

Primary Announced Care Inspection

Name of Establishment:	Meadowcraft Day Centre incorporating The Church Hall
Establishment ID No:	11056
Date of Inspection:	22 May 2014
Inspector's Name:	Suzanne Cunningham
Inspection No:	17618

The Regulation And Quality Improvement Authority
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Name of centre:	Meadowcraft Day Care
Address:	15 New Line Road Richhill BT61 9QR
Telephone number:	028 3887 0932
E mail address:	Meadowspnhome@aol.com
Registered organisation/ Registered provider:	Armagh Care Services Mr Daniel McHugh
Registered manager:	Mr Daniel McHugh
Person in Charge of the centre at the time of inspection:	Mr Paul Murtagh
Categories of care:	DCS-LD, DCS-LD(E)
Number of registered places:	60
Number of service users accommodated on day of inspection:	28
Date and type of previous inspection:	14 November 2013 Primary announced inspection
Date and time of inspection:	22 May 2014 09:30 – 16:00
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	3
Staff	2
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	4

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

Meadowcraft Day Centre is an independent community based day care facility for individuals with a learning disability that may have varying physical needs and may display some challenging behaviours. The day centre is primarily for service users from Armagh Care Services but also provides a service to individuals who live in the community. It is open Monday to Friday from 9:00am to 5:00pm with service users arriving between 9:00am and 9:30am and leaving between 3:30pm and 4:00pm.

Meadowcraft is located in a two storey building in the centre of Richill village. The setting has a kitchen, two disabled toilets, a lift, an office, a multi-sensory room, a room which facilitates dining / living area with seating to watch the TV. There is an enclosed outdoor area which is fully decked. Upstairs there are toilets and a large multipurpose activity room, tables and chairs and storage areas for craft materials, games and other resources. Attached to the centre and registered as a satellite service is the hall where the service users go to take part in drama and art activities. Daily bus trips are organised with attendees choosing where to go and what to do. Participation is rotated so everyone has an opportunity to go on a trip on a regular basis.

Summary of Inspection

A primary inspection was undertaken in Meadowcraft Day Centre on 22 May 2014 from 09:30 to 16:00. This was a total inspection time of 6 hours and 30 minutes. 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; The Day Care Settings Regulations (Northern Ireland) 2007 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 discussion / observation of service users
- Examination of a sample of service user individual file records including evidence of behaviour management and support assessments; the complaints record; staff training record; individual staff records; incidents and incident and accidents record; evidence of service user consultation, monthly monitoring records; the centres statement of purpose; service users guide and policies & procedures
- Tour of the premises.

The inspector spoke to the deputy manager and day care worker individually and more informally to the remaining staff regarding the standards inspected and their views about working in the centre. This generated positive feedback regarding records and reporting arrangements including recording; care planning and assessments and the management arrangement's in this day care setting. The inspector concluded the arrangements in this day care setting regarding service user records are enabling staff to record as required and involve service users in recording when possible. Staff present as motivated to respond to behaviour in the least restrictive way and for example use diversion, communication, knowledge of service users development and needs, use sensory interventions and respond to behaviours before they escalate. Finally the management arrangements in this day care setting are clear

for staff and observation, discussion and records evidenced they had been adequate for the operation of this day care setting.

Four questionnaires were returned by staff who reported satisfactory arrangements were in place with regard to NISCC codes of practice; supervision; staff training; staffing and management arrangements; responding to service users' behaviour; confidentiality and recording. Positive comments were made regarding the quality of care that was provided; which the staff described as: "quality of day care is good and set up to meet individual need of clients", "all quality of care is met to full for each client", "excellent", "the care within the day centre is very good, each individuals needs are met".

