



The **Regulation** and
Quality Improvement
Authority

Primary Announced Care Inspection

Name of Service and ID: Mourne Stimulus Day Centre (11001)
Date of Inspection: 16 & 17 September 2014
Inspector's Name: Suzanne Cunningham
Inspection No: IN017633

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

Name of Centre:	Mourne Stimulus Day Centre
Address:	1 Council Road Kilkeel Co Down BT34 4NP
Telephone Number:	(028) 4176 5897
E mail Address:	mournestimulus@btconnect.com
Registered Organisation/ Registered Provider:	Mr Isaac Hanna Mourne Stimulus Ltd
Registered Manager:	Ms Melanie Patterson
Person in Charge of the Centre at the time of Inspection:	Ms Melanie Patterson
Number of Registered Places:	37
Number of Service Users Accommodated on Day of Inspection:	30
Scale of Charges per week (if applicable):	Trust rates
Date and type of previous inspection:	3 March 2014 Follow up inspection
Date and time of inspection:	16 September 2014 10:00 – 14:30 17 September 2014 09:45 – 14:15
Name of Lead Inspector:	Suzanne Cunningham

Introduction

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

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

Purpose of the Inspection

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

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

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

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

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

Methods / Process

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

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

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

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

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

Consultation Process

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

Service users	7 plus 5 = 12
Staff	3
Relatives	2
Visiting Professionals	0

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

Issued To	Number issued	Number returned
Staff	17	8

Inspection Focus

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

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

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

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

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

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

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

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

Profile of Service

Located on the outskirts of Kilkeel, Mourne Stimulus Day Centre operates in a single storey building, formerly council offices and a local court room. The premises have gardens on all sides, with a horticultural facility at the rear of the premises.

Mourne Stimulus provides a wide range of services and activities for up to thirty seven clients, who prefer to be known as 'attenders'. All attenders, who are referred by the local Health and Social Care Trust, have learning disabilities of varying degrees and some have physical disabilities and a complex range of health and social care needs. Activities, appropriate to the needs and abilities of individual attenders, are provided in several rooms indoors, in addition to the group who are engaged in horticultural work, much of which is outdoors.

Summary of Inspection

A primary inspection was undertaken in Mourne Stimulus Day Centre on 16 September 2014 from 10:00 to 14:30 and 17 September 2014 from 09:45 to 14:15. The inspection was announced and over two days. On the first day of the inspection the staff were attending a training day. Therefore on 16 September the inspector inspected the service user information and records held in the day centre and on 17 September the inspector observed the setting and staff delivering day care and spoke to service users and staff.

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

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

The inspector spoke to the manager, development coordinator, day care worker and care assistant regarding the standards inspected and their views about working in the centre. This generated positive feedback regarding records and reporting arrangements including recording; further developing a person centred approach to records and the management arrangement's in this day care setting. The staff complimented the management arrangements in the day care setting which are the registered manager who has the day to day management role and the day care workers act up in her absence. Staff described the setting as runs well; the team are supportive; they identified they get regular supervision; management have an open door policy and they can access support or advice with ease. The inspector noted the arrangements for staff support and management of the setting had improved and there was evidence of staff increasing their knowledge and skills of how to work with service users in this setting.

The inspector spoke with the acting chair of the board for Mourne Stimulus, the discussion covered the future of this day care setting including funding deficits and the arrangements for responsible person; following Isaac Hanna (currently registered) resigning. The acting chairperson was advised a new responsible person must be identified as a matter of urgency and before the end of September. They were advised if this is someone in an acting role a permanent solution should be forwarded to RQIA by the end of November. A requirement is made in this regard.

Eight questionnaires were returned by staff which reported satisfactory arrangements were in place with regard to NISCC codes of practice; supervision; staff training; staffing (in 7 out of eight respondents) and management arrangements; responding to service users behaviour; confidentiality and recording. The staff members praised the quality of care provided; which the staff described as: "The quality of care within Mourne Stimulus is excellent however, there is still a great deal of work in relation to standards and care practices to be implemented throughout our organisation"; "We provide a high quality of professional care to all the service users"; "I think Mourne Stimulus is a good service"; "Excellent"; "A very good quality of care, a safe and happy environment"; "First class care service to attenders, a lot of paperwork and effort goes towards paperwork and RQIA standard's, which means staff spend a lot of time writing instead of spending time with attendees"; "I believe the manager and Mourne Stimulus staff provide excellent quality of care to our attenders". "The centre always had an inviting and welcoming feel, and on various occasions when an attender has been absent their family member has said they couldn't wait to return, I think this says a lot about the level of care provided by our centre".

