Announced Primary Care Inspection

Name of Establishment:	**Balloo Training and Resource Centre**
RQIA Number:	**11114**
Date of Inspection:	**10 November 2014**
Inspector's Name:	**Suzanne Cunningham**
Inspection ID:	**IN017645**

The Regulation And Quality Improvement Authority
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1.0 General Information

Name of centre:	Balloo Training and Resource Centre
Address:	94 Newtownards Road Bangor BT19 1WS
Telephone number:	(028) 9145 0505
E mail address:	sonia.byrne@setrust.hscni.net
Registered organisation/ Registered provider:	South Eastern HSC Trust. Mr Hugh McCaughey
Registered manager:	Ms Sonia Byrne (Acting manager)
Person in Charge of the centre at the time of inspection:	Ms Sonia Byrne (Acting manager)
Categories of care:	DCS-LD
Number of registered places:	70
Number of service users accommodated on day of inspection:	50 Balloo 12 Bayview
Date and type of previous inspection:	13 August 2013 Secondary unannounced inspection
Date and time of inspection:	10 November 2014 09:30 – 17:45
Name of inspector:	Suzanne Cunningham

2.0 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.

3.0 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.

4.0 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.

5.0 Consultation Process

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

Service users	11
Staff	3
Relatives	1
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	25	14

6.0 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.

7.0 Profile of Service

Balloo Training and Resource Centre is a statutory facility located on the Newtownards Road in Bangor. The facility has been located on its current site for more than twenty years and was purpose built as a day care centre. The centre is registered for seventy adults who have a learning disability.

The building is single storey and is located on the outer limits of the town with good access, via a long driveway, to local bus routes and local shops. Car parking space is available. The facilities within the centre are well maintained with rooms adapted for various group needs. There is a large dining room area and kitchen; trainees have the choice of taking a hot cooked meal or bringing a packed lunch with them daily.

Outside, there are a number of useful horticulture facilities, including a large potting shed and a polytonal. Alongside these are two buildings, used for leisure activities, including pool, darts and TV.

Trainees using the service are organised into groups of varying numbers depending upon their strengths, needs and interests. Day care workers and care assistants deliver programmes of care within the centre, provide support to the families and carers of those attending and liaise with community based, multi-professional teams to ensure trainees' needs are responded to appropriately.

8.0 Summary of Inspection

A primary inspection was undertaken in Balloo Training and Resource Centre on 10 November 2014 from 09:30 to 17:45. This was a total inspection time of eight hours and fifteen 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 and examine the providers' statements. During the inspection the inspector focussed on the use of restraint and restrictions in the day care setting due to the assessed needs of the service users in the behaviour support unit and an incident involving restraint in November 2013 which had been reported to RQIA and led to a serious concerns meeting with the Trust. The inspector sampled evidence of standard 7 and theme 2. The inspector examined the following evidence sources:

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

The inspector spoke to two staff from the behaviour support unit and one staff member from the main centre regarding the focus of the inspection and their views about working in the centre. This generated positive feedback regarding empowering service users to make choices in day care as well as meeting identified needs. Staff knowledge regarding restrictive practices and restraint was appropriate for the service and consistent with the statement of

purpose. Staff described they do not use hands on physical intervention unless there are exceptional circumstances and are aware of the importance of ensuring any potential restrictions are proportionate and based in improving outcomes for service users. The inspector spoke to staff regarding the incident reported last year, namely when two service users were restrained in the day centre to give an injection and take bloods. In hindsight staff were clear this was not an appropriate use of day care space and staff, however they remained appropriately concerned that service users do have their health needs met.

Regarding management arrangements in this setting staff described the support provided by the management team in positive terms and they confirmed there was cover arrangements in place in the absence of the manager.