The inspector observed all of the service users who were in the day care setting and satellite service at the time of the inspection; and spoke directly with three service users to gather evidence for the standard inspected and the two themes. Service users presented as at ease in their environment, there was a range of activities being delivered from cognitive to craft, music and a computer class. Other service users were also out of the building with staff during the inspection to undertake activities in the community. Service users are able to and are encouraged to socialise with each other and communicate with the staff in the day care setting. Service users confirmed they were aware there is records kept about them and staff feedback to service users a summary of what is being written. However, some service users did not think they could actually read the record or access their file. In contrast one service user was able to show me his individual record and was very familiar with the content. Regarding staff responses to behaviour service users told the inspector "staff do things to make us happy", "I love it here", "I am very happy", "staff are very good to me". Generally the feedback suggests staff notice if service users are not happy or are acting in a way that indicates they are not themselves; and staff approach them in a supportive way with aim of improving their mood and ensuring the service user gets the most out of their time in day care. Finally the service users were aware the deputy manager and day care worker are in the centre daily and they would approach them if they had any concerns or issues.

The previous announced inspection carried out on 14 November 2013 had resulted in one requirement regarding informing service users and their representatives about the monitoring arrangements. Arrangements had been improved in this regard and the inspector was satisfied compliance had been achieved. Three recommendations were made regarding the review arrangements for service users and the content of service user's individual records. The inspector concluded arrangements had been improved in all of these areas and the centre had achieved compliance.

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. Four of the criteria inspected were assessed as compliant, one of the criterion was assessed as substantially compliant and one criterion was assessed as moving towards compliance. A total of two recommendations are made regarding ensuring service users are informed regarding how they can access their records and this should also be clear in the settings policies and procedures. The other recommendation is the management team should have arrangements in place to audit case records and evidence of this should be available for inspection.

Observations of service users; discussion with staff; and review of seven service users' individual files provided evidence that the centre is performing well regarding storage of service user's information, recording procedures and reporting information on to professionals involved in the service users care. As identified service user knowledge and access to their information should be improved. The service user guide explains the records are kept securely and confidentially.

Based on the evidence reviewed the inspector assessed the centre as substantially compliant in this standard. No requirements and two recommendations are made with regard to 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. One criterion was assessed as moving towards compliance and one criterion was assessed as substantially compliant. There are two requirements made regarding the improvement of assessment, planning and incident analysis of the use of PRN medication in the day care setting. Staff must also analyse the impact of any restraint on service users human rights to ensure their rights are protected, assess the implications of any restrictions or restraints in place such as PRN medication and evaluate why this was the least restrictive and necessary intervention for the individual service user.

Discussions with the manager, staff and examination of records provided evidence that the centre need to improve their assessment and planning of the use of PRN medication to manage service user's behaviour. Discussion did reveal PRN medication to date had been used in the residential home and not the day care setting to date and the records are not clear regarding arrangements for this.

Staff discussed the management of service users' behaviour training which included using diversion therapies, good communication, calming, diffusing techniques and knowing their service users' needs, care plan and personalities.

Based on the evidence reviewed the inspector assessed the centre as substantially compliant in this theme. Two requirements and no recommendations 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 which provided the evidence to examine this theme. All of the criteria were assessed as compliant.

No requirements or recommendations are made with regard to this theme. The inspector concludes the arrangements in place for the registered manager to manage this day care setting and delegate tasks to the deputy manager and day care worker have been well assessed, well planned for and are subject to on-going monitoring.

There is a competency assessment in place regarding management and acting up arrangements and discussion with the manager and staff provided evidence that the organisation had in place monitoring arrangements; and they had a general approach of

promoting quality care. 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 seven service users individual files, validated the registered manager's pre inspection questionnaire, reviewed the staff questionnaire and viewed the environment. This did not reveal any 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.

As a result of the inspection a total of two requirements have been made regarding assessment, planning and post incident analysis or PRN medication is improved and staff must assess the impact of any restraint or restrictions in place in terms of each service user's human rights. Two recommendations have been made regarding service user access to their records maintained by the day care setting and arrangements for the audit of service user individual records. This was reported to the management team at the conclusion of the inspection and a commitment was made to improve these matters.

Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	28.5	The registered person must ensure adequate arrangements are in place to ensure service users and / or their representatives are made aware of the monthly monitoring process and how they can access the reports. This process should also be written into the policy and procedure entitled "Quality control – visit of day care centre by registered provider". The statement of purpose and service user guide.	The service user guide now contains information regarding the monitoring visit and is displayed on the settings service user notice board.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	15.3	The registered person must ensure adequate arrangements are in place for service users care plans to be subject to an initial review and at least annual reviews after. This can be addressed by ensuring the trusts hold their review in a timely manner or the day care setting must facilitate the review process within the in the more informal meeting currently held in the day care setting which reviews the care plan with the service user.	This had been achieved in the seven service users individual files examined for this inspection.	Compliant
2.	15.5	The registered manager must ensure the individual review report written for each service user, for the Meadowcraft review is written by a day care member of staff who should also attend the review of the day care setting placement.	This had been achieved in the seven service users individual files examined for this inspection.	Compliant
3.	7.4	The registered manager should make appropriate arrangements for the content of service user individual files to be reviewed to ensure information is easily accessible.	This had been achieved in the seven service users individual files examined for this inspection.	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>All personal information pertaining to service users is stored in accordance with the Data Protection Act and its principles.</p> <p>Confidentiality and record keeping policies in place.</p> <p>The importance of confidentiality in respect of service users personal information is explained to staff at induction as well as times when it is appropriate to share personal information in order for a service user to gain access to services e.g. a doctor, police etc.</p> <p>Record keeping policy details how freedom of information requests can be made in order to gain access to information kept.</p> <p>Records kept in locked filing cabinet in office and archived records kept in locked room.</p>	Compliant
Inspection Findings:	COMPLIANCE LEVEL
<p>In the individual records reviewed in respect of each service user, the content was as described in schedule 4. The inspector confirmed the day care setting has arrangements in place to secure service users information confidentially and policies and procedures are in place pertaining to the access to records, communication, confidentiality, consent, management of records, monitoring of records, recording and reporting care practices and service user agreement. They are available for staff reference.</p> <p>Discussion with staff validated 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 users' personal information commensurate with their role and responsibility. Discussion with service users confirmed they are informed regarding recording practices in the day care setting.</p>	Compliant

Criterion Assessed: 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. 7.3 A record of all requests for access to individual case records/notes and their outcomes should be maintained.	COMPLIANCE LEVEL
Provider's Self-Assessment: Service users / their representatives sign their care plans where possible and can see any information regarding them which has been developed by Meadowcraft Day Centre at any time. If a service user / their representative wishes to see records developed by a third party e.g. a Healthcare Trust, then they must submit a freedom of information request as per record keeping policy. To date no requests for information have been received but if this happens in the future, then a record for any requests will be maintained.	Compliant
Inspection Findings: The day care settings policy and procedure regarding record keeping does detail a service user can access their care plan information but does not describe access to other information. Discussion with service users did confirm they were aware information was kept about them including notes which they see staff writing but they said they did not have a right to read the notes. This practice should be reviewed to ensure service users information is person centred and accessible. Whilst it is clear the service user cannot access third party information; access to information should not just be restricted to the care plan and this should be reviewed to ensure a service user has access to their case records and notes maintained by the day care setting, furthermore service user awareness regarding accessing their day centre records should be improved. Information is given to service users and or their representatives when commencing in the day care setting regarding the service user records in the setting are kept securely and confidentially. The policy and procedure details any service user requests to see their information should be made to the manager. Discussion with staff working in the centre validated their knowledge commensurate with their role and responsibilities regarding service user consent and access to records, moreover staff described sharing recording with service users regularly but did identify this had not been formalised.	COMPLIANCE LEVEL Moving towards compliance

