



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

## **Primary Announced Care Inspection**

<b>Name of Establishment:</b>	<b>Newington Day Centre</b>
<b>Establishment ID No:</b>	<b>10999</b>
<b>Date of Inspection:</b>	<b>3 July 2014</b>
<b>Inspector's Name:</b>	<b>Dermott Knox</b>
<b>Inspection No:</b>	<b>17711</b>

**The Regulation And Quality Improvement Authority**  
**9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT**  
**Tel: 028 9051 7500 Fax: 028 9051 7501**

<b>Name of centre:</b>	Newington Day Centre
<b>Address:</b>	31-35 Atlantic Avenue Belfast BT15 2HN
<b>Telephone number:</b>	(028) 9035 1947
<b>E mail address:</b>	newingtondaycentre@utvinternet.com
<b>Registered organisation/ Registered provider:</b>	Fr Gerard McCloskey
<b>Registered manager:</b>	Ms Margaret McCrudden
<b>Person in Charge of the centre at the time of inspection:</b>	Ms Margaret McCrudden
<b>Categories of care:</b>	DCS-I, DCS-E, DCS-DE, DCS-MP, DCS-MP(E), DCS-LD, DCS-LD(E), DCS-PH(E)
<b>Number of registered places:</b>	50
<b>Number of service users accommodated on day of inspection:</b>	28
<b>Scale of charges (per week):</b>	Grant aided by Belfast Health and Social Care Newington management committee. Members pay £3.50 towards meals/tea and £2.00 for taxi transport per day.
<b>Date and type of previous inspection:</b>	16 May 2013 22 May 2013 Primary Announced Inspection
<b>Date and time of inspection:</b>	3 July 2014 9:45am – 5:45pm
<b>Name of inspector:</b>	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 there is compliance with regulations and standards, but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of identified 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	7
Staff	2 + 5 Volunteers
Relatives	8
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	9

### Inspection Focus

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

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

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

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

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

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

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

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

## **Profile of Service**

Newington Day Centre is situated in a residential street in North Belfast. It is a three storey building which has been extended and renovated. The Day Centre is a voluntary organisation which opened in 1978 and is grant aided by the Belfast Health and Social Services Newington management committee and this is further augmented by voluntary donations. The centre provides facilities, services and support for a maximum of 50 members per day from North & West Belfast.

There is a wide range of services, including personal care, advice, support, various therapies and a number of creative activities. These are complemented by a monthly community podiatry clinic. In April 2010 a pilot community Hearing Clinic facilitated by NDC was established for an initial three month period and, due to its success, this has continued on a monthly basis.

The centre has both permanent staff, most of whom are part-time, and a large group of dedicated volunteers who are regarded as essential to the successful operation of the centre. The philosophy of the centre is to promote the independence, wellbeing, dignity and self-esteem of members. The aim of the centre is to enable people to remain living in the community and provide respite and support for carers.

## **Summary of Inspection**

A primary announced inspection was undertaken in Newington Day Centre on Thursday 3 July 2014 from 9:45am to 5:45pm. 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 used 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 two management committee members, the manager, two staff, five volunteers and eight relatives regarding the standards and their views about communication, management support, supervision and the overall quality of the service provided. Seven service users contributed to discussions regarding their experiences of the service and their unanimously positive views on the support provided. The relatives of service users, who came to the centre to contribute their views on the service, were full of praise for the management and staff and for their commitment to promoting the fulfilment and wellbeing of those who attended the centre.

Staff members and volunteers reported that satisfactory arrangements were in place with regard to supervision, staff training, staffing and management arrangements, responding to members' needs, confidentiality and recording. Comments were generally positive regarding the quality of care provided and the satisfaction gained from working in the centre. The many discussions with volunteers and 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 the minimum standards for day care settings.

Service users discussed their involvement in a range of creative and enjoyable activities and their confidence in the staff members who worked with them. There was a wealth of evidence to illustrate the strong community base from which Newington operates and the benefits to service users and the wider community were evident.

