



The **Regulation** and
Quality Improvement
Authority

Primary Unannounced Care Inspection

Name of Establishment:	The Laurels' Day Centre
Establishment ID No:	11170
Date of Inspection:	9 December 2014
Inspector's Name:	Maire Marley
Inspection No:	20059

The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

Name of centre:	The Laurels' Day Centre
Address:	Dromalane Road Newry BT35 8AP
Telephone number:	(028) 3026 1570
E mail address:	laurels.centre@southerntrust.hscni.net
Registered organisation/ Registered provider:	Ms Carmel McGrath
Registered manager:	Mrs Anne Maired McAlinden
Person in Charge of the centre at the time of inspection:	Mrs Maureen Carvill
Categories of care:	MAX, DCS-MAX, DCS-LD
Number of registered places:	78
Number of service users accommodated on day of inspection:	35
Date and type of previous inspection:	16 January 2014 Primary Unannounced
Date and time of inspection:	9 December 2015 10.00am–4.00pm
Name of inspector:	Maire Marley

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	12
Staff	4
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	0	0

Inspection Focus

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

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

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

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

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

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

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

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

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

Profile of Service

The Laurels is a purpose-built centre renovated and refurbished in the late 1990s. The centre operates in a single storey detached building within a complex of health and social care facilities, primarily provided by the Southern Health and Social Care Trust.

The centre is registered to provide day care for up to 78 clients with various learning disabilities from the Newry, South Down and South Armagh areas.

Summary of Inspection

This unannounced primary care inspection of The Laurels Day Centre was undertaken by Maire Marley on 9 December 2014 between the hours of 10.00am and 4.00pm. A designated day care worker Margaret Rodgers was in charge of the centre. The deputy manager, Mrs Maureen Carvill was available for discussion and feed-back at the conclusion of the inspection.

The requirement and four recommendations made as a result of the previous inspection undertaken in January 2014 were examined. The requirement and a recommendation were assessed as compliant. One recommendation was not compliant, one was substantially compliant and one was moving towards compliance. Details of the action taken can be viewed in the section following this summary.

Prior to the inspection the provider submitted a self-assessment of the one standard and two themes inspected. The registered provider's responses were examined and were not altered in any way by the RQIA.

During the inspection, the inspector was introduced to all of the service users who were in the day care centre. The inspector spoke directly and in private with service users in order to gather evidence for the standard inspected and the two themes.

Service users were content with the service provided and related if they had any concerns or issues they would speak with their day care workers or the deputy manager who visits the centre regularly.

The service users were keen to discuss their activities and tell the inspector about the outings that included shopping trips. The inspector enjoyed listening to the makaton choir and commended the service users on their rendering of Christmas songs. It was obvious service users had developed friendships with each other and staff and there was a relaxed atmosphere with lots of jovial banter between the groups and each other.

Throughout the day service users presented as being at ease in their environment and staff were observed interacting with them in a respectful manner.

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 SHSST had written policies and procedures pertaining to the management of records, recording and reporting, data protection, access to records and confidentiality. The policies and procedures were available for staff reference and were deemed satisfactory.

During the inspection it was noted that care records were securely stored and office desks were free of confidential information.

The inspector spoke with five members of staff regarding the standards inspected, their views about working in the centre and the quality of service provided. Positive comments were made in regard to the maintenance of records and the recording and reporting arrangements in this day care setting. During discussion with staff they competently answered questions in regard to confidentiality, access to records and the storage of records.

The inspector concluded that although there was evidence that service users are involved in the care planning process and that they participate in their annual reviews they were unclear if they had seen their care plans. A recommendation is made in this regard. A record is maintained in regard to each service users' attendance at the centre.

Written guidance is available for staff on matters that need to be reported or referred to relevant health or social care professionals.

Discussion with service users and staff along with the review of eight service users' individual files provided evidence that appropriate records are maintained.

Based on the evidence reviewed the inspector assessed the centre as compliant in this standard.

