



The **Regulation** and
Quality Improvement
Authority

Announced Primary Care Inspection

Name of Establishment: Station Road Resource Centre

RQIA Number: 10791

Date of Inspection: 26 February 2015

Inspector's Name: Suzanne Cunningham

Inspection ID: IN020548

The Regulation And Quality Improvement Authority
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1.0 General Information

Name of Establishment:	Station Road Resource Centre
Address:	Station Road Armagh BT61 7NP
Telephone Number:	028 3741 2415
E mail Address:	margaret.mcshane@southerntrust.hscni.net
Registered Organisation/ Registered Provider:	Southern Health and Social Care Trust
Registered Manager:	Ms Margaret McShane
Person in Charge of the Centre at the Time of Inspection:	Leanne Cornett
Categories of Care:	DCS-PH, DCS-LD, DCS-SI
Number of Registered Places:	30
Number of Service Users Accommodated on Day of Inspection:	9
Date and Type of Previous Inspection:	27 January 2014, Primary unannounced inspection
Date and Time of Inspection:	26 February 2015 10:00 – 14:30
Name of Inspector:	Suzanne Cunningham

2.0 Introduction

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

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

3.0 Purpose of the Inspection

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

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

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

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

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

4.0 Methods/Process

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

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

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

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

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

5.0 Consultation Process

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

Service users	3
Staff	2
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	7	2

6.0 Inspection Focus

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

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

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

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

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

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

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

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

7.0 Profile of Service

Station Road Resource Centre is located within Station Road Industrial Site which is close to the centre of Armagh.

The centre provides day care from Monday to Friday each week between 9.00am and 4.00pm. In total the centre can facilitate a maximum number of 30 service users per day, though recently, the trend has been to support lower numbers of people who have a greater complexity of needs. The centre closes on public holidays and for staff training days each year.

The facility provides a wide range of therapeutic activity areas including computer suite, rest/clinical room, picture framing workshop area and a large games and leisure area. Other facilities include bathrooms/toilets, kitchen, dining room, storage and administrative offices. There are adequate car parking spaces, including disabled and emergency, at the front of the building.

The centre works in partnership with other agencies, e.g. Colleges of Further Education, Fit - 4 - U Project, Health Action Zone, Area Brain Injury Team, The Cedar Foundation, Leisure Centre and Armagh Angling Club, to provide a broad range of appropriate supports and activities for service users.

8.0 Summary of Inspection

A primary inspection was undertaken in The Station Road Resource Centre on 26 February 2015 from 10:00 to 14:30, this was a total inspection time of four 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 and the providers' statements were verified. During the inspection the inspector used the following evidence sources:

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

The inspector spoke to two staff regarding the standards inspected and their views about working in the centre. This generated sound feedback regarding the management of records and reporting arrangements including recording; recording with service users and the management arrangements in this day care setting. The staff discussed using person centred approaches in this day care setting by involving service users in their plan and planning for activities in the setting and having key documentation for reference when reviewing plans and assessment with service users.

Staff were clear regarding their role and responsibility to keep service users information confidential and secure and the inspector was satisfied with arrangements in this regard. Staff gave an appropriate explanation of the meaning of exceptional circumstances and confirmed in this setting staff do not currently use restraint. If a practice is identified as restrictive staff complete an assessment to ensure it is the least restrictive option to meet need.

Finally staff discussed the management arrangements in the setting, they said they were satisfied the management arrangements, that is the manager has delegated day to day responsibilities to the assistant manager and day care worker. The staff confirmed they were receiving supervision at least once every three months, an annual appraisal and mandatory training.

Two questionnaires were returned by staff who reported satisfactory arrangements were in place with regard to NISCC codes of practice; care workers supervision; mandatory staff training; staffing and management arrangements; responding to service user's behaviour; confidentiality and recording. The staff members praised the quality of care provided within the returned questionnaires and the following comments were made: "It's excellent. Service users have no complaints to my knowledge". "We aspire to give service users somewhere where they feel safe and are having all of their needs met".

