



The **Regulation** and
Quality Improvement
Authority

Primary Unannounced Care Inspection

Name of Establishment:	Carn Court Day Care
Establishment ID No:	11032
Date of Inspection:	20 March 2015
Inspector's Name:	Lorraine Wilson
Inspection No:	20650

The Regulation And Quality Improvement Authority
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Name of centre:	Carn Court Day Care
Address:	Main Street Rosslea BT92 7DG
Telephone number:	(028) 6771902
E mail address:	e.weaver@beaconwellbeing.org
Registered organisation/ Registered provider:	Mr William Henry Murphy
Registered manager:	Ms Emma Weaver
Person in Charge of the centre at the time of inspection:	Ms Emma Weaver
Categories of care:	DCS-I
Number of registered places:	14
Number of service users accommodated on day of inspection:	12 + 2 tenants from Carn court bungalows who came for lunch.
Date and type of previous inspection:	6 November 2013 Primary Announced Inspection
Date and time of inspection:	20 March 2015 10.20–15.20
Name of inspector:	Lorraine Wilson

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	Met all members and spoke individually with 3
Staff	3 staff including the manager
Relatives	0
Visiting Professionals	0

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

Issued To	Number issued	Number returned
Staff	2	2 post inspection

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

Carn Court Day Care Centre is situated within the town of Rosslea close to all community services. The centre is a purpose built, single storey facility including central communal/dining room, kitchen, shower/toilets, laundry, rest room and treatment room and it is within a development of sheltered housing owned and managed by Choice Housing. Some of the housing residents attend the day centre.

Since the previous care inspection, there has been a change of provider operating the day care centre, with Beacon assuming responsibility for the operation of the centre in November 2014.

Carn Court is one of two day support services operated by Beacon which provides a service specifically for members over 65 years. The service can accommodate a maximum number of 14 members and is open each Wednesday and Friday from 9.00-16.30 hours.

The responsible individual is Mr WH Murphy, and the acting manager for the centre is Ms E Weaver.

Mrs Weaver had submitted an application for registration to RQIA which was being processed at the time of inspection.

The registration certificate issued by RQIA and effective from 5 December 2014 was reviewed and was appropriately displayed in the staff office and main function hall of the centre.

Summary of Inspection

This primary unannounced inspection of Carn Court Day Care was undertaken by Lorraine Wilson on 20 March 2015 between 10.20 and 15.20.

Ms Emma Weaver, acting manager was in charge of the centre and facilitated the inspection. Ms Mary Breen, service manager, and the personnel manager for Beacon were also in attendance for a short period during the inspection, and met briefly with the inspector.

Verbal feedback was provided to Ms Weaver on conclusion of the inspection.

Service users will be referred to as “members” throughout the report as this is the title preferred by those who attend the day care centre. The inspector was introduced to all members attending the centre and met with three individually.

Many of the members who met with the inspector advised that they lived in a rural community and some had been attending the centre for many years.

There was good evidence from the discussions held and in the information recorded to indicate a high level of inclusion and involvement of members in decision making with regard to the day care provided. Members also spoke positively of the support they experienced and the opportunities provided by the staff for their enjoyment and development. Members discussed their concerns and disappointment at the Western Health and Social Care Trust’s recent review of day services. The review consultation which was ongoing at the time of inspection proposed the closure of Carn Court day centre, and members offered placements in other day centres within the trust area.

Individual discussions were also held with the acting manager and two staff regarding the standards, team working, management support, supervision and the quality of the service provided. The acting manager and staff provided an enthusiastic and positive view of the service.

A number of documents including a completed self-assessment were submitted to RQIA by Ms Weaver prior to the inspection. The self-assessment documentation was not adjusted in any way. The documents were reviewed by the inspector and the required assurances were provided.

The inspection also sought to assess progress with the issues discussed during and since the previous care inspection.

Two requirements and seven recommendations were made during the previous announced inspection undertaken on 6 November 2013. Compliance was evidenced in respect of all the issues raised and this is commended. To review the action taken, refer to follow up on previous issues which can be located immediately after the summary.

This inspection sought to establish the level of compliance achieved with respect to the following DHSSPS Day Care Settings Minimum Standards and themes:

**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 organisation has a range of appropriate policies and procedures regarding confidentiality, recording and reporting and data protection which are available for staff reference.