One questionnaire did raise the issue of inadequate staffing for the more complex service users, on the day of the inspection the inspector did not notice any deficits in staffing however the service user who needs most intensive staffing was not in the day care setting on the same day therefore, the inspector does agree staffing could be viewed as insufficient when there is more challenging and staff intensive care plans to meet. Discussion with the manager and chairperson of the board assured the inspector these issues and concerns had been brought to the trust who fund the placements to reassess the funding for the service users with more complex needs. A further meeting regarding this had been arranged and the inspector advised the setting if they cannot meet the service users' needs in the current funding arrangements they needed to assess if they can continue to provide care for this service user with current staffing compliment. This will be followed up at the next inspection.

The inspector spoke to a total of twelve service users generally about their experiences in the day care setting and spoke to seven of those about the standard inspected and the two themes.

The service users did provide the inspector with positive comments regarding attending the centre, the activities they had taken part in; and the care provided by the staff. Service users made specific comments during the discussion such as "staff are lovely"; "Melanie's in charge and we can talk to her"; in conclusion the discussion with service users provided the inspector with service users' views about why this day centre is important for them and why they like to come to the day care setting; and no concerns or negative comments were made. Seven service users did talk about their review and how they prepare for this, they were aware of their plan and were happy to tell staff what they wanted to do if it had not been written down. Service users were also aware Melanie was the manager and in her absence the day care workers will act as manager, they said they both did a good job and were easy to talk to.

The inspector spoke with two relatives of service users who were in the day centre on the day of the inspection. They described being aware of the service user record that is kept by the day care setting about their relative, they also described accessing the assessment, review and care plan information at review meetings and this was informative. Staff were described as very helpful, good communication, protective, supportive and caring. Comments were made such as “carers deserve a medal”, “if we didn’t have here keeping a routine would be a struggle”, “staff are amazing and staff are so caring”. These discussions revealed overall how important the day care setting is to the service users and their carers.

The previous follow up inspection carried out on 03 March 2014 had resulted in nine requirements and three recommendations. This inspection identified improvements had been made in eight of the nine requirements and the following requirements had been addressed: Annual appraisals; supervision; reporting incidents of restraint; safeguarding adults policy and procedure; reporting incidents; the conduct of the monitoring visits; availability of the regulation 28 reports; and the conduct concern. One requirement is restated regarding the regulation 28 report formats and the content of the reporting, the inspector did note improvements in this regard however, further improvements were identified and reported to the monitoring officer, this is restated for a second time. Action had been taken to improve the three recommendations made in the last inspection regarding the settings policies and procedures; and staff training. The inspector was satisfied these had been fully complied with or will be completed in the very near future and therefore do not need to be restated at this inspection.

The inspector concludes the effort, planning, work and evidence provided for this inspection to demonstrate compliance with these matters had been significantly improved since the last inspection and this improvement is commended.

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

The six criterion criteria within this standard were reviewed during this inspection. Two of the criteria were assessed as moving towards compliance, two as substantially compliant and one was assessed as compliant by the inspector. No requirements and three recommendations are made regarding informing service users and their representatives what information is kept about them in the day care setting and how this is kept confidential; consent to records and how service users and their representatives can access records; one policy and procedure should be completed regarding matters to be reported or referred and one policy and procedure should be completed regarding the completion of records including legibility, signing, dating, periodic review and signing by the registered manager.

Discussions with service users and staff and review of four service users’ individual files provided evidence that the centre is progressing well regarding their compliance with standard 15. The discussions with service users provided examples of how staff encourage service users to engage with activities and enjoy the social aspect of attending the centre.

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

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

Two criterion from regulation 14 were inspected which examined compliance with the use of any restrictive practices in this day care setting within the context of human rights. Both criteria were assessed as compliant.

