



The **Regulation** and
Quality Improvement
Authority

Primary Announced Care Inspection

Name of Service and ID: The Rowan Centre (11146)
Date of Inspection: 18 September 2014
Inspector's Name: Suzanne Cunningham
Inspection No: IN017634

The Regulation And Quality Improvement Authority
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Name of centre:	The Rowan Centre
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Registered organisation/ Registered provider:	Mr Hugh McCaughey South Eastern Health and Social Care Trust
Registered manager:	Teresa McKee (Registration pending)
Person in Charge of the centre at the time of inspection:	Teresa McKee (Registration pending)
Categories of care:	DCS-PH, DCS-LD, DCS-SI
Number of registered places:	40
Number of service users accommodated on day of inspection:	13
Date and type of previous inspection:	24 February 2014 Primary announced inspection
Date and time of inspection:	18 September 2014 10:20 – 16:00
Name of inspector:	Suzanne Cunningham

Introduction

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

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

Purpose of the Inspection

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

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

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

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

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

Methods / Process

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

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

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

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

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

Consultation Process

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

Service users	6
Staff	2 formally and 4 informally
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	13	6

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

The Rowan Centre is a purpose built statutory day care facility, situated in a residential area only a few minutes' walk from Lisburn City Centre. The centre is operated by the South Eastern Health and Social Care Trust. The building also accommodates other community and Trust departments including an office for the Cedar Foundation and offices for the Trust's Physical Disability Community team, Sensory Support unit and a Low Vision Clinic.

Ms Teresa McKee has recently been appointed as manager for this setting. She is the Acting Registered Manager (registration pending) for the centre and also has responsibility for managing the social work team based in the centre. The centre operates Monday to Friday and has forty designated places each day. It provides day care for service users with a physical disability, sensory impairment or brain injury from eighteen to sixty five years of age; living within the boundaries of the South Eastern Health and Social Care Trust catchment area. Referrals and allocation of days are in accordance with the trust procedures, with placements offered following an assessment of need.

Service users are offered a hot meal Monday to Friday or they can bring a packed lunch. The centre's philosophy of care is to promote the health and well-being of each service user and to maximise or maintain individual's independence.

Summary of Inspection

A primary inspection was undertaken in The Rowan Centre on 18 September 2014 from 10:20 to 16:00. This was a total inspection time of five hours and forty 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 with a total of four staff informally and two staff specifically regarding the standards inspected and their views about working in the centre. This generated positive feedback regarding the management of records and reporting arrangements including recording; ensuring records are accessible for the service users and the management arrangements in this day care setting. Staff described a clearly structured day that is led by service user choice and interests as well as meeting identified needs. Staff described setting objectives with service users so they have a goal to achieve in day care and staff can monitor progress or maintenance of development and skills. This had assisted staff and a service user to identify deterioration in their skills and seek professional assessment and support in a timely manner. 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 but are aware of other restrictions that can be in place and how these

need to be reviewed to ensure they are proportionate and based in improving outcomes for service users. Regarding management arrangements; this setting had cover arrangements in place in the absence of the manager and this was described in the settings policies and procedures.

Six questionnaires were returned by staff members and reported satisfactory arrangements were in place with regard to NISCC codes of practice; supervision; staff training; staffing and management arrangements; responding to service users' behaviour; confidentiality and recording. The staff member's praised the quality of care provided within the returned questionnaires and the following comments were made: "I believe we are providing an excellent level of care and support to our service users and their families. I am extremely proud of how far we have come and excited about further enhancing our service"; "Good"; "very good standard of care"; "The quality of care is good and of a high standard. The day service provision is as good as the level of staffing allows"; "very high quality". These comments and staff responses demonstrate the day care setting delivering a service that aims to be of high quality and proactive in its approach.

One driver commented "The provision of care is very good in my opinion – however more could be done to improve the amount of stimulation given to each member. In my opinion this needs to be restructured with a view to more choices". The inspector observed activities and discussed the same with service users and staff and this did not reveal any concerns regarding the provision of activities in this setting. Service users described to the inspector the activities and what had happened on the day of the inspection. There had been a visit to the linen museum and they were doing arts and craft in the afternoon. There was a good level of chat going on between service users and they were supported by staff in all of the rooms. Service users described they were creating objects and decoration for Halloween which they stated they were enjoying and this was based on their choices.

