

## **Primary Announced Care Inspection**

<b>Name of Service and ID:</b>	<b>Sevenoaks Day Centre (11059)</b>
<b>Date of Inspection:</b>	<b>9 December 2014</b>
<b>Inspector's Name:</b>	<b>Suzanne Cunningham</b>
<b>Inspection ID:</b>	<b>IN017632</b>

**The Regulation And Quality Improvement Authority**  
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**General Information**

<b>Name of centre:</b>	Sevenoaks Day Centre (11059)
<b>Address:</b>	Crescent Link Derry BT47 6DN
<b>Telephone number:</b>	02871342254
<b>E mail address:</b>	thelma.moore@foldgroup.co.uk
<b>Registered organisation/ Registered provider:</b>	Fold Housing Association
<b>Registered manager:</b>	Thelma Moore
<b>Person in Charge of the centre at the time of inspection:</b>	Thelma Moore
<b>Categories of care:</b>	DCS-DE, DCS-E
<b>Number of registered places:</b>	15
<b>Number of service users accommodated on day of inspection:</b>	14
<b>Date and type of previous inspection:</b>	3 February 2014 Primary announced inspection
<b>Date and time of inspection:</b>	9 December 2014 09:45 – 14:35
<b>Name of inspector:</b>	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	2
Relatives	2
Visiting Professionals	0

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

Issued To	Number issued	Number returned
Staff	9	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:

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

## Profile of Service

Seven Oaks Day Centre is operated in partnership with Fold Voluntary Housing Association and the Western Health and Social Care Trust. The centre is located in the Waterside area of Derry and shares the same site as Seven Oaks Residential Care Home also owned and managed by the same association in the Seven Oaks estate.

The centre currently provides care for service users who have a diagnosis of dementia by their GP or a Psychiatrist. Fifteen service users access the centre on a daily basis from Monday to Friday and up to ten users access the centre at the weekend. The centre is open daily from 10:00 to 15:00. The focus of the Centre is to offer individuals the opportunity to enhance their quality of life by providing a safe, therapeutic and a stimulating environment.

## Summary of Inspection

A primary inspection was undertaken in Seven Oaks Day Centre on 09 December 2014 from 09:45 to 14:45. This was a total inspection time of five hours. The inspection was announced. Prior to this inspection the provider submitted a self-assessment of the two standards and one theme inspected. The focus of the inspection was to assess the centre's compliance with the two standards and one theme chosen from the Day Care Settings minimum standards 2012 and the providers' statements were verified. During the inspection the inspector used the following evidence sources:

- Analysis of pre-inspection information and questionnaires
- Discussion with the registered manager, staff and service users
- Examination of a sample of service user individual file records including evidence of review and safeguarding information; the complaints record; staff training record; incidents and accidents recording; 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 two staff regarding the standards inspected and their views about working in the centre. This generated positive feedback regarding management of records and reporting arrangements including recording, the management arrangement's in this day care setting and the staff knowledge regarding responding to behaviours in the context of human rights. Staff identified the service user records are kept securely; service users and their representatives are encouraged to look at the care plan and review records during the review and other meetings and opportunities. Staff views and approach to recording identified they are working consistently in their recording and are aware of the importance of recording accurately and in a timely manner to ensure care is accurate and current. Staff discussed their understanding of exceptional circumstances and they were clear they would never; and have never used restraint in this setting. Staff discussed using communication, 1 to 1 time, diversion, calming and using the environment to ensure service users engage with the day care activities and do not become frustrated or behaviours do not escalate. This was observed during the inspection when staff spent one to one time with service users who were not engaging in the group activity demonstrating a proactive approach to meeting needs. Finally both staff was satisfied with the management arrangements in the setting and if the registered manager is absent the cover arrangements were shared between two care assistants. Both staff described enjoying their job in Sevenoaks and stated this work gives them job satisfaction.

Four questionnaires were returned by staff members and reported satisfactory arrangements were in place with regard to NISCC codes of practice; supervision; mandatory staff training; staffing and management arrangements; responding to service user's behaviour; confidentiality and recording. The staff member's praised the quality of care provided within the returned questionnaires and the following comments were made: "All staff within the day centre work together as a team providing a high standard of quality of care and a great day service provision"; "High standard of care delivered by highly motivated; competent staff in a safe environment"; "Excellent standard of care"; "very good, support independence and rights of other service users". These comments demonstrate the day care staff are committed to delivering a service that is intended to be of high quality.