Discussions with the manager, staff and examination of records provided evidence that the centre was using clear operational systems and processes which promote the needs of the service users who attend the centre. Staff discussed using good communication, diversion, calming, diffusing techniques and knowing their service users' needs and personalities. They described the meaning of last resort and were fully cognisant of the need to ensure any restrictive practices or restraint were balanced with the needs of the service user, gauging the escalation of behaviours and ensuring any responses to behaviour were proportionate to the risk posed to the service user or others if they did not intervene. Incidents of restraint had been reported to RQIA since the last inspection and this did not reveal any concerns.

Based on the evidence reviewed the inspector assessed the centre as compliant in this theme and this is commendable.

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

Two criteria from regulation 20 and one criterion from regulation 21 were inspected which provided the evidence to examine this theme. Two criteria were assessed as compliant and one as substantially compliant. Two recommendations are made regarding the board considering improving the manager's qualifications as registered manager and in line with the current day care setting of QCF level 5, this could also be considered for those left in charge in her absence. A further recommendation is made to ensure the staff members who act up in the absence of the manager have a competency assessment completed by the manager to evidence they have the skills, knowledge, training and understanding of the role and responsibility to act up in the managers absence.

Discussion with the manager and staff provided evidence that the organisation had in place monitoring arrangements; and they had evidenced since the last inspection a general approach of promoting quality care. Overall the improvements identified are to strengthen the management arrangements in place and assure staff are confident and competent if and when left in charge of the day care setting, in the managers absence.

Based on the evidence reviewed the inspector has assessed the centre as compliant in this theme; no requirements and two recommendations are made.

Additional Areas Examined

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

The inspector wishes to acknowledge the work undertaken by the manager and staff in preparation for this inspection and their open and constructive approach throughout the inspection process. Gratitude is also extended to the service users who welcomed the inspector to their centre and engaged with her during the inspection. Overall the inspector commends the improved approach to day care that is delivered in this centre and staff development. In conclusion the inspector was clearly able to evidence care presents as in tune with the needs of the service users for support, stimulation and to meet their social needs.

As a result of the inspection a total of two requirements have been made regarding the organisation advising RQIA who the responsible person is for this service as a matter of urgency; and to further improve the content of the regulation 28 reporting. Five recommendations have been made regarding informing service users and their representatives how information is kept confidential regarding service users and consent to records and access to records; completing the policy and procedure for recording and reporting; completing the policy and procedure for recording legibly, signing and dating records and review of records; improving the qualifications of the registered manager and those who act up in her absence; and completing a competency assessment for the staff members who act up in the manager's absence. This was reported to the management team at the conclusion of the inspection and assurances were made these would be addressed as a priority.

Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Regulation 20(1)(c)	<p>The registered person must ensure that there is a system in place for the formal, annual appraisal of each staff member.</p> <p>Arrangements in place to achieve this within the stated timescale must be reported on the returned quality improvement plan.</p>	Three staff files were sampled and this evidenced improvement in this regard.	Compliant
2	Regulation 20(2)	<p>The registered person must ensure that each staff member has formal, individual supervision no less than once every three months.</p> <p>Arrangements in place to achieve this within the stated timescale must be reported on the returned quality improvement plan.</p>	The arrangements for supervision were clearly displayed and accessible, three staff files were sampled in this regard and this evidenced improvement in this regard.	Compliant
3.	14 (5) & 29 (1) (d)	<p>The registered manager must ensure any incidences of restraint or un planned restrictions are reported to RQIA under regulation 14 (5) and regulation 29 (1) (d).</p> <p>Reports must include evidence of post incident analysis to identify if any injuries were sustained, how long the restraint was used, what type of restraint was used and can this be evidenced as the least restrictive intervention to manage service users behaviour. There should also be analysis of if anything could be done in the future to prevent reoccurrence of the behaviour and restraint. Actions taken to achieve this must be reported on the returned QIP.</p>	The inspector reviewed the incident / accident record which revealed this had been achieved.	Compliant

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
4.	13.1 & 2	<p>The registered person must improve the policy and procedure pertaining to the safeguarding of vulnerable adults for staff reference; specific attention must be given to:</p> <ul style="list-style-type: none"> • providing the guidance identified in this day care settings standard for staff reference; these documents must be disseminated to staff in compliance with standard; • implementing a local procedure for staff reference which describes staff role and responsibility, who to report concerns to and locally agreed protocols. 	This was made available for inspection and the inspector was impressed with the improvement made in this regard.	Compliant
5.	29.1	<p>The registered manager and registered person must ensure all incidents as identified in this inspection are reported to RQIA retrospectively.</p> <p>There should also be analysis within the reports and notifications of anything that can be done in the future to prevent reoccurrence of the behaviour, incident or accident.</p> <p>Actions taken to achieve this must be reported on the returned QIP.</p>	This had been achieved since the last inspection/	Compliant

