



The **Regulation** and
Quality Improvement
Authority

Primary Announced Care Inspection

Name of Service and ID: Mainstay DRP (10998)
Date of Inspection: 31 July 2014
Inspector's Name: Maire Marley
Inspection No: 17627

The Regulation And Quality Improvement Authority
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General Information

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| Name of centre: | Mainstay DRP |
| Address: | Ballydugan Industrial Estate Downpatrick BT30 6TE |
| Telephone number: | (028) 4461 6184 |
| E mail address: | cathreena@mainstaydrp.org |
| Registered organisation/ Registered provider: | Mainstay DRP Helen Taylor |
| Registered manager: | Ms Cathreena Drake |
| Person in Charge of the centre at the time of inspection: | Ms Cathreena Drake |
| Categories of care: | DCS-LD |
| Number of registered places: | 55 |
| Date and type of previous inspection: | 18 March 2013 Follow up primary inspection |
| Date and time of inspection: | 31 July 2014 10.00 am - 4.30 pm |
| Name of inspector: | Maire Marley |

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:

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| Service users | 18 |
| Staff | 6 |
| Relatives | 1 |
| 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 | 13 | 13 |

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 | | |
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| 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

Mainstay DRP is a voluntary organisation, providing a range of residential, day care, domiciliary, and supported housing services based within the Downpatrick area.

The Mainstay Day centre is situated on two sites within the Ballyduggan Industrial Estate on the outskirts of Downpatrick. The centre provides day care to adults with varying degrees of learning disability and a small number (12 to 15) are aged over 65. The range of planned activities is designed to cater for the interests and abilities of each service user. Those people who are assessed as having an appropriate degree of skill and independence can participate in the workshop, where woodwork, arts and crafts form a significant part of the activity programme. People who require a more intensively supported environment, participate in one of three groups within the day centre. Each day, three service users who have demonstrated abilities in catering skills, have a work placement in a local council run café at the castle museum.

Many of the service users are transported to and from the centre by staff, using two mini-buses which are owned by the organisation. Some service users are driven to and from the centre by a family member and a small number make their own way, mainly on foot. Service users and staff bring their own lunches which they eat, together, in the centre's dining room.

Summary of Inspection

This unannounced primary care inspection of Mainstay DRP day centre was undertaken by Maire Marley on 31 July 2014 between the hours of 10.00am and 4.30pm. The registered manager Ms Cathreena Drake was available throughout the inspection.

The requirement and recommendation made as a result of the previous inspection in March 2013 were examined. Observations and discussion demonstrated that the centre had responded positively to the requested improvements. Details of the actions taken can be viewed in the section following this summary.

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 Day Care Settings Regulations (Northern Ireland) 2007. During the inspection the inspector used the following evidence sources;

- Discussion with staff
- Discussion with service users
- Observation of practice
- Examination of a sample of service user individual file records including evidence of behaviour management and support assessments; the complaints record; staff training record; individual staff records; incidents and incident and accidents record; evidence of service user consultation, monthly monitoring records; statement of purpose; service users guide and policies & procedures
- Tour of the premises

Prior to the inspection the provider submitted a self-assessment of the one standard and two themes inspected. The registered provider's responses were examined and were not altered in any way by the RQIA.

Staff were clear in regard to their roles and responsibilities and there was evidence that the management arrangements are suitable with appropriate policies in place for the operation of the day care centre.

Thirteen questionnaires were returned by staff who reported satisfactory arrangements were in place with regard to NISCC codes of practice; supervision; staff training; staffing and the management arrangements. Satisfaction was also reported in regard to responding to service users' behaviour; confidentiality and recording. Staff commented positively in regard to the quality of care provided; which the staff described as: "very good care".

The inspector greeted all of the service users who were in the day care setting at the time of the inspection; and spoke directly with eighteen service users to gather evidence for the standard inspected and the two themes. Service users presented at ease in their environment and spoke highly of the staff team, opportunities provided and the support and encouragement gained from attending the centre. Service users were aware that if they had any concerns or issues they could approach any of the staff or the registered manager who is based in the centre.