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

The SHSCT had policies and procedures regarding restrictive practice and these are reflective of current national, regional and locally agreed protocols and guidance.

The Deprivation of Liberty Safeguards (DOLS), document was discussed with the deputy manager and staff members consulted who all demonstrated awareness of the guidance. The inspector was informed that the guidance had been discussed with the staff team during meetings and in supervision. Staff were clear on the principles outlined in the document.

Evidence available from discussions with staff and a review of written records, verified that in the event of any additional restrictive practices staff were fully aware of the procedures to follow. It was recommended that arrangements are implemented to ensure risk assessments are reviewed regularly.

Staff presented as committed to responding to behaviour in the least restrictive manner and demonstrated knowledge of service users assessed needs. Staff spoke of the support from the behaviour support team and how this assisted them in their day to day work. In the event of a service user becoming restless or agitated staff found that diversional techniques usually calmed the service user. It was evident in discussion with staff that they recognised the importance of approaching service users in a sensitive, supportive manner and that a person centred approach directed their practice.

Observations of group interactions during the inspection confirmed that service users responded positively to members of the staff team and it was evident a good rapport had developed between staff and service users.

Based on the evidence reviewed the inspector has assessed the centre as compliant in 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.

The organisational structure was clearly set out in the statement of purpose.

There was evidence that the registered manager had obtained a range of relevant training and has several years' experience working in the caring profession. Staff working in the centre has acquired a range of vocational qualifications commensurate with their roles and responsibilities.

The registered manager is based in the Windsor Day Centre in Newry and also has responsibility for a further four centres. The deputy manager reported that she is based in the Laurels providing a managerial presence of approximately 7- 10 hours per week.

Records viewed on the day indicated that the registered manager visits to the centre were inconsistent and the times recorded did not allow for operational duties to be undertaken. The management arrangements need to be reviewed and a requirement is made in this regard.

A designated day care worker assumes responsibility for the day to day operation of the centre and also retains responsibility for their group of service users. Staff reported on the difficulties these arrangements present.

The competency and capability assessments for the senior care workers had not been completed as requested at the previous inspection and must be addressed effectively. The inspector was informed of the draft SHSCT Disability Division Day Care 'Procedure for Assessing the Competency and Capability of Staff Assuming Responsibility in the Absence of the Registered Manager' and was informed this was to be implemented within the near future.

A review of staffing information, found that although adequate staffing numbers were maintained in the day care setting the skill mix was not adequate. A day care worker Band 5 has to go to another centre during the morning period and is replaced with a Band 4. This affects the duties that can be completed by the Band 4. A review of the staffing arrangements is required.

Arrangements were in place for the supervision and performance appraisal of the staff team. However the findings of this inspection indicated supervision was not provided on a regular basis and there was evidence that appraisals were over-due. A review of staff training found mandatory training was up to date.

The inspector was informed of the audits of working practices however there was no evidence available to support the information provided.

The inspector was informed that the registered manager and day care workers are registered with the NISCC.

There was evidence from discussions with staff to confirm that members of the team work supportively and well with one another. Staff commented positively in regard to the quality of care provided and the support from the team, comments included "excellent care", "I am privileged and proud to work in this centre", "the team really work well together".

The SHSCT has appointed a designated officer to undertake the unannounced monthly monitoring visits to the centre on behalf of the registered provider. The inspector was informed that the policy and procedure regarding monthly monitoring visits as requested at the previous inspection was in draft form however was not available at inspection.

On this occasion the inspector was not satisfied that the management arrangements in this day care setting were suitable and as previously stated a requirement is made in this regard.

Based on the evidence reviewed the inspector has assessed the centre as moving towards compliance in this theme.

Additional Areas Examined

During the inspection the inspector examined the complaints record, files pertaining to eight service users, and validated the registered manager's pre-inspection questionnaire.

The inspector undertook a tour of the premises and found all areas clean and well organised.