The inspector spoke with all of the service users and two representatives who were visiting the setting regarding the standard inspected and the two themes. The service users memory and level of communication was impaired due to their diagnosis therefore the inspector focussed on observation of service users in the setting and discussed the standards and themes inspected with the representatives. The two representatives gave the inspector positive feedback regarding attending the centre, the activities the service users had taken part in; and the care provided by the staff. The representatives discussed their understanding of records kept in the day care setting about them and that they can access the information by asking staff, they gave examples of how sharing records, progress and concerns had led to their relatives needs being met by other services including early identification of their relatives health deteriorating. The relatives discussed the front door which is locked and relatives expressed their support of this because they see it as a safety measure to prevent their relative wandering. However, the representatives are satisfied their relative can go out for a walk in the garden or with a staff member in the community on request, therefore they are not restricted by this measure and the measure is responsive to risk and needs identified for this service user group. The representatives told the inspector they knew Thelma is in charge of the day centre and if they had a problem or wanted to discuss something about the day care setting they felt they could talk to any of the staff in the day care setting. Specific comments were made during the discussion with representatives such as: "can't praise staff enough"; "it's great to have respite knowing he is safe doing activities, he's enjoying it"; "I am very happy he is here and I can plan to do things for myself, no complaints".

The previous announced inspection carried out on 3 February 2014 had resulted in no recommendations and three requirements regarding improving the timescales for review in the settings statement of purpose; the recording of the regulation 28 visits and informing service users and representatives regarding the regulation 28 visits. Improvements were evidenced during this inspection and these recommendations had been addressed.

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

The six criterion criteria within this standard were reviewed during this inspection. All of the criteria were assessed as compliant by the inspector, no requirements or recommendations were made.

Discussions with service users and staff and review of four service users' individual files provided evidence that the centre is performing well regarding standard 7. The observation of service users and the discussion with two relatives provided clear examples of how staff encourage and assist service users to get the most out of their day care experience, it was also clear this service was improving outcomes for the service users and their carers by providing respite and identifying changes in need and promoting any additional services that

can improve outcomes for service users. The inspector concluded the centre promotes service users social needs, stimulating intellectual activity; and independence.

Based on the evidence reviewed the inspector assessed the centre as compliant in this standard, no requirements or recommendations have been made regarding the examination of this standard.

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

Two criterion from regulation 14 were inspected which examined compliance with the use of any restrictive practices in this day care setting within the context of human rights. One criterion was assessed as compliant and one criterion was assessed as not applicable because the setting has not used restraint and therefore no incidents have been or would be reported through to RQIA.

Discussions with the manager, staff and examination of records provided evidence that the centre was using clear operational systems and processes which promote the needs of the service users who attend the centre. Staff discussed using good communication, diversion, calming techniques and knowing their service users' needs. The staff believe this assists them in ensuring service users behaviour does not escalate and they meet the individual and group needs.

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

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

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

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 four service users individual files, validated the registered manager's pre inspection questionnaire and viewed the environment. This did not reveal any 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 for support, stimulation and to meet their social needs. As a result of the inspection no requirements or recommendations have been made this is commendable and an indication of the quality of service provided in this day care setting.

**Follow-Up on Previous Issues**

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	4 (1) (c)	The registered manager must ensure the timescales and arrangements for the review are stated the settings statement of purpose.	This had been completed and review of five service user records evidenced annual reviews had been held for 2014.	Compliant
2	28 (3)	The registered person must ensure the regulation 28 reports completed on behalf of the registered person state if the visits were announced or unannounced and the time of the visit.	The inspector sampled two monitoring reports and was satisfied this was now actioned.	Compliant
3	28 (5)	The registered person must ensure there is clear evidence of how service users and their representatives aware made aware of the regulation 28 monitoring visits and how they can access the report.	The service user's guide has information regarding this and the service user guide is given to every service user.	Compliant

## Inspection Findings

Standard 7 - Individual service user records and reporting arrangements:	
Records are kept on each service user's situation, actions taken by staff and reports made to others.	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
7.1 The legal and an ethical duty of confidentiality in respect of service users' personal information is maintained, where this does not infringe the rights of other people.	
<b>Provider's Self-Assessment:</b>	
All information relating to the Service User is retained within a locked cabinet/office at the Centre. Fold fully endorses and adheres to the principles of Data Protection as set out in the Data Protection Act 1998.	Compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
<p>The inspector reviewed four service user individual records which presented as described in schedule 4; and other records to be kept in a day care setting, as described in schedule 5. The arrangements for access to records, communication, confidentiality, consent, management of records, monitoring of records, recording and reporting care practices are contained in the services policies and procedures which are accessible for staff. Service user's files are kept securely and this is explained in the service user guide for service user information.</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 user's personal information. Service users representatives also confirmed they are informed regarding confidentiality of personal information and recording practices in the day care setting.</p>	Substantially compliant