The inspector had the opportunity to speak with a relative during the course of the inspection. This relative raised an issue in regard to the placement of her relative and with their permission the issue was passed to the registered manager to address.

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 pertaining to recording and reporting, data protection, access to records and confidentiality. The policies and procedures were available for staff reference.

The inspector spoke with a total of six members of staff regarding the standards inspected, their views about working in the centre and the quality of service provided. Positive comments were made in regard to the maintenance of records and the recording and reporting arrangement's in this day care setting.

The inspector concluded that staff record as and when required and there was evidence that services users are involved in the process when possible. There were examples in care plans of service users having signed the record to indicate their involvement and agreement with the content. It is recommended that information for service users on how to access their care records is detailed in the service user guide. It was further recommended that the guide should be in a user friendly format.

Observations of service users, discussion with staff, and the review of eight service user's individual files provided evidence that the centre is performing well regarding storage of service user's information, recording procedures and reporting information on to professionals involved in the service users' care.

During the inspection of this standard three recommendations are made in regard to information for service users, daily recording, monthly summaries and a care management review.

Based on the evidence reviewed the inspector assessed the centre as substantially compliant in this standard.

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

Mainstay DRP has a clear policy and procedure on the use of restrictive practices, which states there is no restrictive practice or restraint within the centre.

The Deprivation of Liberty Safeguards (DOLS), document was discussed with staff. The registered manager was advised on the value of staff receiving awareness training on the guidance.

Evidence available from discussions with service users, staff and a review of the written records, verified that there had not been any instances of practices such as restraint or seclusion in the centre.

Staff presented as committed to responding to behaviour in the least restrictive manner and demonstrated knowledge of service users assessed needs and spoke of the use of calming techniques to de-escalate behaviours. Staff consulted were knowledgeable in regard to each person's identified needs and preferences. They recognised the importance of approaching service users in a sensitive, supportive manner and were aware of individual signs that would indicate a service user was not feeling their usual self.

Observations of group interactions during the inspection confirmed that service users were very supportive of one another and identified strongly with the centre, its ethos and its staff.

Mainstay DRP day centre was assessed as substantially compliant 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.

The organisational structure and reporting arrangements were clearly set out in the statement of purpose for the centre. Staff confirmed their awareness of reporting arrangements within the organisation, should any notifiable event arise. There was evidence from discussions with staff to confirm that members of the team work supportively and well with one another.

The registered manager had systems in place for supervision and performance appraisal and staff expressed that they felt supported by the management team. Requested records required by regulations were in place.

There was evidence of the monitoring arrangements that included monthly unannounced visits and an annual quality review of the service. One recommendation is made and refers to the auditing of records in the workshop.

Based on the evidence reviewed the inspector has assessed the centre as substantially compliant in this theme.

Additional Areas Examined

The inspector undertook a tour of the premises, reviewed the complaints record and examined eight service users individual files, validated the registered manager's pre inspection questionnaire, reviewed the staff questionnaires and viewed the environment. This did not reveal any further areas of improvement.

The inspector wishes to acknowledge the registered manager and staff for their open and constructive approach throughout the inspection process. Gratitude is also extended to the service users who welcomed and engaged with the inspector during the inspection.

As a result of this inspection a total of six recommendations have been made in this report. Details can be found in the Quality Improvement Plan attached to this report.

