



The **Regulation** and
Quality Improvement
Authority

Primary Announced Care Inspection

Name of Service and ID: Magherafelt Adult Centre incorporating 'Changing Needs' (11126)

Date of Inspection: 23 and 24 July 2014

Inspector's Name: Suzanne Cunningham

Inspection No: 17626

The Regulation And Quality Improvement Authority
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Name of centre:	Magherafelt Adult Centre incorporating 'Changing Needs'														
Address:	55 Hospital Road Magherafelt BT45 5EG														
Telephone number:	028 7936 5060														
E mail address:	danny.carron@northerntrust.hscni.net														
Registered organisation/ Registered provider:	Northern HSC Trust Mr Larry O'Neill														
Registered manager:	Mr Danny Carron														
Person in charge of the centre at the time of inspection:	Mr Danny Carron														
Categories of care:	DCS-LD, DCS-LD(E)														
Number of registered places:	85														
Number of service users accommodated on day of inspection:	<table border="1"> <thead> <tr> <th></th> <th>23 07 2014</th> <th>24 07 2014</th> </tr> </thead> <tbody> <tr> <td>Day centre</td> <td>45</td> <td>46</td> </tr> <tr> <td>Satellite</td> <td>11</td> <td>10</td> </tr> <tr> <td>Total</td> <td>56</td> <td>56</td> </tr> </tbody> </table>				23 07 2014	24 07 2014	Day centre	45	46	Satellite	11	10	Total	56	56
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Day centre	45	46													
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Total	56	56													
Date and type of previous inspection:	10 March 2014 Primary announced inspection														
Date and time of inspection:	23 July 2014 10:30 – 16:30 24 July 2014 10:30 – 15:00 & changing needs 15:15 - 16:15														
Name of inspector:	Suzanne Cunningham														

Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect day care settings. A minimum of one inspection per year is required.

This is a report of a primary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during the inspection were met.

Purpose of the Inspection

The purpose of this inspection was to ensure that the service is compliant with relevant regulations and minimum standards and themes and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of day care settings, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Day Care Settings Regulations (Northern Ireland) 2007
- The Department of Health, Social Services and Public Safety's (DHSSPS) Day Care Settings Minimum Standards (January 2012)

Other published standards which guide best practice may also be referenced during the inspection process.

Methods / Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the minimum standards.

The inspection process has three key parts; self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

Specific methods / processes used in this inspection include the following:

- Analysis of pre-inspection information
- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Tour of the premises
- Evaluation and feedback

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

Consultation Process

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

Service users	6 in Magherafelt & 3 in changing needs
Staff	3 in Magherafelt & 2 in changing needs
Relatives	0
Visiting Professionals	0

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

Issued To	Number issued	Number returned
Staff	22	1

Inspection Focus

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

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

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

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

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

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

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

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

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

Profile of Service

Magherafelt Adult Centre is situated in the grounds of the Mid Ulster Hospital. The main centre provides day care for a maximum number of seventy five service users. Within the centre there are five identified rooms where individual and group work takes place. Some service users attend part time and some attend for the full week depending on their individual needs assessment.

The centre operates a satellite unit for service users assessed as more independent and for whom the busy environment of the main centre is not best suited to their needs. This is called the "Changing Needs" group which meet in a separate unit in the middle of the town. Furthermore service users' avail of courses provided in various locations within Magherafelt. The satellite setting has a maximum of ten service users who attend at one time.

Summary of Inspection

A primary inspection was undertaken in Magherafelt Adult Centre on 23 July 2014 from 10:30 to 16:30, 24 July 2014 from 10:30 to 15:00 and a short visit in changing needs from 15:15 to 16:15. This was a total inspection time of eleven hours and thirty 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 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 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 three staff in Magherafelt and two staff in the satellite service regarding the standards inspected and their views about working in the centre. This generated positive feedback regarding records and reporting arrangements including recording using a person centred approach to records. Staff clearly described processes in place to assure confidentiality of service user information, recording in a timely manner to ensure recording is accurate. Staff described opportunities that have arisen where they have involved service users in their recording; such as writing review reports and care plans, involving service users in choosing symbols that will make the reports and plans more accessible for the service user. Overall the inspector was impressed with the progress in the area of person centred practice in this setting, particularly how staff have tailored their methods of involving service users to the service users level of development and understanding. Staff discussed their knowledge of restraint, restrictive practice and seclusion in the day care setting and the inspector was impressed with the improved approach in this day care setting, staff had made significant changes to the way they arranged rooms and how they managed service users during the day which had resulted in service users who have their own defined space in the day care setting; service users had opted to use more of the setting during the day within a clear support plan provided by staff to ensure the service users mood and behaviour is conducive to the open

environment. This change in care plans for a small number of service users in this day care setting is more in line with the definition of day care.

Staff described being respectful and responsive to service users choice, protecting their rights and one staff member raised an example of restrictive practice that is currently being implemented by the family and followed by the trust even though it is not written up in any behaviour plan or care plan. This is further discussed in theme one and review of service user records.

Staff discussed the management arrangements in this day care setting and all staff were clear that if the registered manager is absent, the day care workers act up in his absence and they are supported by the locality day care manager or another day care setting manager. Staff discussed they felt this had worked to date however they did raise a concern regarding staffing which they identified was reduced by long term sickness, term time working arrangements and unexpected sick leave. Whilst staff acknowledged agency staff had covered some absences they did describe managing the activity schedule was difficult because they were trying to prioritise consistency for service users who needed the same group of staff. This is further discussed in theme two.