All but two of the requirements and recommendations from the previous inspection had been fully met and the outstanding issues are restated, along with three other requirements 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, access to records, communication with service users and their representatives, confidentiality, data protection and records retention, in keeping with DHSSPS guidance. Written policies and procedures were available for staffs' reference and staff confirmed that they were familiar with the key issues. The management committee 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 in the process and their 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 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 good, with a standardised content list and clearly marked sections, making access to the information straightforward. Members confirmed that they were satisfied with the methods 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**

Newington Day Centre has a policy and clear guidelines on the use of restrictive practices, which states that such practices should be "Used only as last resort", and when there had been "An assessment of the risks involved". The manager stated her intention to review this policy and guidelines again, as there had not been any incidents requiring restraint of a service user and it would be her intention that restraint should not be used.

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 and expressed the view that close working relationships with members helped them to deal with any challenging situations that arose. There was evidence of a range of appropriate training having been provided by the Newington management committee, including training on specific conditions that individuals may have and how the related behaviours 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 assistant manager are appropriately qualified and experienced to take charge of the centre. The senior day care worker and four care assistants were all registered with the Northern Ireland Social Care Council (NISCC). The assistant manager has been nominated to undertake the QCF Level 5 qualification and it is commendable practice to have supported this prior to the staff member taking full management responsibility for a centre.

Day care workers and care assistants have formal supervision with the manager, approximately every twelve weeks. The manager stated that the frequency of supervision meetings for day care staff would be at least quarterly, now that the system for this is in place. Records of staff training and supervision were well-presented and up to date. A system for completing annual performance appraisals of staff had not yet been commenced.

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 capable and confident in their roles and committed to ensuring that each service user's needs were met.

Monitoring arrangements are well established, with selected Newington management committee members carrying out monthly monitoring visits and completing monitoring reports. The sample of reports examined provided evidence of consultations with service users and staff members about the quality of the service. Monthly monitoring reports were found to meet all of the requirements of Regulation 28(4).

There was evidence to indicate substantial 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	13(1)(a)	<p><b><u>Safeguarding Vulnerable Adults</u></b></p> <p>The registered persons must review the service's safeguarding vulnerable adults policy and procedures so that it fully reflects:</p> <ul style="list-style-type: none"> <li>(a) current legislation, DHSSPS Guidance; regional protocols and local Newington management committee processes;</li> <li>(b) current safeguarding reporting procedures;</li> <li>(c) a user friendly procedural flowchart for staff (standard 13.1 and 13.2 refers).</li> </ul>	The revised policy and procedures for the safeguarding of vulnerable adults were available for inspection and were in compliance with this requirement.	Compliant
2	20(1)(c)(i)	<p><b><u>Safeguarding Vulnerable Adults Training</u></b></p> <p>The registered persons must ensure all staff receive safeguarding vulnerable adults training at least every two years (standard 13.4 and 13.10 refers).</p>	Records showed that training in the safeguarding of vulnerable adults had been provided on the 10 June 2013 and systems were in place to ensure that refresher training was provided every two years.	Compliant
3	26(4)(b)	<p><b><u>Fire Safety</u></b></p> <p>The registered persons must ensure fire doors are never wedged open. Consideration should be given to the fitting of an electro-magnetic device to the identified fire door which is linked into the centre's fire alarm system (additional information section refers).</p>	Electronic opening devices had been fitted to the identified fire doors.	Compliant