There was evidence to confirm that members' care files were being reviewed to ensure they were compliant with relevant day care standards, and ongoing work was in progress. One record examined had been reviewed, updated and effectively completed. A second file was due for review.

The two files observed were legible, dated, and securely stored. Assessments, risk assessments and care plans were maintained as were progress notes and records of reviews. There was also recorded evidence of multi-professional collaboration and member involvement in planned care and support.

Minutes of a members' monthly meeting held in March 2015, confirmed that members were made aware of personal records maintained on their behalf, how they could be accessed and which agencies may request access. In addition, a record request template for access to information, including who applied for access and the outcome of the request was included in each member's file.

From a review of the available evidence, discussion with members and staff, the inspector can confirm compliance with Standard 7. There were no requirements or recommendations made.

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

The organisation has corporate policies and guidelines on the use of restrictive interventions which were available to staff in the centre. Resource and reference information on human rights, deprivation of liberty and restraint was also available.

The two care files reviewed provided no evidence of restraint, seclusion or restrictive practices.

Discussions with two staff confirmed that no restraint was used in the centre, and there were no members currently attending the centre who may present as challenging to others.

The inspector was assured by comments provided by members who indicated that their human rights were protected and they felt safe and secure when attending the centre.

From a review of the available evidence, discussion with members and staff, the inspector can confirm compliance with Theme 1. There were no requirements or recommendations made.

Theme 2 - Management and control of operations:

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

Since the previous care inspection, there had been a change of registered provider. The statement of purpose for the centre had been reviewed, revised and updated.

A range of revised policies and procedures were also in place for the operational management of the service.

The inspector evidenced that robust management arrangements were in place to support and promote the delivery of quality care services.

The recently appointed acting manager was working well with the staff team to ensure best outcomes for members in accordance with the aims and objectives of Beacon. This was also evidenced during discussion with staff.

The organisation was providing support to management and staff regarding the outcome of the review of day care services within the commissioning Trust and the ongoing consultation. On the day of inspection, the service manager for Beacon and a personnel manager met with staff to provide support and discuss any queries staff may have.

Re-induction was provided to the two staff who were now employed by Beacon. Records reviewed confirmed there were effective processes for formal recorded staff supervision and staff training.

It was positive to note that staff skill and learning in specific areas of interest was encouraged by the organisation and facilitated where possible. Staff meetings take place frequently with minutes recorded and retained. Staff appraisals are to be planned in April 2015.

The two staff consulted were knowledgeable and confident in their roles and responsibilities.

The staffing structure and reporting arrangements is clearly set out within a revised Statement of Purpose, for reference by all stakeholders.

Effective governance arrangements were evidenced and the inspector was assured that service improvement and development was promoted by the organisation.

There was good evidence of quality monitoring with a base line audit having been completed by the organisation on commencement of the service. A detailed health and safety audit had been completed, and other audits such as data protection audits are scheduled.

Monthly unannounced monitoring visits to the centre were undertaken by a designated service manager on behalf of the responsible individual. Two monitoring reports examined, were detailed and well completed, addressing all of the required matters in compliance with relevant regulations.

From a review of the available evidence, discussion with members and staff, the inspector can confirm compliance with Theme 2. There were no requirements or recommendations made.

Care and Support Practices

The atmosphere in the centre was friendly and welcoming. Members were observed enjoying chat and discussions with each other and staff.

Very good relationships were evident between members and staff, and members consulted confirmed they were treated with dignity and respect.

Some members required minimal support with personal care and this was provided with sensitivity and dignity.

Service User Guide

An updated member's service user guide was available in the centre. Overall the guide complied with regulations. During specific weeks each year the centre closes and to inform members this information should be included in the members' service user guide.

Environment

The environment presented as clean, organised, adequately heated and suitably maintained.

Conclusion

The inspector wishes to acknowledge the open and constructive approach of the acting manager and staff throughout the inspection process. Gratitude is also extended to members, who welcomed the inspector to the centre and contributed to the evaluation of the service provided.

The inspector was assured that members were receiving a good standard of care.

There were no requirements made during this inspection. One recommendation was made in respect of the service user guide.

The inspector would also like to thank the two staff who returned completed questionnaires.

Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	28 (4) (5)	<p>The registered provider must consult with service users representatives where services users are unable to give an opinion on the conduct of the centre and make comment within the report.</p> <p>A copy of the monthly monitoring report is available on request to a service user or his representative.</p>	<p>There is evidence that members' have monthly meetings where they receive information about access to personal information and availability of reports. In addition members are encouraged to provide comments on their views of the centre. Monthly reports reviewed identified that the service manager spoke with members when undertaking monthly visits to the centre. The report was available in the centre and could be accessed by members or their representatives on request.</p>	Compliant
2	Regulation 5	<p>The registered person shall produce a written service user guide document on the day care setting which shall include all components listed under this regulation.</p>	<p>A service user guide in accordance with regulations is maintained in the centre.</p> <p>Minutes of a members meeting held on 11 March 2015, advised members of the availability of the guide and how it could be accessed.</p>	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	17.9	All working practises to be audited.	<p>The inspector evidenced that Beacon had commenced a programme of baseline audits since taking over the operation of the centre.</p> <p>Examples include:</p> <ul style="list-style-type: none"> • A Health and Safety audit • Audits of members' care records had commenced • A data protection audit is scheduled. 	Compliant
2	17.15	Manager to complete a training analysis for staff so that training can be updated in regard to management and provision of services.	The inspector evidenced that a training analysis of staff had been completed and recorded. This was confirmed by management and support staff who met with the inspector.	Compliant

3	21.9	<p>Training analysis to be completed with all staff and followed up with appropriate training. Evaluation of all training to be maintained in staff members file.</p>	<p>Confirmation was provided that a training and learning plan is completed by staff and their manager to help identify specific training needs relevant to their role in accordance with organisation policy.</p> <p>Two staff who met individually with the inspector confirmed that training needs were discussed and recorded during formal recorded supervision and a record of staff training was maintained.</p>	Compliant
4	15.5	<p>It is recommended that the review report addresses the following:</p> <ul style="list-style-type: none"> • progress in attaining any personal outcomes sought by the service user • the service user's views about their care and support • any changes in the service user's carer's situation • details of important events including incidents or accidents occurring since the previous review, and how they were addressed • any matters regarding the current care plan, revision of objectives, expected outcomes and associated timeframes where relevant, and management of risks • the need for any rehabilitation or specialist services • current transport arrangements and any changes 	<p>Confirmation was provided that an audit of members' files was undertaken and a list of due dates for reviews was compiled. Contact had also been made with statutory keyworkers to advise of members' reviews which were now overdue.</p> <p>The inspector evidenced that guidelines have been issued to staff when completing review reports of members. The guidance was in accordance with this recommendation.</p> <p>One review report examined had been appropriately completed.</p>	Compliant

		<p>required</p> <ul style="list-style-type: none"> • the need or wish to move on from the service • any other relevant matters regarding services and facilities provided by the day care service, or others. 		
5	17.10	<p>Confirm policy and procedures are developed which outline the purpose, content and process of the monthly quality service audit and report. The absence of the nominated person for any period of time exceeding 28 days will be detailed in any event.</p>	<p>The inspector evidenced that relevant policies and procedures were available with regard to the monthly monitoring report and operational policies.</p>	Compliant
6	17.10	<p>To enhance the quality of the monitoring reports, the assistant director should include audits outcomes /recommendations of working practices within the monthly monitoring report for the month the audit was completed.</p> <p>Refer to 17.10 for further details.</p>	<p>The inspector reviewed monthly monitoring reports completed by the service manager and can confirm the reports reviewed were robust, detailed and evidenced compliance.</p>	Compliant
7.	21.8	<p>The registered manager should develop a training record which is compliant with standard 21.8 and provides detail of the content of all training attended by staff in this day care setting.</p>	<p>The inspector reviewed staff training records and can validate compliance with this standard.</p>	Compliant