One questionnaire was returned by a staff member and reported satisfactory arrangements were in place with regard to NISCC codes of practice; supervision; staff training; management arrangements; responding to service user's behaviour; confidentiality and recording. The staff raised the issue of sufficient staff cover daily to ensure consistency for service users and ensure all staff on the floor are fully trained in meeting service users' needs for example SCIP and peg feeds. The staff member commented "the quality of care is very good with the resources we are provided with".

The inspector spoke with the nine service users generally about their experiences in the day care setting. The inspector used the discussions and observations to gauge their thoughts and views about the standard inspected and the two themes being inspected.

The service users did provide the inspector with positive comments regarding attending the centre, the activities they had taken part in; and the care provided by the staff. Service users were aware their records are kept locked away and some were not sure if they could ask to see their records. Service users made specific comments during the discussion such as: Danny the manager sorts things out, he's very good. He organises BBQ's discos and outings; (staff) keep any eye on me, I know my plan is in my folder and I get to see it; staff talk about what's going on here; I have seen my care plan; Danny's the boss, if I have a worry I talk to staff; we are happy here because there is friends we like and activities all the time. In conclusion the discussion with service users provided the inspector with service users' views about why this day centre is important for them and why they like to come to the day care setting.

The previous announced inspection carried out on 10 March 2014 had resulted in no requirements and two recommendations regarding the accident and incident reporting of vulnerable adult incidents and making regulation 28 visit reports available for service users and their representatives. Action had been taken to improve these areas.

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 criteria within this standard were reviewed during this inspection. Three criteria were assessed as moving towards compliance, one as substantially compliant and two as compliant. Three recommendations are made regarding policies and procedures; informing service users how to access their records and two service users reviews. One requirement is made regarding the settings vulnerable adult policy and procedure. The remaining two criteria were assessed as compliant by the inspector.

Discussions with service users and staff and review of six service users' individual files provided evidence that the staff have a reasonable understanding of standard 15 and are committed to improving their compliance with the same. The discussions with service users provided examples of how staff encourage service users to get the most out of their day care experience and encourage them to voice their opinion regarding the setting and the care they provide. Service users spoke about enjoying the social aspect of attending the centre and how much they appreciate staff attention and support.

Based on the evidence reviewed the inspector assessed the centre as substantially compliant in this standard. One requirement and three 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 criteria from regulation 14 were inspected which examined compliance with the use of any restrictive practices in this day care setting within the context of human rights. One criterion was assessed as moving towards compliance and one criterion was assessed as substantially compliant. Overall the inspector was pleased to observe and evidence improved integration into the day care setting for a small number of individuals with specific behaviour management plans and staff had addressed the care of service users who were at risk of being secluded within the setting. However, the inspector did identify four areas of improvement regarding this theme. The first requirement is made regarding an incident of restraint that must have evidence of post incident analysis to ensure measures are in place to prevent reoccurrence. Secondly a restrictive practice was identified as in place without assessment or a behaviour management plan regarding the same, this must be reviewed urgently. Thirdly the manager must forward the content of the RESPECT training to RQIA to ensure the content is adequate to meet the needs of the service users and finally evidence of regulation 29 reports sent to RQIA must be produced for future inspections.

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 however, as reflected within the requirements made improvements do need to be made to ensure full compliance with this theme in the future.

Based on the evidence reviewed the inspector assessed the centre as substantially compliant in this theme and four requirements are made to improve future compliance.

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. Two criteria were assessed as moving towards compliance and one as compliant. Four requirements are made regarding ensuring the staff members who act up in the absence of the manager have a competency assessment completed by the manager to evidence they have the skills, knowledge, training and understanding of the role and responsibility to act up in the managers absence. The regulation 28 reports must review staffing rotas, actual staffing arrangements and form a view as to if arrangements are compliant with the day care settings regulations and standards. Staff must receive adequate supervision and appraisal at a frequency that is compliant with the day care settings standards. If a day care worker is assuming the delegated responsibility of the registered manager in their absence their day care worker duties must be covered by other staff to enable them to fulfil the role of manager.

Discussion with the manager and staff provided evidence that the staff and manager promoted quality care within an environment of limited resources. Overall the improvement identified is to strengthen the management arrangements in place and assure staff are confident and competent if and when left in charge of the day care setting, in the managers absence.

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

Additional Areas Examined

The inspector undertook a tour of the premises, reviewed the complaints record, examined six service users individual files, validated the registered manager's pre inspection questionnaire, reviewed the staff questionnaire and viewed the environment. This revealed five areas for improvement, two of which had also been identified in the inspection of the standard and two themes regarding the complaint record; the review of service users' records; the registered manager questionnaire, monthly monitoring reports and the environment.

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 did observe significant improvements in the setting since the last inspection however the inspector was concerned regarding the number of improvements identified during this inspection and the arrangements for the satellite service to move. These concerns were brought to the attention of the senior management team within the trust and a meeting to discuss these serious concerns was held. The trust provided adequate evidence of commitment to the move to the new premises for the satellite service and gave assurance the inspector's concerns would be addressed prior to the move to the new premises. The trust also provided assurances and evidence that improvements would be made regarding the other requirements and recommendations made during this inspection.

As a result of the inspection and the subsequent meeting with the trust a total of twelve requirements have been made regarding: evidence of submission of regulation 29 reports to RQIA; vulnerable adult policy and procedure; the post incident analysis of a restraint of a service user; the review of restrictive practices in the care plan; two service user reviews; the content of RESPECT training; competency assessments for staff who act up in the managers absence; regulation 28 reports; evidence of staff training, supervision and appraisal in staff files; staffing arrangements; the complaint record; and painting of the walls in the orange room.