4	29	<p><b><u>Notification of Adverse Incidents</u></b></p> <p>In accordance with Regulation 29, the registered manager must ensure all notifiable accidents and incidents are forwarded to RQIA. The notification form of May 2013 must be retrospectively forwarded to the incidents team in RQIA (additional information section refers).</p>	<p>While the incident identified in the previous inspection had been notified to RQIA, another event, in which a service user had been admitted to hospital, had not been reported. Any of the events identified in Regulation 29 must be notified to RQIA without delay.</p>	<p>Moving toward compliance</p>
5	20(1)(c)(i)	<p><b><u>Staff Annual Appraisal</u></b></p> <p>The registered manager must ensure all staff receive an annual appraisal (additional information section refers).</p>	<p>A system for formal, individual supervision had been introduced in the centre, but annual appraisals of staff's performance had yet to be completed and must be done at the earliest possible time.</p>	<p>Moving toward compliance</p>

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	4.3 and 5.3	<p><b><u>Assessments and Care Plans</u></b></p> <p>The registered manager must ensure:</p> <ul style="list-style-type: none"> <li>(a) service user's assessments are specifically dated when they are completed or updated;</li> <li>(b) the identified service user's care plan is updated to fully and accurately reflect his/her areas of vulnerability and how these are managed;</li> <li>(c) the three identified service user's care plans are signed by the manager and where possible the service user or their representative (additional information section refers).</li> </ul>	<p>Four service users' assessments and care plans were examined and were found to meet the requirements of this standard. The manager had audited all of the service user files since the previous inspection and each file now contains an audit checklist.</p>	Compliant
2	15.5	<p><b><u>Service Users' Annual Review Report</u></b></p> <p>The registered manager must ensure service user's annual review preparation reports states the service user's views and opinions about the quality of the day service. If they are unable to express their opinion due to their cognitive impairment or dementia, staff should summarise an objective observations of their participation, body language and facial expression and ensure the views and opinions of their relatives/ representatives are included (standard 15.5 refers).</p>	<p>The manager had devised a format for the service user's responses to be recorded, in advance of each review. Completed review reports were available in each of the files examined.</p>	Compliant

<p>3</p>	<p>17.6 and 17.8</p>	<p><b><u>Review of the Statement of Purpose and Service Users Guide</u></b></p> <p>The registered manager must ensure Newington Day Centre’s Statement of Purpose and Service Users Guide is reviewed and updated to reflect all matters stated in schedule 1 and standard 1.2:</p> <p>The Statement of Purpose must include:</p> <ul style="list-style-type: none"> <li>• the experience and qualifications of the registered persons and all staff</li> <li>• specify and explain the categories of care as per RQIA’s registration</li> <li>• amend the care plan process to explain the four – 12 week initial review of a service user’s placement depends on the number of days per week attendance</li> <li>• elaborate on the frequency of consultation with service users’ e.g. service users’ meetings, quality assurance questionnaires etc</li> <li>• amend the complaints section</li> <li>• include a separate section detailing RQIA’s role and function in the regulation and inspection of registered day care facilities)</li> <li>• specify the fire safety precautions and associated emergency procedures</li> </ul> <p>Service Users’ Guide (Standard 1.2) must include:</p> <ul style="list-style-type: none"> <li>• general qualitative feedback from current service users</li> <li>• amend the complaints section</li> </ul>	<p>The statement of purpose had been revised and a copy provided to RQIA in advance of this inspection. The service user guide was in the process of revision and the manager was advised on approaches to making this a user-friendly document.</p>	<p>Substantially compliant</p>
----------	----------------------	--	--	--------------------------------

		<ul style="list-style-type: none"> <li>• the facilities in the centre e.g. the rooms used by service users’,</li> <li>• the fees and charges payable</li> <li>• the arrangements for service user involvement</li> <li>• the general terms of attendance, including any arrangements for any trial placement and it’s review; service user’s rights and responsibilities whilst using the service and the consequences of unacceptable behaviour</li> <li>• the arrangements for inspection and details of how to access inspection reports</li> <li>• amend the RQIA website address</li> <li>• the standard form of agreement (as per standard 3.1)</li> <li>• names of the registered person/s (additional information section refers).</li> </ul>		
4	17.10	<p><b><u>Monthly Monitoring Reports</u></b></p> <p>The registered person must ensure the monthly monitoring reports state:</p> <p>(a) whether the visits are announced or unannounced;</p> <p>(b) The numbers of service users and staff interviewed and qualitative comments of same;</p> <p>(c) A qualitative overview of the centre’s accident, incident and complaints records (regulation 28 and standard 17.10 refers).</p>	<p>Monthly monitoring reports were available for inspection and had been completed regularly, to a good standard.</p>	<p>Compliant</p>

