the organisation had in place monitoring arrangements; and they had a general approach of promoting quality care. Overall the arrangements in this setting regarding management cover were satisfactory and the innovative and creative approach of this team has the potential to improve the quality of care and outcomes for service users.

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 and examined five service users individual files, validated the registered manager's pre inspection questionnaire reviewed the staff questionnaire and monthly monitoring reports. This did not reveal any additional areas for improvement.

The inspector wishes to acknowledge the work undertaken by the manager and staff in preparation for this inspection and their open and constructive approach throughout the inspection process. Gratitude is also extended to the service users who welcomed the inspector to their centre and engaged with her during the inspection. Overall the inspector commends the proactive and innovative approach to day care that is delivered in this centre; there is a clear focus of social support in this day care setting which is entirely consistent with the day care settings statement of purpose.

As a result of the inspection a total of no requirements or recommendations have been made. This was reported to the manager at the conclusion of the inspection and is reflective of the time and effort put into the preparation for this inspection and ongoing approach to meeting service users' needs in this service.

## Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	20 (1) (a)	The registered manager must review with staff in the day care setting the current staffing arrangements. The review must address any concerns regarding need not being met and any risks identified must be managed. Actions taken in this regard must be reported on the returned QIP.	The inspector viewed the team briefing records which feature staffing issues and opportunity for staff to raise issues re staffing, the rota for the day of inspection, discussion with staff, discussion with the manager and observation. This confirmed this requirement had been addressed and improved. The inspector did note whilst there had continued to be staff absences the distribution of staff and ensuring staff are meeting service user need was under constant review and this had led to a more flexible approach to care in this setting by staff.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	15.4	The registered manager or acting manager should improve the evidence of the pre review consultation with service users for example establishing a pre review questionnaire or improving the identification and detail of the pre review comment in the review report more clearly including the date of the pre review meeting.	The review report had been amended to evidence pre review work.	Compliant
2.	13.7	The registered manager must ensure care plans are reviewed following the outcome of the vulnerable adult investigation being reported back to the day care setting. File 3 and File 5 which were inspected should be reviewed in this regard.	The registered manager assured the inspector the issues identified had been addressed.	Compliant
3.	1.2	The registered manager should make adequate arrangements for service users and or their representatives to be made aware of the arrangements for contributing to the regulation 28 monitoring visit and report and how they can access the report, for example the notice board and or the service user guide. Arrangements put in place should be reported on the returned QIP.	The service user guide and service user notice board now displays information regarding the same.	Compliant

**Inspection Findings**

<b>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.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
7.1 The legal and an ethical duty of confidentiality in respect of service users' personal information is maintained, where this does not infringe the rights of other people.	
<b>Provider's Self-Assessment:</b>	
<p>Each service user's record is maintained, stored and archived in compliance with South Eastern Trust's policies/procedures/ guidelines, including - Policy Code of Practice on Protecting Confidentiality of Service User Information; Data Protection policy; Records Management procedures; Freedom of Information policy; Email policy; Guidelines for Deciding Whether it's Right to Share Information about People;</p> <p>Each service user record comprises of a master file and a working file, stored in separate locations, within locked cabinets in the facility - these records are only accessible to staff who plan and provide care. Staff at Towerview Resource Centre have training/knowledge and have demonstrated how they maintain service user confidentiality on a regular basis - information is shared on a need to know basis and only if pertaining to the service user's care/well-being, in line with NISCC code of practice and the values underpinning Daycare Settings Minimum Standards. Staff have recently completed the Trust's e-learning module on Human Rights and Equality which explains the importance of confidentiality in a human rights context, in particular Article 8 which provides a framework for monitoring the gathering and retention of personal data.</p>	Compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
The inspector reviewed five individual service user records and they presented as described in schedule 4; and other records to be kept in a day care setting, which presented as described in schedule 5. The setting has policies and procedures in place regarding access to records, communication, confidentiality, consent, management of records, monitoring of records, recording and reporting care practices and service user agreement which reflect this criterion and are available for staff reference. Service user files are kept in a locked cabinet and accessible to the appropriate staff. Discussion with staff validated their 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.	Compliant

