



The **Regulation** and  
**Quality Improvement**  
Authority

**Eden Social Education Centre**  
**RQIA ID: 11152**  
**293 Bridge Street**  
**Portadown**  
**BT63 5AR**

**Inspector: Dermott Knox**  
**Inspection ID: IN22005**

**Tel: (028) 3833 3589**

**Email:**  
**[mairead.murphy@southerntrust.hscni.net](mailto:mairead.murphy@southerntrust.hscni.net)**

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**Unannounced Care Inspection  
of  
Eden Social Education Centre**

**20 April 2015**

**The Regulation and Quality Improvement Authority**  
**9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT**  
**Tel: 028 9051 7500   Fax: 028 9051 7501   Web: [www.rqia.org.uk](http://www.rqia.org.uk)**

## 1. Summary of Inspection

An unannounced care inspection took place on 20 April 2015 from 10.15 to 17.00. Overall on the day of the inspection the home was found to be delivering safe, effective and compassionate care. One area for improvement was identified and is set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Settings Regulations (Northern Ireland) 2007, The Day Care Settings Minimum Standards 2012.

### 1.1 Actions/Enforcement Taken Following the Last Inspection

Other than the actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	1

The details of the QIP within this report were discussed with Mrs Mairead Murphy, Registered Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Southern HSC Trust, Mr Paul Clark (Registration pending)	<b>Registered Manager:</b> Mrs Mairead Murphy
<b>Person in Charge of the Home at the Time of Inspection:</b> Mrs Mairead Murphy, Registered Manager	<b>Date Manager Registered:</b> 4 December 2012
<b>Categories of Care:</b> DCS-LD	<b>Number of Registered Places:</b> 44
<b>Number of Service Users Accommodated on Day of Inspection:</b> 35	<b>Weekly Tariff at Time of Inspection:</b> Trust rates

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

**Standard 5 Care plan:**

**Where appropriate service users receive individual continence promotion and support.**

**Standard 8 Service users' involvement:**

**Service users' views and comments shape the quality of services and facilities provided by the Day Care Setting**

## 4. Methods/Process

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

Prior to inspection the following records were analysed:

- Statement of purpose
- Service user guide
- Record of notifications
- Quality Improvement Plan from previous inspection, including the provider's responses, approved by RQIA on 28 January 2014.

During the inspection the inspector met with:

18 service users,  
the assistant manager,

four care staff,  
 one social work student,  
 one visiting nurse professional  
 and one service user's representative.

The following records were examined during the inspection:

- Policies, procedures and protocols relevant to Standards 5 and 8 (see above)
- File records for seven service users
- Minutes of three meetings of the service user advocacy group
- Monthly monitoring reports for the five months prior to the inspection
- Training records for all care staff
- Records of four staffs' qualifications and experience
- Records of two complaints
- Records of numerous compliments
- Records of three accidents and incidents
- Photographs of activities and outings for 2014, with commentary by four service users.

## 5. The Inspection

The registered manager and the assistant manager have responsibility for three facilities, leaving some of the day to day leadership in the centre to the Band 5 Day Care Workers. There was evidence to show that these staff members were well qualified, experienced and competent in their designated roles.

Staffing of the centre was satisfactory, allowing a range of group and individual activities to be scheduled so that members' participation was mostly timetabled. Two of the ten service users who completed a questionnaire, stated that they would like there to be more staff.

Formal supervision of staff and annual appraisals were completed in accordance with the Trust's procedures and in compliance with the minimum standards. Staff reported a high level of satisfaction and confidence in these arrangements. Staff training records confirmed that mandatory training requirements were met and that staff were afforded a number of additional development opportunities. Over 90% of staff, in the twelve completed questionnaires, were either satisfied or very satisfied with the training provided.

Monitoring arrangements put in place by the Trust were satisfactory in terms of their regularity and the feedback from service users, relatives/carers and staff members who were asked for their views. Five monitoring reports were examined and were found to address the required range of issues in good detail. Each monitoring report identified improvement actions when they needed to be taken. Progress on these matters was checked and reported in the subsequent monitoring report, contributing to a good quality assurance system.