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
6.	28.3	<p>The registered person as a matter of urgency; must ensure future monitoring visits are undertaken in compliance with this regulation that is they must happen at least once per month and they should include unannounced visits.</p> <p>Actions taken to achieve this must be reported on the returned QIP.</p>	<p>The monthly monitoring reports were sampled over the last seven months and this evidenced they had been undertaken monthly, had been unannounced at different times of the day and month.</p>	Compliant
7.	28.4	<p>The registered person must improve the report format and content of the regulation 28 visit to ensure the conduct of the day centre setting is inspected and reported on for each regulation 28 visit undertaken.</p> <p>Actions taken to achieve this must be reported on the returned QIP.</p>	<p>The inspector sampled seven monitoring reports in this regard and this evidenced improvement however, the monitoring officer should be assessing if what they see is compliant with standards and regulations and make comment regarding the same. Review of improvements being made would also be useful in this regard. Reports must be signed and dated by the author.</p>	Substantially compliant
8.	28.5	<p>The registered person must ensure the regulation 28 reports are available for staff reference, service users and their representatives. Service users and representatives must also be informed regarding the visits and availability of reports.</p> <p>Actions taken to achieve this must be reported on the returned QIP.</p>	<p>A poster was being displayed in the entrance area for service users and their representatives to inform them about the monitoring visits and how they can access them. Work is also being done with service users through the advocacy group and staff had received clear guidance regarding informing service users and ensuring they can access information.</p>	Compliant

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
9.	25 (c)	<p>The registered person must ensure RQIA and NISCC are notified regarding the conduct concern reported by the SHSCT.</p> <p>Actions taken to achieve this must be reported on the returned QIP.</p>	This had been achieved.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	Appendix 2	<p>The registered person should review the settings policies and procedures, including responding to service user's behaviour to ensure the policies and procedures available for staff reference are compliant with appendix 2 in the day care setting standards.</p> <p>Actions taken to achieve this must be reported on the returned QIP.</p>	Significant work had been carried out in this regard. Policies and procedures sampled for today's inspection were adequate and in place with evidence of staff training and development regarding the same.	Compliant
2.	13.4	<p>The registered person should make appropriate arrangements for staff to receive additional training regarding their role and responsibility in the day care setting with regard to responding to safeguarding concerns.</p> <p>Staff must be fully informed regarding the centres procedure regarding the same.</p> <p>Competency and capability assessments should also be undertaken and stored on each staff member's individual file.</p> <p>Actions taken to achieve this must be reported on the returned QIP.</p>	This had been achieved.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
3.	17.10	<p>The registered person and registered manager should make appropriate arrangements for the day care setting to have a policy and procedure available for staff reference which describes arrangements for the regulation 28 visits, reporting regarding the same and how reports can be accessed.</p> <p>Actions taken to achieve this must be reported on the returned QIP.</p>	This had been achieved.	Compliant

Inspection Findings

Standard 7 - Individual service user records and reporting arrangements:	
Records are kept on each service user's situation, actions taken by staff and reports made to others.	
Criterion Assessed:	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:	
We have sourced the code of practise on protecting the confidentiality of service users information and plan to deliver this in staff training scheduled for December 2014. We were unable to source the staff guidance on confidentiality. Staff adhere to the code of confidentiality. All attenders prsonal information is stored in locked filing cabinets and their information is only accessible to relevant people.	Substantially compliant
Inspection Findings:	COMPLIANCE LEVEL
The inspector reviewed four service user records which presented as described in schedule 4; and other records to be kept in a day care setting, as described in schedule 5. The service user's files clearly stated if the service user or representative had given permission to have their photo used on external sources such as media, website, face book etc. Files were kept in locked cabinets and access was restricted to staff who needed to access information on the file or record. Policies and procedures pertaining to the access to records, communication, confidentiality, consent, management of records, monitoring of records, recording and reporting care practices and service user agreement which reflect this criterion were available for staff reference or in the process of being finalised. Furthermore for each new policy an information pack and training guide had been produced to ensure staff were fully informed regarding their roles and responsibilities.	Substantially compliant