<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
<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>Provider's Self-Assessment:</b>	
<p>South Eastern Trust operates a subject access request procedure that allows all service users or person acting on their behalf, with their consent, the opportunity to request their notes/ records. This can be accessed by contacting the Information Governance Department in writing or completing an Application for Access to Health/ Social Care Records form, available on South Eastern Trust's website, the Trust should respond to this request within 40 days. To date there have been no occasions where a Subject Access Request has been made for records by a service user or their representative.</p> <p>All applications for a Subject Access Request made to the Trust are maintained using the Regional I.T. system - Datix. Should a request be made by a service user/representative, a record of this will be noted in the service user's file at Towerview.</p> <p>At Towerview we operate an inclusive approach to care planning and reviews - this allows the service to be transparent regarding what is recorded, with the service user/ representative. Keyworkers at the centre regularly meet with service users and plan and record care based on the principle of nothing about me, without me - demonstrating person centred practice - this affords service users the opportunity to be involved in how information is recorded about them in key documents such as care plans; reviews; risk assessments</p>	Compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
<p>The service users are given access to assessment, planning and review records to agree and sign information. Service users are also advised via trust leaflets that information is kept about them and this is accessible by application. The service was developing their service user agreement at the time of this inspection to include this information which will evidence they understand the process.</p> <p>Discussion with staff working in the centre validated their knowledge commensurate with their role and responsibilities regarding access to information and informing service users regarding how they can access information. Discussion with service users confirmed they are aware that a service user record is kept and they can access the records.</p>	Compliant

<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
<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>Provider’s Self-Assessment:</b>	
<p>Each service user has a comprehensive file structure in the working file which contains current/contemporaneous information - listed below:</p> <ul style="list-style-type: none"> <li>-Contact records section - contact record containing regular timely progress notes including relevant contact with the service user; other key professionals/representatives involved; summaries of incidents,accidents or near misses and their outcomes; etc.</li> <li>-Application/assessment section - original application form; relevant comprehensive assessments; risk assessments; individual agreement; allied health professional assessments; etc.</li> <li>-Care plan section - Daycare Care Plan - a living document outlining personal care/support required, changes in needs/ behaviour, aims/objectives,etc; community care plan; manual handling care plan</li> <li>-Review section - current Daycare Initial Review Summary or Review Report</li> <li>-Medication information section - Daycentre medical recording sheet for timely progress notes pertaining to medication prescribed/ administered; current list of medication; etc.</li> <li>-Reports section - reports received from other key professionals that are not assessments or review documents</li> </ul>	Compliant

<p>-Restricted section - information of a sensitive nature that is not a safeguarding vulnerable adult issue</p> <p>-Miscellaneous section - correspondence with or from service users; representatives; key professionals e.g. review notification; emails received; etc.</p> <p>-Attendance record - summarising days attended and reasons for non-attendance</p> <p>The master file contains archived documents mirroring the working file layout and a Vulnerable Adult issues section</p>	
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
The examination of a sample of service user individual records evidenced the above records and notes are available and maintained.	Compliant
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</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>Provider's Self-Assessment:</b>	
Staff are fully aware of this requirement under the Daycare Settings Minimum Standards. Health Quality Standard 48 audits and record audits during supervisions demonstrate a high level of compliance by staff who act as keyworkers to service users	Compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
A sample of five service user care records were examined which evidenced individual care records have a written entry at least once every five attendances for each individual service user, and the information recorded was relevant to their placement and objectives.	Compliant

<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
<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>	
<b>Provider's Self-Assessment:</b>	
<p>South Eastern Trust policies/procedures/ guidelines that provide information on reporting are circulated to staff and available for their reference e.g. Policy on Safeguarding Vulnerable Adults; Policy and Procedure on the Management and Handling of Complaints; Patient Information Policy; Records Management procedures; etc.</p> <p>ISO policies/ procedures that are service specific, providing guidance to staff include on reporting arrangements - Medications policy; Implementing and Reviewing Care Plans for Service Users; Initial Reviews for Service Users; Reviews for Service Users; Managing Challenging Behaviour; Implementation of MUST (Malnutrition Universal Screening Tool); Managing Personal Relationships; etc.</p> <p>Training which includes reporting arrangements has been provided to relevant staff on Safeguarding Vulnerable Adults; Complaints handling; Incident reporting; NISAT; MUST; etc</p> <p>Communication at Towerview is an integral part of working practice. Team briefings occur weekly allowing the Manager to cascade procedures/ policies/ guidance on matters that need to be reported/ referred onto other professionals.</p> <p>Formal supervision with staff also provides an opportunity for discussion and direction on matters relevant to care for service users which can trigger referrals for other services, or can lead to the centre keyworker requesting or reporting to representatives/ other key professionals on matters pertaining to the service user's care</p>	Compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
Discussion with staff, review of training records, policies and procedures and service users individual records confirmed the provider's self-assessment.	Compliant