Two recommendations have been made regarding policies and procedures; and informing service users and their representatives how information is kept confidential regarding service users and consent to records; and access to records.

This was reported to the management team at the conclusion of the inspection and during a meeting with the trust regarding the concerns identified during this inspection, assurances have been made these will be addressed as a priority and the inspector is confident concentrated effort on achieving the improvements identified the centre will achieve a fully compliant level of achievement.

Follow-Up on Previous Issues

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	13.5	The registered manager should ensure any incident and accident forms that describe one service user's behaviour impacting on another service user's well-being is reviewed to ascertain if there is a vulnerable adult concern that requires reporting under the settings procedure. Notification to RQIA under regulation 29 should also be considered. Finally what can be put in place to prevent reoccurrence should also be clearly recorded.	This had been completed however review of incidents and accidents recorded from February 2014 identified there had only been one report received by RQIA since the last inspection. The manager had copies of a number of incident reports written and he stated these had been sent to RQIA however RQIA incident team identified these had not been received. A new requirement is made in this regard	Substantially compliant
2.	1.2	The registered manager should make adequate arrangements for service users and their representatives to be made aware of the regulation 28 visit and availability of the report, for example on the service user notice board or in the service user guide. Arrangements put in place should be reported on the returned QIP.	These are displayed in the front of the building and are accessible.	Compliant

Standard 7 - Individual service user records and reporting arrangements:	
Records are kept on each service user's situation, actions taken by staff and reports made to others.	
Criterion Assessed: 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:	
The Trust has policies and procedures in place in relation to confidentiality and any records held by the organisation. These include; Records Management Policy and Processing of Personal Information (POPI). The purpose of these policies are to support staff and enable them to work within the law and within good practice guidelines. The policy covers retaining personal information, Records and Record keeping, Safe Storage of personal information, Access and Sharing of information and Retention and Disposal of Confidential Information.	Compliant
Inspection Findings:	
The inspector examined the records in respect of six service users, the records were as described in schedule 4; and other records were kept in the day care setting, as described in schedule 5. Staff was clear regarding the arrangements for confidentiality in this day care setting when recording in or storing service users information. Staff was clear regarding the need to ensure staff only access information they need. The manager evidenced policies and procedures pertaining to the management of records; recording and reporting care practices are available for staff reference. However it was not clear if these policies and procedures also described arrangements for access to records, communication, confidentiality, consent, monitoring of records, and service user agreement. A recommendation is made to ensure the staff do have access to policies and procedures in this regard which are consistent with standard 7.	COMPLIANCE LEVEL Moving towards compliance

<p>Criterion Assessed:</p> <p>7.2 A service user and, with his or her consent, another person acting on his or her behalf should normally expect to see his or her case records / notes.</p> <p>7.3 A record of all requests for access to individual case records/notes and their outcomes should be maintained.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment:</p> <p>Service users and their representatives are permitted to have access to their own personal records/case notes. Requests for information are processed in line with Trust Procedure/Policy and documents maintained where this takes place.</p> <p>Within the Adult Centre, service users are actively involved in their care planning/review process and, where appropriate/when possible, will also contribute to completing records for this process.</p>	Compliant
<p>Inspection Findings:</p> <p>The inspector could not locate any information for service users or representatives that informs them about the information that is recorded about them by staff, how this is stored and how they can access this information if they wish to. Feedback from service users was varied in this respect and service users were not clear that they could access their records in the day centre. A recommendation is made in this regard.</p> <p>Discussion with staff working in the centre identified they would refer any requests for information to the manager but they explained service users and if appropriate their families do access the care plan and review information at the review meeting.</p> <p>Discussion with staff identified they had improved their person centred approach to their recording for example using personalised pictures in care plans and meeting notes to ensure the picture fits what is being said, service users help locate the pictures as well, they also summarise and write on behalf of the service user in reports or write exactly what they have said if a quote is required. Staff were also clear if a service user did access their records it would be important for them to do this in a quiet area, and have a staff member to support them so if they had questions about the content support was on hand.</p>	COMPLIANCE LEVEL Substantially compliant