<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>7.2 All attenders whom have sufficient understanding are made aware of any reports about them ie; their reports are read to them using the appropriate language and communication methods. They can consent to their information being shared with relevant people. Attenders who have insufficient understanding their representatives consent is sought, when sharing their information.</p> <p>7.3 We do not currently have a record of requests - discuss at inspection.</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p> <p>The inspector reviewed policies and procedures and inspected records which corroborated the provider's self-assessment. Compliance can be improved by inserting an explanation of records that are kept about service users and how they can access the records on request in the service user guide or the service user agreement. A recommendation is made in this regard.</p> <p>Discussion with staff working in the centre validated their knowledge commensurate with their role and responsibilities regarding this criterion and did not raise any concerns. Staff working in the centre discussed their knowledge of when and how service users see their records commensurate with their role and responsibilities and were aware they need to respond to requests from service users and or their representative to access service user records by speaking to Melanie. Staff do enable service users to see their own records such as care plans, assessments and review documentation.</p> <p>The service users and two representatives spoken to confirmed they are aware that a service user record is kept and have been informed how they can access the records.</p>	<p>COMPLIANCE LEVEL</p> <p>Substantially compliant</p>

Criterion Assessed:	COMPLIANCE LEVEL
<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. 	
Provider's Self-Assessment:	
<p>Daily notes are recorded on all the above areas, care plans, needs assessment are in place and reviewed on a regular basis. Progress review reports are written 3 monthly which outlines all the above primary health and social care involvement.</p> <p>We have updated the service users personal core information on each individual outline in appendix 1.</p>	Substantially compliant
Inspection Findings:	COMPLIANCE LEVEL
<p>The examination of a sample of four service user individual records evidenced the above records and notes are available and had been maintained. Case records and notes presented as updated as required, were current, person centred, incorporate service user recording or comments when possible and compliant with appendix 1 (The Day Care Setting Regulations (NI) 2007). Care reviews had taken place as described in standard 15 and it was noted the content of records was service user focussed and focussed on improving outcomes for service users in the day care setting.</p>	Compliant

Criterion Assessed: 7.5 When no recordable events occur, for example as outlined in Standard 7.4, there is an entry at least every five attendances for each service user to confirm that this is the case.	COMPLIANCE LEVEL
Provider's Self-Assessment: It is our practise that daily notes are recorded, which we do at present, however we are in the process of improving our practises within keeping of the standard we are revisiting our recording and reporting practise policy. We plan to train all staff in structured report writing in relation to communication and daily notes.	Moving towards compliance
Inspection Findings: The inspector examined a sample of service user care records which evidenced individual care records have a written entry at least once every five attendances for each individual service user.	COMPLIANCE LEVEL Substantially compliant
Criterion Assessed: 7.6 There is guidance for staff on matters that need to be reported or referrals made to: <ul style="list-style-type: none"> • The registered manager; • The service user's representative; • The referral agent; and • Other relevant health or social care professionals. 	COMPLIANCE LEVEL
Provider's Self-Assessment: We have a recording and reporting care practises policy however it does not meet the current standards, wer are in the process of reviewing it to meet the standards, then it will be delivered to staff. Communication books, newsletters and telephone calls are used to communicate with attenders representatives. Communication with referral agents/health and social professionals, staff complete a referral form and Manager signs off referral.	Moving towards compliance
Inspection Findings: The provider's self-assessment was corroborated and a recommendation is made to ensure this is achieved.	COMPLIANCE LEVEL Moving towards compliance

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: This practice is not being carried out fully at present - however we plan to implement this standard by updating our procedures which will provide staff with clearer guidance.	Moving towards compliance
Inspection Findings: The inspector reviewed four service users' records and concluded the provider's self-assessment was corroborated and a recommendation is made to ensure improvement is achieved. Consultation with a sample of staff working in the centre confirmed they understand this criterion. The centre's staff training, supervision and team meeting records detailed recording is periodically discussed and the inspector concluded from records and discussion staff present as understanding their role and responsibility in this regard. Staff spoken with and who complete inspection questionnaires confirmed procedures and practice are in place to achieve this criterion.	COMPLIANCE LEVEL Moving towards compliance

PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Provider to complete
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	
Theme of "overall human rights" assessment to include:	
Regulation 14 (4) which states: The registered person shall ensure that no service user is subject to restraint unless restraint of the kind employed is the only practicable means of securing the welfare of that or any other service user and there are exceptional circumstances.	COMPLIANCE LEVEL
Provider's Self-Assessment:	
2 service users have been identified where potential restraint may need to be used. These 2 service users both have detailed behaviour management plans for staff to follow, they must refer to the policy on responding to service users behaviour which challenge. We are at present now implementing a section within their care plans to cover the management of behaviour. The restraint policy has been written and will be delivered in October 2014 at staff training. All staff received MAPA refresher course in June 2014.	Substantially compliant
Inspection Findings:	COMPLIANCE LEVEL
<p>The inspector examined a selection of records including: four service user records as described in schedule 4; and other records to be kept in a day care setting, as described in schedule 5; records of restraint, restriction or seclusion.</p> <p>There was evidence on files of professional guidance regarding behaviours, needs of service users and management techniques which had been utilised when writing or reviewing each service users individual behaviour management plan and care plan.</p> <p>Staff had undertaken the MAPA training and those staff work with the two most challenging service users who may need to be managed by the use of restraint when they are in the day cafe setting. Staff competence, knowledge and skill had been monitored and assessed during the training and after the training through supervision and reflection; records did not reveal any concerns in this regard.</p>	Compliant

<p>The setting has policies and procedures pertaining to: the assessment, care planning and review; managing aggression and challenging behaviours; recording and reporting care practices; reporting adverse incidents; responding to service users behaviour; restraint and seclusion; and untoward incidents available for staff reference. The inspector concluded restraint had been used infrequently for the two service users who had restraint written in their service users plan. The assessment of need identified the use of restraint may be necessary to ensure the service user is not in danger to themselves or others in the day care setting and the use of restraint was subject to an analysis of why it happened, what the response was and how this can be avoided in the future, the behaviour management plan was also reviewed by staff. Examination of these records did not reveal any concerns.</p> <p>Discussion with staff validated management and staff knowledge about when and why restraint is used including their understanding of exceptional circumstances, this discussion did not raise any concerns. Staff working in the centre had a sound knowledge of when restraint or restrictions may be applied, discussed the behaviour management plan and making sure staff are available who are trained in MAPA to respond if behaviours escalate. Staff were aware of the importance of protecting service users human rights and ensuring a service users freedom is not limited unless they are a danger to themselves or others.</p>	
<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
<p>Provider's Self-Assessment:</p> <p>Mourne Stimulus has devised a restraint policy, however this policy has not been fully implemented. Staff require training on this policy and procedure.</p> <p>However we have trained staff on management of responding to service users behaviour which outlines restrictive physical intervention. Staff follow this procedure for reporting and recording same. They use appropriate recording forms, which the Manager responds to and notifies the relevant bodies.</p> <p>Our procedure is as follows:</p> <p>Mourne Stimulus MAPA form is completed which outlines the nature of restraint.</p> <p>Copies of this are sent to family/representatives and Southern Health and Social Care Trust</p> <p>Manager informs RQIA through their website and completes appropriate form 1a, this is then printed off and kept on file within the accident/incidents file, this is also documented in individuals daily notes.</p>	Substantially compliant

Inspection Findings:	COMPLIANCE LEVEL
<p>The setting provided all records of when restraint had been used and evidenced reports to the trust and RQIA had also been made. Incidents of restraint and restrictions written and analysed in terms of preventing reoccurrence of incident.</p> <p>Discussion with staff working in the centre validated their knowledge commensurate with their role and responsibilities regarding managing service user's behaviour; responding to service user's behaviour; protecting the human rights of service users when delivering care; and how they ensure service users are responded to in the most appropriate and least restrictive way. This did not raise any concerns.</p> <p>Discussion with staff identified they are proactive regarding maintaining a person centred approach to their practice at all times with service users and reflection after a restraint or restrictive practice is used to identify could anything have been done differently and how to prevent reoccurrence. These strategies were used to minimise use of restraint and restrictive practices in this setting.</p>	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

