



The **Regulation** and
Quality Improvement
Authority

Primary Announced Care Inspection

Name of Establishment: Conlig Workskills incorporating 'Cookie Company',
'Garden's Group' & 'Green Road'

Establishment ID No: 11055

Date of Inspection: 27 & 28 May 2014

Inspector's Name: Suzanne Cunningham

Inspection No: 17614

The Regulation And Quality Improvement Authority
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Name of centre:	Conlig Workskills incorporating 'Cookie Company', 'Garden's Group' & 'Green Road'																
Address:	Conlig Presbyterian Church Main Street Conlig BT23 7PT																
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E mail address:	ciarnamcgarry@praxiscare.org.uk																
Registered organisation/ Registered provider:	Praxis Care Group Mr Nevin Ringland																
Registered manager:	Miss Ciarna McGarry																
Person in Charge of the centre at the time of inspection:	Miss Ciarna McGarry																
Categories of care:	DCS-LD																
Number of registered places:	35																
Number of service users accommodated on day of inspection:	<table border="1"> <thead> <tr> <th></th> <th>27 May 2014</th> <th>28 May 2014</th> </tr> </thead> <tbody> <tr> <td>Garden's Group</td> <td>7</td> <td>8</td> </tr> <tr> <td>Green Road</td> <td>10</td> <td>13</td> </tr> <tr> <td>Cookie Company</td> <td>6</td> <td>7</td> </tr> <tr> <td>TOTAL</td> <td>23</td> <td>28</td> </tr> </tbody> </table>			27 May 2014	28 May 2014	Garden's Group	7	8	Green Road	10	13	Cookie Company	6	7	TOTAL	23	28
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Date and type of previous inspection:	19 December 2013 Primary announced inspection																
Date and time of inspection:	27 May 2014 09:45 – 15:30 28 May 2014 09:30 – 13:45																
Name of 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	14
Staff	4
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	16	9

Inspection Focus

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

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

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

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

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

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

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

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

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

Conlig Workskills is located in the village of Conlig between Bangor and Newtownards. The location is within easy access of local public transport systems and is convenient for the trainees attending.

The day centre is currently housed in the temporary buildings with access to a small number of rooms in the church hall, a gardening site across the road from the church hall and access to another community hall in Green Road. The current facilities in the church hall and temporary buildings have been identified by the manager as inadequate in design and structure for the long term use of the service users. It is anticipated that there will be a new building secured in the near future.

The function of the day centre is primarily to provide day care for service users within the local Praxis groups. Staffing is provided by the manager, 3 team leaders and a number of support staff. Many of the service users receive other services from Praxis and live locally.

Summary of Inspection

A primary inspection was undertaken in Conlig Workskills Day Centre 27 May 2014 from 09:45 to 15:30 and 28 May 2014 from 09:30 to 13:45. This was a total inspection time of ten hours. The inspection was announced.

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 incident 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 four staff regarding the standards inspected and their views about working in the centre. This generated positive feedback regarding staff knowledge, the leadership qualities of the current manager, confidentiality, incorporating person centred practice into service user individual records, reporting arrangements including recording; and the management arrangement's in this day care setting. Discussion regarding restraint and restrictive practices revealed they were aware of what restraint can be defined as and developing their practice with knowledge of DOLs and the 2005 guidance. Staff described a range of strategies they use to calm and diffuse behaviours which was fully recorded in service user's records, staff also described using the environment to manage escalating behaviours and the staff were knowledgeable regarding exceptional circumstances.

Staff made comments and discussed how the staff team work together, take on delegated responsibilities and are keen to increase their knowledge and skills. One staff member said regarding their work “I love it, love my job, it’s very fulfilling”.

Nine questionnaires were returned by staff which reported satisfactory arrangements were in place with regard to NISCC codes of practice; supervision; staff training; staffing and management arrangements; responding to service user’s behaviour; confidentiality and recording. Positive comments were made regarding the quality of care that was provided; which staff described as: “All service users individual needs are met through their care plans while at work to provide the best service to meet their needs; exceptional delivery of service that exceeds the service users expectations; all service users’ needs are met through their individual care plans while at work to provide the best service to meet their individual needs; very professional; we respond to service user need in an excellent fashion, offering a PCP incorporating ELP to assist all achieve positive outcomes/ learning outcomes; high standard and staff work in partnership with service users as much as possible so that the service is tailored to their interests, abilities and needs; high standard, the service users are supported holistically to promote independence and the team provide a consistent approach to enhance each service user at the day centre; person centred and of a high standard”.