Follow-Up on Previous Issues

| No. | Regulation Ref. | Requirements | Action Taken - As Confirmed During This Inspection | Inspector's Validation Of Compliance |
|------------|------------------------|--|---|---|
| 1. | 28.5 | The registered person must ensure the service users and representatives are made aware of the regulation 28 visits and the availability of the reports for example through the service users guide, service user meetings and or a notice on the service user notice board. This information should explain what the visits are, how to make their views known if they are not in the setting during the monitoring visit and how they can access reports. | The requested information was displayed on notice boards in activity rooms. | Compliant |

| No. | Minimum Standard Ref. | Recommendations | Action Taken - As Confirmed During This Inspection | Inspector's Validation Of Compliance |
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| 1. | 17.10 | The registered person should review the settings policy and procedure regarding monitoring visits so it explains what the visits are, how to make their views known if they are not in the setting during the monitoring visit; who can access reports and how they can access reports. | A review of the policy found the document satisfactory. | Compliant |

Inspection Findings

| Standard 7 - Individual service user records and reporting arrangements: | |
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| 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: | |
| A confidentiality policy statement is in place within the centre which takes into consideration the legal and ethical duties in relation to the confidentiality of service users personal information. | Substantially compliant |
| Inspection Findings: | COMPLIANCE LEVEL |
| The organisation had a policy in place dated January 2014 in regard to confidentiality. The policy was available to the staff team. Discussion with staff and review of nine service user individual records evidenced recording practices and storage of service user information is reflective of current national, regional and locally agreed protocols. The registered manager and staff demonstrated their understanding of the importance of maintaining confidentiality with regard to service users’ personal information. Records requested on the day were stored securely. | Substantially compliant |

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| <p>Criterion Assessed:</p> <p>7.2 A service user and, with his or her consent, another person acting on his or her behalf should normally expect to see his or her case records / notes.</p> <p>7.3 A record of all requests for access to individual case records/notes and their outcomes should be maintained.</p> | <p>COMPLIANCE LEVEL</p> |
| <p>Provider’s Self-Assessment:</p> | |
| <p>Mainstay DRP has a recording policy which outlines the how a service user or their representative, with consent, can access notes/records pertaining to the individual and how requests for these notes/records are maintained. To date no such requests have been made.</p> | <p>Substantially compliant</p> |
| <p>Inspection Findings:</p> | |
| <p>The inspector reviewed a sample of nine individual service user records and the findings indicated that the records are maintained in compliance with Regulation 19 Schedule 4.</p> <p>The day care setting had policies and procedures pertaining to access to records, communication, confidentiality, consent, management of records, monitoring of records, recording and reporting care practices. Staff consulted confirmed that the policies are readily available and accessible to them for reference.</p> <p>A review of the recording policy dated January 2014 resulted in a recommendation to revise the policy and detail how service users can access their records. The policy should be made relevant to the day care setting as it referred to residential care. Information should be available to service users on how to access their records in a format suitable to them.</p> <p>Staff consulted were knowledgeable regarding consent and access to records commensurate with their role and responsibilities. The registered manager reported that information in regard to assessments, care plans, daily records and reviews reports are discussed with the service users on a regular basis. Where possible service users’ records were signed and dated by the service user. The registered manager reported there had never been a formal request for access to an individual service user personal care records/notes.</p> | <p>COMPLIANCE LEVEL</p> <p>Substantially compliant</p> |

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| <p>Discussion with management and staff confirmed that they were knowledgeable about their responsibility in regard to service users accessing their records. Staff were familiar with their role in the management of service users personal information.</p> | |
| <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>The above information is held in individual service users files within the centre which demonstrates how the above standard is met</p> | <p>Substantially compliant</p> |
| <p>Inspection Findings:</p> | <p>COMPLIANCE LEVEL</p> |
| <p>There was evidence in the random sample of nine care files examined that each service user had a care record in accordance with this criterion. Records viewed were up to date and it was noted that staff recorded changes in the service user’s needs or behaviour and detailed the action taken by staff. A record was maintained of the contact with family members or representatives. Accidents and incidents were recorded and detailed the action taken. The registered manager reported that medication was rarely administered in the day care setting except for antibiotics or similar medication. Records viewed confirmed that a formal care review takes place once a year and</p> | <p>Substantially compliant</p> |