5	25.1	<b><u>Infection Prevention and Control</u></b>  The registered persons must ensure the identified pull cords in WCs are replaced and covered with a wipeable fabric for ease of cleaning (additional information section refers).	There was evidence in WC's and bathrooms to confirm that this recommendation had been implemented.	Compliant
---	------	---	--	-----------

<b>Standard 7 - Individual service user records and reporting arrangements:</b>	
<b>Records are kept on each service user's situation, actions taken by staff and reports made to others.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
7.1 The legal and an ethical duty of confidentiality in respect of service users' personal information is maintained, where this does not infringe the rights of other people.	
<b>Provider's Self-Assessment:</b>	
Confidentiality is an essential element of our work. All staff and volunteers are trained and made aware of the extreme importance of keeping the support, care and business of our Service Users and their carers confidential. This is clearly stated in our Statement of Purpose Service Users Guide and our Staff Disciplinary Procedure. As the Centre is a community based Day Centre it is part of our policy to reassure new members and their carers of the importance we place on the confidentiality of our work during their initial visit and continue to reassure the member and their carer throughout the admission procedure and the first few weeks of attending the Centre. If any member or carer have any issues regarding confidentiality, they are advised to inform the Manager or the Deputy Manager. We also have members of our Management Committee who volunteer at the Centre on a weekly basis and are available for anyone who wishes to speak with them.	Compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
The centre has a written policy on confidentiality and the manager and staff members were clear about their responsibilities in this aspect of their practice. Service users and carers confirmed their confidence in the staff team, with regard to ensuring the confidential handling of personal information.	Compliant

<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
<p>7.2 A service user and, with his or her consent, another person acting on his or her behalf should normally expect to see his or her case records / notes.</p> <p>7.3 A record of all requests for access to individual case records/notes and their outcomes should be maintained.</p>	
<b>Provider's Self-Assessment:</b>	
<p>7.2 Members, or their representatives with their consent, can view their individual files and can have a copy of their Care Plan. The Manager or Deputy Manager will read the content of their Care Plan to the individual and offer them a copy. Where they do not wish to have a copy, it is recorded and signed by the member and/or their representative. These records with the member or representatives consent, can be discussed or viewed by other health professionals or multi-disciplinary teams involved with the individual. All records are kept locked in a filing cabinet in a top floor office and accessed only by appropriate staff and members of the Management Committee, completing monthly Provider of Care Monitoring Forms.</p> <p>7.3 A record of any request to access an individuals case records and their outcomes are maintained. Apart from the individual member themselves it is extremely rare for other professionals to view individual records. They are however, discussed at reviews and case conferences where the individual or a member of their family are present and issues for discussion have been discussed with the family prior to it going to a multi-disciplinary meeting/review.</p>	Compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
<p>The provider's self-assessment was verified through examination of a sample of service users' records. Each individual's file contained a record of the offer of a copy of the care plan and of the decision by the service user either to accept or decline the offer. There were many examples of assessments, care plans and review records having been signed by service users to indicate their agreement with the content.</p>	Compliant