The inspector spoke with a total of fourteen service users in Conlig and the satellite services specifically regarding the standard inspected and the two themes. This resulted in positive comments regarding attending the centre, the activities they had taken part in; and the care provided by the staff. Service users identified the staff write records about their day, their mood, medication and food / nutrition. Service users also knew the information was kept securely and they could only see their own information. With regard to how staff responds to behaviour and service users mood changes, service users identified staff talk with them to calm and distract them so they can enjoy the activities on offer. They also identified staff help them understand why it is important to seek help and be calm in the day centre. Service users knew who was in charge of the different parts of the day centre and knew Ciarna was the manager who will deal with any major issues in the whole centre. Service users commented they like the centre, were the best of friends and we have a newsletter which we write.

The previous announced inspection carried out on 19 December 2013 had resulted in one requirement regarding the monthly monitoring arrangements. No recommendations were made. Sufficient improvements had been made at the time of this inspection regarding this matter.

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.

Six criteria were inspected which examined the standard achieved in this centre with regard to individual service user records and reporting arrangements. The criteria inspected comprised of the seven areas within standard 7. All of the criteria inspected were assessed as compliant; no requirements or recommendations are made regarding this standard.

Discussions with service users and staff and review of six service users’ individual files provided evidence that the centre is performing well regarding standard 7, policies and procedures are in place and do describe how service users information should be kept, specifics regarding recording and accessibility is described however, making this information available to service users in an accessible way should continue to be improved.

The discussions with service users provided clear examples of how staff engage with service users about what they do in the day care setting and the care provided by staff. The inspector concluded the centres process of maintaining and updating service users' records is well managed, is focussed on developing person centred practice and focuses on meeting individual and group needs.

Based on the evidence reviewed the inspector assessed the centre as compliant in 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 substantially compliant. Two requirements are made with regard to reviewing two incident records and writing up the use of PRN as restraint; and including analysis of human rights when writing about restraint, restrictions and seclusion.

Discussions with the manager, staff and examination of records provided evidence that the centre was using a range of responses to manage escalating behaviour for example the use of appropriate communication, calming, diffusing techniques and knowing their service users' needs and personalities which generally assists them in ensuring service users behaviour does not escalate. Staff also identified if service users behaviour does start to deteriorate; the staff team would use the environment to diffuse behaviour and escalating mood.

Based on the evidence reviewed the inspector assessed the centre as substantially compliant in this theme. Two requirements are made regarding this theme.

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

Two criteria from regulation 20 and one criterion from regulation 21 were inspected and provided the evidence to examine this theme. The three criteria were assessed as compliant. No requirements or recommendations are made with regard to this theme.

Discussion with the manager, staff and examination of evidence satisfied the inspector the management arrangements were clear for all staff and service users. The manager had a clear view of her role as developing their approach to care in this day care setting which is focussed on person centred practice, improving compliance and meeting individual's needs. This was supported by all staff who viewed their manager as an effective leader whom delegates responsibility appropriately and clearly.

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

Additional Areas Examined

The inspector undertook a tour of the premises, reviewed the complaints record, examined six service users individual files, validated the registered manager's pre inspection questionnaire, reviewed the staff questionnaires, sampled the statement of purpose and service user guide and viewed the environment. This did not reveal any further areas of 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 proactive approach to day care that is delivered in this centre that presents as in tune with the needs of the service users group and individual needs.

As a result of the inspection a total of two requirements are made regarding responding to service user's behaviour and reporting restraint to RQIA. 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.	28.5	The registered person should make appropriate arrangements to ensure service users and or their relatives are made aware of the monitoring visits and how they can access the reports. Furthermore the reports must be written in a way that is accessible for the service users.	This had been completed.	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>Praxis Care have a confidentiality policy and procedure in place for all operational schemes. This is also held in scheme and in a service user friendly version and is discussed with service users at meetings. All new staff have training on confidentiality through the induction process. This training is updated during annual mandatory training for all staff and also discussed at staff meetings at various times throughout the year.</p> <p>Within scheme all service user information is held in a locked cupboard located in the Team Leaders office, both the Manager and Team Leaders have access to this information via keys and when staff need information to complete their monthly reviews.</p> <p>When completing any documentation that has to be emailed to statutory bodies such as the Trust and RQIA, we use codes to identify individual service users to ensure confidentiality is maintained. These reports are quality assured by both the Manager and the Assistant Director during the monthly reg visit.</p> <p>The keyworkers for each service user complete an annual informed consent form with the service users which highlights the need for information sharing. The keyworker will explain to each individual in a way in which they can understand, that on occasions we may need to share information with the Trust, GP, RQIA, Consultant and where appropriate family members. This is reviewed annually and also quality assured by the Manager.</p> <p>All staff are registered with NISCC/NMC - This registration highlights the need for confidentiality when working with service users through the code of practice.</p>	<p>Compliant</p>