<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
<p>7.2 A service user and, with his or her consent, another person acting on his or her behalf should normally expect to see his or her case records / notes.</p> <p>7.3 A record of all requests for access to individual case records/notes and their outcomes should be maintained.</p>	
<b>Provider's Self-Assessment:</b>	
<p>A Service user and with his/her consent or another on his/her behalf will have access to their notes by requesting same to Registered Manager. Service Users are reminded of this at service user meetings.</p> <p>A request for access to individual case records/noted will be recorded on the communication record sheet.</p> <p>Fold fully endorses and adheres to the principles of Data Protection as set out in the Data Protection Act 1998.</p>	Compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
<p>The inspector examined the service user guide which is given to service users and their representatives when they commence their placement. It is clearly explained records are kept regarding each individual service user and access to the records in the settings policy and procedure regarding the same and in the minutes of a service user meeting held on 17 October 2014 where this was fully discussed. To ensure service users are clear regarding their right to access records the inspector suggested this could be added into the service user guide or service user agreement.</p> <p>Discussion with staff working in the centre validated their knowledge commensurate with their role and responsibilities. Staff described how they ensure a person centred approach to their practice and recording, they were clear they have clear understanding and regard for every individual service users' needs and personalities to ensure their needs are met and outcomes are improved in day care. Staff working in the centre discussed when and how service users see their records commensurate with their role and responsibilities and how do they respond to requests from service users and or their representative to access service user records which was consistent with the settings policy and procedure regarding the same.</p>	Compliant

<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
<p>7.4 Individual case records/notes (from referral to closure) related to activity within the day service are maintained for each service user, to include:</p> <ul style="list-style-type: none"> <li>• Assessments of need (Standards 2 &amp; 4); care plans (Standard 5) and care reviews (Standard 15);</li> <li>• All personal care and support provided;</li> <li>• Changes in the service user's needs or behaviour and any action taken by staff;</li> <li>• Changes in objectives, expected outcomes and associated timeframes where relevant;</li> <li>• Changes in the service user's usual programme;</li> <li>• Unusual or changed circumstances that affect the service user and any action taken by staff;</li> <li>• Contact with the service user's representative about matters or concerns regarding the health and well-being of the service user;</li> <li>• Contact between the staff and primary health and social care services regarding the service user;</li> <li>• Records of medicines;</li> <li>• Incidents, accidents, or near misses occurring and action taken; and</li> <li>• The information, documents and other records set out in Appendix 1.</li> </ul>	
<b>Provider's Self-Assessment:</b>	
Individual case records which include all of the above information are maintained for each service user. Once the service ceases to be provided; the information is retained for eight years.	Compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
The inspector examined a sample of four service user individual records and this evidenced the above records and notes are available and maintained by staff. Examination of a sample of monitoring records (e.g. file audits and regulation 28 reports) demonstrated working practices are systematically audited in this regard.	Compliant

<b>Criterion Assessed:</b> 7.5 When no recordable events occur, for example as outlined in Standard 7.4, there is an entry at least every five attendances for each service user to confirm that this is the case.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment:</b> A daily entry is made in the general report for each service user to reflect their enjoyment, health and wellbeing while at the day centre. Each Service User has a designated keyworker.	Compliant
<b>Inspection Findings:</b> The inspector examined a sample of service user care records and evidenced individual care records have a written entry at least once every five attendances for each individual service user and the quality of information recorded was observed as good and will contribute to overall assessment and progress.	Compliant
<b>Criterion Assessed:</b> 7.6 There is guidance for staff on matters that need to be reported or referrals made to: <ul style="list-style-type: none"> <li>• The registered manager;</li> <li>• The service user's representative;</li> <li>• The referral agent; and</li> <li>• Other relevant health or social care professionals.</li> </ul>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment:</b> Fold provide guidance for staff in respect of all reportable incidents and each service user file has a communication record to record all non regulatory referrals and communication.	Compliant
<b>Inspection Findings:</b> The provider's self-assessment was evidenced in examination of policies and procedures and service user individual records. Discussion with one service user representative also evidenced staff had consulted with them regarding their observations and potential to improve outcomes by referring an issue to another professional. The representative was extremely complimentary regarding the difference this had made to their relative at home as well as in the day care setting.	Compliant