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>All of the above records pertaining to each service user are kept in accordance with the Data Protection Act and its principles.</p> <p>Record keeping Policy in place.</p>	Compliant
Inspection Findings:	COMPLIANCE LEVEL
<p>The examination of a sample of service user individual records evidenced the above records and notes are available and maintained in line with the relevant policies and procedures such as: access to records, communication, confidentiality, consent, management of records, monitoring of records, recording and reporting care practices and service user agreement. However, the manager should evidence working practices are systematically audited and a recommendation is made in this regard.</p> <p>The seven individual service user case records inspected presented as updated as required, person centred and compliant with appendix 1(The Day Care Setting Regulations (NI) 2007), care reviews presented as taking place as described in standard 15 and an improvement in this regard was noted.</p>	Substantially compliant

Criterion Assessed: 7.5 When no recordable events occur, for example as outlined in Standard 7.4, there is an entry at least every five attendances for each service user to confirm that this is the case.	COMPLIANCE LEVEL
Provider's Self-Assessment:	
Each service user who attends the day centre has an entry in their daily notes for each day that they attend the Day Centre detailing what activities they participate in, any incidents / accidents involving them, visitors or anything else which involves them.	Compliant
Inspection Findings:	COMPLIANCE LEVEL
Service user care records have a written entry at least once every five attendances for each individual service user.	Compliant

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>All concerns are reported to the Registered Manager / Person in Charge who takes the appropriate action.</p> <p>Staff receive induction on commencement of employment on abuse, whistle blowing and complaints policies which detail the procedures for reporting concerns.</p> <p>Registered Manager / Person in charge contact family representative if there is an accident / incident involving a service user or if there is something which causes concern - e.g G.R taxi not arriving, so sister contacted, social worker contacted and multi-disciplinary review called to address.</p> <p>Referral agent, RQIA, or other professional services e.g. physio contacted using PVA 1, Notification of Event or Relevant referral form.</p>	Compliant
Inspection Findings:	COMPLIANCE LEVEL
<p>Staff discussion confirmed they are aware of their role and responsibility to report and refer information and record the outcomes achieved, service users were aware staff might report or refer information about them to other professionals and this would be discussed with them. Staff were knowledgeable regarding consent issues and ensure information is reported to the right people and outcomes are recorded. Any shortcomings following reporting or referring information are recorded and would be managed, for example holding a planning meeting to ensure needs are met, risk is diminished and care is appropriate.</p>	Compliant

Criterion Assessed: 7.7 All records are legible, accurate, up to date, signed and dated by the person making the entry and periodically reviewed and signed-off by the registered manager.	
Provider's Self-Assessment: All records are legible, accurate, up to date, signed and dated by the person making the entry and periodically reviewed and signed off by the Registered Manager.	Compliant
Inspection Findings: The sample of seven individual service user records examined confirmed staff maintain information in compliance with this criterion and discussion with staff working in the centre confirmed their understanding of this criterion.	COMPLIANCE LEVEL 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
	Substantially compliant

Theme 1: The use of restrictive practice within the context of protecting service user's human rights	
Theme of "overall human rights" assessment to include:	
Regulation 14 (4) which states:	COMPLIANCE LEVEL
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.	
Provider's Self-Assessment:	
<p>Restrictive Physical Intervention Policy developed in accordance with Human Rights Watch Guidance on restraint and seclusion and the Deprivation of Liberty Safeguards.</p> <p>Restrictive Physical Intervention Policy details the different types of restraint that can be employed, under what circumstances, notes that must be kept, who must be informed etc.</p> <p>Restraint has not been used in the day centre except for prescribed interventions - i.e a service user who uses a wheelchair for mobilising who has been assessed by Physio and Occupational Therapist for safetystraps when using wheelchair and agreed by service user / their representative, where possible.</p> <p>Any service user who is prescribed PRN medication for periods of agitation / elation is regularly reviewed by Consultant Psychiatrist, Behaviour Support Team and accurate notes kept of when medication administered and outcome and reviewed at multi-disciplinary team meetings at least annually.</p> <p>All staff undertake challenging behaviour, restrictive physical intervention, Vulnerable adults training, annually.</p>	Compliant