The inspector spoke with six service users in the setting generally about their experiences in the day care setting. The service users did provide the inspector with positive comments regarding the focus of the inspection, they explained they were aware records were kept about them and see assessment, review and care plan information around the time of the review. They stated they can ask staff to see the records at any time. Service users described enjoying attending the centre, the activities they had taken part in; and valued the care provided by the staff. The service users identified the staff in the room as in charge but were aware Teresa was the new manager. Overall the service users said they all liked being in day care in The Rowan Centre and some had attended other day centres and said it was their preference to be in the Rowan Centre.

The previous unannounced follow up inspection carried out on 24 February 2014 had resulted in one requirement regarding staff concerns and one recommendation regarding regulation 28 reports. The manager provided evidence of improvements in both of these areas and therefore evidenced compliance.

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

The six criterion criteria within this standard were reviewed during this inspection. All of the criteria were assessed as compliant. No requirements or recommendations are made.

Discussions with service users and staff and review of six service users' individual files provided evidence that the centre is performing well regarding standard 15. The discussions with service users confirmed service users are aware a record is kept about them and they see this record when they attend their review or if the care plan is being worked on. Service users described this setting as a place they prefer to go to for social contact, activities and support.

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

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

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

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. Restraint had not been used to date and staff described using clear communication, diversion, calming, diffusing techniques and knowing their service users' needs and personalities. The staff identified this approach assists them in ensuring service users behaviour does not escalate.

Based on the evidence reviewed the inspector assessed the centre as substantially compliant in this theme, one recommendation and no requirements are made regarding this theme.

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

Two criteria from regulation 20 and one criterion from regulation 21 were inspected which provided the evidence to examine this theme. Two criterion were assessed as compliant and one as substantially compliant. No requirements and one recommendation is made regarding planning for the staff member who acts up in the manager's absence to complete the QCF level 5.

Discussion with the manager and staff provided evidence that the organisation had in place monitoring arrangements; and they had a general approach of promoting quality care. Overall the arrangements in this setting regarding management cover were satisfactory and had not compromised quality of care to date however, the staff member completing the QCF level 5 would ensure the staff member covering has the right knowledge, skills, qualification and understanding of her role and responsibility when covering the management role.

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

Additional Areas Examined

The inspector undertook a tour of the premises, reviewed the complaints record and examined six service users individual files, validated the registered manager's pre inspection questionnaire reviewed the staff questionnaire and monthly monitoring reports. This did not reveal any additional areas for improvement.

The inspector wishes to acknowledge the work undertaken by the manager and staff in preparation for this inspection and their open and constructive approach throughout the inspection process. Gratitude is also extended to the service users who welcomed the inspector to their centre and engaged with her during the inspection. Overall the inspector commends the proactive approach to day care that is delivered in this centre; there is a clear focus of social support in this day care setting which is entirely consistent with the day care settings statement of purpose.

As a result of the inspection a total of no requirements and two recommendations have been made. The first recommendation is regarding reviewing restrictive practices and the second regarding consideration of the staff member who acts up in the manager's absence undertaking the QCF level 5. This was reported to the acting manager at the conclusion of the inspection and assurances were made these would be addressed as a priority.

Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	20 (1) (c) (ii) 23 (1) & (2)	<p>The registered manager must ensure issues raised in the RQIA staff questionnaires are investigated and measures are put in place to improve outcomes regarding</p> <ul style="list-style-type: none"> • the bus drivers approach to their job • the management of the bus service which two staff did not feel was conducive to the service users' needs who attend the day care setting • the distribution of work load if a band 5 is absent from their post. • concerns regarding another staff member's conduct. <p>The returned quality improvement plan must detail what measures have been put in place to improve outcomes in the day care setting regarding each of the identified issues.</p>	<p>The returned QIP described the measures taken by management to address staff concerns and views regarding their roles and responsibilities. This demonstrated improvement had been made in communication between staff and management. The questionnaires submitted for this inspection and discussion with staff during the inspection did not reveal any further concerns in this regard.</p>	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	1.2	The registered manager should make adequate arrangements for service users and or their representatives to be made aware of the availability of the regulation 28 monitoring report and how they can access the report; for example the notice board and or the service user guide. Arrangements put in place should be reported on the returned QIP.	This had been improved by displaying the monthly reports on the service user notice board which is updated monthly.	Compliant