The Trust's written protocol for promoting continence was available to staff in the centre, providing basic guidance in this area of practice. Staff members confirmed their confidence in following procedures accurately and in a respectful manner to service users. They also reported that they had ready access to senior staff should they need to seek guidance. It is recommended that the Trust should develop more detailed written procedures and guidance in this area of practice, with reference to current studies in best practice.

Seven service users' files were examined and found to be very well organised and to contain all of the required information. A record of each service user's involvement and progress was kept in good detail and the frequency of record keeping exceeded the requirement of the minimum standards. Records were regularly audited by the manager and were sampled by the monitoring officer during monthly visits. Staff are commended for maintaining high quality records for the service users who attend the centre.

## **Conclusion**

Discussions with all contributors elicited a very positive view of the service provided in the centre and indicated a strong commitment by the manager and the staff team to ensuring that the service provided is safe, effective and compassionate. There was evidence from discussions and in written records to indicate an excellent level of consultation with members and their representatives regarding their care plans and the programmes in which they participate. Many service users were keen to engage in the inspection process and spoke very positively of their enjoyment in participating in the various groups and of their achievements in a wide range of activities.

Thanks are due to members who welcomed the inspector to the centre and to the manager and staff for their open and constructive approach throughout the inspection process. Overall there was good evidence to confirm that the centre provides a high quality service to those who attend. The management and staff are commended for maintaining high standards and for pursuing improvements continually.

## 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the service was an announced care inspection dated 05 August 2014. The completed QIP, containing five recommendations, was returned by the provider and approved by the specialist inspector.

There were no matters to be followed up at this inspection.

## 5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 28	The registered manager must ensure that the centre should have written procedures in place regarding assessing and monitoring the quality of service provision with reference to regulation 28 visits. The policy/procedure in place shall outline the purpose, content, dissemination of the reports and arrangements in place when registered person/s, or their representative, is on leave.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b>  Inspector confirmed that written procedures were in place as required and that Regulation 28 monitoring visits and reports were in place and up to date at the time of inspection.	
Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 15.3	The registered manager must ensure it is recommended that all reviews reports are completed in full.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b>  Seven service users' files were examined and review reports were found to be completed satisfactorily.	
<b>Recommendation 2</b>  <b>Ref:</b> Standard 15.6	The registered manager following the review, the service user's care plan is revised if necessary to reflect outcomes of the review, actions required and those responsible for these actions, and by when. When this happens, the service user and representative as appropriate is provided with a copy of the revised plan.	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Care plans in all of the files examined were well-detailed and held written evidence of updating as needs were reassessed or decisions changed.</p>	
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 17.10</p>	<p>The registered manager ensure that the organisation is being managed in accordance with minimum standards The monitoring visit and report should be more qualitative based, see comments made in the relevant section under this theme in the attached report.</p>	Met
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Monitoring reports were comprehensive and well detailed and made reference to the views of service users and staff members.</p>	
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 12</p>	<p>The provider should carry out a review of transport and ensure each service user's transport assessment states their approximate pick up and drop off times on the days they attend the centre.</p>	Met
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of transport arrangements had been carried out and greater detail of each service user's times is now included.</p>	

### **5.3 Standard 5 Care plan:      Where appropriate service users receive individual continence promotion and support**

#### **Is Care Safe? (Quality of Life)**

Staff members confirmed their confidence in following procedures accurately and in a respectful manner to service users. They also reported that they had ready access to senior staff should they need to seek guidance. Service users' personal records provided evidence of the consideration of continence needs for each person and clear plans for guiding staff in meeting those needs, where they were identified.

#### **Is Care Effective? (Quality of Management)**

The Trust's written protocol for promoting continence was available to staff in the centre, providing basic guidance in this area of practice. It is recommended that the Trust should develop more detailed written procedures and guidance in this area of practice, with reference to current studies in best practice. At the conclusion of the inspection visit, research in this subject was already underway by senior staff and this positive response is commendable.