The inspector talked three service users during the inspection regarding the standards inspected and their views about attending the day centre. The service users told the inspector they were aware of their records being kept by staff and said they can talk to staff at any time regarding their needs or plan in the setting. Service users confirmed they see their records when preparing for a review. Service users discussed what the setting gives them and this ranges from support, social opportunities, access to a range of activities, improved physical health and increased confidence. The service users described their time in the day care setting as getting them out of the house; gives them things to do, it's a comfortable place to be and the social contact is good, staff are very good and we can say what we want.

The previous unannounced inspection carried out on 27 January 2014 had resulted in three requirements; the policy and procedure for regulation 28 visits; accessibility of regulation 28 reports for service user's availability of the duty roster. These improvements had been addressed and were compliant at the time of this inspection.

Six recommendations were made regarding the review preparation; care plans; local procedures; audits of practices and the room temperatures. These matters had been improved and were compliant at the time of this inspection.

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

The six criterion criteria within this standard were reviewed during this inspection. Five of the criteria were assessed as compliant and one criterion was assessed as substantially compliant. No requirements and one recommendation is made regarding improving use of service user agreements.

Discussions with service users and staff and review of three service users' individual files provided evidence that the centre had sound processes in place to record assessment, planning and review information with service users and involve other professionals when appropriate. The inspector noted the quality of information recorded enabled the inspector to identify where outcomes have improved for service users.

The discussions with service users confirmed service users are aware a record is kept about them and they had seen their records as well as contributed to the recording. Service users said they were satisfied they are accessing their information and if they wanted to see other documents they would ask staff.

Based on the evidence reviewed the inspector assessed the centre as substantially compliant in this standard. No requirements and one recommendation is 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 does not use restraint or restrictions to manage behaviour in this setting. No requirements or recommendations are 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 without using restraint and unnecessary restrictions. The staff reported they were knowledgeable regarding exceptional circumstances and they use clear communication, diversion, calming, diffusing techniques and knowing their service users' needs and personalities when responding to service user behaviours to calm and support service users and ensure behaviour does not escalate.

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

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

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

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 three service users individual files, validated the registered manager's pre inspection questionnaire and reviewed 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 clear focus by staff of seeking to improve outcomes for all service users.

As a result of the inspection a total of no requirements and one recommendation is made regarding improving the use of service users agreements. This was reported to the assistant manager at the conclusion of the inspection and assurances were made this would be addressed.

9.0 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1	28 (3)	Policy and procedures developed which outline the purpose, content and process of the Regulation 28 visits. Frequency of the visits is compliant with regulations	This was viewed during the inspection.	Compliant
2	28 (5)	Service users and their representatives should be advised that a report is available on the outcome of monitoring activity as per this regulation.	These visits are discussed during service user meetings and a poster is on the service users' notice board to advise service user's regarding the visit and how they can contact the visitor.	Compliant
3	19 (2), schedule 5 (7)	A copy of the duty roster details accurately persons working in the day centre and a record of whether the roster was actually worked.	This is in place and kept on the staff notice board to ensure staff are fully informed regarding their daily duties.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1	15.5	Review preparation report to be developed in line with this criterion.	This had been completed and used for service user reviews since the last inspection.	Compliant
2	15.6	Care plans should reflect service users actual care needs identified at the time of admission and relevant to activity in the centre. Care plans should be signed by the relevant personal identified, this includes the manager.	Care plans were reviewed and they contained comprehensive detail of need and how need should be met in the day care setting with each element signed appropriately.	Compliant
3	7.4	Care plans should be developed in accordance with standards five and 15.	Care plans were reviewed and they contained comprehensive detail of need and how need should be met in the day care setting.	Compliant
4	13.2	Local procedures detail safeguarding liaison arrangements within the setting, and also identify named and appropriately trained members of staff with whom concerns should be discussed.	The local procedures were available for staff reference on staff notice boards in the setting and this had been updated recently due to a change in the procedure.	Compliant
5	17.10	Working practises should be systematically audited to ensure good practise and referenced within monitoring reports. Refer to 17.10.	This had been actioned and monthly monitoring; weekly audits and records audits were evidenced.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
6	25.2	Ensure there is an audit of room temperatures carried out on a regular basis. The temperature in areas occupied by service users for sedentary activities is between 19°C and 22°C.	The temperatures are monitored for one week every month and the temperature on the day of the inspection was comfortable.	Compliant