Standard 7 - Individual service user records and reporting arrangements:	
Records are kept on each service user’s situation, actions taken by staff and reports made to others.	
Criterion Assessed:	COMPLIANCE LEVEL
<p>7.1 The legal and an ethical duty of confidentiality in respect of service users’ personal information is maintained, where this does not infringe the rights of other people.</p>	
Provider’s Self-Assessment:	
<p>Each service user has two individual files: a working file containing need to know information on how to support the service user, including the support plan; a second file contains: contact records, board forms, correspondence, Reviews, Community Care Plan and restricted section. Both files are stored in a locked filing cabinet, the key to the filing cabinet is kept in a key cupboard located in an office area with restricted access. The service users' files cannot be identified by the service users name, unique identifier (SOSCARE Numbers) are used to promote confidentiality. Personal information used in the administration of medication is kept in a Medication File in a locked cupboard in the Office.</p>	<p>Substantially compliant</p>
Inspection Findings:	COMPLIANCE LEVEL
<p>The inspector reviewed six service user individual records which presented as described in schedule 4; and other records to be kept in a day care setting, as described in schedule 5. The files are kept securely as described above and each record presents as an individual record that is focussed on presenting information in a person centred way. The inspection and discussion with staff did not reveal any concerns regarding the compliance with this criterion and confirmed the provider’s self-assessment.</p> <p>The settings policies and procedures pertaining to the access to records, communication, confidentiality, consent, management of records, monitoring of records, recording and reporting care practices and service user agreement reflect this criterion are available for staff reference.</p>	<p>Compliant</p>

Criterion Assessed:	COMPLIANCE LEVEL
<p>7.2 A service user and, with his or her consent, another person acting on his or her behalf should normally expect to see his or her case records / notes.</p> <p>7.3 A record of all requests for access to individual case records/notes and their outcomes should be maintained.</p>	
Provider's Self-Assessment:	
<p>7.2 The following documents are shared with the service user and /or representative. Support plan Service agreement Pre review Review.</p> <p>Access to any other case records /notes will need to be applied for in writing by the service user or representative to the South Eastern Trust Information Governance Department.Guidance on this process is available to all service users and their representatives.</p> <p>7.3 Records regarding all requests to access individual case notes/records and their outcomes are held by the South Eastern Trust Information Governance Department. Any request to access personal information must be made4 in writing. the Trust has forty days to respond to the request.</p>	Substantially compliant
Inspection Findings:	COMPLIANCE LEVEL
<p>The service has clear policies and procedures regarding access to records and the issue of a record being kept by the setting confidentially is clearly explained in the guide given to all service users. Access to records is described in the contract about records and records are shared with service users during preparation for the review and at the review.</p> <p>Discussion with staff working in the centre validated their knowledge commensurate with their role and responsibilities regarding access to records and ensuring service users are aware they can access records. Staff encourage service users to read records and review information to ensure their care plan is focussed on their objectives and needs. Discussion with service users confirmed they are aware that a service user record is kept and they were aware they can ask to access the records.</p>	Compliant

Criterion Assessed:	COMPLIANCE LEVEL
<p>7.4 Individual case records/notes (from referral to closure) related to activity within the day service are maintained for each service user, to include:</p> <ul style="list-style-type: none"> • Assessments of need (Standards 2 & 4); care plans (Standard 5) and care reviews (Standard 15); • All personal care and support provided; • Changes in the service user’s needs or behaviour and any action taken by staff; • Changes in objectives, expected outcomes and associated timeframes where relevant; • Changes in the service user’s usual programme; • Unusual or changed circumstances that affect the service user and any action taken by staff; • Contact with the service user’s representative about matters or concerns regarding the health and well-being of the service user; • Contact between the staff and primary health and social care services regarding the service user; • Records of medicines; • Incidents, accidents, or near misses occurring and action taken; and • The information, documents and other records set out in Appendix 1. 	
Provider’s Self-Assessment:	
<p>Individual case records are maintained for each service users attending the Rowan Centre. These records include</p> <ul style="list-style-type: none"> * Assessments of need ; care plans and care reviews; * 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. 	Substantially compliant