<b>Criterion Assessed:</b>	
7.7 All records are legible, accurate, up to date, signed and dated by the person making the entry and periodically reviewed and signed-off by the registered manager.	
<b>Provider's Self-Assessment:</b>	
All records are completed as per 7.7. These are periodically reviewed and signed off by the Registered Manager and the Care Services Manager as part of the monthly compulsory audit.	Compliant
<b>Inspection Findings:</b>	
The inspector examined a sample of service user individual records and discussed the same with staff and was satisfied the Seven Oaks records meet this criterion.	<b>COMPLIANCE LEVEL</b> Compliant

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

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

<b>Theme 1: The use of restrictive practice within the context of protecting service user's human rights</b>	
<b>Theme of "overall human rights" assessment to include:</b>	
<b>Regulation 14 (4) which states:</b>  <b>The registered person shall ensure that no service user is subject to restraint unless restraint of the kind employed is the only practicable means of securing the welfare of that or any other service user and there are exceptional circumstances.</b>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment:</b>	
Restraint and seclusion are not practiced and fervantly discouraged within the Day Centre. A restraint policy is in place and is read in conjunction with the challenging behaviour policy. Staff are aware of these policies and of the guidance on restraint. Training provided in these areas is in line with the mandatory training requirements.	Compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
<p>The inspector examined a selection of records including: records of each service user as described in schedule 4; and other records to be kept in a day care setting, as described in schedule 5; the inspector did not find any records of restraint or seclusion and the current service user group do not have restraint as part of their care plan. The setting does have restrictions in place at the front door which is locked. This is clearly explained to all service users and their families at the start of the placement and if they wish to exit this will be facilitated by staff who will accompany a service user if assessed as required in their care plan. The setting will be installing a finger ID pad for the door so in the future those that want to exit and they are assessed as having independence in the centre to make decisions and go for a walk, they will be able to exit. Those where there is more risk as identified in their assessment and care plan can still exit but with support. This presented as adequate arrangements to ensure service users are safe, can maintain independence and their needs can be met in day care.</p> <p>At each review meeting professional guidance is sought regarding behaviours, needs of service users and management techniques and restrictions in place are openly discussed to ensure any plans in place that may be regarded as restrictive are agreed as the least restrictive measure available to meet need.</p>	Compliant



<p>Staff receive challenging behaviour training every two years as part of the mandatory training programme and competence is monitored by the manager on a day to day basis and in supervision. 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 are available for staff reference.</p> <p>Discussion with staff validated management and staff knowledge about when and why restraint is used including their understanding of exceptional circumstances. Discuss with staff working in the centre confirmed their knowledge regarding the use of restricting the front door which is fully explained to service users and those who are assessed as independent outside can leave the setting at any time. Those where there are risks identified have a clear plan of support or supervision to enable them to leave the setting on request.</p> <p>Discussion with a representative confirmed they had been fully informed regarding the restriction of the locked front door and their view was this increased their relatives safety in the setting and gave them confidence that their relatives needs will be met.</p>	
<p><b>Regulation 14 (5) which states:</b></p> <p><b>On any occasions on which a service user is subject to restraint, the registered person shall record the circumstances, including the nature of the restraint. These details should also be reported to the Regulation and Quality Improvement Authority as soon as is practicable.</b></p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment:</b></p> <p>With reference to 14 (4) Fold do not practice restraint. Should such practice ever be required to ensure the health safety and welfare of a Service User this would be recorded and notified immediately to RQIA and Commissioning Body.</p>	Compliant

Inspection Findings:	COMPLIANCE LEVEL
<p>No service users had been subject to restraint and use of restraint is not planned for in this service with the current group of service users.</p> <p>Staff are currently using approaches such as sound planning, understanding the service user's needs, clear communication, diversion, one to one time, distraction and activities to avoid any escalation of behaviours. This approach is consistent with the settings ethos, statement of purpose and aims of the service. <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 is available.</p>	Not applicable

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

Theme 2 – Management and Control of Operations	COMPLIANCE LEVEL
<p>Management systems and arrangements are in place that support and promote the delivery of quality care services.</p> <p>Theme covers the level of competence of any person designated as being in charge in the absence of the registered manager.</p>	
<p>Regulation 20 (1) which states:</p> <p>The registered person shall, having regard to the size of the day care setting, the statement of purpose and the number and needs of service users -</p> <p>(a) ensure that at all times suitably qualified, competent and experienced persons are working in the day care setting in such numbers as are appropriate for the care of service users;</p> <p>Standard 17.1 which states:</p> <p>There is a defined management structure that clearly identifies lines of accountability, specifies roles and details responsibilities for areas of activity.</p>	
<p><b>Provider's Self-Assessment:</b></p>	
<p>The management structure for the centre is contained within the Statement of Purpose and clearly identifies lines of accountability, specific roles and details responsibilities for areas of activity. All staff have quarterly supervisions, an annual appraisal and attend staff meetings and mandatory training. Competence training and mentoring are all addressed via these forums by the registered manager.</p>	Compliant