Inspection Findings:	COMPLIANCE LEVEL
<p>The inspector reviewed six individual care records which contained documents as described in schedule 4; and other records to be kept in a day care setting, as described in schedule 5. The settings policies and procedures provide guidance and procedure in relation to access to records, communication, confidentiality, consent, management of records, monitoring of records, recording and reporting care practices and service user agreement. These were sampled by the inspector and present as reflective of this criterion and were available for staff reference. Discussion with staff validated the management and staff knowledge about the duty of confidentiality and their role and responsibility regarding the need to record, the quality of recording and management of service user's personal information and this was commensurate with their role and responsibility. Service users confirmed they are informed regarding confidentiality of personal information and recording practices in the day care setting.</p>	Compliant

Criterion Assessed:	COMPLIANCE LEVEL
<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>	
Provider's Self-Assessment:	
<p>Praxis Care have a policy and procedure in place for access to records - 'Records Control Policy' and 'Data Protection Policy' which will be made available at inspection. This policy and procedure is discussed with all new staff through induction training and with existing staff through the staff meeting forum. The 'Records Control Policy' highlights the procedure for access to records. To date we have not had any requests for access to individual case records, however if this was to change then a record would be maintained.</p> <p>To promote best practice, where appropriate keyworkers will discuss with individuals the content of their support plans, review records and daily notes in order to promote openness and respect.</p> <p>Access to service user information and the limitations of this ie, adult safeguarding procedures, is also highlighted in the service user guidebook which is reviewed as and when required and discussed with all new and existing service users during meetings.</p>	Compliant
Inspection Findings:	COMPLIANCE LEVEL
<p>The settings policies and procedures and the service users guide were sampled and include information consistent with this criterion. Every service user and representatives are given a service user guide, this is also explained verbally. All staff will respond to issues and queries of freedom of information, confidentiality, consent, access to records and arrangements will be made in accordance with the settings policies and procedures.</p> <p>Discussion with staff working in the centre validated their knowledge commensurate with their role and responsibilities for example they use a person centred approach to their recording, understood when and how service users can see their records and how to respond to requests from service users and or their representative to access their records. Service users were aware that a service user record is kept.</p>	Compliant

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>Praxis Care have a policy and procedure for the layout of service user files held within scheme. All files are laid out in the same format to include all of above information.</p> <p>Within scheme we also have a contact records file for all telephone calls made and an Untoward Event file, Adult Safeguarding File and Medication file are also held within scheme.</p> <p>All files are audited and quality assured by Team Leaders and Manager. The Assistant Director also inspects these during monthly reg visits.</p>	Compliant
Inspection Findings:	COMPLIANCE LEVEL
<p>The examination of a sample of six service user individual records evidenced the above records and notes were maintained for each service user and these were available for inspection. The inspector was provided with evidence of the registered manager's audit of service user files to ensure records are kept current and signed. Systematic audits in this regard are also undertaken by the monitoring officer and outcomes are written into the report with any actions required. Overall the inspector was satisfied the case records and notes are updated as required, they presented as current and person centred. Care reviews had taken place as described in standard 15 and additional meetings were held in response to changing circumstances, or at the request of service users or others involved in their care.</p>	Compliant

<p>Criterion Assessed: 7.5 When no recordable events occur, for example as outlined in Standard 7.4, there is an entry at least every five attendances for each service user to confirm that this is the case.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment:</p>	
<p>We hold daily notes and monthly synopsis for each service user who attends Conlig Workskills - these are completed daily and monthly by support staff. If a service user does not attend due to sickness etc this is recorded. Guidelines for the completion of daily notes has been created by the Manager and discussed at staff meetings as and when required.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>A sample of service user care records were examined and evidenced individual care records have a written entry at least once every five attendances for each individual service user. In this service it was noted daily notes are completed by staff.</p>	<p>Compliant</p>
<p>Criterion Assessed: 7.6 There is guidance for staff on matters that need to be reported or referrals made to:</p> <ul style="list-style-type: none"> • The registered manager; • The service user's representative; • The referral agent; and • Other relevant health or social care professionals. 	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment:</p>	
<p>There is a flow chart held within scheme for the reporting of Untoward Events and Adult Safeguarding concerns which all staff are aware of. This details who the reports and referrals are made to and the documentation required to evidence this is held also.</p>	<p>Compliant</p>