Matters identified during this inspection were discussed with the deputy manager. As a result of this inspection three requirements and a recommendation are made. Three recommendations are restated in this report. Details can be found in the Quality Improvement Plan attached to this report.

The inspector wishes to thank the deputy manager and staff for their open and constructive discussions throughout the inspection process. Gratitude is also extended to the service users who welcomed and engaged with the inspector in the inspection process.

Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	13.9 Ref; Regulation 13(1) (a)	The registered person shall ensure that the day care setting is conducted so as to promote and make proper provision for the care and welfare of service users.	The inspector was informed that arrangements are now in place to request a PVA2 in the event of further safeguarding concerns or alerts. A timeframe for the requests is put in place each time a concern has been passed to the safeguarding team.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	15.4	Information for review should always be dated.	Three of the four reviews reports examined had been dated. This recommendation is restated.	Substantially compliant
2	15.5	Information for review to be "signed off" with the designation of the person recorded.	Review reports examined during inspection included the designation of the person preparing the report.	Compliant
3	13.4	A competency and capability assessments of staff that are in charge of the centre should be completed this should reflect evidence of training and knowledge of the centre's policy / procedure including reporting in keeping with the commissioning trust protocol/procedure.	The competency and capability assessment had not been completed. This is restated.	Not Compliant
4	28.4	A policy and procedure should be maintained regarding monthly monitoring visits.	The SHSCT had reviewed their monitoring visits and appointed a monitoring officer. The inspector was informed that a policy was in draft. It was not available on this occasion.	Moving towards 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.	
Criterion Assessed:	COMPLIANCE LEVEL
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.	
Provider's Self-Assessment:	
All staff are aware of their legal and ethical duty of confidentiality in respect of all service users records held, created or used within their work whether paper based or electronic including emails. Staff are required to be aware of the SHSCT Policies and Procedures on records management, confidentiality and I.T. security as well as an awareness of the Data Protection Act 1998, Code of Practice on Protecting the Confidentiality of Service Users Information (DHSSPSNI 2012), Minimum Day Care Standards (DHSSPSNI 2012) and NISCC Code of Practice. Staff must ensure that service user information is only shared on a need to know basis in accordance with policy guidance. Staff store information safely and securely within Laurels Day Care Centre.	Compliant
Inspection Findings:	COMPLIANCE LEVEL
The Trust has policies in place in regard to confidentiality that are available to the staff team. Discussion with staff confirmed that they have adequate knowledge about the duty of confidentiality and their role and responsibility in regard to the management of service users' personal information. Records requested on the day were stored securely.	Compliant

<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>The records that are kept within the centre are completed with the service user who works in partnership with their keyworker to update all information annually or more often if required. Should the service user request full access to their file the centre will liaise directly with the community keyworker and the individual will be asked to place his/her request in writing or email. A service user may request a representative of their own choice to act on their behalf in this process. Staff will ensure appropriate forms are completed on the Trust's 'Consent to Release Personal Information to an Elected Representative' form. All requests for service users records should be actioned without delay in accordance with SHSCT Data Protection Guidance Note Subject Access Request for Social Services Record. A copy of access to records is forwarded to information governance team to monitor the progress of the request under the Data Protection Act 1998. A record of request for access are kept in the individual's file and the outcomes recorded. There have been no recorded requests for access to file/s within the Laurels to date.</p>	Compliant
<p>Inspection Findings:</p> <p>Staff working in the centre revealed they were knowledgeable regarding consent and access to records commensurate with their role and responsibilities. There were examples in care plans reviewed of service users signing the record to indicate their involvement and agreement with the content. During discussion with service users some were unsure whether they had seen their care records. It is recommended that information on how to access care/support records is available to service users in a user friendly format and is detailed in the service user's guide and/ or service user agreement.</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>Individual assessments are completed with the service user after commencing daycare. Service users are involved in developing their own care plans, choosing activities and outlining their objectives and aspirations for the coming year in day care. These are reviewed annually or more frequently if required. Service Users and their families or representatives are invited to attend annual reviews along with other multidisciplinary professionals who are involved with the individual. Should there be changes in the service users needs or behaviour during the year this will be recorded in contact records and their community key worker will be informed and advice will be sought from relevant professionals if required. With the service users agreement the next of kin is kept up to date with any concerns or issues. Contact records reflect daily activities, input from other health services, medicine management and any incident or accidents. Service users who require assistance with medication will have this recorded in their medicine management plan and Guidelines for Administering Medicines are adhered to. All service user files are audited on a regular basis by the Registered Manager or Assistant Manager in her absence. The Registered provider also checks a selection of file records during the monthly visits.</p>	Compliant