Standard 7 - Individual service user records and reporting arrangements:	
Records are kept on each service user’s situation, actions taken by staff and reports made to others.	
Criterion Assessed:	COMPLIANCE LEVEL
<p>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.</p>	
Provider’s Self-Assessment:	
<p>The legal and ethical duty of confidentiality in respect of service users personal information is maintained in accordance with NIAMH policies and procedures covering Confidentiality(RP/07), Data Protection(CS/06), Storage and Destruction of Closed Files(MA/14) and Safeguarding Vulnerable Adults(BS/2). NIAMH Data Protection Policy gives individual service users the right to have access to personal information relating to themselves where this information is being held or processed by NIAMH as outlined in 5.02. Confidentiality in respect of obtaining, handling, use of, storage and retention of service user information and documentation is detailed in Sections 2.0 to 2.4 of NIAMH Confidentiality Policy, RP/07(a). All service user personal information held at scheme is stored in individual files within a locked cabinet. These procedures are supported by Safeguarding Vulnerable Adults Policy, BS/2, Sections 5.3 and 5.4. Good practice in relation to the Storage and Destruction of Closed Files is described in NIAMH Policy MA/14. In the "New Employee Orientation & Induction" workbook completed by staff as part of their induction. The DHPSSPS Code of Practice on Protecting the Confidentiality of the Service User is available on scheme to provide additional practical guidance on decision-making regarding the disclosure of service user personal information.</p>	Compliant
Inspection Findings:	COMPLIANCE LEVEL
<p>The inspector evidenced that a range of corporate policies and procedures were available to staff in the centre. Examples of policies reviewed included Record Management, Confidentiality, Data Protection and Beacon Members Personal File Storage, Disclosure Information policy, Confidentiality Policy, IT Equipment and Data. Policy and a Policy and Procedure on Care Planning, Assessment and Review.</p> <p>Other resource documents in regard to ethical duty of confidentiality were also available to staff via staff policies.</p>	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 Current information in R/R/101 is contained in Beacon Member Notes p.19. Members are reminded that they have open access to their files; they are also encouraged to input to their files participatively , in particular with regards to the preperation for reviews form. see guidance doc. The Beacon Members Guide also provides relevant information to all new members. Sections 1.3 and 1.5 outline both content and open access arrangements to members files.</p> <p>7.3 Section 6.0 of Corporate Policy no. CS/06 on Data Protection covers the right of access to personal information in relation to Individual Subject Data Requests.</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p>	<p>COMPLIANCE LEVEL</p>
<p>The acting manager confirmed that work was currently in progress to review all members’ care records to ensure the care documentation was up to date and in accordance with standards.</p> <p>The inspector evidenced that during a members’ meeting held in March 2015, there had been discussion advising members of the individual records which were maintained in the centre. The minutes indicated that members were informed how they could access individual care records and examples were provided of which other agencies may request access.</p> <p>Individual members had recorded they understood the information and members’ signatures were recorded to confirm that relevant agencies may access records.</p> <p>A record request template for access to information, including who applied for access and the outcome of the request was now being included in each member’s file.</p> <p>Service user agreements were maintained on file and the inspector noted that the agreement also included information regarding how to access to care records.</p>	<p>Compliant</p>

<p>The organisation has a comprehensive policy on data protection, and the inspector noted that a data protection audit was due to be undertaken.</p>	
<p>Criterion Assessed:</p> <p>7.4 Individual case records/notes (from referral to closure) related to activity within the day service are maintained for each service user, to include:</p> <ul style="list-style-type: none"> • Assessments of need (Standards 2 & 4); care plans (Standard 5) and care reviews (Standard 15); • All personal care and support provided; • Changes in the service user’s needs or behaviour and any action taken by staff; • Changes in objectives, expected outcomes and associated timeframes where relevant; • Changes in the service user’s usual programme; • Unusual or changed circumstances that affect the service user and any action taken by staff; • Contact with the service user’s representative about matters or concerns regarding the health and well-being of the service user; • Contact between the staff and primary health and social care services regarding the service user; • Records of medicines; • Incidents, accidents, or near misses occurring and action taken; and • The information, documents and other records set out in Appendix 1. 	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p>	
<p>individual care records are contained in the members file in accordance with the client file content page located at the front of the file.</p> <p>weekly notes are completed for all members and any changes in members needs or behaviours are commented on.</p> <p>notes are also written when service users do not attend the scheme</p> <p>an annual review is completed for each service user. where a care plan is reviewed and commented upon and new objectives/ actions are set in a revised care plan.</p> <p>contact with carers/professionals/family or clinical staff is also recorded on the relevant proforma, this would include any concerns.</p> <p>A separate Serious Incident Reporting Policy CS/07 provides an Incident Form and Flow Chart with clear guidance for recording and reporting. At present in Day Care we don't administer medication</p>	<p>Substantially compliant</p>