Inspection Findings:	COMPLIANCE LEVEL
<p>Policies and procedures pertaining to communication, confidentiality, consent, management of records, monitoring of records, recording and reporting care practices and service user agreement are in place, presented as consistent with this criterion and were available for staff reference. Staff were aware of their role and responsibility to report and refer information and record the outcomes achieved as well as inform service users and or representatives regarding information that may be reported or referred. Staff were aware of consent issues and check any information that has been reported; is reported to the right people and outcomes are recorded. Overall the inspector evidenced the records are subject to regular monitoring and evidence was available to demonstrate staff and the manager seek professional advice and meetings to address any concerns or behaviours and improve outcomes for the service user. The monitoring officer was also monitoring the need for follow ups and meetings to ensure plans were kept current and focussed on service user's needs.</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:</p>	
<p>The Manager has put in place a system in relation to guidelines on the completion of daily notes. These are discussed at staff meetings as and when required. The Manager/ Team Leaders will review daily notes when they are being incorporated into an untoward event form when needed. Team Leaders ensure that daily notes are up to date. Team Leaders will also review and sign off monthly review records. The Manager quality assures all untoward event reports/Adult Safeguarding referrals alongside the Assistant Director. The Manager also quality assures the annual review reports which are completed by the Team Leaders.</p>	Compliant
<p>Inspection Findings:</p>	COMPLIANCE LEVEL
<p>The inspector examined a sample of service user individual records and was satisfied they met this criterion. Consultation with a sample of staff working in the centre confirmed they understood this criterion and the centre's staff training, supervision and team meeting records detail recording is periodically discussed to ensure that staff understand their role and responsibility in this regard.</p>	Compliant

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

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

Theme 1: The use of restrictive practice within the context of protecting service user’s human rights	
Theme of “overall human rights” assessment to include:	
<p>Regulation 14 (4) which states:</p> <p>The registered person shall ensure that no service user is subject to restraint unless restraint of the kind employed is the only practicable means of securing the welfare of that or any other service user and there are exceptional circumstances.</p>	COMPLIANCE LEVEL
Provider’s Self-Assessment:	
<p>Physical intervention is only used as a last resort when all other methods of intervention have been unsuccessful and this is proportionate to the risk of harm to service users or others. Praxis Care have a policy and procedure regarding the 'Management of Behaviours Which Challenge' which all new and existing staff are aware of. All staff at Conlig Workskills receive robust annual mandatory training including, personal safety and Management of Violence and Aggression (MVA). Any incident which has involved physical intervention is recorded on an UTE form with a High Physical Intervention report alongside which also includes a body chart. These are sent to all those relevant individuals involved in a service user's care. If necessary an emergency MDT meeting is requested to discuss incidents which have involved physical intervention. Informal and formal de-briefing occurs both with staff and the service user (S) involved. This provides both staff and service users the opportunity to discuss, analyse and reflect on the incident and to discuss best practice and if anything could be done differently. If needed the Manager will contact the staff development team if guidance is needed for managing particularly challenging situations.</p>	Compliant
Inspection Findings:	
<p>The inspector examined all of the untoward incidents recorded for the last twelve months, six service users’ files including their current care plan, behaviour management plans in place and a selection of records including: other records to be kept in a day care setting, as described in schedule 5. Records of restraint, restriction or seclusion were reviewed in detail. The inspector concluded each service user care plan is informed by past assessment which may include specific behaviour management plans and PRN plans that aim to modify mood and behaviour. The plans take into account a range of needs for example social; behaviour; medical; transport needs; and a range of management techniques are detailed that can be utilised if behaviour and mood is escalating.</p>	COMPLIANCE LEVEL Substantially compliant