Inspection Findings:	COMPLIANCE LEVEL
<p>The examination of a sample of six service user individual records evidenced the above records and notes are available and maintained.</p> <p>The inspector was given evidence of file audits and regulation 28 reports which demonstrated working practices are systematically audited in this regard.</p>	Compliant
<p>Criterion Assessed: 7.5 When no recordable events occur, for example as outlined in Standard 7.4, there is an entry at least every five attendances for each service user to confirm that this is the case.</p>	COMPLIANCE LEVEL
Provider's Self-Assessment:	
<p>In the Rowan centre Daily Progress Sheets are completed for service users who attended that day, there is also recording regarding each activity undertaken, both of these contribute to building a picture of how service users' objectives are being met. Staff also record monthly contact with services users</p>	Compliant
Inspection Findings:	COMPLIANCE LEVEL
<p>Service user records had been maintained for attendance of each service user and monthly summaries are completed to draw together service user information and analyse progress with objectives. This information is discussed with the service user at least once per year for the review to map progress or challenges faced in meeting objectives. Therefore the quality of information was appropriate for the record and was used effectively to map progress, changes and outcomes achieved.</p>	Compliant

<p>Criterion Assessed: 7.6 There is guidance for staff on matters that need to be reported or referrals made to:</p> <ul style="list-style-type: none"> • The registered manager; • The service user’s representative; • The referral agent; and • Other relevant health or social care professionals. 	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p>	
<p>Guidance exists for staff regarding reporting and recording requirements.</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p>	<p>COMPLIANCE LEVEL</p>
<p>The setting has clear policies and procedures pertaining to communication, recording and reporting care practices which are consistent with this criterion and are available for staff reference. Discussion with staff evidenced staff are aware of their role and responsibility to report and refer information and record the outcomes achieved. This was also observed in the service users records. The records also evidenced service users and or representatives had been informed regarding information that may be reported or referred. Staff stated they are aware of consent issues and check any information that has been reported; is reported to the right people; outcomes are recorded; ensure needs are met, risk is diminished and care is appropriate.</p>	<p>Compliant</p>

<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: 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>	Substantially compliant
<p>Inspection Findings: The inspector examined a sample of service user individual records and confirmed they meet this criterion and consultation with a sample of staff working in the centre confirmed their understanding of this criterion. Staff spoken with and staff who completed inspection questionnaires confirmed procedures and practice are in place to achieve this criterion.</p>	<p>COMPLIANCE LEVEL Compliant</p>

<p>PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Substantially compliant</p>

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

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 Rowan Centre currently supports four service users who are subject to restraint for the purpose of securing their welfare. This is the only, and least restrictive means to achieve this goal for each individual.	Substantially compliant
Inspection Findings:	COMPLIANCE LEVEL
<p>The inspector examined a selection of records including: six individual service user records as described in schedule 4; and other records to be kept in a day care setting, as described in schedule 5. There was no records of behaviour management forms of physical restraint and no plans to use restraint as a planned or reactive response to service users challenging behaviour. The service recognised some care plans may contain restrictive practices such as lap belts and one service user who wears a helmet. The staff had communicated in writing and discussion with those service users regarding the potential restrictions, explained why they are in place which was for safety reasons and recorded the service user’s view regarding the action. This did not reveal any concerns with the plan in place and service users chose to keep the care plan in place. The inspector did identify this should be regularly reviewed for example the annual review to ensure the service user is still happy with the plan in place; evidence the restriction remains necessary and should include reference to service users human rights. A recommendation is made in this regard.</p> <p>In all examples where restrictive practice had been identified professional guidance regarding the use of the same was evident on the individual service user’s record. Staff had received training regarding responding to service user’s behaviour as part of the mandatory training programme, this had been further discussed with the team and definitions were produced for staff as a guide for staff regarding what practices could be delivered that might be restrictive. The staff did identify one service user who chooses to wear a restrictive item during the day, the inspector talked to the service user about this and was satisfied she was doing this based on her and her families choice to protect her from further head injuries.</p>	Substantially Compliant

