



The **Regulation** and
Quality Improvement
Authority

Primary Announced Care Inspection

Name of Establishment:	City Way Day Centre
Establishment ID No:	10988
Date of Inspection:	12 June 2014
Inspector's Name:	Dermott Knox
Inspection No:	17713

The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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Name of centre:	City Way Day Centre
Address:	2a Boyne Court Sandy Row Belfast BT12 5BL
Telephone number:	(028) 9024 3000
E mail address:	eshelle.love@belfasttrust.hscni.net
Registered organisation/ Registered provider:	Mr Colm Donaghy Belfast Health and Social Care Trust
Registered manager:	Ms Eshelle Love
Person in Charge of the centre at the time of inspection:	Ms Eshelle Love
Categories of care:	DCS-I, DCS-PH, DCS-PH(E)
Number of registered places:	50
Number of service users accommodated on day of inspection:	42
Date and type of previous inspection:	29 May 2013 Primary Unannounced
Date and time of inspection:	12 June 2014 10:00am – 4:30pm
Name of inspector:	Dermott Knox

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	9
Staff	4
Relatives	2
Visiting Professionals	0

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

Issued To	Number issued	Number returned
Staff	10	6

Inspection Focus

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

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

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

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

- **Theme 2 - Management and control of operations:**

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

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

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

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

Profile of Service

City Way is a purpose built statutory day care facility situated close to the centre of Belfast.

The Organisation-in-Control is the Belfast Health and Social Care Trust and Mrs Eshelle Love is the manager with responsibility for the day-to-day management of the centre.

The centre is a spacious, purpose built, single storey building, providing day support services for older people and some, under the age of 65 years, who have a physical disability. Older people attending the centre may have a physical disability, sensory impairment, dementia or mental illness.

The centre operates from Monday to Friday, and referrals and the majority of service users avail of Trust transport. The overall aim of the service is to provide person-centred, community focused day support for older people and people with physical disability who are vulnerable, at risk and with complex needs.

Referrals and allocation of days are processed in line with the Trust procedures and placements are offered following a comprehensive assessment of need.

Hot meals and beverages are provided for service users, the food being cooked at Knockbracken Healthcare kitchen and heated in City Way Day Centre. Some foods may be cooked onsite for those service users on special diets.

There is also an elderly person's day support programme established by the centre within the Markets area of Belfast as a response to unmet need. It provides an activity day for a maximum of fifteen older people. It operates as a community development partnership between statutory services and the Markets Development Association.

Summary of Inspection

A primary announced inspection was undertaken in City Way Day Centre on Thursday 12 June 2014 from 10:00am to 4:30pm. Prior to the inspection the service provider submitted a self-assessment of the day centre's performance in the one standard and two themes forming the focus of the inspection. The following evidence sources were accessed during the inspection:

- Analysis of pre-inspection information and questionnaires
- Discussion with the registered manager, staff, service users and three relatives
- Examination of a sample of service users' file records including evidence of behaviour management and support assessments; the complaints record; staff training record; individual staff records; incidents and accidents record; evidence of service user consultation, monthly monitoring records; the centre's statement of purpose; service user's guide and selected policies & procedures

The inspector met with the manager and four staff, regarding the standards and their views about team working, management support, supervision and the overall quality of the service provided. Nine service users contributed to discussions regarding their experiences of the service and their unanimously positive views on the support provided. Two relatives of service users came to the centre to contribute their views on the quality of the service and both were generous in their praise of the management and staff for their commitment to promoting fulfilment and recovery for those who attended the centre.

Staff members reported satisfactory arrangements were in place with regard to supervision, staff training, staffing and management arrangements, responding to members' needs, confidentiality and recording. There were many positive comments regarding the quality of care provided and the satisfaction gained from working in the centre. Overall, discussions with staff provided a very encouraging view of the care provided in the centre and indicated a commitment by staff to providing a stimulating and supportive service and to complying with, or exceeding, the minimum standards for day care settings.