Each service user's placement is reviewed at least annually, usually in a multi-disciplinary forum, and a sample of review records provided evidence of the consideration of personal care needs and the effectiveness of the service delivery.

#### **Is Care Compassionate? (Quality of Care)**

Observations of staffs' interactions with service users, throughout the inspection period, presented evidence of a high level of compassionate care being delivered. Service users, who held discussions with the inspector, confirmed that they were always treated with respect and enjoyed very positive relationships with staff members. Personal continence care for service users is mostly provided by staff working in pairs and staff confirmed that they were very confident of their colleagues' caring practices.

#### **Areas for Improvement**

The Trust should develop more detailed written procedures and guidance in continence promotion, with reference to current studies in best practice.

<b>Number of Requirements</b>	<b>0</b>	<b>Number Recommendations:</b>	<b>1</b>
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### **5.4 Standard 8 service users' involvement:      Service users' views and comments shape the quality of services and facilities provided by the Day Care setting**

#### **Is Care Safe? (Quality of Life)**

Eden SEC has excellent records of service users' involvement in the development of the service and the detail and content of the monthly service user (Advocacy Group) meetings is commendable. Several service users confirmed that they always felt safe and well cared for in the centre.



### Is Care Effective? (Quality of Management)

There was wide-ranging evidence to show that the management is effective in ensuring that a consistent level of high quality care is delivered. Staff confirmed their confidence in the systems for information sharing, practice guidance, supervision and training. Service users present with a varied range of needs, many of which are complex and demand a high level of knowledge and skills within the staff team. The team demonstrates a positive focus on supporting service users to achieve goals that are clearly represented in symbols and pictures for those who require this format.

### Is Care Compassionate? (Quality of Care)

Observations of staff interacting with service users provided evidence of compassionate care coupled with good understanding of the service user's individual needs. Examples of supportive appropriate language and encouraging tones of voice, in tandem with the well-written progress notes and review reports, were further evidence of compassionate care in action.

### Areas for Improvement

<b>Number of Requirements</b>	<b>0</b>	<b>Number Recommendations:</b>	<b>0</b>
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## 5.5 Additional Areas Examined

### Record of complaints

The records of two complaints were examined and were excellent in the clarity and detail of the information presented. The views of the complainants were stated clearly and each record concluded with a good account of the learning achieved by the management and staff as a consequence of the complaint investigation and the findings. The high quality practice in this area is commendable.

## 6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Mairead Murphy, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP 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.

## **6.1 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 (Northern Ireland) 2007.

## **6.2 Recommendations**

This section outlines the recommended actions based on research, recognised sources and The Day Care Settings Minimum Standards 2012. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

## **6.3 Actions Taken by the Registered Manager/Registered Person**

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to [day.care@rqia.org.uk](mailto:day.care@rqia.org.uk) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the service.

Quality Improvement Plan			
Statutory Requirements			
Recommendations			
<b>Recommendation 1</b>  <b>Ref:</b> Standard 18.2  <b>Stated:</b> First time  <b>To be Completed by:</b>  30 June 2015	The registered person should develop a more comprehensive written procedure for the promotion of best practice in continence care, drawing on the positive steps already taken by the manager and senior staff of Eden SEC to develop staffs' knowledge and competence in this aspect of the service.		
	<b>Response by Registered Manager Detailing the Actions Taken:</b> The registered person will ensure a more comprehensive written procedure for promotion of best practice in continence care is developed by the 30 <sup>th</sup> June 2015		
<b>Registered Manager Completing QIP</b>	Mairead Murphy	<b>Date Completed</b>	27.05.15
<b>Registered Person Approving QIP</b>	Micéal Crilly	<b>Date Approved</b>	27 <sup>th</sup> May 15
<b>RQIA Inspector Assessing Response</b>	Dermott Knox	<b>Date Approved</b>	08.06.15

*\*Please ensure the QIP is completed in full and returned to [day.care@rqia.org.uk](mailto:day.care@rqia.org.uk) from the authorised email address\**

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

*\*Please complete in full and returned to RQIA [day.care@rqia.org.uk](mailto:day.care@rqia.org.uk) from the authorised email address\**