<p><b>Criterion Assessed:</b> 7.7 All records are legible, accurate, up to date, signed and dated by the person making the entry and periodically reviewed and signed-off by the registered manager.</p>	
<p><b>Provider’s Self-Assessment:</b> Compliance with this criterion has been the focus of Health Quality Standard 48 Audits for a considerable number of years within the service provided at Towerview. Staff demonstrate a high level of compliance with this requirement and this can be evidenced by the HQS Audit records and through sampling records for audit purposes during supervision with staff.</p>	Compliant
<p><b>Inspection Findings:</b> The inspector examined a sample of five service user individual records and they were compliant with this criterion.  Consultation with a sample of staff working in the centre confirmed their understanding of this criterion and team briefing records evidenced recording is periodically discussed.</p>	<p><b>COMPLIANCE LEVEL</b> Compliant</p>

<p><b>PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b> Compliant</p>
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<p><b>INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b> Compliant</p>
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<b>Theme 1: The use of restrictive practice within the context of protecting service user’s human rights</b>	
<b>Theme of “overall human rights” assessment to include:</b>	
<p><b>Regulation 14 (4) which states:</b></p> <p><b>The registered person shall ensure that no service user is subject to restraint unless restraint of the kind employed is the only practicable means of securing the welfare of that or any other service user and there are exceptional circumstances.</b></p>	<b>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment:</b>	
<p>South Eastern Trust provides direction to staff - Policy for the Management of Violence and Aggression and Use of Restraint. Staff have had Human Rights/Equality Awareness training and have an understanding of practices that could be viewed as restraint; they have received updated training on Managing Aggression and Challenging Behaviour and are aware of the de-escalation techniques that can be implemented to diffuse a situation. Staff at Towerview do not employ any restraint/ seclusion techniques in managing situations that occur with service users who may present with challenging behaviours towards others. Analysis of untoward incidents regarding issues of challenging behaviour and how we have managed those situations demonstrate the use of restraint within our service is not appropriate - staff have not been provided with training in restraint techniques and are fully aware that they are inappropriate in our setting. The Manager is aware of the Deprivation of Liberty Safeguards (DOLS) - Interim Guidance - the principles/approaches it provides guidance on.</p>	Compliant
<b>Inspection Findings:</b>	
<p>Examination of a selection of records including: a sample of five service user records as described in schedule 4; and other records to be kept in a day care setting, as described in schedule 5 revealed there is no records of restraint, restriction or seclusion in this day care setting. The potential for types of restraint such as physical, mechanical, chemical had been considered with staff and a check list had been created for staff reference when writing assessment, care planning information and reviews to ensure service users rights are fully considered and planned for.</p>	Compliant

<p>Professional guidance was evident in individual records for a range of needs such as swallowing, moving and handling and physiotherapy. This evidenced staff sought professional advice as required and this is incorporated in the care planning for individuals.</p> <p>Staff had received management of behaviour training and the setting has 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 available for staff reference.</p> <p>Discussion with the manager and staff in the setting confirmed restraint is not used in this day care setting and was not a feature of anyone’s care plan at the time of this inspection.</p> <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 confirmed staff have sufficient knowledge regarding protecting service users human rights and the Deprivation of Liberty Safeguards. (DOLS) – Interim Guidance.</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>N/A Towerview has not used any restraint/seclusion techniques with service users. The Manager is aware of the correct protocol in relation to reporting such matters which can be located in Trust Policy - Management of Violence and Aggression and Use of Restraint (point 14 Documentation and reporting arrangements) and reporting to RQIA using Form 1a - Statutory Notification of Events (Adult services) as outlined in RQIA Statutory Notifications of Incidents and Deaths Guidance for Providers of Regulated Services - Version 2</p>	Compliant