From May 2013 to May 2014 a total of 47 incidents were recorded, six of those were not incidents that related to behaviour management; 23 incidents required a low level physical intervention or calming and defusing techniques and 18 of those incidents involved a high level of physical intervention. When physical intervention was used the specific hold, timing and outcome was recorded separately and analysed in terms of the plan in place. In total five of the high level incidents were with one service user, eleven involving another service user and the remaining two were involving two other service users. Each service user had their plan reviewed in light of the escalating behaviours and revised plans were put in place to diffuse the future escalation of behaviour. None of the interventions were planned for although it was clear in the care plans and assessment information that there was potential for their behaviour to escalate. Therefore the inspector was satisfied the majority of the incidents were situations of exceptional circumstances, the least restrictive methods were used to deescalate behaviour because all other less restrictive methods had been tried and there was a physical risk to the service user and those around them if the behaviour was not managed. The inspector did query an incident recorded on 20 March 2014, and this requires a review of the incident to establish clearly how and why staff intervention progressed from a low level to high level intervention. Discussion with the manager revealed the incident happened in a public place and behaviour escalated quickly, this needs to be clearly recorded and analysed in terms of how this impacted on staff response. The inspector also identified a use of PRN on 23 October 2013 which was an example of a chemical restraint and had not been written up as a use of restraint. Lastly the inspector did note staff could improve their recording in terms of noting service user’s human rights when recording incidents of restraint or restrictions and any outcomes agreed to ensure rights are being protected and any restraint or restrictive measures are the least restrictive. A requirement is made in this regard.

Staff had received training in Management of violence and aggression (MVA) as part of the mandatory training programme on 4 & 5 September 2013, the staff competence, knowledge and skill is monitored and assessed on an on-going basis during and post training. Restraint used is discussed in debrief sessions, or may be referred back to the MVA manager for additional advice or training. Staff have to complete a competency assessment at the end of the training and any concerns would be dealt with. Staff also complete a fitness test for MVA form / assessment prior to training.

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 were available for the inspection and for staff reference.

<p>Regulation 14 (5) which states:</p> <p>On any occasions on which a service user is subject to restraint, the registered person shall record the circumstances, including the nature of the restraint. These details should also be reported to the Regulation and Quality Improvement Authority as soon as is practicable.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p> <p>Any incidents involving physical intervention are recorded on an Untoward Event form, this highlights the details of the incident and the nature of the restraint, a high physical intervention form is also completed which includes a body chart. The Manager and Team Leaders complete these forms and send to all those relevant professionals involved in a service users care, including RQIA. This is evidenced alongside the copy held on file. These are quality assured by the Assistant Director during the monthly reg visits.</p>	<p>Compliant</p>

Inspection Findings:	COMPLIANCE LEVEL
<p>The inspector examined a selection of records as described in the above criterion and was satisfied these had been reported to RQIA as required. However, during the review of the service user’s individual files the inspector noted PRN medication had been planned for and on some occasions; used to manage behaviour and this had not been reported to RQIA as a form of restraint (chemical). A requirement is made in this regard.</p> <p>Records revealed behaviour management techniques are reviewed at least annually or before if necessary to ensure plans remain necessary, proportionate and do not infringe service user’s human rights. The team also debrief following any behavioural incident to ensure the practice is necessary and proportionate as well as discussion regarding update of assessment and plans in place. Examples of this were in place in the files inspected.</p> <p>Incidents of restraint had been reported to the representative; care manager or social worker; behaviour management team; RQIA; and the organisational incident management reporting system. Internal auditing also monitors the whole setting to ensure any trends and areas of improvement are identified promptly to improve the overall care provided. For example identifying issues that may impact on the overall training plan for staff or how the environment can be used therapeutically.</p> <p>Discussion with staff working in the centre validated their knowledge commensurate with their role and responsibilities such as: 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. Staff also gave information to evidence they maintain a person centred approach to their practice which is reflected in their recording.</p>	<p>Substantially 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
	Substantially compliant