Criterion Assessed:	COMPLIANCE LEVEL
<p>7.4 Individual case records/notes (from referral to closure) related to activity within the day service are maintained for each service user, to include:</p> <ul style="list-style-type: none"> • Assessments of need (Standards 2 & 4); care plans (Standard 5) and care reviews (Standard 15); • All personal care and support provided; • Changes in the service user's needs or behaviour and any action taken by staff; • Changes in objectives, expected outcomes and associated timeframes where relevant; • Changes in the service user's usual programme; • Unusual or changed circumstances that affect the service user and any action taken by staff; • Contact with the service user's representative about matters or concerns regarding the health and well-being of the service user; • Contact between the staff and primary health and social care services regarding the service user; • Records of medicines; • Incidents, accidents, or near misses occurring and action taken; and • The information, documents and other records set out in Appendix 1. 	
Provider's Self-Assessment:	
<p>Each service user has an individual case record. These are completed and maintained in line with Trust/RQIA requirements.</p> <p>These records include; referral information, carer/multi-disciplinary contacts, assessments and reviews, care plans, contacts and details of activities.</p> <p>Any changes to circumstances, significant incidents/near misses are recorded along with details of actions taken/further work to be done.</p> <p>All records are stored securely in line with Information Governance requirements.</p>	Compliant
Inspection Findings:	COMPLIANCE LEVEL
<p>The examination of six service user individual records evidenced the above records and notes are available and maintained by staff and the manager of the day centre. The case records and notes were updated, current, presented as person centred, incorporate service user recording when possible, and compliant with appendix 1 (The Day Care Setting Regulations (NI) 2007). The inspector did note care reviews were not taking place as described in standard 15 and two files were identified as having their reviews significantly out of date, a requirement is made in this regard.</p>	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: Staff ensure that records are maintained/updated with an entry regarding service users, at least every five attendances. This is done in line with Trust and RQIA requirements. These records are signed and dated.	Compliant
Inspection Findings: The sample of six service user care records evidenced the individual care records have a written entry at least once every five attendances for each individual service user.	COMPLIANCE LEVEL Compliant
Criterion Assessed: 7.6 There is guidance for staff on matters that need to be reported or referrals made to: <ul style="list-style-type: none"> • The registered manager; • The service user's representative; • The referral agent; and • Other relevant health or social care professionals. 	COMPLIANCE LEVEL
Provider's Self-Assessment: The Northern Health and Social Care Trust has a comprehensive package of policies and procedures directing staff on matters pertaining to service user care and reporting procedures. Specific training is also provided on areas such as Safeguarding, Recording, Storage and Sharing of Records. A policy library is available to all staff, either via "hard copy", or via the Trust Intranet. Advice and direction is also available at all times from Line Managers and Multi Disciplinary Team.	Compliant

Inspection Findings:	COMPLIANCE LEVEL
<p>Discussion with staff revealed they understood their role and responsibility to report and refer information and record the outcomes achieved and as long as it did not endanger anyone; they would ensure service users and or representatives informed regarding information that may be reported or referred. Staff also identified consent issues and ensuring the information that has been reported; is reported to the right people. One example of staff putting this into action was following a vulnerable adult issue a staff member raised the outcome with the social worker because she had not received feedback and this identified a shortcoming in the reporting of vulnerable adult concerns. The inspector reviewed the changes in procedure which do go some way to ensuring future service users' needs are met, risk is diminished and care is appropriate. However, the inspector did identify the Magherafelt Adult Centre safeguarding vulnerable adult's regional policy and guidelines still leave potential for staff error, this procedure should clearly explain the procedure for staff to report a vulnerable adult concern and the responsibilities of the registered manager. A requirement is made in this regard.</p>	Moving towards compliance
<p>Criterion Assessed: 7.7 All records are legible, accurate, up to date, signed and dated by the person making the entry and periodically reviewed and signed-off by the registered manager.</p>	
<p>Provider's Self-Assessment:</p>	
<p>Records are maintained in line with Trust requirements. They should be legible. These are signed and dated by the person making the entry and periodically reviewed by management, within supervision and when monitoring review records/audits.</p>	Compliant
<p>Inspection Findings:</p>	COMPLIANCE LEVEL
<p>Examination of a sample of six service users' individual records revealed they meet this criterion. Consultation with a sample of staff working in the centre confirmed their understanding of this criterion. The inspector did not find evidence of development of recording skills in staff training, supervision or team meeting records; it is good practice to periodically discuss this with staff to ensure all understand their role and responsibility in this regard.</p>	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant
INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	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:	
<p>Regulation 14 (4) which states:</p> <p>The registered person shall ensure that no service user is subject to restraint unless restraint of the kind employed is the only practicable means of securing the welfare of that or any other service user and there are exceptional circumstances.</p>	COMPLIANCE LEVEL
Provider’s Self-Assessment:	
<p>In line with Trust Policy, restraint is only used when no other option is available to ensure the safety of service users. This is a practice standard emphasised in RESPECT training. Staff endeavour to ensure that prevention and early intervention measures are employed before restraint is considered.</p> <p>If physical intervention measures are not part of a service users plan then the Positive Behaviour Support team/RQIA will be notified and the situation will be considered and assessed. It may be then appropriate to include additional measures in the persons care plan to help manage any future incidents.</p> <p>Incidents are recorded and reported in line with requirements of the Northern Trust and RQIA.</p>	Compliant
Inspection Findings:	
<p>The inspector examined six individual service users’ records, particularly for service users whose behaviour management plan involves planning involving seclusion, restrictions or restraint. The inspector noted the service users had comprehensive plans detailing how staff should respond to escalating behaviours that had been observed and assessed over a defined period in the day care setting as well as other environments.</p> <p>The inspector did note an incident report dated 25/03/14 (not received by RQIA) detailed a two person escort; which was a restraint. Examination of the service users record (file 4) revealed this intervention had not been written into his behaviour management plan and there was no analysis of this intervention on the file to provide the inspector with assurance this intervention was necessary, proportionate and how this can be prevented in the future care of the service user. Discussion with staff revealed this intervention was believed to be a one off in response to escalating behaviours and an intervention to prevent the service user from harming himself. There was a record by the manager that if this intervention was required again, the service user should be re referred to</p>	COMPLIANCE LEVEL Moving towards compliance

the behaviour management team for re assessment. In summary restraint was used when restraint was not part of the service users plan and there was no evidence of what was done to prevent reoccurrence or that in terms of the service user’s assessment and human rights that this intervention was necessary and proportionate. A requirement is made in this regard.