<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
<p>No service users had been subject to restraint and this setting and staff do not anticipate any need for the use of restraint in this service with the current group of service users, staff are currently using approaches such as sound planning, understanding the service user’s needs, clear communication, diversion, one to one time, distraction and activities to avoid any escalation of behaviours. This approach is 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>	<p>Not Applicable</p>

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

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

<p align="center"><b>Theme 2 – Management and Control of Operations</b></p> <p><b>Management systems and arrangements are in place that support and promote the delivery of quality care services.</b>  <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 align="center"><b>COMPLIANCE LEVEL</b></p>
<p><b>Regulation 20 (1) which states:</b></p> <p><b>The registered person shall, having regard to the size of the day care setting, the statement of purpose and the number and needs of service users -</b>  <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>  <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>Towerview's staffing structure is set out in the Statement of Purpose and is on display in public areas within the facility.                      The Directorate Management Structure is on display in the general office.                      The Registered Manager is NISCC registered, in post since April 2007, has NVQ level 4 in Heath &amp; Social Care and is currently completing QCF level 5 Diploma in Leadership for Health &amp; Social Care                      The Senior Daycare Worker is NISCC registered, in post since October 2011, has a Degree in Social Work and is currently completing QCF level 5 credits in Governance.                      implementation of ISO procedure for the Competency and Capability of Senior Daycare Worker and Daycare Worker II staff has allowed us to look at knowledge and skills staff require to act as officer in charge when the Manager is absent, we have also provided Daycare Workers II with opportunites to act as Officer In Charge to gain experience in the role while the Manager/ Senior Daycare Worker is on duty                      Staff at Towerview fulfill a number of roles which they have been provided training in, such as first aid; nominated fire officer, risk assesor, manual handling risk assessor, etc                      The daily rota provides information re: officer in charge and duties for staff regarding activities, planned personal care tasks etc</p>	<p align="center">Compliant</p>

<p>Information regarding gaps due to staff absence/annual leave cover is shared with staff via the weekly team briefing aiding continuity planning for the service We have formal planned supervisions for staff; and informal supervision/ direction on a day to day basis</p>	
<p><b>Inspection Findings:</b></p>	<p><b>COMPLIANCE LEVEL</b></p>
<p>The manager of this day care setting has experience in this role having been in post since 2007 and is registered with NISCC. The manager was registered prior to the implementation of the day care setting standards however; he is undertaking the QCF level 5 to achieve compliance with the qualifications required for manager’s registration. The manager’s professional registration, qualifications, experience and competence is compliant with this criterion. The staff member who manages the day care setting in the manager’s absence is social work qualified and has experience of managing in the manager’s long term absence during last year’s inspection. This period of acting up did not reveal any concerns.</p> <p>Examination of the training, supervision, appraisal and staff record of a sample of staff did not raise any concerns. Samples of the staffing rota and observation of staffing did not identify any gaps in staffing numbers and distribution of staff across the day care setting. Staff numbers are still reduced on occasions due to vacancies, sickness and leave however, staff now raise issues of concern in the staff meetings or as issues of concern arise to ensure staffing arrangements meets the needs of the service users.</p> <p>The setting has 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 are available for staff reference.</p> <p>Discussion with staff working in the centre confirmed they are well informed regarding their role and responsibilities and 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 did not have any concerns regarding the effectiveness of the same. Discussion with service users confirmed they are informed regarding what management structure is in place. The staffing structure of the day care setting clearly described in the settings statement of purpose. Discussion with the registered manager and examination of records and revealed a range of ways the management team in this setting has used the standards and theme for this year’s inspection to be innovative and creative regarding compliance. The inspector assessed the manager is clearly focussed and committed to improving outcomes for the service users who attend the day care setting.</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 Manager is supervised monthly by the Senior Manager responsible for Residential, Domiciliary &amp; Daycare within Primary Care and Older People Directorate/ Service Provision          Daycare Worker II staff &amp; the Senior Daycare Worker (Band 5) are supervised monthly by the Manager          Care Assistant staff (Band 2) are supervised two monthly by the Senior Daycare Worker          Supervision at Towerview uses the R.I.T. Proforma as directed in Supervision Policy for Social Care Workers in South Eastern Health and Social Care Trust          Staff receive an annual appraisal that incorporates South Eastern Trusts 6 core dimensions:</p> <ul style="list-style-type: none"> <li>- Communication Skills</li> <li>- Personal and People Development</li> <li>- Health, Safety and Security</li> <li>- Service Improvement</li> <li>- Quality</li> <li>- Equality and Diversity</li> </ul> <p>Part of the appraisal process is to establish an agreed Personal Development Plan enabling staff to build on knowledge and skills; meet key goals/ team targets; etc.          Supervision and appraisal processes allow us to identify staff training needs/ opportunities that cover mandatory requirements and development opportunities</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>The inspector discussed this criterion with staff, reviewed the returned questionnaires, reviewed the settings records including the senior day care workers record and a care assistants record and this verified the providers self-assessment.</p>	<p>Compliant</p>