Inspection Findings:	COMPLIANCE LEVEL
<p>The registered manager is qualified to QCF level five which meets the standard of professional qualifications for a manager of a day care setting; she also holds current registration with NISCC. The two day care staff who act in her absence have completed a competency assessment with the manager and have confirmed they fully accept their role and responsibilities in the manager's absence. The review of arrangements in this regard did not reveal any concerns and the inspector was impressed with the format of the competency assessment which uses observation, discussion, training and ongoing assessment of standards of practice using NISCC standards and the day care setting standards. The setting has clear 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, which are available for staff reference and staff are aware of content. The staffing structure of the day care setting is clearly described in the settings statement of purpose.</p> <p>Discussion with staff working in the centre validated their knowledge commensurate with their role and responsibilities regarding management arrangements of the day care setting. For example they 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 and representatives evidenced they were informed regarding the management structure in place and were confident regarding getting support, help and information from staff.</p>	Compliant
<b>Regulation 20 (2) which states:</b> <ul style="list-style-type: none"> <li><b>The registered person shall ensure that persons working in the day care setting are appropriately supervised</b></li> </ul>	COMPLIANCE LEVEL
<b>Provider's Self-Assessment:</b>	
All staff are appropriately supervised. Reference 17.1.	Compliant
Inspection Findings:	COMPLIANCE LEVEL
The inspector examined the training, supervision, appraisal and staff record of the registered manager and those staff left in charge of the day care setting in the registered manager's absence and observed practice. This evidenced the provider's self-assessment and did not raise any concerns.	Compliant

<b>Regulation 21 (3) (b) which states:</b> <ul style="list-style-type: none"> <li>• (3) For the purposes of paragraphs (1) and (2), a person is not fit to work at a day care setting unless –</li> <li>• (b) he has qualifications or training suitable to the work that he is to perform, and the skills and experience necessary for such work</li> </ul>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment:</b>	
All staff are subject to a formal recruitment. Each job role has a job specification aligned to the Regulators requirements and the specific post. All staff are subject to a formal induction process and are required to attend mandatory training and have quarterly supervisions with the registered manager.	Compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
As described in the first criterion of this theme this inspection revealed no concerns regarding the professional registration, qualifications, experience and evidence of competence of the registered manager and the records of the staff members who manage the day care setting in their absence.	Compliant

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

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

## **Additional Areas Examined**

### **Complaints**

The complaints record was reviewed as part of this inspection. The annual complaints return for 2013 identified no complaints had been recorded. The inspector reviewed the complaints record which confirmed the return to RQIA and did not reveal any concerns regarding the content of the record. Two complaints / issues of dissatisfaction had been made in 2014 and examination of the record evidenced this had been responded to in a timely manner, in compliance with the settings complaint procedure including a thorough investigation of facts and had been resolved to the complainants satisfaction.

### **Service User Records**

Four service user files were inspected as part of this inspection and this did not identify any areas for improvement in the content and quality of information recorded.

### **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 with NISCC, 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 identify issues for further exploration.

### **Statement of Purpose & Service Users Guide**

These documents were made available for this inspection and the inspector made reference to them during the inspection. Examination of these documents did not reveal any concerns.

### **Monthly Monitoring Reports**

The provider supplied two regulation 28 reports for this inspection and this did not reveal any concerns regarding the frequency or the content.

## **Quality Improvement Plan**

The findings of this inspection were discussed with Thelma Moore as part of the inspection process.

This inspection resulted in no requirements or recommendations being made. The registered provider/manager is asked to sign the appropriate page confirming they are assured about the factual accuracy of the content of the report.

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**



No requirements or recommendations resulted from the primary announced inspection of Sevenoaks Day Centre which was undertaken on 9 December 2014 and I agree with the content of the report.

Please provide any additional comments or observations you may wish to make below:

<b>NAME OF REGISTERED MANAGER COMPLETING</b>	Thelma Moore
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING</b>	Fiona McAnespie

<b>Approved by:</b>	<b>Date</b>
Suzanne Cunningham	5 February 2014