



The **Regulation** and
Quality Improvement
Authority

Primary Announced Care Inspection

Name of Establishment:	Cookstown Adult Centre
Establishment ID No:	11172
Date of Inspection:	22 October 2014
Inspector's Name:	Dermot Knox
Inspection No:	20478

The Regulation And Quality Improvement Authority
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Name of centre:	Cookstown Adult Centre
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Registered organisation/ Registered provider:	Mr Tony Stevens
Registered manager:	Ms Mona McCann
Person in Charge of the centre at the time of inspection:	Ms Mona McCann
Categories of care:	DCS-MAX, MAX, DCS-MP, DCS-PH, DCS-LD
Number of registered places:	55
Number of service users accommodated on day of inspection:	48
Date and type of previous inspection:	15 November 2013 Primary Announced Inspection
Date and time of inspection:	22 October 2014 10:30am–5:30pm
Name of inspector:	Dermott Knox

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	10
Staff	4
Relatives	1
Visiting Professionals	2

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	20	7

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 Cookstown Adult Centre is located in a Northern Health and Social Care Trust (Northern Trust) complex which includes a Residential Home for elderly people and a Day Centre for people with physical disabilities, mental health issues, learning disabilities and older people with complex needs. The facility is located close to local amenities including a health centre.

The centre provides a service from 9.00am-4.30pm, Monday to Friday, to adults aged at least 19 years of age who have a learning disability. Some service users have complex needs, including, for example, physical disabilities or mental ill health.

A maximum of 55 service users can be catered for each day and a service is offered to approximately 70 people overall. For operational purposes the centre is run with service users divided into six groups, with some people requiring intensive support, including one service user who is provided with 1:1 support and guidance. The more independent service users form the largest group.

The centre consists of six activity rooms, bathroom/shower room and assisted toilets, dining room, laundry, offices, storerooms and a conservatory which is adapted as a physiotherapy area. A large garden with a poly tunnel and greenhouse is shared with other facilities on the site. There is adequate off street parking at the front of the building.

Ms Mona McCann is the manager of the centre, including a satellite unit for up to fifteen people, which is located just off the main street in Cookstown. Ms McCann has worked in the centre for over 15 years. She reports to Fiona Gammon, Day Care Locality manager.

Summary of Inspection

A primary announced inspection was undertaken in Cookstown Adult Centre on Wednesday 22 October 2014 from 10:30am until 5:30pm. Prior to the inspection the service provider submitted a self-assessment of the centre's performance in the one standard and two themes forming the focus of the inspection. There were seven requirements and one recommendation made at the previous inspection in November 2013 and all of these had been addressed satisfactorily.

The inspector was introduced to many of the service users attending the centre and met for discussions with ten people, either at lunch, or during group activity times. Individual discussions were held with the manager, four staff, one relative and one visiting professional, regarding the standards, team working, management support, supervision and the overall quality of the service provided. Six completed questionnaires were returned by staff members, who reported that the care provided was of a generally high standard, although some concerns were expressed about the staffing levels and the regular use of agency staff.

Overall, discussions with all contributors elicited a very positive view of the service provided and indicated a strong commitment by the manager and the staff team to practice in compliance with, or to exceed, the minimum standards for day care settings. One relative said that she an excellent level of support and communication with staff and that her family member loved going to the centre and benefited greatly from her involvement. A visiting professional confirmed that staff were co-operative and supportive to her when she was providing nursing services to a service user.

There was evidence from discussions and in written records to indicate a good level of inclusion and involvement of service users in decision making with regard to the care provided. Service users spoke highly of the support they experienced and the opportunities provided by the staff for their enjoyment and development. These included a good range of cultural and educational activities in the local community. On the day of the inspection, one group of service users was engaged in making their own lunch and it was evident that each person had a job to do and that everyone worked well together. The inspector was invited by the service users to join them for this lunch, which was very enjoyable.

The inspector wishes to acknowledge the open and helpful approach of the managers and staff throughout the inspection process. Gratitude is due to service users who welcomed the inspector to the centre and contributed to the evaluation of the service provided. Also to the relative of one service user, who gave her time and views on the quality of services provided.

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 centre has well- written policies and procedures regarding confidentiality, recording and reporting, data protection, consent, and storage and destruction of closed files. The policies and procedures are available for staff reference. The registered person had arrangements in place to review policies and procedures in order to ensure that they were kept up to date and accurate.