<p align="center">Theme 2 – Management and Control of Operations</p> <p>Management systems and arrangements are in place that support and promote the delivery of quality care services.</p> <p>Theme covers the level of competence of any person designated as being in charge in the absence of the registered manager.</p>	COMPLIANCE LEVEL
<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>Within our Statement of Purpose and our policy in the Absence of the Manager it clarifies the responsibilities and organisational structure.</p>	Substantially compliant
<p>Inspection Findings:</p>	COMPLIANCE LEVEL
<p>The registered manager was registered prior to the standards being implemented and therefore does not have the required QCF level 5 or professional qualification. The people left in charge in the manager's absence also do not have the required qualifications and the settings Board should consider development of these staff members' qualifications in line with the current day care setting standards. A recommendation is made in this regard.</p> <p>The manager is registered with NISCC and during this inspection she clearly described and understood her lines of accountability, role and responsibility as manager of this day care setting.</p>	Substantially compliant

<p>Discussion with staff working in the centre validated their knowledge commensurate with their role and responsibilities regarding management arrangements of the day care setting. For example they report to Melanie, have regular supervision, have had appraisal, they seek guidance from each other or staff senior to their role and described these arrangements as effective. Staff described the management structure in place is effective, supportive and management have an open door policy.</p> <p>There is a policy and procedure for staff reference if the manager is absent and this describes arrangements that are in place to cover the manager's role and responsibility in the manager's absence. Delegation of tasks are clearly described however there is no assessment of competence of the staff who are named as acting in the managers absence to evidence they are capable, have sufficient knowledge and are willing to undertake this role. A recommendation is made in this regard.</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>Each staff member is formally supervised 3 monthly in keeping with our policy. I have regular informal meetings on a daily basis with day care workers, to discuss and address daily issues that may arise. Care Assistants also have meetings with the Manager as and when required. Manager also covers sick leave and annual leave, therefore this gives opportunity to supervise staff on their daily performances.</p>	Compliant
<p>Inspection Findings:</p> <p>The supervision records of three staff were sampled for the purpose of evidencing this criterion and this verified the provider's self-assessment.</p>	COMPLIANCE LEVEL Compliant

Regulation 21 (3) (b) which states: <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 	COMPLIANCE LEVEL
Provider's Self-Assessment: All staff meet the requirements for their individual roles, have the appropriate experience and training to fulfil their job roles, see Personnel files which provides the above information.	Moving towards complian
Inspection Findings: As described in the first criterion the manager has was registered prior to the standards being fully implemented and therefore does not have the required qualification if she was registering as manager currently, however she does have vast experience of working in social care and in a day care setting. The inspector has been impressed during this inspection regarding the progress made to improve the settings compliance with standards being inspected and is assured she has an improved understanding of the relationship between the standards, the staff practice and improving outcomes for service users who attend the setting. She also demonstrated how this should be evidenced in the records and recording maintained by the staff in the day care setting. The inspector was impressed with the manager and coordinators development of practice in this setting since the last inspection and was assured this will continue to be a focus.	COMPLIANCE LEVEL Compliant
PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL Moving towards complian
INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL Compliant

Additional Areas Examined

Complaints

The complaints record was reviewed as part of this inspection. The annual complaints return for 2013 identified three complaints had been recorded. The inspector reviewed the complaints record which confirmed the return to RQIA and they had all been locally resolved in a timely manner. No complaints or issues of dissatisfaction had been recorded for 2014. This review of the settings complaints log did not reveal any concerns.

Service User Records

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

Registered Manager Questionnaire

The registered manager submitted a questionnaire to RQIA prior to this inspection. The information returned confirmed satisfactory arrangements were in place regarding progressing governance and management arrangements. The manager is registered with NISCC. The arrangements for staffing; support for staff; policies and procedures, responding to service user's behaviour and reporting of accidents and incidents had been significantly improved and gaps in full compliance were identified with timescales for compliance given. The information reported was validated during the inspection and this did not raise any concerns that required further discussion or analysis and the inspector is satisfied adequate improvements have been made to ensure compliance is achieved regarding policies and procedures, staff training and responding to service users behaviour.