The inspector spoke in detail with the two staff based in the behaviour unit regarding the assessments, care plan and reviewing formats. The centre had adopted the person centred planning formats which the inspector observed did not contain the complexity of detail needed to respond to meeting service users' needs. The staff responded they feel the current paperwork does not allow them to specify detail and felt the old system was a better prompt for them to detail how to meet need. Discussion and a walk around with staff revealed they have an unofficial book to record what staff need to know about each service user and this is updated on an ongoing basis. In conclusion the inspector found there was a clear disconnect between paperwork and actual care provided, that is the care provided was responsive to individual need and the detail involved in the care of each individual was far more complex than described in the current assessment and care plan. The inspector discussed with staff and observed staff using techniques to improve communication, social interaction, activity participation, managing their environment, empowering them to make choices and empowering them to be an active participant in their care. This had led to improved outcomes for service users and some service users had moved out of the behaviour support unit and were now able to attend community placements. Overall there was a clear staff approach of ensuring restrictions are lessened at the service users pace, service user feedback is encouraged and the overall aim is to move service users out of behaviour unit.

Staff discussed with the inspector their clear respect for management and support that is given on a daily basis to ensure staff undertake their role and responsibilities. Staff did raise some concern regarding staffing shortages and there was a concern agency staff was no longer being used. Discussion with the manager revealed the agency staff provider was changing however; they would still have access to agency staff. Furthermore the manager had completed a staffing analysis taking into account the service users' needs, the size of the building and the settings statement of purpose. This revealed minimum staffing level had been maintained where possible and if this had fallen below assessed levels service user numbers had been reduced. Some new staff had been recruited which had also alleviated staffing concern. The staff in the behaviour support unit discussed with the inspector how they use all types of feedback from service users, from verbal to body language. The inspector observed this in practice during the visit and was satisfied the staff are fully aware of the complex communication methods used by their service users and respond to meet need and empower further communication.

Fourteen questionnaires were returned by staff members and reported satisfactory arrangements were in place with regard to NISCC codes of practice; supervision; and management arrangements; responding to service users' behaviour; confidentiality and recording. Eight of the staff members did identify there had been occasions when there was potential gaps in staffing which has been an ongoing issue for this setting. The questionnaires

identified: “there has been staff shortages daily”; “sometimes due to holidays and sickness the centre staff can be stretched”; “at times staff have to leave groups to assist in other duties leaving gaps elsewhere”; sufficient cover is not being achieved “due to increasing needs of clients and training”; “agency cover can be a concern as the trust has changed our usual provider and continuity will be hard to maintain with the new providers”; “sickness levels can be high causing pressure on other staff”; “lack of consistency and high level of reliance on bank and agency staff from day to day”. All of these concerns were discussed with the manager who evidenced staffing is monitored to ensure it meets the minimum standard. The inspector passed these comments to the manager to enable her to discuss this further with her staff and assure herself the minimum staffing levels are meeting the service users’ needs and statement of purpose within the environment.

In contrast the staff also raised the quality of care provided within the returned questionnaires and the following comments were made: “Good”; “The staff are very good”; “Excellent”; “We as a team strive to provide a diverse, safe, educational, non-judgemental, respectful, caring environment for our service users. Myself, I strive to provide a safe effective quality service using a person centred approach, factual recording; monitoring and reporting of situations, maintaining best practice policy and procedures”; “I think all staff show great care and compassion towards clients however, more resources would be beneficial”; “Good quality of care”; “Quality of care meets service users’ needs”; “It is of high standard ensuring clients’ needs are met and trying to improve their independence in Balloo and community”. These comments and staff responses demonstrate the day care setting staff is striving to provide a high level of service that is responsive to the needs of the service users.

The inspector spoke with eleven service users in the setting generally about their experiences in the day care setting and the focus of the inspection. The service users did provide the inspector with positive comments regarding the focus of the inspection, they recalled seeing their assessment/care plan/review records during the planning for the review and the review meeting. The service users were aware there was records kept about them and they stated would ask staff if they wanted to see them. The inspector met three service users in behaviour unit, they presented as relaxed and discussion revealed whilst the door into the unit is locked the service users in the unit can exit at any time; however anyone needing to get into the unit needs a code to get in.