Inspection Findings:	COMPLIANCE LEVEL
There was evidence in the random sample of care files examined that each service user had a care record in accordance with this criterion. Records viewed were up to date and it was noted that staff record changes in the service user's needs or behaviour and detail the action taken by staff.	Compliant
Criterion Assessed:	COMPLIANCE LEVEL
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.	
Provider's Self-Assessment:	
Where no recordable events occur or if the service user is absent a record is made in the service users file at least every five days on daily contact sheets.	Compliant
Inspection Findings:	COMPLIANCE LEVEL
The information detailed in the provider's self- assessment was confirmed during the review of a sample of service user care records. This review provided evidence that progress records are maintained for each service user and no issues were identified on this occasion.	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. 	COMPLIANCE LEVEL
Provider's Self-Assessment:	
<p>Noted concerns or issues will be reported to the appropriate staff that is Day Care Keyworker, Community Keyworker, relevant Allied Health Professional and the Registered Manager and Deputy Manager as deemed necessary. Changes that require assessment from other disciplines or agencies are made via the Day Care Worker and Community Keyworker. A copy of all such contacts / referrals are held on the individuals file. Guidance for staff on matters that need to be reported have been created and is now accessible to all staff.</p>	Compliant
Inspection Findings:	
<p>The review of policies and procedures, care records and discussion with the registered manager and staff team enabled the inspector to validate the provider's self-assessment.</p>	Compliant
<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>	COMPLIANCE LEVEL
Provider's Self-Assessment:	
<p>All records are written in a factual and legible manner in partnership with the service user and his / her Day Care Key Worker. A summary of these records are reviewed annually at the individual's annual review or more frequently if required and should there be changes these will be updated. All service user records are periodically audited and signed by the Registered Manager. Records are also audited during Provider Visit.</p>	Substantially compliant

Inspection Findings:	COMPLIANCE LEVEL
A sample of service user individual records were reviewed and found to be legible, accurate, up to date, signed and dated by the person making the entry. Staff consulted were aware of their responsibility in relation to maintaining accurate records and the purpose of such records.	Substantially 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
	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>Our staff are MAPA trained and use the concept 'keep me safe, treat me with respect' in line with individuals overall human rights. MOVA strategy number 8 use of Restrictive Physical Intervention (RPI) seeks to ensure RPI is used as infrequently as possible and in the best interest of the service user. In Laurels we use de-escalation methods as outlined by the Psychologist and the Behaviour Support Team at all times ensuring the human rights of the individual are respected. Any planned use of restrictive practice will only be implemented following consultation with the service user, his / her carer and multi-disciplinary team and notification to RQIA.</p> <p>Registered Managers are currently developing a set of guidelines and protocol for use of Restrictive Practice within Day Care.</p>	Substantially compliant
Inspection Findings:	
<p>The SHSST had policies and procedures to direct and guide staff in regard to restrictive practices as detailed in the provider’s self -assessment. In addition, staff have access to policies and procedures pertaining to 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.</p> <p>The deputy manager and staff reported that restraint, restriction or seclusion had never been used in the centre and there were no records of such practices. Discussion with staff revealed they were fully familiar with the current service user group and their associated behaviours and were able to describe individual signs that a service user might be having difficulties and the techniques used to divert or re-challenge behaviour. Records viewed confirmed that staff are in receipt of the required MAPA training. Staff also spoke of the invaluable support and direction received from the</p>	Substantially compliant