10.0 Inspection Findings

Standard 7 - Individual service user records and reporting arrangements:	
Records are kept on each service user's situation, actions taken by staff and reports made to others.	
Criterion Assessed: 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.	COMPLIANCE LEVEL
Provider's Self-Assessment:	
Staff within Station Road Resource Centre are aware of their responsibility legally and ethnically for all service users records held, created and used within their work. All Staff received training on Confidentiality and Data Protection on 19.06.14 and are aware of the SHCST Policies and Procedures on record management, confidentiality and IT security, as well as the Data Protection Act 1998, Code of practice on protecting the confidentiality of service users information (DHSSPSNI 2012), Minimum Day Care Standards and the NISCC Code of Practice. All service users files are marked 'confidential' and stored within a locked filing cabinet within office. Staff ensure that service user information is only shared on a need to know basis.	Compliant
Inspection Findings:	
<p>The inspector reviewed three service user individual records which presented as described in schedule 4; and other records to be kept in a day care setting, as described in schedule 5.</p> <p>The staff has access to policies and procedures pertaining to the access to records, communication, confidentiality, consent, management of records, monitoring of records, recording and reporting care practices.</p> <p>Discussion with staff and questionnaires 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.</p> <p>Discussion with service users confirmed they are informed regarding confidentiality of personal information and recording practices in the day care setting</p>	Compliant

Criterion Assessed:	COMPLIANCE LEVEL
<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>	
Provider's Self-Assessment:	
<p>Service users within Station Road Resource Centre are involved, contribute to and sign their Day Care Application form, Day Care Assessment, Care Plan and Multidisciplinary Review. When appropriate and with the Service Users consent with day care staff/ community keyworker share these individual records with the service user representative. To date no requests have been received with Station Road for access to records, however, in accordance with the SHSCT Data Protection guidance note 'subject access requests for social service records' requests for service users records would be actioned without delay and forwarded to the information governance team, to monitor progress of request under the Data Protection Act 1988. A record for all requests and their outcomes would be maintained.</p>	Compliant
Inspection Findings:	COMPLIANCE LEVEL
<p>The provider's self-assessment was confirmed in discussion with service users, staff and review of three individual service users' files. The service users are informed through the written agreement that their records are kept confidentially and to speak with staff if they wish to see them.</p> <p>Service users are aware that a service user record is kept and have been informed how they can access the records.</p>	Compliant

<p>Criterion Assessed:</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"> • Assessments of need (Standards 2 & 4); care plans (Standard 5) and care reviews (Standard 15); • All personal care and support provided; • Changes in the service user’s needs or behaviour and any action taken by staff; • Changes in objectives, expected outcomes and associated timeframes where relevant; • Changes in the service user’s usual programme; • Unusual or changed circumstances that affect the service user and any action taken by staff; • Contact with the service user’s representative about matters or concerns regarding the health and well-being of the service user; • Contact between the staff and primary health and social care services regarding the service user; • Records of medicines; • Incidents, accidents, or near misses occurring and action taken; and • The information, documents and other records set out in Appendix 1. 	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p>	
<p>All individual files maintained for each service user include detailed information as outlined above in (7.4).</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	<p>COMPLIANCE LEVEL</p>
<p>The examination of a sample of service user individual records evidence the above records and notes are mainly available and maintained. The inspector did note the service user agreement was not evident in files and a recommendation is made in this regard.</p>	<p>Substantially compliant</p>