<p>The staff have access to policies and procedures pertaining to: the assessment, care planning and review; managing aggression and challenging behaviours; recording and reporting care practices; reporting adverse incidents; responding to service users behaviour; restraint and seclusion; and untoward incidents. Discussion with staff validated management and staff knowledge about when and why restraint is used including their understanding of exceptional circumstances and the use of restrictive practices.</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>There have been no instances whereby a service user has been restrained by staff. Where this to be the case, it would be urgently reported to RQIA.</p>	Not applicable
<p>Inspection Findings:</p>	COMPLIANCE LEVEL
<p>No service users had been subject to restraint and this setting and staff do not anticipate any need for the use of restraint in this service with the current group of service users, staff are currently using approaches such as sound planning, understanding the service user’s needs, clear communication, diversion, one to one time, distraction and activities to avoid any escalation of behaviours. This approach is consistent with the settings ethos, statement of purpose and aims of the service. <i>Guidance on Restraint and Seclusion in Health and Personal Social Services</i>, Department of Health, Social Services and Public Safety, Human Rights Working Group, August 2005 is available for staff information.</p>	Not Applicable

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

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

<p style="text-align: center;">Theme 2 – Management and Control of Operations</p> <p>Management systems and arrangements are in place that support and promote the delivery of quality care services.</p> <p>Theme covers the level of competence of any person designated as being in charge in the absence of the registered manager.</p>	<p style="text-align: center;">COMPLIANCE LEVEL</p>
<p>Regulation 20 (1) which states:</p> <p>The registered person shall, having regard to the size of the day care setting, the statement of purpose and the number and needs of service users -</p> <p style="padding-left: 40px;">(a) ensure that at all times suitably qualified, competent and experienced persons are working in the day care setting in such numbers as are appropriate for the care of service users;</p> <p>Standard 17.1 which states:</p> <p>There is a defined management structure that clearly identifies lines of accountability, specifies roles and details responsibilities for areas of activity.</p>	
<p>Provider’s Self Assessment:</p> <p>Regulation 20[1]; Staffing is maintained at the level required to ensure delivery of safe and effective care to the service user. Arrangements in place for the management of staff leave and absenteeism. The Registered Manager and/or Band 5 are present in the facility on a daily basis. A daily planner is completed which outlines staffing and delegation of duties and activities to each staff member. Staff receive appraisal and supervision which includes monitoring of training needs and competency</p> <p>Standard 17.1 An outline of the management structure is displayed for all service users and their representatives All staff are aware of the management structure, lines of accountability and relevant roles and responsibilities.</p>	<p style="text-align: center;">Compliant</p>

Inspection Findings:	COMPLIANCE LEVEL
<p>The manager of the day care setting is a qualified nurse and social worker; and maintains registration for both professions. The manager has recently commenced into this post and her registration with RQIA is pending a full application and payment. The senior day care worker and day care worker have both acted up in her absence and this arrangement has not identified any concerns regarding their suitability or ability. The evidence provided identified the senior day care worker did undertake a management qualification in the past however it would be beneficial for the staff member who manages the day care setting in the manager's absence to undertake additional training such as the QCF level 5, and a recommendation is made for this to be considered.</p> <p>The inspector examined the training, supervision, appraisal and staff record of those staff left in charge of the day care and discussed the same with staff; this evidenced staff are supervised, have received appraisal and training as identified in the day care settings standards and RQIA guidance.</p> <p>The inspector observed the staffing arrangements on the day of the inspection and this did not reveal any concerns and the staff have access to policies and procedures pertaining to the management and control of operations, for example: absence of the manager; inspections of the day care setting; management, control and monitoring of the setting; operational policy; staff meetings; staff records; staff supervision and appraisal; staff training and development; staffing arrangements and the settings statement of purpose.</p> <p>Discussion with staff working in the centre validated their knowledge commensurate with their role and responsibilities regarding management arrangements in the day care setting, for example who they report to; who should they seek support or guidance from; who supervises them and the effectiveness of the same. This did not raise any concerns.</p> <p>Discussion with service users revealed they were aware of the management structure in place but identified the staff on the floor working with them as their main support.</p>	Substantially compliant