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| <p>is attended by the service user and their representative. It was recommended that an care management review is held for an identified resident. Care records viewed were signed by service users indicating involvement in the care records.</p> | |
| <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.</p> | COMPLIANCE LEVEL |
| <p>Provider's Self-Assessment:</p> | |
| <p>A record is kept for each service user at least every five attendances where there has been no significant events</p> | Substantially compliant |
| <p>Inspection Findings:</p> | COMPLIANCE LEVEL |
| <p>A review of a sample of nine service user care records evidenced that individual care records have a written entry on each attendance. These records are then summarised at least once a month. The registered manager was requested to review the purpose of the monthly records. In addition staff must ensure they record factual information in the daily notes.</p> | Substantially compliant |
| <p>Criterion Assessed: 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"> • The registered manager; • The service user's representative; • The referral agent; and • Other relevant health or social care professionals. | COMPLIANCE LEVEL |
| <p>Provider's Self-Assessment:</p> | |
| <p>There is written guidance in the incident/accident and complaints procedures on how to report and to make referrals to the above. Staff are given guidance from their senior or registered manager on who and how they should report to or make referrals to.</p> | Substantially compliant |

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| Inspection Findings: | COMPLIANCE LEVEL |
| The inspector viewed the policies and procedures pertaining to communication, confidentiality, consent, management of records, monitoring of records, recording and reporting care practices. Staff consulted were fully familiar with issues that required to be reported to Trusts, representatives and other primary health care teams. | Substantially 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: | |
| All records are legible, accurate up to date and signed and dated by the person making the record as soon as they made and the registered manager makes regular spot checks, also the registered manager signs off annual review reports, care plans, changes to care plans and risk assessments. | Substantially compliant |
| Inspection Findings: | COMPLIANCE LEVEL |
| Records viewed on the day were legible, accurate, up to date, signed and dated by the person making the entry. It is recommended that the registered manager should periodically review and sign the daily notes including the records held in the workshop. | Substantially compliant |

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| PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED | COMPLIANCE LEVEL |
| | Substantially compliant |

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| INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED | COMPLIANCE LEVEL |
| | Substantially compliant |

| Theme 1: The use of restrictive practice within the context of protecting service user’s human rights | |
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| 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>Any restrictive practices are highlighted on the service users care plan or risk assessment and are in place only as a means of securing the welfare of the service user.</p> | Moving towards compliance |
| Inspection Findings: | |
| <p>A written policy on restraint was examined and stated that Mainstay DRP will ensure that it protects service users from the unreasonable use of restrictive interventions that compromise their freedom. Staff were able to discuss competently the different types of restraint and the impact such practices had on service users. Discussion with staff regarding service user’s human rights revealed staff are aware of service users rights, however it is recommended that awareness training on the Deprivation of Liberty Standard (DOLS) guidance produced by the Department is provided.</p> | COMPLIANCE LEVEL Substantially 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> | COMPLIANCE LEVEL |
| Provider’s Self-Assessment: | |
| <p>Should a service user be restrained a record will be made; giving the nature of the restraint and these details will be forwarded to RQIA.</p> | Moving towards compliance |

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| Inspection Findings: | COMPLIANCE LEVEL |
| Staff reported that restraint, restriction or seclusion had never been used in the centre and there were no records of such practices. Staff confirmed that the focus is always on diffusing situations and staff reported that this worked well in the centre. The register manager was fully aware of the need to inform the trust, families and RQIA in the event of any incidents of restraint. | Substantially compliant |