<p>behaviour support team.</p> <p>The Deprivation of Liberty Safeguards (DOLS), document was discussed with the management team and staff who all demonstrated awareness of the guidance. The inspector was informed that the guidance had been discussed with the staff team during meetings and in supervision. A copy of the document was available to the staff team for reference. Service users consulted confirmed they can move freely around the centre and those that were able reported that they had never witnessed any restrictive practice.</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 are no recorded occasions where a service user has been subject to restraint within Laurels. Staff are aware of the need to report any such incidences to RQIA, other relevant staff and recorded in the individual service user file. The use of straps on wheelchairs has been assessed by Physio and O.T in consualtation with the Service users and have been agreed as being necessary for the individuals safety. If restraint were required in the event of an emergency staff would apply their MAPA training and Trust MOVA Policies and Procedures using the concept 'keep me safe, treat me with respect'.</p>	Compliant
<p>Inspection Findings:</p>	COMPLIANCE LEVEL
<p>There have been no reported incidents of restraint or seclusion from this centre. The information provided in discussion with the deputy manager and staff was confirmed in discussions with service users, review of incidents and examination of care records. The deputy manager and staff team were fully aware of their responsibility in regard to the reporting and recording arrangements in the event restraint was used.</p>	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

<p 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 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>(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 Registered Manager ensures that at all times there is a suitably qualified, competent and experienced Day Care Worker Band 5 assuming responsibility in the absence of the Assistant Manager and Registered Manager at all times. The Registered Manager visits the centre on a weekly basis and is contactable at all times. The Assistant Manager is based in the Laurels Centre providing a managerial presence of approximately 7 - 10 hours each week, and additional hours if placed on the staff rota to cover for annual leave, sickness absence, training etc. There is a defined Managerial / Organisational Structure in place which is outlined in the Laurels Statement of Purpose.</p> <p>A Draft SHSCT Disability Division Day Care 'Procedure for Assessing the Competency and Capability of Staff Assuming Responsibility in the Absence of the Registered Manager' is in place.</p>	<p align="center">Substantially compliant</p>

Inspection Findings:	COMPLIANCE LEVEL
<p>The registered manager is based in the Windsor day centre and also has responsibility for a further four centres. The deputy manager reported that she is based in the Laurels providing a managerial presence of approximately 7- 10 hours per week and, additional hours if placed on the rota to cover for annual leave, sickness absence or training. However if cover is required in any of the other centres then she has to fill in. In the absence of the registered manager and deputy manager day care workers assume responsibility for the centre.</p> <p>Many of the staff has worked in the centre for some years and during discussion they demonstrated that they were fully familiar with their role and responsibilities regarding the management arrangements of the day care setting. Staff expressed that at times they did not feel supported and reported that they were taking on additional management roles whilst maintaining responsibility for groups. On the day of this inspection the registered manager was on unplanned leave and the deputy manager was in another centre. The records of the registered manager's visits showed they were irregular and varied in regard to the time spend in the centre indicating that the registered manager was not in control of all the day care settings operations.</p> <p>The competency and capability assessments for the senior care workers had not been completed as requested at the previous inspection and must be addressed effectively. The inspector was informed of the draft SHSCT Disability Division Day Care 'Procedure for Assessing the Competency and Capability of Staff Assuming Responsibility in the Absence of the Registered Manager' and was assured this was to be implemented within the near future.</p> <p>Examination of the staffing information, provided evidence that although adequate staffing numbers were maintained in the day care setting the skill mix was not adequate. A day care worker Band 5 has to go to another centre during the morning period and was replaced with a Band 4. This affects the duties that can be completed by the Band 4. A review of the staffing arrangements is required.</p> <p>Records examined indicated supervision was not regular and some staff appraisals were over-due. The inspector was informed of the audits of working practices however there was no evidence available to support this information.</p> <p>The SHSCT has appointed a designated officer to undertake the unannounced monthly monitoring visits to the centre on behalf of the registered provider. The inspector was informed that the policy and procedure regarding monthly monitoring visits as requested at the previous inspection was in draft form however was not available at inspection.</p> <p>A review of staff training found that mandatory training was up to date.</p>	<p>Substantially compliant</p>