<p style="text-align: center;">Theme 2 – Management and Control of Operations</p> <p>Management systems and arrangements are in place that support and promote the delivery of quality care services.</p> <p>Theme covers the level of competence of any person designated as being in charge in the absence of the registered manager.</p>	<p style="text-align: center;">COMPLIANCE LEVEL</p>
<p>Regulation 20 (1) which states:</p> <p>The registered person shall, having regard to the size of the day care setting, the statement of purpose and the number and needs of service users -</p> <p style="padding-left: 40px;">(a) ensure that at all times suitably qualified, competent and experienced persons are working in the day care setting in such numbers as are appropriate for the care of service users;</p> <p>Standard 17.1 which states:</p> <p>There is a defined management structure that clearly identifies lines of accountability, specifies roles and details responsibilities for areas of activity.</p>	
<p>Provider’s Self Assessment:</p> <p>All staff working in Conlig Workskills are suitably qualified and experienced for their role. This is the responsibility of both the HR department when advertising and short listing for vacant positions and the Manager when interviewing potential candidates. The qualifications and experience of staff are highlighted in the Statement of Purpose. The number of staff working in scheme is based on day care standards/regulations of 1-3 staff to service user ratio, however this depends on need and risk assessment for example if it is highlighted during the assessment and planning process that a 1-2-1 ratio is required.</p> <p>Praxis Care encourages professional development throughout all levels and this is the responsibility of both the Manager to highlight through supervision and the staff development team to facilitate/arrange.</p> <p>There is a flow chart evidenced both within scheme and organisationally which highlights a defined management structure, lines of accountability and responsibilities. This is also evidenced in the Statement of Purpose and service user guide.</p>	<p style="text-align: center;">Compliant</p>

Inspection Findings:	COMPLIANCE LEVEL
<p>The manager is social work qualified and she is supported by four team leaders. One has the QCF level 5 qualification, two are Social Work qualified and one is a qualified nurse. All staff are registered with NISCC.</p> <p>The inspector examined the professional registration, qualifications, experience and evidence of competence of the registered manager and sampled the staff records for the team leaders who manage the day care setting in her absence. This did not reveal any concerns regarding competency, training or practice to undertake roles and responsibilities for the manager.</p> <p>The staffing arrangements in the setting presented as adequate numbers and distribution of staff across the day care setting, the manager and staff clearly document if there are concerns regarding current staffing arrangements not being able to meet changing needs and this is reported to senior management in the organisation as well as the placing trust.</p> <p>The setting has policies and procedures pertaining to the management and control of operations, for example: absence of the manager; inspections of the day care setting; management, control and monitoring of the setting; operational policy; staff meetings; staff records; staff supervision and appraisal; staff training and development; staffing arrangements and has a current statement of purpose. These are available for staff reference. 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 were clear who they report to; who should they seek support or guidance from; who supervises them and the effectiveness of the same.</p> <p>Discussion with service users revealed they were aware of the person in charge of their location and the overall manager is Ciarna, they were also clear regarding the different roles and responsibilities. The staffing structure of the day care setting is described in the settings statement of purpose, and arrangements for the managers role to be covered is shared between the four team leaders, Ciarna monitors the effectiveness of arrangements in place through supervision and meetings.</p> <p>Discussion with the staff left in charge of the day care setting in the registered manager's absence presented as fully aware of their role and responsibility to ensure management and control of operations tasks in the day care setting are competently completed and no examples were brought to the inspector's attention that raised any concerns in this regard. Evidence provided for this inspection shows how the registered manager and those left in charge are improving outcomes for the service users who attend the day care setting including improved care planning with reduction in restrictions, being clear what needs can be met, evidencing overall satisfaction of service users and developing project work such as the gardens and cookie box.</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>Praxis Care have a supervision and appraisal policy which all staff are aware of and have access to via the online system. Supervision is held at least once per month or more if required. There is a supervision checklist held in the Team Leader's office to highlight if it has been completed for the month. Supervisions are quality assured by both the Manager and Assistant Director as and when required.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	<p>COMPLIANCE LEVEL</p>
<p>The inspector examined the training, supervision, appraisal and staff record of the registered manager, three of the four team leaders and one support worker which did not reveal any concerns in this regard.</p> <p>All staff receive monthly supervision, some are individual and some using different methods such as tandem however, all supervisees are given the opportunity to speak to their supervisor individually. Overall the records of supervision provide evidence how their role is clearly improving outcomes for the service users who attend the day care setting.</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>Praxis Care have a recruitment and selection policy and procedure in place. The organisation ensure that all new staff receive the relevant training from the staff development department prior to arriving in scheme and this training is specific to the needs of the service users they are supporting. It is the responsibility of the HR department to ensure that all staff applying for posts are suitably qualified to the level they are applying for. Two references are also requested. The Manager has received recruitment and selection training, team leaders have also received this training. Where possible, service users are included in the recruitment process. Each applicant is provided with a job description and personnel specification (this includes qualifications and experience necessary) from the HR department. Access NI checks are also completed prior to confirmation of employment.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The inspector examined the professional registration, qualifications, experience of the registered manager and the records of the staff members who manage the day care setting in their absence which did not reveal any concerns in this regard.</p> <p>Discussion with staff validated their knowledge is commensurate with their role and responsibilities, and they regard themselves as suitably qualified, experienced and in receipt of suitable training to undertake their role and responsibility.</p>	<p>Compliant</p>