Criterion Assessed: 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.	COMPLIANCE LEVEL
Provider's Self-Assessment:	
When a service user is absent or no recordable event has occurred a record is made to confirm this is the case at least every five attendances.	Compliant
Inspection Findings:	COMPLIANCE LEVEL
The inspector examined a sample of three service user care records and evidenced there was a written entry at least once every five attendances for each individual service user.	Compliant
Criterion Assessed: 7.6 There is guidance for staff on matters that need to be reported or referrals made to: <ul style="list-style-type: none"> • The registered manager; • The service user's representative; • The referral agent; and • Other relevant health or social care professionals. 	COMPLIANCE LEVEL
Provider's Self-Assessment:	
Any changes affecting a service user are recorded in daily notes. Information is then shared with Management and the staff team. On completion of an IR1 the Management receive the datix via email. Serious incidents are concerns are dealt according to the Trust and in-house policy (safeguarding protection of vulnerable adults) a PVA and a Statutory Notification is forwarded to RQIA. All contacts are recorded and signed. Referrals are forwarded to relevant health professionals if necessary	Compliant
Inspection Findings:	COMPLIANCE LEVEL
The review of three service user individual records and discussion with staff confirmed staff are aware of their role and responsibility to report and refer information and record the outcomes achieved. Staff are evidencing good communication with service users and or representatives and will check information before referring on to ensure consent is agreed, information is reported to the right people and outcomes are recorded.	Compliant

<p>Criterion Assessed: 7.7 All records are legible, accurate, up to date, signed and dated by the person making the entry and periodically reviewed and signed-off by the registered manager.</p>	
<p>Provider’s Self-Assessment: All records are legible, accurate, up to date, signed and dated by the person making the entry. Service users files are periodically reviewed using a File Audit Tool and records signed off by the Assistant Manager.</p>	Substantially compliant
<p>Inspection Findings: Review of a sample of three service user individual records confirmed the provider’s self-assessment and the records met this criterion.</p>	<p>COMPLIANCE LEVEL Compliant</p>

<p>PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Substantially compliant</p>
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<p>INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Compliant</p>
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Theme 1: The use of restrictive practice within the context of protecting service user’s human rights**Theme of “overall human rights” assessment to include:****Regulation 14 (4) which states:**

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

COMPLIANCE LEVEL**Provider’s Self-Assessment:**

Staff team are aware of the SH&SCT Management of Violence and Aggression Procedure (March 2011), Guidance on Restraints and Seclusion for Staff in Health and Personal Social Services (August 2005) and Deprivation of Liberty Safeguards (DoLS) Interim Guidance, Oct 2010. Currently there is no identified need to use restraint in Station Road Resource Centre for the management of incidents of violence and aggression. Identified Service Users who use wheelchairs have been assessed by occupational therapist and physiotherapist as requiring the use of a lap strap, for example, to ensure their safety whilst on transport, their sitting balance being compromised or their physical ability fluctuating and/or significant cognitive. In the event of restrictive physical intervention being required this would be discussed and agreed at the service user multi-disciplinary review meeting with management in attendance.

Substantially compliant

Inspection Findings:

The inspector examined a selection of records including: a sample of three service user records and other records to be kept in a day care setting, as described in schedule 5. There were no records of restraint, restriction or seclusion. There were examples of service users whose disability and wheelchair can be restrictive. The inspector was impressed as person centred approach had been taken in this regard and restrictions were fully assessed to ensure that any restrictions were the least restrictive measures, whilst maintaining safety of the service user.

Staff discussed they received MAPA training in February 2015 as part of the mandatory training programme and dealing with challenging behaviour in March 2013. Staff competence is subject to ongoing assessment during the MAPA training. The staff have access to policies and procedures pertaining to: the assessment, care planning and review; managing aggression and challenging behaviours; recording and reporting care practices; reporting adverse incidents; responding to service users behaviour; restraint and seclusion; and untoward incidents.