<p>Inspection Findings:</p> <p>Information as illustrated by the acting manager in the self-assessment was verified through discussion with the acting manager and examination of two care records which confirmed that records contained assessments including risk assessments, care plans showing actual and potential needs and interventions to meet agreed objectives. There was evidence of member involvement and multi-professional collaboration in planned care.</p> <p>As indicated in criterion 7.2, the acting manager confirmed that work to review and update member’s care records in accordance with Beacon policies and procedures, was currently in progress, for example, photographs were being included and care plans for all members were in the process of being updated and signed off by the acting manager.</p> <p>One of the two care plans examined had been reviewed and signed off by the acting manager, with a review of the second record planned.</p> <p>As part of the organisation’s quality monitoring, audits of care records were also undertaken on a regular basis to identify areas for further improvement. This is good practice.</p>	<p>COMPLIANCE LEVEL</p> <p>Substantially compliant</p>
<p>Criterion Assessed:</p> <p>7.5 When no recordable events occur, for example as outlined in Standard 7.4, there is an entry at least every five attendances for each service user to confirm that this is the case.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p> <p>Carncourt opens two days per week, there is a note recorded every week for each member.</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p> <p>The inspector confirmed that entries were made for each member in accordance with the standards, and a record of non-attendance was also documented.</p>	<p>COMPLIANCE LEVEL</p> <p>Compliant</p>

Criterion Assessed:	COMPLIANCE LEVEL
<p>7.6 There is guidance for staff on matters that need to be reported or referrals made to:</p> <ul style="list-style-type: none"> • The registered manager; • The service user’s representative; • The referral agent; and • Other relevant health or social care professionals. 	
Provider’s Self-Assessment:	
<p>The relevant guidance is outlined in a number of documents with an introduction to relevant policies and procedures an important part of the Induction process for new staff. In addition staff are introduced to key mechanisms for communication within the organisation and the scheme. These include the staff section of the organisations website, the policy and procedure manual and the emergency procedures file; included within the scheme are the scheme diary and phone book, minutes of staff meetings, staff files and member files.</p> <p>For ease of access a number of policy documents include lists of numbers and flow charts that may be displayed on office notice boards, for example BS/4 Protection of Children and Reporting of Suspected Abuse requires a list of relevant contacts for Gateway Teams and Designated Officers to be displayed. BS/2 Safeguarding Vulnerable Adults includes a Reporting Flowchart as does Incident Reporting and Management Policy and Procedure.CS07</p>	Compliant
Inspection Findings:	COMPLIANCE LEVEL
<p>Robust corporate policies with regard to reporting and management of events were evidenced during inspection.</p> <p>The inspector met with two staff individually, both of whom had worked in the centre for a number of years, but due to the changes in provider had recently commenced employment within Beacon Community Services.</p> <p>Both staff had completed a re-induction and presented as being confident and competent in their roles and clear in their reporting procedures to the acting manager, and other professional staff.</p> <p>The staff indicated that the acting manager was always present in the centre on their days of employment. Staff further confirmed there was good communication and frequent discussion between management and staff to discuss issues which may require onward reporting to members’ representatives or referral agents.</p>	Compliant

<p>Criterion Assessed: 7.7 All records are legible, accurate, up to date, signed and dated by the person making the entry and periodically reviewed and signed-off by the registered manager.</p>	
<p>Provider's Self-Assessment: The registered manager reviews member files and files are also reviewed as part of monthly monitoring procedures. All staff record in members files, sign and date these entries.</p>	Compliant
<p>Inspection Findings: A review of two members' care records evidenced that records were legible, signed and dated by the staff member. As previously indicated work to review all care records including updating of care plans to ensure they were current was in progress at the time of inspection. Care plans were signed off by the acting manager upon completion, and this was evidenced in one of the two care records reviewed. As part of the organisation's quality monitoring, care records were audited to ensure compliance.</p>	<p>COMPLIANCE LEVEL Compliant</p>