Discussions with service users also elicited very positive comments regarding the support experienced and the care provided by the staff. Service users discussed their involvement in a range of creative and enjoyable activities and their confidence in the staff members who worked with them. All of the requirements and recommendations from the previous inspection had been fully met and there are no requirements or recommendations arising from this inspection. The management and staff are commended for their commitment to the provision of a high quality service for those who attend the centre.

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 centre has written policies and procedures in place for recording and reporting, data protection, access to records, communication with service users and their representatives, confidentiality, records retention and disposal, in keeping with DHSSPS guidance. Written policies and procedures were available for staff reference and staff confirmed that they had ready access to them and were familiar with the key issues. The Trust had arrangements in place to review policies and procedures in order to ensure that they were up to date and accurate. Policy documents included both an implementation date and a date for the policy to be reviewed.

A sample of members' care records was examined and all four had signed to indicate their involvement and agreement with the content. In each of these records the person had agreed to their photograph being included in the file. Progress notes were being kept regularly by staff and were found to present a well-balanced record of the member's involvement in the centre and of their progress toward identified goals.

The organisation and content of service users' care records was excellent, with a standardised content list and clearly marked sections, making access to the information straightforward. Members confirmed that they were very satisfied with the systems in place for keeping their personal information safe and secure.

The centre was judged to be compliant with this standard.

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

City Way Day Centre has a policy and clear guidelines (Belfast H&SC Trust) on the use of restrictive practices, which states that such practices should be "Used as infrequently as possible", "Used in the best interests of the service user", "Only used following an assessment of risk".

The Trust has a zero tolerance policy regarding violence and aggression toward service users and staff. The evidence available from members of staff, service users and the written records, confirmed that there had not been any instances of such practices in the centre. Staff discussed the use of good communication and supportive techniques. They expressed the view that close working relationships with members helped them to deal with any stressful situations that arise. City Way has written procedures for managing challenging behaviour and staff confirmed their understanding of these. There was evidence of a range appropriate training having been provided by the Trust, including training on specific medical conditions that individuals may have and how these may best be managed.

The centre was judged to be operating in compliance with 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.

Staff records showed that the registered manager and the senior day care worker are appropriately qualified and experienced to take charge of the centre. The senior day care worker has responsibility for a range of management tasks and plans were in place to extend these. The senior day care worker has been nominated to undertake the QCF Level 5 qualification. It is widely regarded as good practice to have gained this prior to taking full management responsibility for a centre.

Day care workers and care assistants have formal supervision with the manager, approximately every six to eight weeks. The manager stated that the frequency of supervision meetings for day care workers would be increased by the Trust, later this year. Records of staff training and supervision were well-presented and up to date.

The staffing structure and reporting arrangements were clearly set out in writing in the statement of purpose, for reference by all stakeholders. Staff presented as being knowledgeable, capable and confident in their roles and very committed to furthering their understanding of each service user's condition and needs.

Monitoring arrangements are standardised across the Belfast Trust day care services and monitoring reports provided evidence of detailed discussions with service users and staff members about the quality of the service. Monthly monitoring reports were available for inspection and were found to meet all of the requirements.

There was good evidence to indicate compliance with the criteria in this theme.

Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	26(2)(a)	<p><u>Environment</u></p> <p>The registered person must ensure the identified doorway from the main function room in City Way Day Centre is sufficiently widened to ensure easy access for wheelchair users to get to the wheelchair accessible bathroom across the corridor. Protective covers should be put in place to protect the doorframe from any future knocks or dents (additional information section refers).</p>	<p>The identified doorway had been widened to make access easier for any member who uses a wheelchair.</p>	<p>Compliant</p>