<p>On this occasion the inspector was not satisfied that suitable management arrangements were in place for this day centre and as previously stated a review of these arrangements is required.</p>	
<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 	COMPLIANCE LEVEL
<p>Provider's Self-Assessment:</p>	
<p>Staff within Laurels receive supervision however we are not currently compliant with the Trust's Supervision Policy Standards and Criteria for Social Care Workers and RQIA Day Care Settings Minimum Standards (2012). Actions are being taken to address this. Band 5 staff have received supervision within the past two weeks and a timetable has been drawn up with pre-planned supervision dates set for 2015. Supervision records are maintained on individual staff member files and audited through the Trust Governance Department.</p>	<p>Moving towards compliance</p>
<p>Inspection Findings:</p>	COMPLIANCE LEVEL
<p>The findings of the inspection concur with the provider's self-assessment. A record of the dates of supervision showed that formal supervision was not being provided in accordance with the minimum standard or the Trust policies and this was confirmed in discussions with staff. Arrangements must be in place to ensure all staff receive regular supervision.</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 	COMPLIANCE LEVEL
<p>Provider's Self-Assessment:</p>	
<p>All staff are in receipt of Trust induction and Trust mandatory training which the centre facilitates through 4-5 training days each year. The centre also offers service specific training within the identified training days. Individual staff training needs are identified through supervision, KSF and PDP Reviews. Staffs' qualifications are outlined in the centre's Statement of Purpose and held on training file within the centre.</p>	<p>Compliant</p>

Inspection Findings:	COMPLIANCE LEVEL
The records inspected on the day relating to staff confirmed the information detailed in the provider's self-assessment.	Compliant

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
	Moving towards compliance

Additional Areas Examined

Complaints

The information on complaints submitted by the registered provider prior to the inspection was examined and indicated that the centre had received **one** complaint for the year 2013. On the day of inspection the complaint record maintained in the centre was reviewed and confirmed that the complainants were satisfied with the action taken.

The deputy manager and staff were fully aware of the complaints procedure and the action to take should a service user express dis-satisfaction with any aspect of the service. Service users consulted during the inspection confirmed if they had any concerns they would discuss them with the registered manager or any member of staff and were confident their issues would be addressed. A record of compliments is maintained.

Registered Manager Questionnaire

The registered manager submitted the completed questionnaire following the inspection. A review of the information found all questions had been addressed and were validated during the inspection.

Statement of Purpose

A review of the statement of purpose resulted in a request for the document to be amended in regard to the hours the registered manager is in the centre.

Service Users Guide

During the inspection it was recommended that information to inform service users on how to access care/support records is available in a user friendly format and is detailed in the service user's guide and/ or service user agreement.

Service user's views

The inspector greeted all service users accommodated in the centre informally and consulted more formally with them in groups or individually in the afternoon. Service users expressed complete satisfaction with the service provided and were keen for the inspector to hear how much they enjoyed their days in the centre. The inspector enjoyed listening to the makaton choir and commended the service users on their rendering of Christmas songs. It was obvious from observations that the groups enjoyed positive relationships with each other and the staff team. Service users knew who to report any concerns and were satisfied that they would be addressed by the registered manager. Comments made on the day by individual service users are detailed below;

"I would go to my keyworker if anyone bothers me or the manager"

"Everyone gets on"

"I like it here"

"The staff are just great I like them all"

"Great place I can listen to my music"

"I can move around the centre any time I please"

No issues were identified during the discussion with service users.