<p>PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Substantially compliant</p>
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<p>INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Compliant</p>
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Theme 1: The use of restrictive practice within the context of protecting service user’s human rights	
Theme of “overall human rights” assessment to include:	
<p>Regulation 14 (4) which states:</p> <p>The registered person shall ensure that no service user is subject to restraint unless restraint of the kind employed is the only practicable means of securing the welfare of that or any other service user and there are exceptional circumstances.</p>	COMPLIANCE LEVEL
Provider’s Self-Assessment:	
<p>NIAMH's policy on the use of restraint is set out in BS/2 Guidance on Restrictive Practice. This policy states clearly that staff are not to use "physical restraint" or "physical intervention" to restrain service users in any situation. Any physical intervention should only be the minimum used as a last resort to enable staff to get away for their own or others safety. If a situation is deemed serious enough to require physical intervention the police must be called. This guidance is reinforced by BS/16 Policy and Procedures for Dealing With Violence at Work, Section 6.2, g, which states that "the staff member should never attempt to restrain the service user". This guidance is explained in Section 6.3,a&b, of the policy, " The legal position on physical restraint", which states that "NIAMH staff are not trained in restraint techniques and therefore to ensure their own safety and that of the service user should not attempt to restrain the service user in any circumstances". In incidences where physical support is required to manage an incident of violence at work the staff member will summon the police. (6.2,f). There have been no instances in the past year where staff have needed to call PSNI for support.</p> <p>staff have received training in challenging behaviours VIA social care TV and going forward they will have access to personal safety/ calming and defusing training through essential regional training programme.</p>	Compliant
Inspection Findings:	
<p>The policy on the use of restraint is detailed in the Guidance on Restrictive Practice, which states that physical intervention or restraint is not permitted by the organisation.</p> <p>The care records reviewed provided no evidence of restraint, seclusion or restrictive practices.</p>	Compliant

<p>This information was also confirmed by two staff who met individually and in private with the inspector. The staff advised that none of the members who currently attend the centre present with any behaviours which are challenging to others.</p> <p>Staff discussed potential situations which may present as challenging, discussing how identified risks were managed and the action taken to prevent any potential situation from escalating.</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>BS/16, Policy and Procedures for Dealing with Violence at Work, states clearly that staff should never attempt to restrain a service user (6.2,g). In incidences where restraint would be required, police assistance would be called to do so (6.2,f). In such circumstances staff would follow the investigation and recording requirements detailed in 6.4 of the Policy and record details in accordance with CS07, Incident Reporting and Management Policy and Procedure. RQIA would be notified of all incidents requiring the involvement of the police in the use of restraint (CS07 Appendix 4). Restraint has not been used within Carncourt</p>	Compliant
<p>Inspection Findings:</p>	COMPLIANCE LEVEL
<p>Information as illustrated in the self-assessment was verified through discussion with the acting manager and staff. The inspector was assured that robust policies and procedures were available for staff reference and there are no occasions where restraint is permitted.</p>	Compliant

<p>PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p style="text-align: center;">COMPLIANCE LEVEL</p> <p style="text-align: center;">Compliant</p>
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<p>INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p style="text-align: center;">COMPLIANCE LEVEL</p> <p style="text-align: center;">Compliant</p>
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Theme 2 – Management and Control of Operations	COMPLIANCE LEVEL
<p>Management systems and arrangements are in place that support and promote the delivery of quality care services.</p> <p>Theme covers the level of competence of any person designated as being in charge in the absence of the registered manager.</p>	
<p>Regulation 20 (1) which states:</p> <p>The registered person shall, having regard to the size of the day care setting, the statement of purpose and the number and needs of service users -</p> <p>(a) ensure that at all times suitably qualified, competent and experienced persons are working in the day care setting in such numbers as are appropriate for the care of service users;</p> <p>Standard 17.1 which states:</p> <p>There is a defined management structure that clearly identifies lines of accountability, specifies roles and details responsibilities for areas of activity.</p>	
<p>Provider’s Self Assessment:</p>	
<p>Niamh's Recruitment Policy and Procedure R/P/04 uses a competency based selection process to recruit individuals with the qualifications, experience and character requirements that accord with Schedule 2 of The Day Care Setting Regulations (NI) 2007, and Part III Section 21 Fitness of Workers. In addition they meet the requirements of current employment legislation and good employment practice (as outlined in RP/07/1.3).</p> <p>Ongoing competence of staff is monitored and enabled via Supervision (R/P/39) and the group competency based Performance Management System April 2015 . Twice a year managers and their direct reports complete a performance and development review that is linked to an competence profile and agree objectives and actions that are designed to enhance each staff members personal development in the context of their personal aspirations, the nature of the service they are delivering, and the overall organisational strategy.</p> <p>The management structure of each scheme is outlined in the Statement of Purpose. Section 1.2-1.4 identifies the number and qualifications of staff, Section 1.6 outlines the structure of the facility. Carncourt staff team includes Scheme Managers, Project Workers and Peripatetic Staff. Job descriptions detail the specifics of each role, lines of accountability and areas of activity. Scheme specific areas of activity will be reflected in Centre Programmes and Activity Schedules.as well as project worker task sheets.</p>	<p>Compliant</p>