Discussion with staff confirmed staff knowledge about when and why restraint is used including their understanding of exceptional circumstances and the Deprivation of Liberty Safeguards. (DOLS) – Interim Guidance in practice.

COMPLIANCE LEVEL

Compliant

<p>Regulation 14 (5) which states:</p> <p>On any occasions on which a service user is subject to restraint, the registered person shall record the circumstances, including the nature of the restraint. These details should also be reported to the Regulation and Quality Improvement Authority as soon as is practicable.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p> <p>Currently there is no use of restraint in Station Road Resource Centre. In the event of needing to use emergency physical interventions, procedures would be followed which entail recording/reporting the incident through the SHSCT Datix and an multi-disciplinary meeting arranged to update the service user’s individual care plan to including assessment of risk, preventative strategies and a programme of planned responses to any such future behaviour.</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p> <p>No service users had been subject to restraint therefore no reports had been made to RQIA. Guidance on Restraint and Seclusion in Health and Personal Social Services, Department of Health, Social Services and Public Safety, Human Rights Working Group, August 2005 is available for staff information.</p>	<p>COMPLIANCE LEVEL</p> <p>Not applicable</p>
<p>PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p> <p>Substantially compliant</p>
<p>INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p> <p>Compliant</p>

<p align="center">Theme 2 – Management and Control of Operations</p> <p>Management systems and arrangements are in place that support and promote the delivery of quality care services.</p> <p>Theme covers the level of competence of any person designated as being in charge in the absence of the registered manager.</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>Regulation 20 (1) which states:</p> <p>The registered person shall, having regard to the size of the day care setting, the statement of purpose and the number and needs of service users -</p> <p>(a) ensure that at all times suitably qualified, competent and experienced persons are working in the day care setting in such numbers as are appropriate for the care of service users;</p> <p>Standard 17.1 which states:</p> <p>There is a defined management structure that clearly identifies lines of accountability, specifies roles and details responsibilities for areas of activity.</p>	
<p>Provider’s Self Assessment:</p>	
<p>The Registered Manager ensures there are suitably qualified, competent and experienced staff working in the centre. Each day a Day Care Worker assumes responsibility for the centre in the absence of the Registered Manager. There are two Assistant Managers available to support staff/centres in the locality and each Assistant Manager works across the locality spending time each week in all the centres. There is a defined managerial structure outlined in Station Road Resource Centre's Statement of Purpose.</p> <p>A Draft SHSCT Day Care 'Procedure for Assessing the Competency and Capability of staff Assuming responsibility in the absence of Registered manager' is in progress awaiting senior management approval.</p>	<p align="center">Substantially compliant</p>
<p>Inspection Findings:</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>The registered manager of this setting is a registered nurse and social worker, there is an assistant manager and two day care workers who assume responsibility in the absence of the manager. The manager was in the process of completing a competency assessment with those staff.</p> <p>The staffing rota is displayed on the staff notice board and review of this evidenced adequate staffing numbers and</p>	<p align="center">Substantially compliant</p>

<p>distribution of staff across the day care setting.</p> <p>Staff have access to policies and procedures pertaining to the management and control of operations, for example: absence of the manager; inspections of the day care setting; management, control and monitoring of the setting; operational policy; staff meetings; staff records; staff supervision and appraisal; staff training and development; staffing arrangements and the settings statement of purpose.</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. Staff were clear who they report to; who should they seek support or guidance from; who supervises them and the effectiveness of the same.</p> <p>Discussion with service users confirmed they are informed regarding the management structure in place and they described using their key worker as the person to discuss issues with and they felt they knew them best.</p> <p>The staff details for the setting are clearly described in the settings statement of purpose.</p>	
<p>Regulation 20 (2) which states:</p> <ul style="list-style-type: none"> • The registered person shall ensure that persons working in the day care setting are appropriately supervised 	COMPLIANCE LEVEL
<p>Provider's Self-Assessment:</p>	
<p>Formal staff supervision occurs in Station Road Resource Centre in line with SHSCT's Supervision Policy, Standards and Criteria for Social Care Workers. Staff meetings occur on a monthly basis.</p>	Substantially compliant
<p>Inspection Findings:</p>	COMPLIANCE LEVEL
<p>The inspector examined three of the training and supervision records and discussed the same with staff and this confirmed the provider's self-assessment.</p>	Compliant