Another service user’s record (file 1) was examined following a comment made by a member of staff regarding the service user who has multiple of layers of under garments, the trousers are secured by a belt and the zip tied. These measures had been taken by carers and the day centre staff had followed on with this despite staff saying they felt it was a restrictive action which was not included in the service user’s behaviour management plan. The inspector agrees with the staff assessment and therefore this action requires urgent review to ensure behaviour management actions are compliant with regulations and standards for day care settings; actions taken by staff to manage behaviours in this day care setting must be evidenced as not in breach service users human rights or liberty and must be a proportionate and effective response to the behaviour and risk posed by the behaviour. The inspection of the file also identified the service users review is three years out of date. A requirement is made to improve these matters as a matter of urgency.

The staff training matrix identified staff had received RESPECT training in September 2013 however the content of the training was not made available therefore the inspector was not assured the staff are adequately trained to meet the behaviour needs of the service users in the day care setting and the care plans in place. A requirement is made that this is forwarded with the quality improvement plan.

The inspector did sample the trust deprivation of liberty safeguards policy May 2014 which was in place as well as the whistleblowing, restrictive physical interventions policies and procedures which are accessible for staff reference. The inspector noted restrictions in place such as the use of mitts had been written into behaviour management plans and had been reviewed three monthly to ensure the restriction in place is necessary and proportionate to need and behaviour. The inspector commends this practice and this should be in place for all restrictive practices in place in this day care setting. The inspector examined a selection of records including: records of a sample of service users as described in schedule 4; and other records to be kept in a day care setting, as described in schedule 5; records of restraint, restriction or seclusion. This revealed the staff team refer behaviour concerns to the positive intervention team for advice and the positive intervention team provide an assessment, behaviour management plan and ongoing support to manage challenging behaviours in the day care setting. Previously the inspector was aware there were service users undertaking schedules of work in a managed space; including being secluded in individual rooms. This management technique had been reviewed since the last inspection and where possible service users were encouraged to engage with the whole room and the rest of the day care setting to ensure they are benefitting from the social experience of attending the day care setting.

<p>Discussion with staff validated management and staff knowledge about when and why restraint is used including their understanding of exceptional circumstances, the inspector noted staff working in the centre were able to recall their knowledge regarding the use of restraint or seclusion including how service users human rights are protected daily and the Deprivation of Liberty Safeguards. (DOLS).</p>	
<p>Regulation 14 (5) which states:</p> <p>On any occasions on which a service user is subject to restraint, the registered person shall record the circumstances, including the nature of the restraint. These details should also be reported to the Regulation and Quality Improvement Authority as soon as is practicable.</p>	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment:</p>	
<p>Whatever the situation, all uses of restraint are recorded on the appropriate documentation and sent to the Positive Behaviour Support team/RQIA. Incidents, reports and records are also completed in line with requirements and recorded in the persons care notes and personal file.</p>	Compliant
<p>Inspection Findings:</p>	COMPLIANCE LEVEL
<p>Examination of incident records, six service users’ individual records as described in schedule 4 and other records to be kept in a day care setting as described in schedule 5 the inspector concluded one record of restraint had been recorded but not received by RQIA as an incident. Discussion also revealed a number of incidents reportable to RQIA had been sent to RQIA by the provider but not received. Therefore the inspector was able to conclude the manager had evidence of his intention to comply with regulation 29 however, compliance had not been achieved. The inspector required the manager to ensure they evidence they have sent regulation 29 reports to RQIA. Staff have access to <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</p>	Substantially compliant

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

INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

Theme 2 – Management and Control of Operations	COMPLIANCE LEVEL
<p>Management systems and arrangements are in place that support and promote the delivery of quality care services.</p> <p>Theme covers the level of competence of any person designated as being in charge in the absence of the registered manager.</p>	
<p>Regulation 20 (1) which states:</p> <p>The registered person shall, having regard to the size of the day care setting, the statement of purpose and the number and needs of service users -</p> <p>(a) ensure that at all times suitably qualified, competent and experienced persons are working in the day care setting in such numbers as are appropriate for the care of service users;</p> <p>Standard 17.1 which states:</p> <p>There is a defined management structure that clearly identifies lines of accountability, specifies roles and details responsibilities for areas of activity.</p>	
<p>Provider's Self Assessment:</p>	
<p>The Northern Trust have developed a dependancy tool to assess client need and calculate the number of staff required to meet service user needs, and this tool has been endorsed by the Northern Board.</p> <p>Where vacancies arise, or cover is required eg. for maternity leave, requests to ensure that appropriate staffing needs are met are submitted promptly to minimise any potential shortfall in provision of care. Where needed, suitably experienced "as and when" or agency staff are utilised to uplift staffing levels. These are staff used on a consistent basis and are familiar with service users, their needs and programmes of care.</p> <p>A flow chart outlining staff roles and lines of accountability is available in the unit. All staff have clear job descriptions, outlining roles, responsibilities and areas of accountability.</p>	Compliant

Inspection Findings:	COMPLIANCE LEVEL
<p>The manager is a qualified social worker and has vast experience of working in the day care settings. In his absence the day care workers act up. Examination of a sample of their staff files evidenced there is no competency assessment that assesses if they are knowledgeable regarding their role and responsibilities when acting up in the manager's absence and can they competently and effectively undertake this role. A requirement is made in this regard.</p> <p>Discussion with staff revealed there was three staff on long term sick leave and one staff member on term time leave however this was covered by agency staff. Staff did identify casual and agency staff do cover absences but a significant amount of reorganisation is required to ensure the temporary staff are working with permanent staff.</p> <p>The regulation 28 reports did not consistently identify the actual staffing arrangements in place for the month being inspected and form a view regarding: the effectiveness of staffing arrangements; and compliance with regulations and standards regarding the same. A requirement is made in this regard.</p>	<p>Moving towards compliance</p>