In the sample of four service user care records examined, there were examples of members or their representatives having signed to indicate their involvement and agreement with the content. Files were well-structured and maintained in a consistent manner by the key workers and were in keeping with the Trust's procedures. Good quality progress notes were being kept, as were assessments, care plans and records of reviews. The manager and day care workers were consistent in their reporting of untoward events.

Cookstown Adult Centre was judged to be operating in compliance with this standard.

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

The NH&SCT has a written policy and guidelines on the use of restrictive interventions, which was available to members of staff. Both the written records and discussions with staff confirmed that there had been no instances of physical restraint having been used in the centre. Staff confirmed that calming and diffusing techniques, developed through training, were found to be very successful in responding to service users when necessary. There were detailed records relating to the needs of one service user for whom restrictive practices had been specified by a clinical psychologist. Care for this person was being reviewed frequently.

Staff discussed the use of good communication and the importance of developing a good understanding of each individual's needs and preferences. The NH&SCT has a written policy and procedures titled, 'Behavioural Interventions with Clients who have Learning Disabilities and Challenging Behaviour'. Staff confirmed their positive and supportive approach to working with any individual whose behaviour is challenging to others. Relevant training had been provided. Extensive written guidance was available to staff with regard to restrictive practices,

deprivation of liberty and human rights and staff who met with the inspector were committed to maintaining best practice in these areas.

The centre was judged to be operating in compliance with 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.

Staff records showed that the registered manager and a number of the day care workers are appropriately qualified and experienced to take charge of the centre. Training for key aspects of this role had been provided, including for the responsibilities of formal supervision.

There was evidence from discussions with staff to confirm that members of the staff team work supportively with one another. The manager confirmed that an appointment for a vacant post has been made and a commencement date is pending clearance through AccessNI. Well-organised systems were in place for supervision, appraisal and for mandatory training for staff members. Records of staff training were comprehensive and well-detailed. Supervision records were up to date, with formal supervision sessions being provided in compliance with the minimum standard requirement.

The staffing structure and reporting arrangements were clearly set out in writing in the statement of purpose, for reference by all stakeholders. Some staff members expressed concerns with regard to the staffing levels in the centre, the use of agency staff and the impact of these on the centre's ability to meet the assessed care, social and recreational needs of all service users. Staff who met with the inspector presented as being confident and competent in their roles and responsibilities. A number of Band 3 staff do not yet have a vocational qualification and a recommendation is made in this regard.

Monitoring arrangements are standardised across the NH&SCT day care services and the three monitoring reports examined, addressed all of the required matters. Monitoring was carried out by locality managers representing the Trust.

The evidence indicates that the centre is operating substantially in compliance with this theme.

Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Regulation 4 (1) (c)	<p>A satellite unit is in operation and not registered with RQIA.</p> <p>This relates to an estates checklist sent by RQIA, by email in August 2014.</p> <p>Refer to the previous report March 2013.</p>	<p>The satellite unit currently operates within the registration of the adult centre.</p> <p>Information requested from the owners of the building has not yet been provided. A requirement is made for the registered person to complete these arrangements.</p>	Moving toward compliance
2	28 (2)	<p>Written procedures shall be in place detailing arrangements for assessing and monitoring the quality of service provision.</p> <p>Refer to 28.2</p>	It was confirmed that written procedures are in place for monitoring and evaluating the quality of services provided.	Compliant
3	Reg. 28 (4) (5)	<p>The person when carrying out the monthly monitoring visit shall ensure the views of representatives for services users are sought.</p> <p>The registered person shall ensure:</p> <ul style="list-style-type: none"> • service users representatives are aware of quality monitoring visits undertaken • a copy of the report is made available to the service user or their representative as appropriate. <p>Refer to 28.4</p>	Monthly monitoring reports that were examined during this inspection met the requirements of Regulation 28.	Compliant