Inspection Findings:	COMPLIANCE LEVEL
<p>The inspector examined a selection of records including: seven individual records of service users as described in schedule 4; and other records to be kept in a day care setting, as described in schedule 5; records of restraint, restriction or seclusion. This revealed in this day care setting PRN medication is included in the care plan information as is any lap straps. When PRN had been described in assessment and care planning information it was described as a last resort and part of a planned or reactive response to service users challenging behaviour. Professional guidance regarding behaviours was also present with a full assessment of the needs of service users and other management techniques such as diversion therapy which must be used as the initial response. The inspector identified the use of PRN medication was highlighted in five of the seven care plans; however there was no detail of what medication was to be administered, where it is kept, who can administer it and in what dosage. Discussion with the deputy manager revealed these uses of PRN had occurred in the residential home and not the day centre, currently only one service user was written up for use of PRN in the day care setting and medication was being kept on site. A requirement is made that records are improved in this regard. The inspector would also require any incidences in the future where PRN medication is used in the day centre is reported as detailed in the 2005 guidance on restraint and seclusion in health and personal social services and reported to RQIA as an incident of behaviour. Furthermore, there needs to be consideration of the overall human rights of service users when recording incidents of restraint or restrictions and any outcomes agreed in all of these improved recording practices.</p> <p>Staff receives control and restraint training as part of the mandatory training programme which focuses on non-pain compliant techniques and is renewed once per year. Staff are guided by 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 which available for staff reference.</p> <p>In conclusion the inspector identified to date there had been no incidence of restraint used when it was not part of the service users plan. Management of behaviour techniques had been reviewed and action plans / care plans had been discussed to ensure interventions remain necessary and proportionate. The inspector did identify record of discussion pertaining to service user's human rights being impacted by plans could be included and would achieve overall improvement in compliance with this criterion. A requirement is made in this regard.</p> <p>Discussion with staff validated management and staff knowledge about when and why restraint is used including their understanding of exceptional circumstances. Discussion with staff working in the centre identified their knowledge regarding the use of restraint or seclusion and this did not reveal any concerns, staff were also aware of the Deprivation of Liberty Safeguards. (DOLS) – Interim Guidance.</p>	<p>Moving towards compliance</p>

Regulation 14 (5) which states: 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.	COMPLIANCE LEVEL
Provider's Self-Assessment: Restrictive Physical Intervention Policy in place which details the different types of restraint, under what circumstances restraint can be used, notes which must be taken, who must be informed and timescales involved. Policy developed in conjunction with Human Rights Watch Guidance on Restraint and Seclusion and the Deprivation of Liberty Safeguards. All staff undertake Restrictive Physical Intervention Training annually.	Compliant
Inspection Findings: As described above the post incident records should be improved to include post incident recording as identified in <i>Guidance on Restraint and Seclusion in Health and Personal Social Services</i> , Department of Health, Social Services and Public Safety, Human Rights Working Group, August 2005 Annex I: (a) Example of HSS Trust Restraint Report Form and (b) Example of HSS Trust Seclusion Report Form, and incorporate human rights and notification to RQIA for any future incidents.	COMPLIANCE LEVEL Substantially compliant
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

Theme 2 – Management and Control of Operations Management systems and arrangements are in place that support and promote the delivery of quality care services. Theme covers the level of competence of any person designated as being in charge in the absence of the registered manager.	COMPLIANCE LEVEL
<p>Regulation 20 (1) which states:</p> <p>The registered person shall, having regard to the size of the day care setting, the statement of purpose and the number and needs of service users -</p> <p 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 the day centre have achieved or are currently undertaking Level 2 or Level 3 in Health and Social Care.</p> <p>14 have achieved Level 3 and 16 have achieved Level 2, out of a total of 43 care assistants.</p> <p>Persons left in charge of the day centre have successfully completed competency and capability assessments.</p> <p>All staff undertake mandatory training regularly e.g Fire, Moving and Handling, Protection of Vulnerable Adults, and other trainings e.g. Challenging Behaviour, Epilepsy Management, Restrictive Physical Intervention etc.</p> <p>A duty roster is kept in the day centre and is available to inspect.</p> <p>A detailed management structure is detailed in the Statement of Purpose which identifies lines of accountability, specific roles and details responsibilities.</p> <p>Job descriptions also detail specific roles and responsibilities.</p>	<p>Compliant</p>