The inspector spoke with and observed four service users in room 4, while they were doing games activities, the service users told the inspector what they were doing including games on ipads and explained other service users who are allocated to this room were out playing football. The inspector also went to the workskills group and observed service users doing creative activities assisted by staff, the inspector observed good examples of communication between staff and the service users to encourage participation. The service user told the inspector she enjoys colouring. Finally the inspector spoke to four service users who were in corridor, they talked to the inspector and confirmed they knew who the manager is and they talked positively about activities they had taken part in, particularly football which they had played on the day of the inspection.

The previous unannounced secondary inspection carried out on 13 August 2013 had resulted in three requirements regarding staffing, regulation 28 reporting and service user reviews. Three recommendations had been made regarding the service user care plans, service user review arrangements and a complaint. The manager provided evidence the requirements and 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.

Five of the six criterion criteria within this standard were reviewed during this inspection. One was assessed as compliant, two were assessed as moving towards compliance and two were assessed as substantially compliant. No requirements and two recommendations are made regarding improving the content of the service user's individual records and improving the signing/dating/management review of service user records.

Discussions with service users and staff and review of five service users' individual files provided evidence that the centre has made improvements in this regard since the last inspection. However, the balance of the recording person centred objectives with the assessment of need and how needs will be met is not right. The inspector was initially concerned the care service users receive may not be needs led and responsive to the complexity of service users' needs in this setting however; observation and discussion staff revealed their care delivered on the day of the inspection was responsive to assessed need and changing needs.

Based on the evidence reviewed the inspector assessed the centre as substantially compliant in this standard. No requirements and two 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 moving towards compliance. One requirement is made to improve service user records when a restraint or restriction is in place to ensure recording describes why any measures in place are the least restrictive methods that can be used to meet identified need.

Based on the evidence reviewed the inspector assessed the centre as substantially compliant in this theme, no recommendations and one requirement is 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.

One of the criteria was inspected and was assessed as moving towards compliance. Two requirements are made to improve management arrangements in this setting.

Additional Areas Examined

The inspector undertook a tour of the premises, reviewed the complaints record and examined five service users individual files. These revealed additional areas for improvement regarding service user records and the service user agreement/contract, two further requirements are made.

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 was satisfied the day to day care was responsive to basic need. The behaviour support unit was the focus of this inspection and the inspector was impressed with staff approach. That is staff work towards empowering service users to manage their behaviour and move into less restrictive environments.

As a result of the inspection a total of six requirements have been made regarding improving regulation 28 reporting on the conduct of the day care setting; recording restrictions or restraint in place are least restrictive practice to meet identified need; management arrangements and registration of the manager with RQIA; improve individual files and the service user agreement/contract. Two recommendations have been made regarding improving the content of all service user records and the signing and dating of service user records.

This has been reported to the manager post inspection and the acting manager expressed her commitment to improve the recommendations or requirements.

9.0 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1.	Regulation 20(1)(a)&(1)(b)	The registered person must ensure that at all times there are sufficient staff to provide appropriate care for service users; to meet the needs of the number of service users in the day care setting, their care plans, the size of the day care setting and the statement of purpose. The overall staffing numbers must be assessed to ensure they are compliant with this regulation and the outcome of this assessment must be reported to RQIA in the returned QIP, with any actions required to ensure compliance with this regulation is achieved.	The manager provided evidence staffing had been assessed and there was a clear analysis of the minimum required which had been maintained to date. The analysis did enable the manager to identify when staff had reduced to below the minimum and the decision was made to temporarily cease the service for some service users until levels increased again. This continued monitoring of this was commented on in the regulation 28 reporting however this should also include an analysis of the impact of these decisions on the service and service users, a further recommendation is made in this regard.	Substantially compliant

2.	28 (3) & (4)	The registered person must ensure when the regulation 28 reports identify staffing absences they should also comment if the absences are impacting on the standard of care provided in this day care setting. If there are actions to address this must be described to be acted upon to address this deficit. The registered person must ensure the monthly monitoring visits are undertaken in compliance with regulation 28. Specifically visits must be completed at least once per month and the visit must report on the conduct of the setting including compliance with standards and regulations.	The manager provided evidence staffing had been assessed and there was a clear analysis of the minimum required which had been maintained to date. The analysis did enable the manager to identify when staff had reduced to below the minimum and the decision was made to temporarily cease the service for some service users until levels increased again. The monitoring of this was reported in the regulation 28 report however this should have also included an analysis of the impact of these decisions on the service and service users; a further recommendation is made in this regard.	