Regulation 20 (2) which states:	COMPLIANCE LEVEL
<ul style="list-style-type: none"> The registered person shall ensure that persons working in the day care setting are appropriately supervised 	
<p>Provider's Self-Assessment:</p> <p>Supervision is undertaken on a cascading framework through grades of staff. Day Care Locality Manager to Registered Manager to Senior Day Care Worker and Band 5 Day Care Workers, who in turn supervise Support Workers (Band 3). Day care Locality Manager, Registered Manager have a professional social work qualification and five Day Care Workers (Band 5) hold NVQ 3 qualification or working towards QCF 3. All Band 5 staff are well experienced and provide support staff with daily direction and guidance to ensure service users receive an effective and quality service.</p> <p>Group team supervision is carried out on a monthly basis. These monthly meetings ensure that good communication is maintained and staff have a forum to voice feelings, ideas and concerns with managers and team. Occasionally these meetings will separate for Band 3 and Band 5 staff dependant on the need/agenda/discussion items.</p> <p>Staff also receive annual appraisals and complete personal development plans to enable them to further develop their skills and knowledge.</p> <p>Staff are aware that they have daily access to line managers for any concerns or advice. Magherafelt operates an "Open Door Policy" whenever possible.</p>	Compliant
<p>Inspection Findings:</p> <p>The inspector examined a sample of files for the care workers in the setting and this did not provide evidence of training, supervision, appraisal for the staff that was compliant with the day care settings standards. A requirement is made in this regard.</p> <p>Discussion with the day care staff working in the setting revealed whilst they felt organised to undertake the managers role in their absence, they had not been provided with training in this regard and they described at times the responsibilities place on them; for example in the satellite service can be overwhelming and they are concerned the risks of taking a full time staff member off the floor to be manager are not considered. The management arrangements should be reviewed. A requirement is made in this regard.</p>	<p>COMPLIANCE LEVEL</p> <p>Moving towards compliance</p>

<p>Regulation 21 (3) (b) which states:</p> <ul style="list-style-type: none"> • (3) For the purposes of paragraphs (1) and (2), a person is not fit to work at a day care setting unless – • (b) he has qualifications or training suitable to the work that he is to perform, and the skills and experience necessary for such work 	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p> <p>Prior to appointment all staff must demonstrate, via interview and evidence of qualification/experience, that they are suitable for the work that they will be asked to undertake. The Trust expects staff to be suitably qualified and to undertake training and qualifications appropriate to their grade. A regular programme of mandatory and vocational training is provided to enable staff to continually develop their skills and knowledge.</p>	<p>Compliant</p>
<p>Inspection Findings:</p> <p>As detailed in the first criterion in this theme the professional registration, qualifications, experience and evidence of competence of the registered manager did not reveal any concerns.</p>	<p>COMPLIANCE LEVEL</p> <p>Compliant</p>

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

Complaints

The complaints record was reviewed as part of this inspection. The annual complaints return for 2013 identified five complaints which were minor issues of dissatisfaction had been recorded. The inspector reviewed the complaints record which confirmed the return to RQIA and revealed the issues were of a minor nature and had been resolved locally in accordance with the organisations policy and procedure. This did not reveal any concerns regarding the record. Two complaints or issues of dissatisfaction had been recorded for 2014. This review of the settings complaints log did not reveal any concerns regarding the recording, management and resolution of complaints or issues of dissatisfaction. However the inspector was aware another complaint was made to RQIA and this was passed to the trust to investigate and seek to resolve, this should have been recorded in the compliant record and a requirement is made in this regard.

Service User Records

Six service user individual records were inspected as part of this inspection. This revealed the following improvements are required to ensure compliance with the day care settings regulations and standards:

File 1:

- This service user has not had their care plan reviewed since 2011, this was highlighted with the trust social worker in April 2014 however a date has not been set to address this.
- This service user is being managed in a way that is restrictive but this is not written into the assessment, behaviour management plan (dated 2011) or care plan as necessary or a proportionate response to the behaviours presented. The behaviour management plan in place must be reviewed as a matter of urgency and the restrictive practices currently in use must either agreed as necessary and proportionate in the context of this service users human rights and as a response to behaviour or the restrictive management plan must be ceased in the day care setting.

A requirement is made to improve these matters.

File 2:

- This service user has not had their care plan reviewed since 2012, this service user has restrictive practices in place as part of their management plan and this requires updating in the service users care plan through the review process.

A requirement is made in this regard.

File 4:

- The service user was restrained in the day care setting and this was not part of the service user's management plan, there was no evidence of post incident analysis or review of the incident.

A requirement is made in this regard.

Registered Manager Questionnaire

The registered manager submitted a questionnaire to RQIA prior to this inspection. The information returned confirmed satisfactory arrangements were in place regarding governance and the manager's registration with NISCC, support for staff, policies and procedures, and reporting of accidents and incidents. The information was validated during the inspection and this did raise some inconsistencies regarding what was reported and the evidence available during the two days of inspection. This is detailed throughout the inspection report, recommendations and requirements have been made regarding policies and procedures; service user records; analysis and reporting of restraint; staff training; staffing arrangements; and management arrangements.

Statement of Purpose & Service Users Guide

These documents were submitted for this inspection and the inspector made reference to them during the inspection. Examination of these documents did reveal some improvements were necessary and the manager addressed these in a timely manner during the inspection.