Inspection Findings:	COMPLIANCE LEVEL
<p>The setting has a registered manager who is nurse qualified. He is also the registered manager of a residential home in the locality and is part of the same organisation. In the registered manager's absence the assistant manager is in charge, he has completed the QCF level 5 and is awaiting the outcome. Libby Williamson also takes on delegated responsibility, she currently has level 3 NVQ and it is planned she will complete the QCF level 5 in the future. The deputy manager and day care worker had completed a competency assessment which did not reveal any additional training needs. The staffing rota was viewed by the inspector and this revealed in addition to management arrangements in this day care setting between 09:30 and 1200 there is a minimum of 8 staff on duty and a maximum of 10 plus the manager on duty. Over lunch time the cover reduces as some service users go out of the setting for lunch and between 14:00 and 16:00 there is 6 to 8 staff on duty. All staff are registered with NISCC. The staffing structure of the day care setting clearly described in the settings statement of purpose, and this did reflect day to day staffing.</p> <p>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 the settings statement of purpose were available for staff reference.</p> <p>Discussion with staff working in the centre validated their knowledge regarding management arrangements of the day care setting. For example who they report to; who they seek support or guidance from; who supervises them and the effectiveness of the same. This did not reveal any concerns.</p> <p>Discussion with service users revealed they saw Paul and Libby as the people in charge of the centre and they were very complimentary about how they undertake their roles and responsibilities, for example stating they are kind to them, they are good at their job, and they are busy.</p>	Compliant

Regulation 20 (2) which states: <ul style="list-style-type: none"> The registered person shall ensure that persons working in the day care setting are appropriately supervised 	COMPLIANCE LEVEL
Provider's Self-Assessment: <p>All staff working within the day centre have 3 monthly formal supervision with their line manager.</p> <p>Appraisals are completed by all staff annually.</p> <p>Group staff meetings are held every 6 months.</p> <p>Staff supervision are also completed regularly throughout the year to inform staff of updates to care plans or operation changes within the day centre.</p>	<p>Compliant</p>
Inspection Findings: <p>The inspector examined the training, supervision, appraisal and staff record of those staff left in charge of the day care setting in the registered manager's absence. This did not reveal any concerns regarding this criterion and discussion with staff confirmed they are receiving supervision which is consistent with the standards and staff described meets their needs.</p> <p>Staff left in charge of the day care setting is being supported by this organisation to undertake the QCF level 5 which is commendable. The QCF level 5 will assist them to undertake their roles and responsibilities and develop their skills to undertake the delegated management role and responsibilities.</p>	COMPLIANCE LEVEL <p>Compliant</p>

Regulation 21 (3) (b) which states: <ul style="list-style-type: none"> (3) For the purposes of paragraphs (1) and (2), a person is not fit to work at a day care setting unless – (b) he has qualifications or training suitable to the work that he is to perform, and the skills and experience necessary for such work 	COMPLIANCE LEVEL
Provider's Self-Assessment: All staff working in the day centre have achieved or are currently undertaking Level 2 or Level 3 in Health and Social care. Persons left in charge of the day centre have achieved Level 3 in Health Care Management. All staff undertake regular mandatory training in Moving and Handling, Fire, Protection of Vulnerable Adults, Challenging Behaviour, Restrictive Physical Intervention, Epilepsy Management etc.	Compliant
Inspection Findings: As described in the previous criterion this inspection revealed the registered manager, deputy manager and day care worker has professional registration, qualifications or is working towards them, experience and evidence of competence in their staff records.	COMPLIANCE LEVEL Compliant

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

The complaints record was reviewed as part of this inspection. The annual complaints return for 2013 identified one complaint had been recorded. The inspector reviewed the complaints record which confirmed the return to RQIA and did not reveal any concerns regarding the record. Furthermore no complaints had been recorded for 2014.