<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
<p>7.4 Individual case records/notes (from referral to closure) related to activity within the day service are maintained for each service user, to include:</p> <ul style="list-style-type: none"> <li>• Assessments of need (Standards 2 &amp; 4); care plans (Standard 5) and care reviews (Standard 15);</li> <li>• All personal care and support provided;</li> <li>• Changes in the service user’s needs or behaviour and any action taken by staff;</li> <li>• Changes in objectives, expected outcomes and associated timeframes where relevant;</li> <li>• Changes in the service user’s usual programme;</li> <li>• Unusual or changed circumstances that affect the service user and any action taken by staff;</li> <li>• Contact with the service user’s representative about matters or concerns regarding the health and well-being of the service user;</li> <li>• Contact between the staff and primary health and social care services regarding the service user;</li> <li>• Records of medicines;</li> <li>• Incidents, accidents, or near misses occurring and action taken; and</li> <li>• The information, documents and other records set out in Appendix 1.</li> </ul>	
<b>Provider’s Self-Assessment:</b>	
<p>All Service Users at the Centre have an individual file maintained and regularly updated to address their changing care needs. These files include an overview risk assessment, a 4 week assessment programme, an individual care plan and transport assessment. The initial referral form which will have contact numbers for relatives, social workers, CPN's, GP or other multi-disciplinary involvement. Any significant changes or concerns regarding the health and well being of our members will be discussed on a regular basis with their carers and other health professionals. We have a Carers Support Service within the Centre which helps us maintain regular contact with families and friends of our members. All recordings of emergency contact details and medications are updated when necessary or at least once a year. Member's receive a review of services a minimum of once yearly, this gives all multi-disciplinary teams and family and the Service Users the opportunity to discuss any positives as well concerns around their care at the Centre . All incidents and accidents are recorded and kept in a separate file. Over the last few years we have worked within the guidelines of Day Care Standards and Inspection Reports to continue to improve our records and include any recommendations advised by the Inspectors. All staff our familiar with the reporting and recording process at the Centre. Records are kept on each Service User for eight years as per our Service Level Agreement with the BHSCT.</p>	Compliant

These records are also acknowledged in our Statement of Purpose.	
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
Records were examined for a sample of four service users and were found to be well organised, up to date and in compliance with this standard.	Compliant
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
7.5 When no recordable events occur, for example as outlined in Standard 7.4, there is an entry at least every five attendances for each service user to confirm that this is the case.	
<b>Provider's Self-Assessment:</b>	
As members attend the Centre from one to three days per week, and in the interest of safety of of our members, staff record the well being or and changes or concerns, stated by our Service Users, on a daily basis. We have established this routine and although it is beyond the entries required in Standard 7.4, it ensures that as far as possible no important change in our members welfare goes unnoted.	Compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
The manager and staff confirmed their commitment to keeping a written record for each service user on each occasion that they attended the centre and this pattern of recording was confirmed from the file records.	Compliant

<p><b>Criterion Assessed:</b>                  7.6 There is guidance for staff on matters that need to be reported or referrals made to:</p> <ul style="list-style-type: none"> <li>• The registered manager;</li> <li>• The service user’s representative;</li> <li>• The referral agent; and</li> <li>• Other relevant health or social care professionals.</li> </ul>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment:</b></p> <p>Staff have the opportunity to discuss concerns about individual members with the Registered Manager or Deputy Manager at anytime. We meet each morning to discuss concerns about any issues from the previous day or concerns about individuals. Staff are familiar with the guidelines to report any concerns or matters which may affect the individuals. The Service Users Carer or representative is kept aware of any concerns about individuals attending the Centre. Staff are aware of issues which need to be recorded and referred to the referring agent from the Newington management committee or other professionals. Care Staff with particular interest in an individual are often encouraged under supervision to speak with relatives, or Social Services to pass on concerns. This is always overseen by management and recorded to the Care Plan or in the member's file. Our staff at the Centre are encouraged and supported to be involved in the day to day issues affecting our members and are knowledgeable in all our procedures and policies.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p> <p>Staff members and volunteers confirmed that they were well informed on matters that should be reported to the manager, and others. There was written evidence to show that staff had been provided with training in recording and reporting, appropriate to their roles and responsibilities.</p>	<p><b>COMPLIANCE LEVEL</b></p> <p>Compliant</p>