Monthly Monitoring Reports

The inspector reviewed five regulation 28 reports the last one dated 22 July 2014. During the inspection I was informed staffing levels had been reduced for a significant period with three staff on sick leave and agency staff covering, one on term time leave and three on annual leave. However, the absences and challenges in covering the absences were not mentioned in the reports. A requirement is made that the monitoring reports clearly report on the staffing arrangements and absences are analysed in terms of the service meeting their statement of purpose, service users care plans and the monitoring the environment of the day centre and the satellite service.

Environment

The inspector walked around the setting and noted improvements had been continued in the overall presentation of the setting for example displays of art work, arrangement of furniture in the rooms and service users work station areas. The inspector did note the orange rooms walls were in need of a repaint, a requirement is made in this regard.

The inspector visited the satellite service and this revealed a concern regarding the current arrangements meeting the needs of the service users who attend the setting. The number of service users who attend the satellite service as recorded in the attendance record had exceeded the maximum of ten service users set by RQIA. This number had been set in response to the floor area, toilet facilities and staff available in the setting. The trust investigated the specific concerns raised by RQIA and the service users will be reviewed to ensure their needs can be met in the satellite service and the trust assured the total number of service users at any time in the setting will not exceed 10 service users, they will ensure if service users attend for half a day that this is described accurately and does not present as if the service user numbers is exceeding their registration.

The inspector reviewed the accommodation arrangements for the satellite service, at the time of the inspection there was a condition on the registration for the satellite service to move by 29 August 2014. Since this date had been set the trust had found another site to move the satellite service to. Since the inspection the trust have submitted to RQIA the revised variation, statement of purpose and plans. They have received an initial appraisal from RQIA and will now inform RQIA regarding the timescale for the move.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mr Danny Carron, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

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



Quality Improvement Plan

Primary Announced Care Inspection

Magherafelt Adult Centre incorporating 'Changing Needs'

23 & 24 July 2014

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

The specific actions set out in the Quality Improvement Plan were discussed with Mr Danny Carron (**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.	29 (2)	<p>The registered manager must ensure the notifications made to RQIA under regulation 29 are evidenced as forwarded to RQIA by saving the received receipt if emailed or a record of the fax record and receipt. Alternatively record of posting could be provided.</p> <p>Agreed arrangements that evidence submission of regulation 29 reports to RQIA must be reported on the returned QIP.</p>	First	<p>Record of postage book is kept in general office. This has been revised to allow clearer record of details of information posted to RQIA e.g. incident record number. Copies of such records will be kept in centre OR Manager will email as to incidents@rqia.org.uk and save same on system</p>	18 September 2014
2.	14 (3) (standard 7.6)	<p>The registered person must ensure the Magherafelt Adult Centre safeguarding vulnerable adult's regional policy and guidelines are reviewed and amended to ensure the procedure clearly explains who when and how a vulnerable adult concern is reported, who it is reported to and clearly explains the responsibilities of the registered manager.</p>	First	<p>Following receipt of updated information from the Trust in relation to contact details for reporting concerns, the procedure for reporting this protocol has been revised and amended, with guidance for manager / person in charge.</p> <p>There is clear guidance for staff as to who to notify re any potential safe guarding issues.</p>	18 September 2014

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
3.	14.4	The registered manager must ensure the incident report dated 25/03/14 (not received by RQIA) which detailed a two person escort; and was a restraint is subject to a post incident analysis. The record in the service users file (file 4) must describe why this intervention was necessary, why it was considered proportionate and how this can be prevented in the future care of the service user. The service user's human rights must also be considered and the record should describe why in this context the restraint was necessary and a proportionate response.	First	Following review of this incident, it was highlighted that, as per PBSS procedures, a 'Use of Physical Intervention (Restraint) form had been completed and forwarded to the Positive Behaviour Service on 26.03.14. Recorded on this would be the description of events leading to incident plus strategies used earlier; description of incident plus intervention and indication of time involved; description of ending of incident; description of injuries (plus action taken); damage to property; description of any other actions taken; list of those informed. PBSS confirmed receipt of this However copy had not been kept in service users file and this has been rectified. Action has been taken on advice from PBSS to support the service user to prevent reoccurrences of behaviour and care plan amended.	18 September 2014

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
4.	14.4	<p>The registered person must ensure the restrictive behaviour management strategy used for the service user identified as (file 1) is reviewed. The review must identify if the restrictive action is an appropriate response to the assessed risks, assess if the actions are compliant with regulations and standards for day care settings; ensure actions taken by staff are not in breach service users human rights or liberty in the day care setting and any management plan agreed must be a proportionate and effective response to the behaviour and risk posed by the behaviour.</p> <p>The returned QIP must report the date the review was undertaken and the outcome of this review.</p>	First	06.08.14 – Manager received written advice from Consultant Clinical Psychologist, incorporating contact with carers re measures to be put in place to replace current restrictive practices with alternatives that will also promote service user’s independence. Manager has contacted named worker 01.09.14 re review date and this will include input from PBSS.	18 September 2014