<p><b>Regulation 21 (3) (b) which states:</b></p> <ul style="list-style-type: none"> <li>• (3) For the purposes of paragraphs (1) and (2), a person is not fit to work at a day care setting unless –</li> <li>• (b) he has qualifications or training suitable to the work that he is to perform, and the skills and experience necessary for such work</li> </ul>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment:</b></p> <p>The Registered Manager &amp; Senior Daycare Worker's qualifications and experience are as outlined in the Provider's Self Assessment - response for regulation 20 (1)</p> <p>Staff in post have a range of vocational qualifications in Health and Social Care, Award levels commensurate with their post</p> <p>The staff have a high compliance level with Trust and RQIA mandatory training requirements and they have the opportunity to apply for training and awareness sessions which can be evidenced within their individual training records - e.g. Armchair Exercise, Reminiscence Training, Record Keeping, Parkinsons Disease Awareness</p> <p>Staff are appraised annually using the NHS-Knowledge Skills Framework</p> <p>Appraisals for a number of staff have led to development plans which have focused on upskilling their knowledge and practice in providing care to people with a Dementia diagnosis. As a result staff have been able to avail of either a QCF Level 2 Award in Awareness of Dementia and Certificate in Dementia Care (3565) or the Sterling University Accredited Certificate in Dementia Studies</p> <p>We have implemented an ISO procedure for the Competency and Capability of Senior Daycare Worker and Daycare Worker II staff as outlined in the Provider's Self Assessment - response for regulation 20 (1)</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	<p><b>COMPLIANCE LEVEL</b></p>
<p>The inspector discussed this criterion with staff, reviewed the returned questionnaires, reviewed the settings records including the senior day care workers record and a care assistants record and this verified the providers self-assessment.</p>	<p>Compliant</p>



<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

## **Additional Areas Examined**

### **Complaints**

The complaints record was reviewed as part of this inspection. The annual complaints return for 2013 identified six complaints had been recorded. The inspector reviewed the complaints record which confirmed the return to RQIA and did not reveal any concerns regarding the content of the record. In 2014 two complaints or issues of dissatisfaction had been recorded, the review of the settings complaints log did not reveal any concerns regarding the recording, management and resolution of complaints or issues of dissatisfaction, they had been resolved locally to complainants satisfaction and in a timely manner.

### **Service User Records**

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

### **Registered Manager Questionnaire**

The registered manager submitted a questionnaire to RQIA prior to this inspection. The information returned confirmed satisfactory arrangements were in place regarding governance and management arrangements, the manager's registration with NISCC, staffing arrangements and support for staff, policies and procedures, responding to service user's behaviour and reporting of accidents and incidents. The information was validated during the inspection and this did not raise any concerns that required further discussion or analysis.

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

These documents were submitted for this inspection and the inspector made reference to them during the inspection. Examination of these documents did not reveal any concerns.

### **Monthly Monitoring Reports**

The inspector reviewed three regulation 28 reports during this inspection and this did not reveal any concerns.

## Quality Improvement Plan

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

The timescales for completion commence from the date of inspection.

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

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

Enquiries relating to this report should be addressed to:

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***The findings of this inspection were discussed with XXX 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 Towerview Resource Centre which was undertaken on 25 September 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>	Darren Bradshaw
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING</b>	Hugh McCaughey

<b>Approved by:</b>	<b>Date</b>
Suzanne Cunningham	24 November 2014