Inspection Findings:	COMPLIANCE LEVEL
<p>On this occasion, staff recruitment records and staff qualifications were not reviewed as they are retained at the organisation's head office. The inspector had the opportunity to meet with personnel staff from the organisation during the inspection and verbal confirmation was provided that all staff appointed by the organisation had the required recruitment checks completed.</p> <p>The acting manager had been employed by the organisation for a number of years, and had recently been appointed to manage Carn Court. An application submitted to RQIA for manager registration is being processed, and will include a review of qualifications.</p> <p>The acting manager discussed her fifteen years' experience in mental health and day care services and confirmed that in addition to her qualifications, a management and leadership qualification had recently been completed.</p> <p>The acting manager confirmed that due to recent changes in employment, staff had received re-induction in accordance with corporate policies and procedures.</p> <p>Staff training records examined confirmed that in addition to mandatory training, staff were encouraged and supported to attend other training sessions to assist them in their specific role within the centre, for example, basic awareness of dementia.</p> <p>Confirmation was provided by the acting manager and staff that they are encouraged and supported to develop their talent and skills through further training as part of an ongoing initiative within the organisation.</p> <p>The statement of purpose was recently reviewed and the management structure and staffing for the service was recorded. Staff rotas displayed in the main hall identified that sufficient staff were on duty to meet the support and assistance needed by members. Staff consulted confirmed they had sufficient time to spend with members.</p> <p>Two monthly monitoring visits completed on behalf of the responsible individual of the organisation were reviewed, and evidenced that staffing arrangements were examined and information regarding staffing was recorded during each visit.</p>	Compliant

<p>Regulation 20 (2) which states:</p> <ul style="list-style-type: none"> • The registered person shall ensure that persons working in the day care setting are appropriately supervised 	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment:</p>	
<p>All staff supervision takes place in accordance with the Supervision Policy R/P/39. Staff are supervised at a frequency and duration commensurate with their position and levels of responsibility as outlined in section 1.3 of the policy, with every staff member having a supervision contract and a shared responsibility for the process. The supervision process is designed with links to the organisation's Performance Management System. All managers attend a full day's training on supervision. Staff Supervision Records form part of Monthly Monitoring.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The inspector verified that supervision is provided to staff on a regular basis and that staff supervision had taken place. This was also confirmed through discussion with two staff members, observation of staff supervision records, two returned staff questionnaires and monthly monitoring reports completed on behalf of the responsible individual.</p> <p>Confirmation was provided that staff appraisal was planned for April 2015.</p>	<p>Compliant</p>

<p>Regulation 21 (3) (b) which states:</p> <ul style="list-style-type: none"> • (3) For the purposes of paragraphs (1) and (2), a person is not fit to work at a day care setting unless – • (b) he has qualifications or training suitable to the work that he is to perform, and the skills and experience necessary for such work 	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p>	
<p>In the first instance Niamh recruits staff with the qualifications, skills and experience required by the Personnel Specification for the role. Niamh provide an Essential Regional Training Schedule designed to meet the mandatory training requirements of RQIA and essential sector specific content. To ensure timescales match RQIA requirements all staff are required to attend training on the dates allocated with attendance being monitored on the HR IT System (Cascade) and reviewed in supervision to ensure compliance.as this is a new service we have organised service specific training in relation to manual handling and all staff attended this in december 2014.</p> <p>All new staff are required to complete a New Employee Orientation and Induction Handbook that in particular introduces staff to those policies, procedures and systems, knowledge of which enables them to take charge in the absence of the manager.</p> <p>Annually all grades of staff have access to opportunities for further development that include short courses with external providers and/or additional qualifications such as the Qualification Credit Framework (QCF) Level 3 in Health and Social Care, or QCF Level 5 in Leadership in Health and Social Care Services (Adults Management).</p> <p>The organisation is also currently developing 2 programmes to identify and develop future leadership talent through their 'Nurturing Talent' and 'Building Talent' Programmes for different grades of staff across the whole Niamh Group.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>Information as illustrated in the self-assessment was evidenced through examination of staff training records and discussion with the acting manager and staff.</p> <p>Staff confirmed that initially on-line training had been a challenge, advising they were now more confident.</p> <p>Competency and capability assessments for staff were in place.</p> <p>The staff consulted were aware of their roles and responsibilities in relation to the members in their care and it was clear from the information provided during discussion that staff knew the members and their individual needs well.</p>	<p>Compliant</p>