3.	13(1) & (2)	The acting manager must ensure the service users' individual care file that was examined must be reviewed to ensure the care plan is current and updated, to ensure the care plan accurately specifies what needs to be in place to meet the identified needs for example the use of the relaxation room and the level of supervision required for this service user. The service user and representative should be adequately consulted regarding the care their relative is receiving and sign the care plan to indicate their agreement to the plan. This practice should also be applied to all of the other service users in this day care setting to ensure full compliance with regulation 13(1) & (2)	The file was inspected and this concluded a review of the service user's care had been completed and this was a person centred process. The inspector did note review and Person centred planning process did not include a detailed assessment and care plan with the outcomes information and this should be improved, a recommendation is made in this regard.	Substantially compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1.	5.1; 5.2; 5.3; 5.4; 5.6	The registered manager must ensure the format for the service users care plan includes: • the service users' wishes, feelings, goals or what outcomes they would like to achieve and the views of others who have an interest in the service users well-being. • the care plan must be signed by the service user and/or their representative • the care plan should be written in a format that is accessible to the service user and is based on a person centred model.	The person centred planning process had achieved these improvements	Compliant
2.	15.1; 15.3; 15.4; 15.6	The registered manager must ensure the care review for the service users whose file was inspected is held as described in standard 15 as soon as possible, to ensure compliance with this standard. The registered manager must also monitor all reviews to ensure they are held within stated timescales	Evidence was provided to confirm this had been achieved	Compliant
3.	14	The registered manager should contact the service user's representative who contacted RQIA and ensure they are given information regarding the complaint process. If they express dissatisfaction with the service this must be recorded and managed as a complaint.	Evidence was provided to confirm this had been addressed	Compliant

10.0 Inspection Findings

Standard 7 - Individual service user records and reporting arrangements: **Records are kept on each service user's situation, actions taken by staff and reports made to others.**	
Criterion Assessed: 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.	**COMPLIANCE LEVEL**
Provider's Self-Assessment:	
In BallooTraining & Resource Centre incorporating 'Elderly Learning Disability Service'(ELDS) we operate an open door policy. We work in partnership with the service user and parent / carer to develop a service that is transparent and honest. An example of this is at the annual Person Centred Review which we have had in place since august 2013 the parent / carer will have input into the full process and will be encouraged particapte in the decision making. This assessment formulates the service plan which is seen and signed by all relevant parties to include parent and service user.The service plan is secured at the front of the open access file, this is stored in a locked filing cabinet and the DCW holds the key for the cabinet. Where the service user is unable to sign the service plan a person acting on their behalf will go through the document and sign. Occasioanlly a request may be made for third party documentation, if this occurs they must request this in writing from the Information Governance Team in Ards Hospital.	Compliant
Inspection Findings:	**COMPLIANCE LEVEL**
Records were kept confidentially in a locked cabinet and accessed as required by staff to record. Service users said they were aware their information was kept safely.	**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:	
In Balloo Training & Resource Centre incorporating ELDS, each service user has an open access file . Staff record personal and relevant information to enable them provide a high and safe quality service that meets their individual needs. The files are stored in a locked cabinet to maintain confidentiality. Policies which staff adhere to: Data Protection Policy Statement SET/Gen (60) 2012 Good Management, Good Record 2011 Code of Practice on Protecting the Confidentiality of Service User Information - January 2012 If a service user or someone acting on their behalf requested personal information held within the Centre I would ask them to request this in writing to myself or Lynda McCree Governanace Dept A record of all requests and responses should be retained for a minimum of three years. Redacted responses must be retained for ten years. The master file will be held by the Information Governance Department as per Trust Policy SET/Gen (61) Procedure for Dealing with Freedom of Information (FOI) Requests. DHSSPSNI.gov.uk retention - schedule gives guidance on retention periods and relevant legislation in relation to records management.	Compliant
Inspection Findings:	**COMPLIANCE LEVEL**
The inspector discussed this criterion with a small number of service users and they stated they are aware that a service user record is kept and they would talk to staff to access the records.	**Substantially compliant**