4	29. (1) (d)	<p>The registered person shall give notice to RQIA without delay of the occurrence of any event in the day care setting which adversely affects the wellbeing or safety of any service user.</p> <p>Refer to 13.5</p>	<p>Notifications of adverse incidents had been sent to RQIA in compliance with this requirement.</p>	Compliant
5	14 (4)	<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> <p>Refer to 6.8 of the report.</p>	<p>The manager confirmed that the centre operates in compliance with this requirement. There was no indication of any restraint being used in the centre. One example of the use of a restrictive practice was well documented.</p>	Compliant
6	19 (2) schedule 5 paragraph 17	<p>A record of all staff meetings is held and the names of all those attending.</p> <p>Refer to additional areas of the report.</p>	<p>Records of staff meetings were available in the centre and included the names of those attending.</p>	Compliant
7	19 (2) schedule 5 paragraph 7	<p>A copy of the duty roster of persons working in the day care setting, and a record of whether the roster was actually worked is held.</p> <p>The copy must be legible and detail the full names of staff.</p> <p>Refer to the additional areas section of this report.</p>	<p>Duty rosters for the centre were up to date, legible and accurate.</p>	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	17.10	To 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 at 17.10 in the attached report.	Monitoring reports were well detailed and included a range of evaluative comments and quotations from service users.	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
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:	
The Trust has policies and procedures in place in relation to confidentiality and records held within the organisation. Policies include; Records Management Policy and Processing of Personal Information (POPI). Staff utilize these policies to guide and direct them to work within the law and ensure safe, efficient practice and confidence within the wider community. The policy includes the management of Personal Information, Records and Record Keeping, Safe Storage of Personal Information, Access and Sharing of Information and the Retention and Disposal of Confidential Information. The Trust also has a policy on Deprivation of Liberty Safeguards and Human Rights.	Compliant
Inspection Findings:	COMPLIANCE LEVEL
The provider's self-assessment was verified through examination of a sample of the policies and guidance identified above. Staff demonstrated a high level of respect for personal information on service users. Written information was held securely.	Compliant

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>A user friendly form, for service users, has been developed by the manager and team and is to be discussed at the User Forum, This form explains who Adult Centre staff may need to speak to in relation to the gathering / sharing on information as part of care package; how information is stored in the centre; who to speak to about access to information.</p> <p>Service users are encouraged to read / look through their personal records/case notes within the centre i.e. informal access where copy is not required.</p> <p>Formal requests for access to personal information by service users or their representatives would be processed in line with the Trust's policy and procedures e.g. General Procedures for the Processing of Personal Information (POPI) section 6.0</p> <p>Within the Adult Centre, service users are included in their Care Planning & Review Process. Where possible service users are encouraged to complete/contribute to their documentation associated within their care management.</p>	Compliant
Inspection Findings:	COMPLIANCE LEVEL
<p>There was both written and oral evidence to verify that service users are encouraged to be involved in the process of keeping records relating to their activities in the centre. In a sample of activity plans, presented in an attractive and pictorial format, three out of four had been signed by the service user. Several service users confirmed that they were involved in working with their keyworkers to prepare for review meetings and that they were always asked for their opinions about their involvement in the centre.</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>Each service user has a personal working file and are maintained within the Trust and RQIA requirements. Contents of service user's files contains the following: consent form re the sharing of information with relevant support services; referral information; assessments; personal information including likes and dislikes; medication details; contact names and numbers; care plans; care plan meetings and care notes; details of activities; contact records between relevant support services / carers etc. Files also include sections to hold any information pertaining to safe guarding vulnerable adults if applicable.</p> <p>Changes to service users circumstances, significant incidents/near misses are documented alongside actions and outcomes. Details of incidents / near misses are recorded in Trust Incident book.</p> <p>All records are stored in accordance with Trust's Information Governance requirements.</p>	<p>Compliant</p>