<p><b>Criterion Assessed:</b> 7.7 All records are legible, accurate, up to date, signed and dated by the person making the entry and periodically reviewed and signed-off by the registered manager.</p>	
<p><b>Provider’s Self-Assessment:</b> All records at the Centre are legible, accurate and updated regularly. The members of staff making the entry or change to the care plan signs and dates the record. The manager regularly signs and reviews all care plans and other changes in members files. Records are also reviewed and reported on an monthly basis by the management committee, usually our Chairperson and the Treasurer in our Monitoring Reports. Records are kept under review and addressed regularly within the Day Care Settings Standards.</p>	Compliant
<p><b>Inspection Findings:</b> The centre’s records were well kept, legible and up to date and had been signed appropriately. The manager had good systems in place for auditing records, particularly service users’ records, each of which contained a file checklist that was regularly used and updated.</p>	<p><b>COMPLIANCE LEVEL</b> Compliant</p>
<p><b>PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b> Compliant</p>
<p><b>INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b> Compliant</p>

<b>Theme 1: The use of restrictive practice within the context of protecting service user’s human rights</b>	
<b>Theme of “overall human rights” assessment to include:</b>	
<p><b>Regulation 14 (4) which states:</b></p> <p><b>The registered person shall ensure that no service user is subject to restraint unless restraint of the kind employed is the only practicable means of securing the welfare of that or any other service user and there are exceptional circumstances.</b></p>	<b>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment:</b>	
<p>We currently have not had to restrain any member at the Centre, however due to the type of work and various illnesses of the service users we support, this may not always remain the case. In preparation for the likelihood of ever having to use restraint or seclusion as an only practicable means, staff have received, training in the Protection of Vulnerable Adults, Coping with Behaviour that is Challenging and Breakaway/Disengagement Skills, to help them cope with and defuse potentially volatile situations. All members of staff, regardless of their job title and numerous volunteers, have participated in this training. We have a policy and procedures in place to record any incident where restraint or seclusion may have to be used. All management and care staff are aware of these guidelines. other members of staff have been advised to call for assistance and to try to difuse the situation. All procedures will only be put in place if absolutely necessary and to protect the service user to the best of our ability whilst protecting their human rights.</p>	Compliant
<b>Inspection Findings:</b>	
<p>The provider’s self-assessment was verified through examination of training records, service users’ files and records of incidents and complaints. Staff confirmed that they never had cause to restrain a service user and the service users and carers, who met with the inspector, spoke very highly of the patience and kindness demonstrated by staff.</p>	Compliant

<p><b>Regulation 14 (5) which states:</b></p> <p><b>On any occasions on which a service user is subject to restraint, the registered person shall record the circumstances, including the nature of the restraint. These details should also be reported to the Regulation and Quality Improvement Authority as soon as is practicable.</b></p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment:</b></p> <p>We have no current records of any restraint having been used at the Centre. We do however have a policy on Restrictive Practice in place at the Centre and a Restrictive Checklist for individual members and guidelines to be adhered to before considering any form of restraint or seclusion. The decision regarding and form of restraint or seclusion of an individual service user will be made by the Manager or most senior person on duty. The Manager should include the views of other staff members involved in, or witnessing the incident, when making appropriate decisions. The seclusion or restraint of an individual member must happen only in extreme circumstances and with the best possible interest and care of the individual in mind.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p> <p>There was both written and oral evidence to show that any incidents of challenging behaviour were managed using methods of calming, diffusion and diversion. There were no recorded incidents where restraint or seclusion had been used.</p>	<p><b>COMPLIANCE LEVEL</b></p> <p>Not applicable</p>

