

Unannounced Day Care Setting Inspection Report 26 and 27 September 2016



Suffolk Day Centre incorporating 'Focus Club'

Type of service: Day Care Service
Address: 88 Stewartstown Road, Belfast, BT11 9JP
Tel no: 02895 042922
Inspector: Suzanne Cunningham

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Suffolk Day Centre incorporating 'Focus Club' took place on 26 September 2016 from 10.30 to 16.30 and 27 September 2016 from 09.30 to 15.15 (24 hour clock).

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the day care setting was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

The inspection of staff duty rotas, supervision audits, training records; observations of the setting; discussions with service users and staff provided evidence the care delivered was consistent with the settings statement of purpose and ethos.

The staff in Suffolk day centre was observed responding to a range of service users' needs. The service users said the care was supportive and safe. The staffing levels were responsive to service user's needs, welfare and safety and the premises presented as safe on the day of the inspection.

Overall the inspection of "is care safe" concluded the following improvements should be made to ensure the minimum standards inspected are met. The three areas of improvement identified were: competency assessments should be completed with staff that acts up in the manager's absence; incidents of restraint must be reported to RQIA; and the fire drill record for 3 June 2016 should be updated.

Is care effective?

The inspection of eight service users individual care records, incident recording, complaints recording, discussion with the service users, staff and visiting professionals concluded care was being delivered at the right time and in the right place. In six of the records inspected individual care needs had been assessed and the outcome was written into a plan. Furthermore, review and monitoring arrangements were in place to review the effectiveness and quality of care delivered to service users. Two areas of improvement were noted regarding three individual service users arrangements.

Overall the inspection of "is care effective" concluded two areas of practice regarding review of two restrictive practices and the use of domiciliary care staff delivering care in the day care setting should be improved. This should ensure the minimum standards inspected are met.

Is care compassionate?

The inspection of records, observations of practice and discussions with staff and service users revealed that service users were being treated with compassion, dignity and respect. Staff were observed listening to service users, seeking their views and communicating with them in a supportive and caring manner.

Overall the inspection of "is care compassionate" concluded the minimum standards inspected were met. No areas for improvement were identified during this inspection.

Is the service well led?

The discussion with staff and service users confirmed they were informed regarding the management arrangements and staffs' role and responsibilities. Documents and records such as monthly monitoring reports and policies and procedures evidenced there was arrangements in place to promote minimum standards of care in the setting.

Overall the inspection of "Is the service well led?" concluded the inspection of the minimum standards was met. No areas for improvement were identified during this inspection.

This inspection was underpinned by The Day Care Setting Regulations (Northern Ireland) 2007, the Day Care Settings Minimum Standards 2012.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Maureen Coyle, assistant manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent type e.g. care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 20 January 2016.

2.0 Service details

Registered organisation/registered person: Belfast HSC Trust/ Mr Martin Joseph Dillon	Registered manager: Ms Margaret Johnston
Person in charge of the service at the time of inspection: Maureen Coyle, assistant manager	Date manager registered: 17/08/2010

3.0 Methods/processes

Prior to inspection following records were analysed:

- The registration details of the day centre
- Information and correspondence received from the registered manager and Belfast Health and Social Care Trust
- Incident notifications which revealed eight incidents had been notified to RQIA in the last 12 months
- Unannounced care inspection report 20 January 2016 and trust response to the inspection.

During the inspection the inspector met with:

- Three assistant managers
- Eleven staff
- Thirteen service users.

Questionnaires were given to the manager to distribute between service users, representatives and staff in Suffolk day centre. Three were returned by service users, five by staff and four by relatives.

The following records were examined during the inspection:

- Eight service users' care files including a sample of service users' daily records
- Staff rota for weeks beginning August and September 2016
- The complaint/issue of dissatisfaction record which had seven entries recorded from 1 April 2015 to 31 March 2016 and three recorded from 1 April to 26 September 2016
- A sample of incidents and accidents records from 7 July 15 to 21 January 2016
- The minutes of service user committee meetings 5 April and 14 June 2016
- Team meeting minutes for 25 May 2016
- Staff supervision dates for 2016
- Seven staff records
- Three monthly monitoring reports for June, July and August 2016
- Staff training information for 2015 and 2016
- Statement of Purpose
- Service Users Guide.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 20 January 2016

The most recent inspection of the establishment was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last type e.g. care inspection dated 20 January 2016

Last care inspection recommendations		Validation of compliance
<p>Recommendation 1 Ref: Standard 17.6 Stated: First time</p>	<p>The registered manager should ensure that the Statement of Purpose is reviewed. Under the section which details the range of needs that the day care setting is intended to meet, the Statement of Purpose details all types of restraint and/or restrictive practices which may be used in the day care setting.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection: The statement of purpose was made available for this inspection and sampling of the content evidenced the above changes had been added.</p>	

4.3 Is care safe?

The discussion with the assistant manager and review of the staff rota revealed there was adequate staff numbers to staff the day care setting, satellite service and the activities outside of the setting. A walk around the setting and the satellite project revealed there was staff in all of the rooms and out with the outreach groups. No service users were left alone and observation did not reveal any unmet needs during this inspection. The staffing rota detailed what staff were on duty each day including their role in the day care setting. This record was compliant with standard 23.7 which states a record should be kept of who is working and in what capacity.