Environment

The Mourne Stimulus day centre is located on the way into Kilkeel, there is a range of rooms with a dining area, kitchen and outside accommodation for specific activities. There is outside space accessible for all service users and one service user has her own room and outside space as identified in her behaviour management assessment. Discussions revealed this has been a measured response by the setting to ensure the service user gets the most out of her time in the setting with the long term aim of introducing other stimuli gently and controlled such as additional people and noise. This example did present as segregation and whilst the inspector can see from the assessment and past records in day care why this is necessary this does need to be balanced with her rights to contact with others and social stimuli. Discussion with staff revealed whilst this had not been clearly recorded staff were aware of balancing the service users rights with improving outcomes for her in the day care setting when short term planning and long term planning.

Monthly monitoring reports

The inspector met with the monitoring officer and acknowledged the improvement in the record frequency and content of the last seven reports. Reporting had been monthly, unannounced and at varied times. The inspector did note the reports could focus more on the conduct of the day care setting when reporting what she had seen. For example if staffing was reduced, how was this impacting on the overall running of the setting and meeting the service users' needs as well as the statement of purpose. A requirement is made in this regard (restated)

Quality Improvement Plan

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

The timescales for completion commence from the date of inspection.

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

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

Enquiries relating to this report should be addressed to:

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



The Regulation and
Quality Improvement
Authority

Quality Improvement Plan
Primary Announced Care Inspection
Mourne Stimulus Day Centre (11001)
16 and 17 September 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 Melanie Patterson (registered manager/ person receiving feedback) either during or after the inspection visit.

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

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

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

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

Statutory Requirements

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

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	8	The organisation and board must immediately identify a new responsible person following the resignation of Isaac Hanna (currently registered). This must be done as a matter of urgency and before the end of September.	First	As discussed at the inspection the Board have identified a Board member who is willing to temporarily take on this role. An official notification letter sent on 23/10/14.	30 September 2014
2.	28.4	The registered person must further improve the report format and content of the regulation 28 visit to ensure the conduct of the day centre setting is inspected and reported on for each regulation 28 visit undertaken. Actions taken to achieve this must be reported on the returned QIP.	Second	The Manager is going to support the monitoring officer in relation to this requirement, a training pack will be devised to assist with regulation 28. When you receive Octobers monitoring visit report please can we have feedback.	12 November 2014

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.	7.2	The registered manager should advise service users and their representatives regarding the records that are kept about service users and how they can access the records on request. This could be described for example, in the service user guide or the service user agreement.	First	Revisit the service users guide to include access to records. Develop a service users agreement and implement at the annual reviews.	12 November 2014
2.	7.6	The registered manager must ensure there is a recording and reporting care practices policy and procedure in place for this day care setting which is accessible for all staff. Staff should be made aware of the content and their role and responsibility in this regard.	First	As you viewed during inspection we are currently working on recording and reporting care practises this will be completed and delivered to Day Care Workers by 12th Nov 2014. This will then follow through to Care Assistants in due course.	12 November 2014
3.	7.7	The registered manager should update policy and procedure regarding staff role and responsibility for records being legible, accurate, up to date, signed and dated by the person making the entry and periodically reviewed and signed-off by the registered manager. This should be accessible for all staff and staff should be made aware of their	First	Within our recording and reporting policy there are procedures on basic recording rules. This policy and procedure will be implemented by 12 th November and will be accessible to all staff.	12 November 2014

		role and responsibility in this regard.			
--	--	---	--	--	--

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details of Action Taken By Registered Person(S)	Timescale
4.	17.15	The organisation and board should consider development of the registered manager qualifications and those who act up in her absence in line with the day care settings standards, which is QCF level 5. Plans in this regard should be reported on the returned QIP.	First	The Board are exploring the requirements. The Manager's current qualification will be upgraded in keeping with the required standard. The board recognises another member of staff will need to acquire the qualification and we will consider this within our training plan and budget for the future.	12 November 2014
5.	17.1	The registered manager should complete an assessment of competence of the staff that is named as acting in the manager's absence. This must evidence their capability, competence, knowledge and willingness to undertake this role. Any areas for development or further training required should have an action plan attached to ensure this is addressed and arrangements in the interim to cover any management absences.	First	We have devised a competency assessment form, following your advice during inspection. This will ensure that the staff have the appropriate levels of understanding, experience and skills in order to carry out the duties in the absence of the manager. This will be assessed and reviewed within their supervision and appraisal.	12 November 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	H. Nolan.
Name of Responsible Person / Identified Responsible Person Approving Qip	J. Wilson

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes.	Suzanne Cunningham	4/11/14.
Further information requested from provider			