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| PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED | COMPLIANCE LEVEL Moving towards compliance |
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| INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED | COMPLIANCE LEVEL Substantially compliant |
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| Theme 2 – Management and Control of Operations | COMPLIANCE LEVEL |
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| <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>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>Taking into consideration the statement of purpose the registered person and registered manager will ensure that their is adequate qualified, competent and experienced staff to work in the day care setting. Both Senior staff have a vast amount of experience, qualifications and training to demonstrate their competence should the manager be absent. Details of the management structure are indicated in the statement of purpose which identifies the lines of accountability.</p> | Moving towards compliance |
| <p>Inspection Findings:</p> | COMPLIANCE LEVEL |
| <p>The management structure is clearly set out in the centre's statement of purpose. The document includes staff experience and qualifications as detailed in the provider's self-assessment. The registered manager has obtained an NVQ 4 in Health and Social Care and NVQ Level 5 in Management. The remaining staff have NVQ awards pertinent to their role and responsibility. The registered manager and senior day care workers have over ten years' experience in providing support to individuals in a variety of settings. There was evidence that staff are encouraged to obtain a variety of training commensurate with their roles and responsibilities. Examination of the staffing duty rota provided evidence that adequate staffing numbers were maintained in the day care setting.</p> | Compliant |

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| <p>Discussion with staff working in the centre demonstrated that they were fully familiar with their role and responsibilities regarding the management arrangements of the day care setting. Staff expressed that they were supported in their roles through training and development opportunities, regular supervision, appraisal and staff meetings. Service users informed the inspector that they knew the management structure and were able to identify who they would talk to if they had any concerns.</p> <p>The organisation undertakes monthly monitoring visits to the day care setting in accordance with Regulation 28. The monitoring reports for the months April, May June and July were examined and were found to be in keeping with the regulations. The registered manager undertakes a range of audits; it is recommended that these audits are extended to include records held within the workshop. There was evidence that the management systems and arrangements in place support and promote the delivery of quality care services.</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>The registered person conducts regular supervision sessions with the registered manager. The registered manager also ensures that all staff working in the setting also have regular supervisions, annual appraisals and that they have an up to date personal development plan.</p> | Substantially compliant |
| <p>Inspection Findings:</p> | COMPLIANCE LEVEL |
| <p>The organisation had a range of policies and procedures pertaining to the management and control of operations, for example: absence of the manager; staff records and staff supervision and appraisal. The policies and procedures are available for staff reference and reflect day to day practice.</p> <p>Staff expressed that the management team were very approachable and supportive. A review of staff members' training records confirmed that staff were provided with a range of training and confirmed that mandatory training was up to date.</p> <p>Staff reported that they are in receipt of regular supervision and annual appraisals as detailed in the provider's self- assessment. The examination of a random selection of staff records verified the information provided by staff.</p> | Substantially compliant |

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| <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 registered manager ensures that staff are suitably trained and have the necessary qualifications to perform in their role. New staff receive core training during their induction period. They are inducted into their post and if they do not already have so they will complete QCF Level 2 in Health and Social Care before their post is confirmed.</p> | <p>Substantially compliant</p> |
| <p>Inspection Findings:</p> <p>Discussion with staff confirmed that the organisation promotes staff development and staff interviewed expressed satisfaction with the opportunities provided. The registered manager reported that the day centre closes for a week in July every year to enable mandatory training to be completed. Records examined and discussion with the registered manager and staff confirmed that staff were suitably qualified and had a range of experience working in the care setting. Discussion with staff confirmed that the organisation promotes staff development and staff interviewed expressed satisfaction with the opportunities provided. Records showed that 11 care staff had obtained NVQ Level 11, 7 staff had obtained Level 111 and the senior day care workers had obtained NVQ Level 4 in Care and Management.</p> | <p>COMPLIANCE LEVEL</p> <p>Substantially compliant</p> |

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| <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>Substantially compliant</p> |
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Additional Areas Examined

Complaints

A review of the complaints records was undertaken. The last recorded complaint was dated 25/2/14. The record indicated that staff recorded the complaint, action taken and the outcome of the action taken. The registered manager and staff consulted during the inspection demonstrated knowledge in regard to the receiving and management of complaints.

Relative's View

On the day of inspection a representative took the opportunity to meet with the inspector and share her views on the service provided. This relative raised an issue with the inspector regarding the placement of her relative and with their permission the issue was passed to the registered manager to address. The outcome of the action taken should be forwarded to the RQIA.