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

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

<p align="center"><b>Theme 2 – Management and Control of Operations</b></p> <p><b>Management systems and arrangements are in place that support and promote the delivery of quality care services.</b></p> <p><b>Theme covers the level of competence of any person designated as being in charge in the absence of the registered manager.</b></p>	<p align="center"><b>COMPLIANCE LEVEL</b></p>
<p><b>Regulation 20 (1) which states:</b></p> <p><b>The registered person shall, having regard to the size of the day care setting, the statement of purpose and the number and needs of service users -</b></p> <p><b>(a) ensure that at all times suitably qualified, competent and experienced persons are working in the day care setting in such numbers as are appropriate for the care of service users;</b></p> <p><b>Standard 17.1 which states:</b></p> <p><b>There is a defined management structure that clearly identifies lines of accountability, specifies roles and details responsibilities for areas of activity.</b></p>	
<p><b>Provider’s Self Assessment:</b></p> <p>Our Statement of Purpose has been updated to include the qualifications and years of experience of all Day Centre Staff. All Management and care staff are registered with the NISCC and therefore adhere to their Codes of Practice and the Codes of practice of Newington Day Centre. Our staff, regardless of their job title have the opportunity to participate in all available training. The staff have years of experience, we have a very low turnover of staff, which provides stability and continuity for our members. In the absence of the Manager, the Deputy Manager has 25 years experience with a range of qualifications including NVQ Level II and III and multiple other training courses and continues to develop her skills. She is extremely competent in the day to day management of the Centre. She works closely with our Senior Care Worker who also has 30 years of experience in nursing and hospital management and is highly qualified. All staff at the Centre are involved in decision making. We have regular staff meetings and also meet each morning on an informal basis to discuss the dialy routine. All care staff and 3 volunteers have NVQ Level II and a range of other training courses. I have every faith in the ability of all our staff. We work well as a team and as the Manager, I try to give staff the opportunity to make decisions, value their opinions and include them in the operational policies of the Centre.</p>	<p align="center">Compliant</p>

17.1 there is a defined management structure at the Centre, with clear lines of accountability in the absence of the Manager and all staff are aware of this.	
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
While the centre has a relatively small team of permanent staff, the majority of them have worked in Newington for many years and all presented as being competent and confident in their roles. Those who may take charge of the centre, in the absence of the manager, held relevant qualifications and were very experienced. Additionally, members of the management committee are regular visitors to the centre and there is a large number of volunteers who provide regular support to the team. Several members of the management committee took responsibility for carrying out monthly monitoring visits and completing reports of these.	Compliant
<b>Regulation 20 (2) which states:</b>	<b>COMPLIANCE LEVEL</b>
<ul style="list-style-type: none"> <li>• <b>The registered person shall ensure that persons working in the day care setting are appropriately supervised</b></li> </ul>	
<b>Provider's Self-Assessment:</b>	
Newington Day Centre have a supervision policy at the Centre. Formal supervision was a new aspect to our work. Although staff received regular informal supervision, it was not recorded. To help me benefit from supervision, the management team received training from the BHSCCT on what to expect from supervision and the theory and guidelines behind the formal recording. To help all members of staff engage in supervision, the management team were joined by all staff in week two so we could learn and benefit from these supervision sessions. We now have a supervision policy in place and a plan for regular supervision.	Substantially compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
The centre's policy on supervision was available for staff and for inspection. A formal system for staff supervision had been introduced and there was evidence to indicate that this was working effectively. Performance appraisals were planned but had not been started and a requirement in this regard is included in the Quality Improvement Plan	Substantially compliant