<p>Regulation 20 (2) which states:</p> <ul style="list-style-type: none"> The registered person shall ensure that persons working in the day care setting are appropriately supervised 	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p>	
<p>Supervision arrangements for staff are as follows Staff receive recorded individual, formal supervision sessions as follows:</p> <p>Band 3 staff – at least every 8 weeks (no less than every 3 months).</p> <p>Band 5 staff – at least every 4 weeks.</p> <p>Band 7 staff – at least every 4 weeks. In addition each staff member has an annual appraisal.</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p>	
<p>The review of a sample of supervision records evidenced compliance with this criterion.</p>	<p>Compliant</p>
<p>Regulation 21 (3) (b) which states:</p> <ul style="list-style-type: none"> (3) For the purposes of paragraphs (1) and (2), a person is not fit to work at a day care setting unless – (b) he has qualifications or training suitable to the work that he is to perform, and the skills and experience necessary for such work 	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p>	
<p>Trust Recruitment and Selection procedures are adhered to when recruiting staff for the Rowan Centre When a new member of the team is recruited they are inducted in accordance with NISCC guidelines and Trust Corporate Induction policy The unit has a Training Matrix that clearly outlines the mandatory and service specific training required for each member of staff . All staff have a personal training file in which a record of mandatory and individual training is maintained. This is monitored and reviewed through the Supervision and Appraisal Process.</p>	<p>Compliant</p>

Inspection Findings:	COMPLIANCE LEVEL
The staff at different levels in this day care setting have maintained their mandatory training record and attended additional training specific to the needs of the service user group. Review of information and records for this criterion did not reveal any improvements or concerns.	Compliant

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

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

Additional Areas Examined

Complaints

The complaints record was reviewed as part of this inspection. The annual complaints return for 2013 identified two complaints had been recorded. The inspector reviewed the complaints record which confirmed the return to RQIA and did not reveal any concerns regarding the content of the record. In 2014 no complaints or issues of dissatisfaction had been recorded, the review of the settings complaints log did not reveal any concerns regarding the recording, management and resolution of complaints or issues of dissatisfaction, they had been resolved locally to complainants satisfaction and in a timely manner.

Service User Records

Six service user files were inspected as part of this inspection and this did not reveal any areas for improvement. They presented as consistent with schedule 4.

Registered Manager Questionnaire

The registered manager submitted a questionnaire to RQIA prior to this inspection. The information returned confirmed satisfactory arrangements were in place regarding governance and management arrangements, the manager's registration with NISCC, staffing arrangements and support for staff, policies and procedures, responding to service user's behaviour and reporting of accidents and incidents. The information was validated during the inspection and this did not raise any concerns that required further discussion or analysis.

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 not reveal any concerns.

Monthly Monitoring Reports

The provider supplied two regulation 28 reports for this inspection and this did not reveal any concerns.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Teresa McKee (Registration pending), 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



The Regulation and
Quality Improvement
Authority

Quality Improvement Plan

Primary Announced Care Inspection

The Rowan Centre

18 September 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 Teresa McKee (registered manager, pending/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.

Recommendations

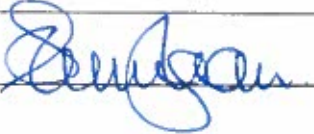
These recommendations are based on The Day Care Settings Minimum Standards January 2012. This quality improvement plan may reiterate recommendations which were based on The Day Care Settings Minimum Standards (draft) and for information and continuity purposes, the draft standard reference is referred 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.	5.2	The registered manager should make appropriate arrangements for any restrictive practices or restraints to be regularly reviewed. This should, where possible include consultation with the service user to ensure they are satisfied with the plan in place. Records should evidence the restriction remains necessary and should include reference to service user's human rights.	First	Immediate action taken to implement recommendation. For those to whom it is applicable the use of restrictive practice will be discussed at monthly meetings between service user and Keyworker. In addition this will also be discussed and recorded as part of the Annual Review, which will include consideration of service user's human rights. The Support Plan is kept under review during the year and can be altered in response to the needs of the service user at any time. A Deprivation of Liberty form will be completed for every service user with whom restrictive practice is used. No one currently attending the Rowan Centre would be subject to the use of restraint.	13 November 2014

2.	21.4	The registered manager should consider for the staff member who manages the day care setting in the manager's absence to undertake additional training such as the QCF level 5.	First	Training needs of staff who manages the day centre in the absence of the registered manager are discussed at formal supervisoion sessions and annual KSF. Staff are made aware of all relevant training opportunities.	13 November 2014
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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	Theresa O'Keefe.
Name of Responsible Person / Identified Responsible Person Approving QIP	Brendan Whittle Director of Adult Services.

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes		30.12.14.
Further information requested from provider			