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	15.5	<p><u>Annual Review Report</u></p> <p>The registered manager must ensure the annual review preparation report contains all relevant information as specified in standard 15.5 (criterion 15.5 refers).</p>	Review reports for four members were examined and all were found to contain the necessary information.	Compliant
2	17.10	<p><u>Monthly Monitoring Reports</u></p> <p>The registered manager should ensure the monthly monitoring reports are shared with staff in team meetings and records made of same (Regulation 28(4) refers).</p>	Monitoring reports are now a standing item on staff meeting agendas.	Compliant
3	25	<p><u>Environment</u></p> <p>The registered persons should put arrangements in place for appropriate signage to be erected in the centre and that the identified doors are painted an appropriate colour (additional information section refers).</p>	Signs have been erected and doors coloured appropriately, following the completion of a dementia audit of the premises.	Compliant
4	23.1	<p><u>Staffing</u></p> <p>The process of replacing the full time day care worker post in City Way Day Centre vacant from approximately mid 2012 is protracted. It is acknowledged temporary part time hours have been allocated to existing staff, however a full time replacement is needed as soon as possible to ease the pressure; ensure the continuity and consistency of programmes/activities for service users and the recording and maintenance of care documentation in accordance with minimum standards (follow up on previous issues refers).</p>	The post that was vacant at the time of the previous inspection has been filled.	Compliant

Standard 7 - Individual service user records and reporting arrangements:

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

Criterion Assessed:	COMPLIANCE LEVEL
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.	
Provider's Self-Assessment:	
Staff are aware of the Code of Practice on Protecting the Confidentiality of Service User information and that service users have a legitimate expectation that their private information will not be disclosed without their knowledge and consent. Policies and procedures are available in the unit on e.g. : Confidentiality, Data Protection, Open Access, Freedom of Information, Use of Faxing, Records Management, Social Media, and I.T.Security. Staff are also aware of the Adult Safeguarding Policy where they have a duty to share any information whereby not doing so would cause a risk to service users or others.	Compliant
Inspection Findings:	
Written records for members were stored securely. Staff were aware of the need to maintain confidentiality with regard to personal information and there was a strong commitment to this throughout the centre. Relevant policies and procedures were available to staff and provided clear guidance on the legal and ethical duties.	Compliant
Criterion Assessed:	
7.2 A service user and, with his or her consent, another person acting on his or her behalf should normally expect to see his or her case records / notes.	COMPLIANCE LEVEL
7.3 A record of all requests for access to individual case records/notes and their outcomes should be maintained.	
Provider's Self-Assessment:	
All service users and carers / representatives are fully involved in the person-centred assessment, review and care planning process within City Way Day Centre. Individual care plans are signed, dated and a copy offered. To date no service users or their representatives have requested access to their records however in the event that a request is made this would be dealt with in line with current BHSCT procedures and in keeping with the Data Protection Act 1998.	Compliant

Inspection Findings:	COMPLIANCE LEVEL
Members who met with the inspector confirmed that they were fully involved in decision making with regard to their care plans and their programmes of activities. Most of the relevant records, including assessments, consents, care plans and review reports, had been signed by either the member or a representative.	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. 	COMPLIANCE LEVEL
Provider's Self-Assessment:	
Individual case records/notes from referral to closure relating to assessment of need, support required, changes in levels of functioning or aims /objectives of attendance, activity programme, contact with carers/families/BHSCT staff, incidents or other information are maintained, updated and held in a locked cabinet/stored on BHSCT Paris PC system in accordance with Daycare settings Minimum Standards (2012) 2, 4, 5 and 15. Files available for inspection.	Compliant
Inspection Findings:	COMPLIANCE LEVEL
Progress notes for each member were kept securely and were up to date. Notes were being kept at least once every five attendances and members were consulted by staff in preparing for reviews. Members confirmed that they were well involved in discussing any wishes, preferences or changes to the programme of care that they had agreed.	Compliant