Criterion Assessed:	**COMPLIANCE LEVEL**
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: • 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:	
The service plan is held at the front of the individuals open access file. The open access file is divided into sections - Correspondence between family, Health Professionals etc.. , Recording,Medication, Review/Report, Education, Legal and Restricted documentation.Planned transition placements induction starts as a partnership with the school and centre. The induction is planned on an individual basis as to what is best for the service user. Within 10 days of commencement the " All About Me " assessment is completed on the individual. This details their story so far, what we need to know about them, important to them now and for their future, etc- this document can be viewed on the day of the inspection. 4 - 6 weeks of commencement of placement the service user will have their first Person Centred Review. At this stage the service plan will be developed ensuring that support systems are recorded ie personal care requirements, behaviour support strategies and risk assessments are drawn up and reflected in the plan. The review thereafter will take place annually or sooner if there is a change in circumstances. Within the service plan is an action plan which staff review monthly to ensure actions are being achieved and if not they must record reason why. Accident / incidents are recorded on a NMIR report, contact to RQIA via Notification Event Form and were appropriate VA1 to Team Leader	Compliant

Inspection Findings:	**COMPLIANCE LEVEL**
Examination of five individual service users' records evidenced the assessment and care plan lack detail particularly for the more complex needs service users in the behaviour unit. Specifically improvements must ensure: care plans and other assessment / review documentation is signed; assessments must be current and evidence of updates; recording should be more specific regarding each service user; there should be evidence restrictive measures are subject to ongoing assessment; if using an I statement in a record this must be what the service user has said, if a service user has no communication using an I statement is not appropriate; behaviour management and human rights should be evident in assessment information and evidence that measures taken are least restrictive measures should be clear. A recommendation is made in this regard.	**Moving towards compliance**
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:	
Within Balloo TRC & ELDS, there is a record made on a contact sheet for every individual service user at least once every five attendences.These can be viewed in the open access file of the service users, on the day of the inspection.	Compliant
Inspection Findings:	**COMPLIANCE LEVEL**
Recording was in compliance with this standard however the quality of recording should be reviewed to ensure information recorded is monitoring the progress made and observations regarding behaviour.	**Substantially compliant**

Criterion Assessed: 7.6 There is guidance for staff on matters that need to be reported or referrals made to: • The registered manager; • The service user's representative; • The referral agent; and • Other relevant health or social care professionals.	**COMPLIANCE LEVEL**
Provider's Self-Assessment:	
Basic information sheet for staff has been developed as a guide to what needs to be reported or referred this is displayed in Manager's Office, also all DCW have been emailed their own copy. Guidance Record can be viewed on the day of the inspection.	Compliant
Inspection Findings:	**COMPLIANCE LEVEL**
Not inspected	**Not applicable**
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 legiable, accurate up to date and signed by person making the entry. The registered manager will sample and sign off several open access files during supervision. As this is an audit process recommendations are made and followed up at the next supervision.	Compliant
Inspection Findings:	**COMPLIANCE LEVEL**
The inspector reviewed five individual service user records and concluded records were generally legible, however signing, dating and review of information was not consistently evidenced. A recommendation is made in this regard.	**Moving towards compliance**

PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Provider to complete

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

Theme 1: The use of restrictive practice within the context of protecting service user's human rights **Theme of "overall human rights" assessment to include:**	
Regulation 14 (4) which states: **The registered person shall ensure that no service user is subject to restraint unless restraint of the kind employed is the only practicable means of securing the welfare of that or any other service user and there are exceptional circumstances.**	**COMPLIANCE LEVEL**
Provider's Self-Assessment:	
The registered manager ensures that restraint of a service user is only employed under exceptional circumstances and as a last resort after all other measures have been exhausted. The criteria for use of C&R is clearly set out in The South Eastern Trust Procedure for the Use & Recording of C&R Techniques in Adult Disability Services. All staff have received a copy of this policy. This Policy will be available to view on the day of the inspection	Compliant
Inspection Findings:	**COMPLIANCE LEVEL**
A sample of five individual service user records were examined with the incident and accident record; records of restraint and restriction, the complaints record, training record and discussion with staff. This evidenced if restraint, restrictions or segregation had been used is it was a planned or reactive response to service users challenging behaviour. Restraint had been used since the last inspection extract blood and administer an injection for two service users. Whilst these matters were described as essential health interventions, the use of restraint in these circumstances was not compliant with the day care settings regulations or standards. The trust has since ceased the use of staff and the day centre to administer injections or take blood. The review of records and discussion with staff confirmed there was professional guidance provided by C & R trainers and trust professionals however; the detail of techniques to be used was not clearly described in the service user's individual plans and there was no explanation of why this was assessed as the least restrictive method that can be used to meet the need. A requirement is made in this regard. As described by the provider this setting provides clear guidance for staff regarding the use of C & R (method of behaviour management) and staff are trained at the appropriate level to respond to the needs of service users in	**Moving towards compliance**

their room or area. Staff did raise with the inspector that they have concern that the frequency of the training may suffer because they cannot release staff to attend the training. The inspector checked arrangements in this regard with the manager who assured the inspector the training was not of date and it was not anticipated this would happen. Training is planned but staff do not have a closure day to facilitate this as it is not on the mandatory training list for all staff. The setting is allowed a small number of closure days to undertake mandatory training. The inspector was assured this training was being provided for staff.	
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:	
If a service user requires the use of restraint the technique will be clearly documented in the service plan. When staff restrain a service user there are a number of forms that need completed: 1. RQIA - Form 1a Statutory Notification of Events, 2. Trust NMIR, Post Review Incident Form, Monthly Record of the Use of C&R. Forms will be available to view on the day of the inspection.	Compliant
Inspection Findings:	**COMPLIANCE LEVEL**
The setting had reported incidents to RQIA when service users had been restrained	**Compliant**

PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	**COMPLIANCE LEVEL** Provider to complete

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**
Regulation 20 (1) which states: **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 -** **(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;** **Standard 17.1 which states:** **There is a defined management structure that clearly identifies lines of accountability, specifies roles and details responsibilities for areas of activity.**	
Provider's Self Assessment:	
The Statement of Purpose clearly defines the management structure,- lines of accountability and roles of staff within Balloo TRC & ELDS. When the manager is absent from Balloo TRC a Band 5 staff member will act as designated officer. A Band 5 is on site for the satellite unit ELDS, with direct contact to manager or in absence of manager designated person in charge of Balloo TRC. The registerd manager will carry out a competency and a capability assessment with any Band 5 who is given the responsibility of being in charge of the centre during the manager's absence. The Staff Competency Assessment can be viewed on the day of the inspection.	Compliant
Inspection Findings:	**COMPLIANCE LEVEL**
The management arrangements in this setting have been an acting manager has been in post for three years. The acting manager has started the QCF level five and currently would not meet the requirements for registration. This arrangement does not meet regulation 9 or 10 and this arrangement must be reviewed by the trust to ensure compliance in this regard. A requirement is made.	**Moving towards compliance**