<p><b>Regulation 21 (3) (b) which states:</b></p> <ul style="list-style-type: none"> <li>• (3) For the purposes of paragraphs (1) and (2), a person is not fit to work at a day care setting unless –</li> <li>• (b) he has qualifications or training suitable to the work that he is to perform, and the skills and experience necessary for such work</li> </ul>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider's Self-Assessment:</b></p>	
<p>(3) All staff at the Centre have the qualifications and experience to perform the duties as stated in their job description. Staff participate in a wide and varied programme of training as well as mandatory training. This increases skill, enthusiasm and gives staff pride in their work and achievements. We aim to provide staff with the skills and qualifications to enable them to have confidence in their own ability and to feel valued as a very important members of our team.</p> <p>(b) Staff at Newington Day Centre enjoy a reputation for the high level of care they give to its members and the time they give above and beyond to provide person centered programmes and innovative opportunities to members, regardless of their abilities.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>There was written evidence in staff's files and in the training records, to show that staff members, management committee members and volunteers were appropriately trained for their respective roles and responsibilities. This was confirmed in discussions with representatives of all three groups.</p>	<p><b>COMPLIANCE LEVEL</b></p> <p>Compliant</p>

<p><b>PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b></p> <p>Substantially compliant</p>
--	---

<p><b>INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b></p> <p>Substantially compliant</p>
---	---

## **Additional Areas Examined**

### **Service Users Guide**

The service user guide was under revision and a copy should be forwarded to RQIA when it is completed.

### **Notification of accidents and incidents**

The occurrence of events identified in Regulation 29 must be notified to RQIA without delay.

### **Infection control**

The registered person shall ensure that there is suitable, enclosed storage provision for toiletries and, where necessary, additional clothing, in toilet areas.

### **Records of accidents**

The written records of accidents should have copies, which are kept in the centre, in addition to the original, which is sent to the management committee.

## Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Ms Margaret McCrudden, 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**

**Dermott Knox**  
Inspector/Quality Reviewer

**Date**



The Regulation and  
Quality Improvement  
Authority



## Quality Improvement Plan

### Primary Announced Care Inspection

Newington Day Centre

3 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 Mrs Margaret McCrudden, Registered Manager, 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.

<b>Statutory Requirements</b>					
<b>This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Day Care Settings Regulations (NI) 2007</b>					
<b>No.</b>	<b>Regulation Reference</b>	<b>Requirements</b>	<b>Number Of Times Stated</b>	<b>Details Of Action Taken By Registered Person(S)</b>	<b>Timescale</b>
1	Reg. 20(1)(c)(i)	The registered person must ensure that all staff have an annual performance appraisal. These are now overdue and must be completed by the end of August 2014.	Two	This programme has begun. Due to staff holidays it will be complete by the end of September 2014.	29 August 2014
2	Reg. 5(1)	The service user guide was under revision and must be completed by the end of August 2014. A copy of the revised guide should be provided to RQIA on completion.	Two	The service user guide will be presented at the management committee meeting on the 7 <sup>th</sup> September. This is the first meeting following the summer break. It will then go to print and be available mid September.	29 August 2014
3	Reg. 29(1)	Any of the events identified in this regulation must be notified to RQIA without delay.	Two	This process has been discussed with senior staff and is already taking place.	Immediate and on-going.

4	Reg. 26(2)(i)	The registered person shall ensure that there is suitable, enclosed storage provision for toiletries and additional clothing in toilet areas.	One	Storage Space has been provided in the named bathroom, as in all bathrooms, within the centre.	31 July 2014
5	Reg. 19(2)	A copy of the record of any accident must be kept in the centre.	One	A Carbon Copy will be kept of all accidents at the Centre. The accident records were previously in the Particular member involved in the accidents file.	Immediate and on-going

The registered provider / manager is required to detail the action taken, or to be taken, in response to the issue(s) raised in the Quality Improvement Plan. The Quality Improvement Plan is then to be signed below by the registered provider and registered manager and returned to:

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

SIGNED: Paul Strain

NAME: PAUL STRAIN  
 Registered Provider

DATE 1-9-14

*Trustee and acting Provider of Care.*

SIGNED: Margaret McCudden

NAME: Margaret McCudden  
 Registered Manager

DATE 1/9/14

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes.	SCUNNINGHAM	15/9/2014.
Further information requested from provider			