Members' records were well organised and regularly audited by the manager.	
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:	
Within City Way Day Centre when no recordable events occur as outlined in Standard 7.4 a progress note is completed at a minimum of every five attendances for each service user.	Compliant
Inspection Findings:	COMPLIANCE LEVEL
In the four files examined, the progress notes for each member had been maintained at least once every five attendances at the centre.	Compliant
Criterion Assessed: 7.6 There is guidance for staff on matters that need to be reported or referrals made to:	COMPLIANCE LEVEL
<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. 	
Provider's Self-Assessment:	
Corporate induction and local induction processes provide initial guidance for all new members of staff regarding their duty and responsibilities with regard to care practices involving service users. All staff within the unit receive ongoing direction and support from the management team through daily team meetings, care planning process, reviews, regular staff meetings, supervision and mentoring. There are also local procedures in relation to Referrals to Health and Social Care Professionals and Recording and Reporting Care Practices. Staff are kept up to date with all areas of mandatory training including Adult Safeguarding and have an understanding of the Adult Safeguarding Pathway process. Information relating to reportable matters or onward referrals is recorded on daily contact sheets, care plans, reviews or notifications on BHSCT Paris (Computer Information System).	Compliant

Inspection Findings:	COMPLIANCE LEVEL
The provider’s comprehensive self-assessment was verified through examination of policies, procedures and records of training and from discussions with the manager and staff. The centre’s records of incidents and accidents showed that reporting procedures were being followed.	Compliant
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.	
Provider’s Self-Assessment:	
The Registered Manager is responsible for ensuring that records are legible, accurate, up to date and signed by the person making the entry. In addition the Registered Manager is responsible for signing off all service user care plans. These care plans may be audited by the Assistant Service Manager / representative during any monthly monitoring visit.	Compliant
Inspection Findings:	COMPLIANCE LEVEL
Each of the four members’ files examined was found to be accurate and up to date. Good record keeping was also noted in supervision records, the record of complaints and in staff training records. The manager and staff are commended for maintaining a consistently high standard in this regard.	Compliant

PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

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:	
<p>Regulation 14 (4) which states:</p> <p>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.</p>	COMPLIANCE LEVEL
Provider’s Self-Assessment:	
<p>The BHSCT has a policy - 'Use of Restrictive Practices in Adults'. This provides a clear framework and guidance to staff in relation to a broad range of restrictive practices. It recognises that there may be situations when a service user presents a risk of harm to himself/herself or others which necessitates the use of restrictive practices e.g. direct physical contact, environmental, social, pharmacological, or mechanical interventions. It outlines the decision-making process that must be used and the procedures which need to be followed.</p> <p>All staff have received training in Personal Safety & Disengagement.</p> <p>Within City Way Day Centre there are no service users at present whose needs require a management plan detailing restrictions and restraint would only be used as a last resort when all other options are deemed inappropriate or have failed.</p>	Substantially compliant
Inspection Findings:	
<p>The provider’s self-assessment was verified through reference to the identified policy and from discussions with the manager, staff members and several of the people who regularly attend the centre. It was evident from observations of members’ interactions with staff that there was an ethos of calm, co-operative and purposeful activity in the centre.</p>	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>To date there have not been any occasions within City Way Day Centre when restraint has been used however should this occur, then the circumstances and nature of the incident and restrictive practice used would be recorded in daily notes and a Datix incident report completed. The service user's relative / carer would be contacted and informed and the service user's risk assessments and care plan would be updated accordingly. In addition a notifiable incident form would be completed for RQIA.</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p> <p>There was evidence from discussions with members and staff to verify that no restraint, seclusion or other restrictive practices were used in the centre.</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>
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<p>INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p> <p>Compliant</p>
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<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 style="padding-left: 40px;">(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>Within City Way Day Centre the Manager is responsible for the day to day operation of the unit and in the absence of the Manager there is a Senior Daycare Worker who deputises. In addition the staff team comprises of five Daycare Workers and three Care Assistants. In the exceptional event where both members of the management team cannot be on the premises, the Operational Manager is informed, Centre staff informed of cover arrangements, and cover provided by another Manager/Senior Daycare Worker (Local policy in situ). All staff within City Way Day Centre are suitably qualified and experienced for the posts, have NISCC registration as required and attend regular mandatory training and other specialised training relevant to their roles.</p> <p>A defined Management Structure for Adult Social & Primary Care Services is written which lays out the lines of accountability, names, roles and brief notes on the key areas of responsibility and activity. This provides detail on the specific lines of accountability within ASPC and in City Way Day Centre. A diagram of the management structure is included in the Centre's Statement of Purpose and is also displayed within the unit.</p>	<p align="center">Compliant</p>