Regulation 20 (2) which states: • **The registered person shall ensure that persons working in the day care setting are appropriately supervised**	**COMPLIANCE LEVEL**
Provider's Self-Assessment:	
Staff working in Balloo Training & Resource Centre and ELDS receive supervision. Frequency is recorded in their supervision agreement. Band 5 monthly and Band 3 bimonthly. The supervision agreement sets out the frequency, length and functions of supervision. Supervision and apprasial are the most important ways of ensuring that staff within Ards deliver a high standard of service. There are four functions of supervision management, development, support and engagement. In preparation staff draw up an agenda staff and supervisor may contribute to this. Supervision minutes are agreed / signed, these are stored in the staff member's personal supervision file with a copy for the staff member. Supervision sessions are in general confidential however the supervision record is an organisational document which may be seen by others for audit purposes. See South Eastern Trust Policy Supervision Policy for Social Care Workers in South Eastern Health and Social Care Trust (SET/Gen (51) 2012 Additional support is provided to staff at their annual apprasial (Knowledge Skills Framework) this allows staff to reflect on the knowledge / skills required for their job profile. Outcome of KSF a personal development plan will be devised - training plan for the incoming year. Progress is monitored via supervision process. Supervision and KSF should be viewed as a positive experience with time to discuss service users, training etc., reflect - give me the opportunity to praise staff for achievements and for going the extra mile.	Compliant
Inspection Findings:	**COMPLIANCE LEVEL**
Not inspected	**Not applicable**

Regulation 21 (3) (b) which states: • **(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:	
The Job Description / Specification which is attached to the application form informs potential staff of what qualifications / training is required for the job. Essential criteia is used as part of the shortlisting process ie: Band 3 essential crietria is NVQ II in care or equivalent or one years paid experience working in the caring envirnoment and a requirement to complete equivalent to NVQ II and completion of NISCC Induction. If an individual does not possess these they will not be shortlisted to next stage of selection / recruitment process - interview. Access N.I, medical, reference check are also completed before appointment through Human Resources Department in partnership with day centre managers.	Compliant
Inspection Findings:	**COMPLIANCE LEVEL**
Not inspected.	**Not applicable**

PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	**COMPLIANCE LEVEL**
	Provider to complete

INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	**COMPLIANCE LEVEL**
	Moving towards compliance

11.0 Additional Areas Examined

11.1 Complaints

The complaints record was reviewed as part of this inspection. The annual complaints return for 2013 identified twelve complaints had been recorded. The inspector reviewed the complaints record which confirmed the return to RQIA, the complaints were minor in nature and ten had been fully resolved locally in a timely manner. Two of the complaints took more time to resolve as they were specifically about a piece of equipment on order which did not arrive in a timely manner however, these have now been resolved fully and the complainant is satisfied with the outcome. Furthermore seven complaints had been recorded for 2014 and examination of the records did not reveal any concerns regarding the response and management of the complaints.

11.3 Service User Records

Five service user files were inspected as part of this inspection and this revealed the records require improvement; the content of the service user's individual files is further examined in standard 7 however the following issues were identified regarding individual records:

File 1 – documents must be signed and dated; the behaviour nurse has asked for a reassessment and review of restrictive measures in place. There is a lack of evidence that this was re-examined in detail, there is a mention of this in the last person centred planning review but no evidence of assessment; there is a record of a best interests discussion regarding medication being disguised in food however it is not clear how this will be documented it when occurs, or the frequency for the review of this plan; there is a Behaviour support plan for another service user in this file which should be removed; the review discussion states I am untidy and often break activities in the section entitled what is not working for me however it is not clear how the service user communicated this.

File 2 – The review form has no date on it and had not been signed by service user or representative; the information in the person centred plan or care plan should refer to the service users epilepsy management plan and the inspector could not ascertain if there has been any seizures; the use of Midazolam had not been reviewed since 2012; and the risk assessment form had not been signed; lastly recording did not reference ongoing assessment or monitoring of care identified in the care plan. This care plan did have a DOLs statement in it but it was a general statement and it is not clear how DOLs applies to this care plan and how staff will ensure the least restrictive approach is used.

File 3 – This file did not have a current assessment on this file therefore lacks clear information which can be translated into a care plan that identifies for staff the service users' needs when in the setting and how they should meet those needs to ensure the service user gets the most out of their day care placement.