Staff Views

The inspector had the opportunity to meet with five members of staff. It was evident that staff enjoyed their work and were committed to providing a high standard of care. Several of the staff has worked in the centre for many years and all reported satisfaction with training and development opportunities. Staff expressed that the team all worked well together however some spoke of the difficulties they faced with the additional management responsibilities and whilst it was acknowledged that management were only a phone call away they felt isolated and unsupported in their roles. During discussion staff competently answered questions in relation to the standard and themes inspected. Staff comments on the day are detailed below;

“I am privileged and proud to work in this centre”,

“I enjoy working with clients but never wanted to be a manager yet that is what I have to do”

“left to get with the day to day management which means less time spend with service users”

“I enjoy my work would not want to work anywhere else”

Environment

The inspector viewed the day centre environment. All areas were found to clean and fresh smelling. No issues were identified on this occasion.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with **Name of Manager**, 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:

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



Quality Improvement Plan

Primary Unannounced Care Inspection

The Laurels

9 December 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 Maureen Carvill deputy during 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	20 (1) (a)	The registered manager must undertake a review of the staffing arrangements to ensure that suitably qualified, competent and experienced persons are working in the centre in such numbers as are appropriate for the numbers of the service users.	One	This has been actioned to ensure suitably qualified, competent and experienced staff are working in the Centre. Arrangements are in place to have a Band 5 or Band 6 provide staff cover if/when the male Band 5 staff member has to go to another Centre.	No later than 31 March 2015
2	10 (2) (b) (i)	The registered manager must review the management arrangements for the day centre and ensure she is in control of all the day settings operations. The manager's hours must be clearly documented in the statement of purpose.	One	A review of management presence in Laurels has been undertaken. The Statement of Purpose has been amended and now states the registered manager will have presence in Laurels one ½ day per week. This is in addition to the assistant manager being present within the facility 3 days per week (excluding periods of leave). Both registered manager and assistant manager are also contactable via phone at all times.	No later than 31 March 2015

3	20 (2)	The registered manager must ensure that all staff within the centre are appropriately supervised.	One	<p>This has been addressed with supervisory staff. Formal individual supervision has been held with each staff member since the care inspection. Further dates have been agreed and set with staff for 2015 to ensure supervision is held at least once every three months on a formal one-to-one basis. A review of the Trust Supervision Policy is also being requested by Head of Service to reflect Day Care Standards requirement.</p> <p>Personal Development Reviews for 2015 within KSF have also been completed with all staff since the care inspection in December 2014.</p>	No later than 31 March 2015
---	--------	---	-----	---	-----------------------------

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	15.4	Information for review should always be dated.	Two	This has been readdressed with staff. Compliance will be monitored via file audits completed by assistant manager on a quarterly basis and corrective action progressed if required.	No later than 31 March 2015
2	7.2	The registered manager should ensure that information on how to access care/support records is available to service users in a user friendly format.	One	The Service User Guide has been reviewed 27 th January 2015 to include the required information. A copy of the reviewed guide is being forwarded with the QIP for reference.	No later than 31 March 2015
3	28.4	A policy and procedure should be maintained regarding monthly monitoring visits.	Two	A draft 'Registered Provider Guidance Procedure' has been developed (December 2014) regarding monthly monitoring visits carried out in the day care setting by the registered provider or designated person. A copy of this is being forwarded with the QIP for reference.	No later than 31 March 2015

4	23.3	<p>The registered manager must ensure that:</p> <ul style="list-style-type: none"> • A competency and capability assessment of staff that are left in charge of the centre in the absence of the registered manager should be completed. • The assessment should reflect evidence of training and knowledge of the centre's policies and procedures 	Two	<p>A draft competency and capability assessment is currently being implemented with Band 5 and 6 staff. This assessment reflects details of required training completed by the staff member and working knowledge of relevant Trust Policies and Procedures. A copy of this assessment is being forwarded with the QIP for reference.</p>	<p>No later than 31 March 2015</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	Mrs Carmel McGrath
Name of Responsible Person / Identified Responsible Person Approving Qip	Miceal Crilly on behalf of Mairead McAlinden

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	M. Marley	20/2/15
Further information requested from provider			