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
5.	16 (2) (b)	<p>The registered manager must ensure the following service users care plans are reviewed as a matter of urgency to ensure their care plans and assessment are current and responsive to each service users individual needs:</p> <p>File 1: This service user has not had their care plan reviewed since 2011; this was highlighted with the trust social worker in April 2014 however a date has not been set to address this.</p> <p>File 2:</p> <ul style="list-style-type: none"> This service user has not had their care plan reviewed since 2012, this service user has restrictive practices in place as part of their management plan and the care plan requires updating in the service users care plan through the review process. <p>Arrangements to achieve this must be reported on the returned QIP</p>	First	<p>File 1 – manager has again contacted named worker on 01.09.14 in relation to a multi-disciplinary review to include input from carers on behalf of service user. Currently the service users behavioural plan and daily activity schedule is under review by the Positive Behaviour Support Service. Update was provided to manager. by clinical lead, on 06.08.14 following discussion with service users representative</p> <p>File 2 –review of care plan was held on 11.09.14. Documentation re same is maintained in service users file and care plan has been updated.</p>	18 September 2014

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
6.	20 (1) (a)	<p>The registered manager must send the inspector the content of the RESPECT training delivered to staff in September 2013 to assure the staff are adequately trained to meet the behaviour needs of the service users in the day care setting and the care plans in place.</p> <p>This must be forwarded to RQIA with the quality improvement plan.</p>	First	<p>Manager has forwarded this to inspector , via email, on 21.08.14</p>	18 September 2014
7.	20 (1)	<p>The registered manager must ensure there is a competency assessment in place for each individual staff member who acts in up the manager's absence. The assessment should assesses if they are knowledgeable regarding their role and responsibilities when acting up in the manager's absence and confirms they can competently and effectively undertake this role. Any deficits in knowledge, training or competency must be addressed in an action plan and acting up arrangements should not be put in place until this assessment is satisfactory and evidences competence.</p>	First	<p>Checklists are in place and have been completed with currently available band 5 day care workers for the following areas:</p> <ul style="list-style-type: none"> • Unplanned absence • Incidents • Estates issues • Safe-guarding • Rotas • Complaints • Administration of medication <p>Training areas required are identified in Personal Development Plans. This is being put in place for all band 5 staff. The team is also supported by locality day care manager who is available for support and direction.</p>	18 September 2014

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
8.	20 (1)	<p>The registered person must ensure the regulation 28 reports identify the actual staffing arrangements in place for the month being inspected and form a view regarding: the effectiveness of staffing arrangements; and compliance with regulations and standards including is the service meeting their statement of purpose, service users care plans and the monitoring the environment of the day centre and the satellite service</p> <p>The regulation 28 reports for the next four months should be submitted to RQIA at the end of each month to examine compliance in this regard.</p>	First	<p>This requirement has been shared with the monthly monitors of the unit. Statement of purpose is filed in monitor file and can be referred to by monitor. Staffing needs are identified in relation to category of care needs (filed in monitor file).</p> <p>Monitor reports will be forwarded to inspector as requested.</p>	18 September 2014
9.	20 (2)	<p>The registered manager must ensure staff training, supervision, and appraisal arrangements are compliant with the day care settings standards. Records regarding the same must be available for inspection and evidence compliance in this regard.</p>	First	<p>Manager will ensure that supervision continues to be held 3 monthly or sooner as required in accordance with day care standards. Annual appraisals have previously been carried however manager will ensure that these are updated now for the incoming year. The centre has 4 closure days per year to cater for mandatory training required by staff; staff have completed / nominated for QCF training and additional training is provided by the Trust training team.</p>	18 September 2014

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
10.	20 (2)	<p>The registered manager must ensure when staff act in the managers absence that there is adequate staffing arrangements to cover the day care workers duties in their absence.</p> <p>Arrangements in this regard must be reported on the returned QIP.</p>	First	Nominated person in charge, in absence of manager, will have staff support in the room base to meet the needs of service users, according to the agreed staffing levels linked with category of need. Locality manager is always informed of manager's absence and can provide support and advice as required, as can managers of other Adult Centres within the locality - contact numbers are available for staff.	18 September 2014
11.	19 (2) Schedule 5.9	The registered manager must ensure the complaint made to RQIA and passed to the trust to investigate is recorded in the complaint record with the outcome of the complaint and if the complainant is satisfied with the outcome.	First	This complaint has been recorded in the centre's complaints book. The complainant remains unsatisfied with the outcome of action taken and contact has taken place between Trust and carers re concerns. Senior manager has offered the complainant the opportunity to make a formal complaint.	18 September 2014
12.	26 (2) (b)	The responsible person must ensure the walls in the orange room are painted.	First	Minor works has been completed and was approved for feasibility on 16.05.14. Manager will contact estates department to check status of this request.	18 September 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.	7.1	<p>The registered manager must submit copies of the following policies and procedures pertaining to:</p> <ul style="list-style-type: none"> • arrangements for access to records • communication • confidentiality • consent • monitoring of records • service user agreement. <p>The returned QIP must also assure the inspector staff do have access to these policies and procedures.</p>	First	<p>Policies will be submitted to inspector e.g. General Procedures for the Processing of Personal Information (POPI) Policy list is available to staff – indicating where stored in unit e.g. hard copy or intranet – and each room base has computer.</p>	
2.	7.2	<p>The registered manager should ensure service users and or representatives are informed regarding the information that is recorded about them by staff, how this is stored and how they can access this information if they wish to.</p>	First	<p>This has been discussed with members at their recent committee meeting. Unit procedures for service user induction are in place which includes information about relevant forms kept in files and how to access information. Information re access to information will be added to statement of purpose and revised version forwarded to inspector.</p>	

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

Name of Registered Manager Completing Qip	Danny Carron
Name of Responsible Person / Identified Responsible Person Approving Qip	Anthony Stevens

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Suzanne Cunningham	29/09/14
Further information requested from provider			