Service User Records

Seven service user files were reviewed as part of this inspection for compliance with appendix 1 and for evidence of behaviour management planning that may involve restraint. This revealed service user information was compliant with appendix 1. However, the inspector did identify in five of the seven records inspected, the use of PRN medication was included in the care plan, but information was not clear if the medication was used in day care, what exactly the PRN was, what dosage should be given, by whom and post incident analysis of the same. Incidences of the use of PRN in the day care setting should also be reported to RQIA as a behavioural incident. These issues are further explored in the examination of and theme 1. Requirements are made in this regard.

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, the manager's registration, 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

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mr Paul Murtagh, 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

Meadowcraft Day Centre incorporating The Church Hall

22 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 Mr Paul Murtagh (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 improve five of the seven care plans inspected to ensure the PRN used to modify behaviour is fully detailed in the plan including what medication is to be administered; where it is kept, who can administer it and in what dosage. If the plan is this is administered by the residential staff this must be clear in the plan.</p> <p>The registered manager must also ensure any incidences in the future where PRN medication is used in the day centre is reported post incident as detailed in the 2005 guidance on restraint and seclusion in health and personal social services and reported to RQIA as an incident of behaviour.</p>	First	<p>Care Plans reviewed and updated to include what PRN Medication is to be administered, where it is kept, who can administer, the dosage and includes if it is administered by Nursing Home staff.</p> <p>Any future use of PRN medication to modify behaviour will be reported post incident in line with guidance and reported to RQIA as an incident of behaviour.</p>	10 July 2014
2.	14.4	The registered manager must improve any records where there is a plan that restricts service users or restrains service users to include an assessment of their human rights and ensure interventions remain necessary and are proportionate to the behaviour.	First	<p>Annual review form updated to include discussion of behavioural management plans and impact on service users human rights.</p> <p>Post incident analysis to be completed when PRN is used to modify behaviour to ensure that the least restrictive practice is being used with the service user.</p>	10 July 2014

Recommendations

These recommendations are based on The Day Care Settings Minimum Standards January 2012. This quality improvement plan may reiterate recommendations which were based on The Day Care Settings Minimum Standards (draft) and for information and continuity purposes, the draft standard reference is referred to in brackets. These recommendations are also based on research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details of Action Taken By Registered Person(S)	Timescale
1.	7.2 & 7.3	The registered manager should update the settings policy and procedures as well as information available for service users regarding an individual's service user's access to the information recorded by this setting about them such as their case records and notes maintained by the day care setting. Service user's information should be person centred and accessible.	First	<p>Record Keeping Policy updated to include service user access to care plan, daily notes and care records.</p> <p>Service user agreement and service users guide updated to include service access to care plan, daily notes and care records.</p> <p>Monthly questionnaire updated to include service user access to care plan, daily notes and care records.</p> <p>User friendly poster displayed on notice board in Day Centre providing information on how service users can access their care plan, daily notes and case records.</p>	10 July 2014

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details of Action Taken By Registered Person(S)	Timescale
2.	7.4	The registered person should improve the arrangements in this day care setting for service user's records and working practices to be systematically audited. Audits must be available for future inspection.	First	<p>Day centre providing information on how service users can access their care plan, daily notes and care records.</p> <p>System currently in place which systematically audit service user records and working practices. These audits have been expanded to include a further monthly audit of care plans and case notes and an extra theme of care planning and care records added to the monthly visit by the Agent of the Registered Provider.</p>	10 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	Danny McHugh
Name of Responsible Person / Identified Responsible Person Approving Qip	Danny McHugh

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Suzanne Cunningham	26 July 2014
Further information requested from provider			