Inspection Findings:	COMPLIANCE LEVEL
Four service user's files were selected for inspection and all were found to be well-presented and to contain all of the records identified in this criterion.	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:	
In line with Trust and RQIA guidelines & policies, staff maintain and record an entry of service users, at a minimum of five days attendance. All documentation is signed and dated on entry.	Compliant
Inspection Findings:	COMPLIANCE LEVEL
Each of the four files examined contained good quality progress notes relating to the service user. Entries were signed and dated and had been made consistently at least once for every five attendances.	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>In line of Trust's policies and procedures, staff can obtain relevant guidance pertaining to service users needs and reporting procedures. Training is also available for all staff in relation to Safeguarding, Data Protection and Reporting & Recording and Consent; Challenging behaviour; Epilepsy; Control of Infection; and Administration of Medication. Flow charts indicate the procedure for reporting e.g. SVA and Complaints and are accessible to staff.</p> <p>The centre has a library of policies and procedures as a point of reference for all staff. All staff members have access to policies and procedures on the Trust's Intranet.</p>	Compliant
Inspection Findings:	
<p>In addition to the written guidance on recording and reporting practices, there was evidence in supervision records to show that these practices were discussed with regard to individual service users.</p>	Compliant
Criterion Assessed:	
<p>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>	
Provider's Self-Assessment:	
<p>Staff maintain records in line with the Trust's and RQIA requirements. Staff ensure all documentation is legible and is dated and signed on entry. Monitoring of documentation is currently completed throughout monitoring review records and audits. Manager of the unit is currently developing an auditing monitoring tool which will be utilized at supervisions. This can also be checked by monitor during monitor visits.</p>	Compliant

Inspection Findings:	COMPLIANCE LEVEL
The recently developed Supervision Audit Tool contains a section on recording and the storage of records and this will be used in formal supervision with all staff. Records that were examined during this inspection were all in compliance with this criterion.	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>Within the Trust Policy, restraint can only be implemented when no other alternative means are available to ensure the safety of the service user/s. This is strongly emphasised within the expectations of RESPECT training. At all times, staff endeavour to prevent and, where possible, introduce early intervention measures before restraint is considered. Where physical intervention measures are not part of the service users plan, staff must notify Positive Behaviour Support Team and RQIA immediately. This behaviour will be assessed and if necessary a re-evaluation of the service user's care plan may be required to ensure support for the individual if further incidents occur.</p> <p>In line with the Trust's and RQIA requirements all untoward incidents are recorded and reported on within the requirements.</p>	Compliant
Inspection Findings:	
<p>The Trust’s ‘Policy on Restrictive Physical interventions’ was available in the centre, along with procedural guidelines, ‘No restraint/Minimal restraint’, emphasising that physical restraint must only be used when no alternative means of control are available. Staff were observed working in a calm, well-structured manner with some service users who require clear expectations to be outlined for them, in order to maintain low stress levels. There was no evidence to indicate that any physical restraint has been used in the centre.</p>	Compliant

<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>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p>	
<p>As indicated within the Trust's and RQIA guidelines, all uses of restraint are recorded on the relevant documentation and forwarded to Positive Behaviour Service via Use of Physical Intervention (Restraint) form and RQIA, via Notifiable Events form. All documentation is completed in line with requirements and is retained in the service users file.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	<p>COMPLIANCE LEVEL</p>
<p>The one current example of restrictive practice being used in the centre was well recorded and the methods employed had been approved by a clinical psychologist and at a review meeting. There was no evidence of physical restraint being used in the centre.</p>	<p>Compliant</p>

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

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

<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 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>Within the Trust and Northern Board a Dependency Tool had been utilised in order to assess the level of need of each individual service user and calculate the number of staff required to meet these needs. Should service user needs increase due to e.g. health reasons, requests for staff uplift will be made via the Trust Resource panel.</p> <p>Where staff vacancies arise, or cover is required for long term absences or to meet additional needs, requests for appropriate staffing levels are submitted promptly, to minimise potential shortfall in the provision of care. Experienced, agency staff are employed using a consistent approach to allow for good working relationships within the team and deliverance of a high standard of care for the service users.</p> <p>All staff are aware of their accountability within their roles and responsibilities as outline in their job descriptions.</p>	<p align="center">Compliant</p>