<p>Regulation 21 (3) (b) which states:</p> <ul style="list-style-type: none"> • (3) For the purposes of paragraphs (1) and (2), a person is not fit to work at a day care setting unless – • (b) he has qualifications or training suitable to the work that he is to perform, and the skills and experience necessary for such work 	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p>	
<p>Staff receive Induction upon commencement and Trust mandatory training through out the year. Developmental training is also provided either individually or collectively. Training can be identified through supervision and KSF</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p>	<p>COMPLIANCE LEVEL</p>
<p>Three staff records were reviewed and one evidenced induction to the setting for a new support worker member of staff. The assistant manager also discussed undertaking the supervision part of the QCF level 5 and the detail in the supervision file evidenced this had increased the detail in the supervision recording, the inspector advocates for the assistant manager to be considered for the full QCF level 5 given the level of responsibility she holds in this post and number of day care settings managed by the current manager. Generally the staff training records and discussion with staff evidenced staff were receiving mandatory training and additional training to undertake their day to day work and supervision, team briefings, team meetings were used to ensure staff were clear regarding specific roles and responsibilities including key work and management tasks.</p> <p>Discussion with staff validated they are fully aware of their role and responsibilities, and they regard themselves as suitably qualified, experienced and in receipt of suitable training to undertake their role and responsibility.</p>	<p>Compliant</p>

<p>PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Substantially compliant</p>
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<p>INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Compliant</p>
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11.0 Additional Areas Examined

11.1 Complaints

The complaints record was reviewed as part of this inspection. The annual complaints return for 2013 identified one complaint 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. Two complaints were recorded in 2014 and review of the record revealed regarding the management of the complaint or content of the record. To date in 2015 no complaints or issues of dissatisfaction had been recorded.

11.2 Service User Records

Three service user files were inspected as part of this inspection and this did not identify areas for improvement in the content or quality of information recorded. This is further discussed in the examination of standard seven.

11.3 Registered Manager Questionnaire

The registered manager submitted a questionnaire to RQIA prior to this inspection. The information returned confirmed satisfactory arrangements were in place regarding governance and management arrangements, the manager's registration 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.

11.4 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.

11.5 Monthly Monitoring Reports

The inspector reviewed a sample of five regulation 28 reports from September 2014 to January 2015 during the inspection and the provider supplied two regulation 28 reports for this inspection. This review did not reveal any concerns.

12.0 Quality Improvement Plan

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

The timescales for completion commence from the date of inspection.

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

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

Enquiries relating to this report should be addressed to:

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



Quality Improvement Plan

Announced Primary Care Inspection

Station Road Resource Centre

26 February 2015

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

The specific actions set out in the Quality Improvement Plan were discussed with Leanne Cornett (registered manager/ person receiving feedback) either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

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

Recommendations

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

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details of Action Taken By Registered Person(S)	Timescale
1.	7.4	The registered manager should make appropriate arrangements for the service user agreement to be used with service users and a signed copy should be available in service user's records.	First	This has been actioned.	23 April 2015

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

Name of Registered Manager Completing QIP	Margaret Mc Shane
Name of Responsible Person / Identified Responsible Person Approving QIP	Micéal Crilly

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Suzanne Cunningham	22/04/15
Further information requested from provider			