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

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

Additional Areas Examined

Complaints

Complaints records examined confirmed that no complaints had been received.

Statement of Purpose

The centre retains a Statement of Purpose in accordance with Regulation 4 of the Day Care Setting Regulations (Northern Ireland) 2007.

The statement of purpose was revised and updated in January 2015, and a copy was submitted to RQIA.

Service Users Guide

The service user guide for members was revised and updated in January 2015, and a copy was submitted to RQIA. Overall the information recorded was in accordance with regulations. The inspector was made aware that during specific weeks of the year the centre closed. This information was not reflected in the service user guide. A recommendation was made.

Monthly Monitoring Reports

Two monthly monitoring reports completed on behalf of the responsible individual were reviewed by the inspector and verified that these were undertaken in accordance with the required legislation. The reports examined for 16 January and 18 February 2015 were well completed and provided evidence of detailed quality monitoring and good governance processes.

Staff Questionnaires/Staffing

Two staff questionnaires issued during the inspection were returned to RQIA post inspection. During individual discussion with two staff and in returned questionnaires, staff responses were very positive about all aspects of the service.

Samples of comments included:

- “we have had some change recently, but Emma is a lovely manager who provides us with good support and great leadership”
- “I really enjoy my job here, and the members are well cared for”
- “In my experience the standard of care is to the highest standards”
- “There is an exceptional standard of care in Carn Court”

Members' Views

The inspector met with members on arrival to the centre and again during lunch. Members spoke freely with the inspector and discussed their experiences and benefits from attending the centre.

Many of the members advised that they came from rural communities and the centre had been beneficial in providing them with a hub where they could meet friends and take part in arranged activities. Some members confirmed they had been attending the centre for many years and real friendships had been made.

It was evident during discussion that the centre provided many positive benefits to members who attended, and members were involved in the running of the centre which they confirmed was encouraged and promoted by the supportive staff team.

Members advised that they were disappointed and concerned at the proposed consultation by the Western Health and Social Care Trust to close Carn Court as a day care centre, and offer members' placements in other centres.

Samples of comments included:

- "I have been coming here for years and really enjoy it here, I would not be keen to move."
- "It is a great place to meet people, and the staff are wonderful"
- "I hope the politicians can help us to save the centre from closure"
- "we have great times here and are encouraged to be involved in everything"
- "we are well informed"

Quality Improvement Plan

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

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



Quality Improvement Plan

Primary Unannounced Care Inspection

Carn Court Day Centre

20 March 2015

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

The specific actions set out in the Quality Improvement Plan were discussed with Ms Emma Weaver, acting 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.

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	Standard 1 Criteria 1.2	<p>The registered person should ensure the service user guide is updated to include the closing weeks and or dates of the day care centre.</p> <p>A copy of any revisions made to the service user guide should be submitted to RQIA when returning the Quality Improvement Plan.</p> <p>Ref: Additional Areas Examined</p>	One	<p>The service user guide has been amended to inform service users that carncourt closes four weeks per year as in compliance with the contract with Trust.</p> <p>Members were informed of the change at a members meeting on the 1/4/15 and the guide amended on the same day.</p>	28 days from date of inspection.

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	Emma Weaver
Name of Responsible Person / Identified Responsible Person Approving Qip	Billy Murphy

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Lorraine Wilson	7/05/15
Further information requested from provider			