Inspection Findings:	COMPLIANCE LEVEL
<p>The provider's self-assessment was verified through examination of the statement of purpose, the staffing arrangements and staff training records and from discussions with nine members, two relatives and four staff. Monthly monitoring reports included comments on the numbers of members attending and on the staffing of the centre.</p>	Compliant
<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>Regular staff meetings and daily team meetings are primary methods of ensuring good communication, feedback and supervision within the staff team. These include discussion of daily contact recordings, client issues, assessments, care plans, reviews, monthly activity programmes, policies and procedures, incidents/ accidents, shared learning, staff task rotas, events etc.</p> <p>The BHSCT Supervision Policy & Procedures for Social Care Staff in Adult Services provides guidance regarding a formal supervision structure. Since 2014 in City Way Day Centre the Manager carries out formal supervision with the Senior DCW and all Band 5 DCWs on a monthly basis. Individual sessions are bi-monthly with group supervision on alternate months. The band 3 Care assistants receive formal supervision every 6-8 weeks.</p> <p>Staff complete their annual appraisals through formal supervision using a personal contribution framework. Performance and training needs are discussed and recorded in line with their job roles and an individual personal contribution and development plan drawn up for each member of staff.</p> <p>A supervision schedule indicating proposed dates is displayed within the Managers office.</p>	Compliant
<p>Inspection Findings:</p>	COMPLIANCE LEVEL
<p>The City Way Centre has excellent systems in place for staff communication, including a daily briefing each morning, monthly staff meetings and regular formal supervision for all staff members. Staff reported feeling well supported and motivated in their work.</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>The Manager and Senior Daycare Worker are registered with NISCC and carry out their duties in line with the NISCC Code of Practice. Although currently Daycare workers and Care Assistants are not required to be registered they are aware of the Code of Practice and have participated in in-house staff team training sessions based on the core values. The Manager has twenty nine years management experience within the unit and throughout this time has completed management qualifications including an NVQ Level 4 in management (ILM). The Senior Daycare Worker has eighteen years experience within the daycare setting, nine of which have been in a management role and she has completed a Certificate in First Line Management(ILM) and an NVQ Level 3 in Care.</p> <p>The staff team are all suitably qualified including a range of third level qualifications and NVQs in skill areas relating to their posts, and undertake a wide variety of training and development throughout the year in both mandatory and personal areas of interest. Three staff have recently completed the Best Practice in Dementia Care (University of Stirling) training and it is intended to continue to facilitate this with the entire staff team.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>Staff are recruited and selected through the standardised Belfast HSC Trust procedures and there was good evidence of individual staff members being encouraged to undertake training and to seek qualifications beyond the minimum requirements for their roles.</p>	<p>Compliant</p>

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

Complaints

Good quality, clear records were kept of complaints and compliments. There was evidence to show that service users and their carers were encouraged to offer their views on the quality of the service provided.

Premises

A tour of the premises, with the senior day care worker, provided evidence of excellent, on-going attention to detail in the provision of an attractive and well-maintained environment for service users.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Ms Eshelle Love, Registered Manager 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:

Dermott Knox
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 care inspection of City Way Day Centre which was undertaken on 12 June 2014 and I agree with the content of the report.

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

SIGNED: Martin Dillon

SIGNED: Eshelle Love

NAME: Martin Dillon
 Registered Provider

NAME: Eshelle Love
 Registered Manager

DATE _____

DATE 24/07/14

Approved by:	Date
Dermott Knox	29/08/14