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

Complaints

The complaints record was reviewed as part of this inspection. The annual complaints return for 2013 identified five complaints had been recorded. The inspector reviewed the complaints record which confirmed the return to RQIA, the records revealed they were issues of dissatisfaction which staff responded to in a timely manner and were resolved to the complainant's satisfaction and this did not reveal any concerns regarding the record. None were recorded for 2014.

Service User Records

Six service user files were inspected as part of this inspection and this revealed the files were consistent with schedule 4. The content of the service user's individual files is further examined in standard 7.

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 governance and management arrangements, staffing arrangements and support for staff, policies and procedures, responding to service user's behaviour and reporting of accidents and incidents. The information was validated during the inspection and this did not raise any concerns that required further discussion or analysis.

Statement of Purpose & Service Users Guide

These documents were submitted for this inspection and reference to them during the inspection did not reveal any concerns.

Monthly Monitoring Reports

The inspector reviewed a sample of four regulation 28 reports written in January February, March and April 2014. This did not reveal any concerns regarding the monitoring or reporting in this regard.

Environment

The inspector walked around the different settings during the inspection and noted they were conducive to the needs of the service users and the activities they were taking part in.

The trust hope to move this day care setting to new premises in the future however, in the meantime the staff in this day care setting are using the environment in this setting to achieve the best outcomes for service users. There had been some renovation to offer more office space for staff to undertake recording and the gardens setting had been developed by the service users and staff to offer more focussed horticulture activities.

Service users were observed as at ease in the environment of the day centre and could access with ease where they wanted or needed to. Service users were observed using the space socially and for activities.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Miss Ciarna McGarry, 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



Quality Improvement Plan

Primary Announced Care Inspection

Conlig Workskills incorporating 'Cookie Company', 'Garden's Group' & 'Green Road'

27 May 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 Ciarna McGarry (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.	14.4	<p>The registered manager must ensure any use of restraint is recorded in compliance with this regulation, the following issues must be improved:</p> <p>The two identified incident records dated 20 March 2014 and 23 October 2013 must be reviewed to ensure it is clearly explained how a low level restraint progressed to a high level restraint</p> <p>The use of PRN medication must be analysed as a use of restraint.</p> <p>The registered manager should make appropriate arrangements for service user's human rights to be clearly identified when recording incidents of restraint or restrictions. When planning and outcomes are agreed human rights must be clearly documented as protected.</p> <p>Improved arrangements in this regard must be reported on the returned QIP.</p>	First	<p>The two incidents highlighted have been discussed with staff at a staff meeting held on the 11.6.14. All staff have been advised that they need to clearly document how physical intervention progresses through clear, detailed recordings. All incidents will continue to be discussed as part of the following processes, de-briefing, supervision and staff meetings.</p> <p>The registered manager has received a template from RQIA to document monthly the use of PRN medication. This has been communicated to the staff team and senior management in the organisation. This template will be forwarded electronically to RQIA at the beginning of every month - detailing the previous months information. The use of PRN will be discussed through the de-briefing process also.</p>	22 July 2014

				<p>The registered manager will ensure that all relevant planning/outcome documents will have a completed reference section, which clearly document the relevant human rights which are acknowledged and considered within the Support Plan. In any recording of incidents of restraint/restriction, as well as outlining the facts, the relevant human rights issues will also be clearly identified. This will be communicated with the staff team at the July staff meeting.</p>	
2.	14.5	<p>The registered manager must ensure the use of PRN medication when used to manage behaviour is reported to RQIA as a form of restraint (chemical).</p>	First	<p>The registered manager will report to RQIA when PRN medication is administered to manage behaviour, on the template provided. However, Praxis Care senior management team will be discussing this requirement further given organisational implications.</p>	22 July 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	Ciarna McGarry
Name of Responsible Person / Identified Responsible Person Approving Qip	Andy Mayhew on behalf of Irene Sloan

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Suzanne Cunningham	29 Jul. 14
Further information requested from provider			