Service Users' Views

The inspector greeted all of the service users who were in the day care setting at the time of the inspection; and spoke directly with eighteen service users to gather evidence for the standard inspected and the two themes. Service users presented at ease in their environment and spoke highly of the staff team, opportunities provided and the support and encouragement gained from attending the centre. Comments from service users were very positive and there were no issues raised on this occasion. Service users were aware that if they had any concerns or issues they could approach any of the staff or the registered manager who is based in the centre.

Throughout the day the inspector observed the activities provided within the centre and noted that several service users spend the day on the one activity. The registered manager is requested to review the activities and ensure that each activity provides a positive outcome for the service user.

Statement of Purpose

The registered manager provided a copy of the statement of purpose. The information contained in the document was satisfactory and in keeping with The Day Care Settings Regulations. (Northern Ireland) 2007.

Service Users' Guide

A review of the service user guide resulted in a recommendation to provide the guide in a user friendly format. Within this report a recommendation was also made to provide information on how service users and/or their representatives can access their records.

Environment

The atmosphere in the day centre was friendly and welcoming. The inspector undertook a tour of the building and also visited the workshop situated next door. The areas viewed by the inspector presented as clean, tidy, warm and fresh smelling.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Ms Cathreena Drake, 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:

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



Quality Improvement Plan

Primary Announced Care Inspection

Mainstay DRP

31 July 2014

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 Ms Cathreena Drake registered manager during 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 | 7.3 | <p>The registered manager must ensure;</p> <ul style="list-style-type: none"> (a) The access to files policy is revised and details how service users can access their records. The policy should be made relevant to the day care setting (b) Information for service users on how to access their care records is detailed in the service user guide. (c) The service user guide must be in a user friendly format. | One | <p>Policy and service user guide have been updated to include how service users can access their records. The policy has also been re-written so it is more day care specific. Service User guide is in process of being made into a user friendly format.</p> | No later than 30 September 2014 |
| 2 | 7.5 | <p>The registered manager must;</p> <ul style="list-style-type: none"> (a) Review the purpose of the monthly records. (b) Ensure staff record factual information in the service user's daily notes. (c) The registered manager should periodically review and sign the daily notes including the records held in the workshop. | One | <p>It has been identified that monthly summaries are not capturing the appropriate information therefore staff will complete daily notes for each service user attending. Policies have been amended to indicate this. The registered manager does monthly audits in both day care and the workshop, they would sign off daily notes to ensure</p> | No later than 30 September 2014 |

| | | | | | |
|---|---------|---|-----|--|---------------------------------|
| | | | | that staff record factual information in daily notes and other records. | |
| 3 | 7.4 | The registered manager should confirm that a care management review has been held for the identified resident. | One | A care management review has been scheduled for the identified service user for 22nd September 2014. | No later than 30 September 2014 |
| 4 | 14.4 | The registered manager must ensure staff have awareness training on the Deprivation of Liberty Safeguards guidance. | One | Deprivation of Liberty Safeguards awareness training has been scheduled for 17 th September 2014 | No later than 30 September 2014 |
| 5 | 9.2 | The registered manager must ensure a review of activities is undertaken. The outcome of the review should be forwarded to the RQIA. | One | A review of activities will take place in the following way: Consultation with service users and their families, benchmarking with other providers and a programme of activities will then be piloted. | No later than 30 September 2014 |
| 6 | 20. (1) | The registered manager must ensure audits are extended to include the records held within the workshop. | One | The registered manager audits records in both the main day care centre and the workshop on an monthly basis. | No later than 30 September 2014 |

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 | Cathreena Drake |
| Name of Responsible Person / Identified Responsible Person Approving Qip | Helen Taylor |

| QIP Position Based on Comments from Registered Persons | Yes | Inspector | Date |
|---|------------|------------------|-------------|
| Response assessed by inspector as acceptable | Yes | M Marley | 30/10/14 |
| Further information requested from provider | | | |