File 4 & 5 – These service users care plans had not been updated since a decision was made not to administer injections and take bloods in the day care

A requirement is made that these individual records are reviewed, revised and updated to improve the matters identified.

11.4 Service Users Guide

The service does not have a service user agreement in place and a requirement is made in this regard.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Ms Sonia Byrne, 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

Announced Primary Care Inspection

Balloo Training and Resource Centre

10 November 2014

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

The specific actions set out in the Quality Improvement Plan were discussed with Ms Sonia Byrne (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.	Regulation 28 (4) (c)	The registered person must ensure that regulation 28 reporting does comment on the conduct of the day care setting particularly when reporting on staffing arrangements, that is when the regulation 28 reports identify staffing absences they should also comment if the absences are impacting on the standard of care provided in this day care setting. If there are actions to address this; they must be described and evidenced as acted upon to address this deficit.	First	The monitoring inspector has been advised of this requirement and with immediate effect,will comment in greater detail the impact of staff absentism on the conduct of the service in future monitoring reports.This requirement will also be raised at the next Disability Managers RQIA Shared Learning meeting.	5 January 2014
2.	14 (4)	The registered manager must ensure service user's individual plans and or assessment information clearly evidences why measures used are considered the least restrictive method that can be used to meet the identified need.	First	Service plans are being reviewed to ensure that they contain evidence of the following: Level and nature of risk. Implementation of least restrictive measure to reduce risk. Review of outcomes of restrictive practice. This has commenced with the five files reviewed to be completed by 5th Jan .	5 January 2014
3.	9	The registered provider must appoint a manager to manage this day care setting and	First	The Trust is taking steps to actively recruit a permanent	5 January 2014

		ensure the appointed person applies for registration as registered manager with RQIA		Manager for Balloo. The successful candidate will apply to RQIA to be Registered Manager.	
4.	10 (2) (i)	The registered provider must ensure the appointed manager has the appropriate qualifications to manage this day care setting.	First	The temporary manager is currently completing the QCF Level 5 Diploma in Leadership for Health and Social Care Services(Adults Management)	5 January 2014
5.	19 (1) (a)	The registered manager must ensure the files identified in section 11.3 of this report are reviewed, revised and updated to improve the matters identified. Arrangements in this regard to achieve this requirement must be reported on the returned quality improvement plan	First	Corrective action is being taken in regards to the five files identified as per Section 11.3 of the report. In addition an action plan will be developed to ensure compliance with standards for all service users files.	5 January 2014
6.	5 (1) (c)	The registered manager must ensure there is a service user agreement / contract in place which service users and the day care staff sign prior to commencement of placement and is reviewed annually	First	This has been implemented with immediate effect and will be reviewed annually.	5 January 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.	7.4	The registered manager must review with staff the content of the service users individual records to improve: care plans and other assessment / review has sufficient detail to care for each service user; documentation must be signed; assessments must be current and evidence updates; recording should be more specific regarding each service user; there should be evidence restrictive measures are subject to ongoing assessment; use of an I statement in a record must be what the service user has said, if a service user has no communication using an I statement is not appropriate; behaviour management and human rights should be evident in assessment information and there must be evidence that measures taken are least restrictive.	First	Corrective action will be taken in regards to the five files identified as per Section 11.3 of the report. In addition an action plan will be developed to ensure compliance with standards for all service users files.	5 January 2014
2.	7.7	The registered manager must make appropriate arrangement to improve the signing, dating and management review of information in each individual service users file	First	The registered manager will audit files quarterly to ensure appropriate signing and dating of review information in each service users file.First 5 files will be audited by Dec 19th 2014.	5 January 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	Sonia Byrne
Name of Responsible Person / Identified Responsible Person Approving QIP	Brendan Whittle, Director of Adult Services & Prison Healthcare

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Suzanne Cunningham	10 March 2015
Further information requested from provider	yes	Suzanne Cunningham	28 January 2015