<p>An Operational management file is kept in the managers office for access by day care workers in manager's absence, if required. This includes information relating to dealing with Incidents; Estates; Safe Guarding Vulnerable Adults; Staff Absence; Complaints plus competency checklists for band 5 staff.</p>	
<p>Inspection Findings:</p>	<p>COMPLIANCE LEVEL</p>
<p>Information on the staffing complement in Cookstown Adult Centre is set out in the statement of purpose, giving the employment grade of each staff member and his or her qualifications and experience. Lines of accountability were identified. Competency checklists for Band 5 staff were examined.</p> <p>The inspector met with one agency worker who has been employed off and on over a two year period to cover the absence of permanent staff. The manager confirmed that other agency workers have been employed on occasion, as necessary.</p>	<p>Compliant</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 	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment:</p> <p>Supervision within the centre is completed on a cascading framework through grades of staff. Day Care Locality Manager supervises Facility Manager Facility Manager supervises Band 5 Day Care Workers Day Care Workers completes Band 3 Support Workers</p> <p>Day Care Locality Lead holds professional Social Work qualification Facility Manager is registered nurse Day Care Workers One DCW- holds Social Work qualification One DCW- holds nurse registration Three DCW's hold NVQ L3 or HNC qualifications. All Band 5 staff have attained numerous skills and experience in this setting and provide support staff with daily direction and guidance. They ensure all service users receive an high quality service.</p> <p>A Day Care Worker meeting with the facility manager is facilitated weekly. These meetings allow for discussion of weekly plans which includes rotas, service users on respite care, Care Plan Review Meetings etc. Minutes of these meetings are available for all staff to read. A Communication Book is also in place for the purpose of sharing of information. Day Care Workers provide meetings with support/agency staff under their direction to reflect on practices, share information, programme planning, transport etc.</p> <p>Support/Agency Workers also attend three monthly meetings with facility manager where agenda and discussion forums takes place on sharing of relevant information and ways we can improve on the service.</p> <p>All staff also receive an annual appraisal and complete personal development plans. Staff are aware they can access line managers for any concerns or advice.</p>	<p>Compliant</p>

Inspection Findings:	COMPLIANCE LEVEL
<p>There were good records of formal, individual supervision for staff at all levels in the team. Staff confirmed that senior staff were readily available to them should they require guidance or support in their work. The recently completed 'Supervision Audit Tool' provides an excellent method of measuring the consistency, content and effectiveness of supervision and the Trust is commended for this development.</p>	Compliant
<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
Provider's Self-Assessment:	
<p>Prior to appointment all staff must demonstrate through the Trust's interview process and evidence of qualifications/experience, that they meet the requirements for the position they have applied for.</p> <p>It is the expectations of the Trust that all staff are suitably qualified and to undertake training and qualifications as appropriate to their grade.</p> <p>A regular training programme of mandatory and vocational training is coordinated to enhance staff's opportunities to develop their skills, development and knowledge. Staff will also have opportunity to be registered for QCF qualification in care, as required.</p>	Compliant
Inspection Findings:	COMPLIANCE LEVEL
<p>The large majority of staff in Cookstown Adult Centre hold qualifications appropriate to their roles and responsibilities and there was evidence to show that the staff team, as a whole, had a professional and well informed approach to their work. However, it was noted that a small number of Band 3 staff did not have any formal qualification in the field of care work and it is recommended that the registered manager should promote opportunities for those staff to gain a QCF qualification at the appropriate level.</p>	Substantially compliant

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

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

Additional Areas Examined

Complaints

The record of complaints was examined and was found to be satisfactory. Two complaints recorded since the previous inspection had been resolved to the satisfaction of the complainants.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Ms Mona McCann 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:

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



Quality Improvement Plan

Primary Announced Care Inspection

Cookstown Adult Centre

22 October 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 Mrs Fiona Gammon, Locality Manager, (person receiving feedback) either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

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

Statutory Requirements

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Day Care Settings Regulations (NI) 2007

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Regulation 26(1)	The registered person shall ensure that the necessary action is taken to fulfil any registration requirements relating to the satellite unit in Cookstown.	One	Locality manager will follow this up with contact to landlord; RQIA registration team and Trust contract department.	31 December 2014

Recommendations

These recommendations are based on The Day Care Settings Minimum Standards January 2012. This quality improvement plan may reiterate recommendations which were based on The Day Care Settings Minimum Standards (draft) and for information and continuity purposes, the draft standard reference is referred to in brackets. These recommendations are also based on research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details of Action Taken By Registered Person(S)	Timescale
1	Standard 21.7	It is recommended that the registered manager should promote opportunities for unqualified Band three staff to gain a QCF qualification.	One	Facility Manager will prioritise need for this training with the relevant support workers and promote opportunity for application for this qualification	Immediate and ongoing

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	Mona McCann
Name of Responsible Person / Identified Responsible Person Approving Qip	Tony Stevens

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	D Knox	16/12/14
Further information requested from provider	No		