During the two days of the inspection there were three assistant managers in the setting. The manager was on leave during the inspection therefore one assistant manager was acting up in the manager’s absence. They explained the distribution of staff across the setting was reviewed each morning to ensure staff cover was adequate and service users’ needs can be met. This allowed for any unexpected absences to be considered in terms of the impact on safe and effective care. Discussion with staff verified this process was in place.

Seven staff files were inspected; they provided evidence that staff commenced their job following satisfactory pre-employment checks undertaken by the trust. There was a staff induction policy and resource pack in place that detailed roles and responsibilities regarding induction for staff and students.

Two assistant managers' files were reviewed. There was no competency assessment that confirmed they were competent and had the right skills, training and knowledge to act up in the manager's absence. Discussion with them did not reveal any concerns regarding their understanding of their roles and responsibility however; a full assessment should be in place for those who act up in the manager's absence to evidence competence. A recommendation is made in this regard.

Supervision arrangements were inspected for staff. The supervision records for 2016 showed staff had received one individual supervision session no less than once every three months. The supervision meetings followed a set agenda which promoted discussion regarding the staff member, service users, training and development.

The staff training record was inspected for 2015 & 2016. The staff mandatory training and training specific to service users' needs record detailed they undertook and range of appropriate training. Examples were fire safety; medication; SCIP (behaviour management intervention); manual handling; reminiscence; assessment in social care; cook it and talking mats. This record, discussion with the assistant manager and staff confirmed all staff had or will receive the required training to safely undertake the duties of their role in 2016.

Review of the accident and incidents record maintained by the day care setting revealed they had been documented, investigated and assessed in line with regulations and minimum standards. There were a number of incidents where restraint was used that had been documented in the incident records. In accordance with Regulation 14(5) these should have been reported to RQIA as soon as practicable. Review of RQIA records and contacts revealed they had not been reported. Discussion with the assistant manager identified they were not aware this was their role and responsibility. Therefore a requirement is made for the setting to put in place a procedure and process to ensure incidents of restraint are reported to RQIA.

This day care setting was delivering a range of activities. They ranged from room based activities, community activities; and projects which were delivered in the main building and satellite building. The service users could engage with the activities they wanted to take part in and staff support was being provided as identified within their assessment; to ensure they are safe. During the inspection staff were observed actively encouraging and enabling service user's participation in group based activities, for example foot and hand massage, discussion groups and art. The service users therefore experienced the benefits of social interaction with other service users whilst doing tasks and activities that benefitted their cognitive, physical and emotional wellbeing.

In the main centre the care was delivered in a range of rooms that accommodated small groups, physical activities, sensory activities, crafts, quiet time/relaxation and larger group activities such as a quiz. There was also outside space, a dining area and bathrooms. These were all observed as accessible. The setting has an upper floor which is accessible by stairs or a lift; this was viewed as working on the day of the inspection. Service users that were based upstairs were physically able to walk up the stairs but could choose to use the lift. The satellite setting based in a community centre had a room for group work and gardens dedicated to their horticultural activities. Bathroom and kitchen facilities were also accessible for service users, although they were shared with the rest of the community centre users.

In summary the accessibility of the day centre environment did promote the service users independence. There was also notice boards' and an information point detailing activities for the whole setting. The walk around the environment identified there was infection prevention and control measures clearly displayed and fire exits were observed as clear. The inspection of the premises and grounds concluded they presented as safe, well maintained and suitable for their stated purpose.

The fire drill had been undertaken on 3 June 2016 and this identified two service users who refused to leave the building. There was no evaluation of how staff would keep these two service users safe if there was a real fire. Risks such as this should be managed or addressed once identified. Therefore a recommendation is made to ensure Personal emergency evacuation plans (PEEP) are completed for any service users who may need additional support in the event of a fire. The outcome of the PEEP for the two specified service users should be written onto the fire drill record for 3 June 2016.

Thirteen service users were consulted with during the inspection regarding is care safe. This revealed staff had talked to them about keeping safe in the community, in the day care setting and in their own homes. They described staff helped them to recognise risk and set guidelines to keep them safe in day care. The service users said they knew where to go if the fire alarm sounded and the staff team help them keep safe.

Three service users returned questionnaires to RQIA regarding this inspection and they stated they felt safe in the setting; they could talk to staff if they were unhappy, the setting is comfortable, they knew what to do if the fire alarm sounded and they could tell someone if they were worried about someone being treated badly.

One relative who was on the parents group was consulted with during the inspection. This revealed they were confident in the service being provided. They praised the management team and staff in terms of their communication with service users and relatives, as well as the care provided. They identified the building is an old design and the upstairs is not accessible for all service users. The parents group are advocating for a new building. The relative explained the parents group had raised funds to improve the environment such as the gardens and provide computers. They described the environment as bright and care was delivered within the standards expected.

Four relatives returned questionnaires. They answered their relative is safe and protected from harm, they could talk to staff, and they would report concerns to the manager and the environment is suitable to meet their relative's needs. One relative wrote "there is very little outdoor space". There is outside space however it is acknowledged the areas are small areas that are for outdoor relaxation. However, staff do organise activities for service users in the community which include outdoor opportunities. Another relative wrote the building is unfit for purpose and the service users who are not independently mobile cannot freely access all areas. This has been acknowledged by the trust and the manager. A request for a new centre has been made by the trust which they want to be designed to meet the needs of the service users who attend. However there was no plan in place at the time of this inspection to replace this day centre.

The staff on duty discussed what made care safe in the setting. They identified they received training that ensured they could meet service user's needs from safeguarding to understanding specific behaviours and needs. They work together to plan where staff are needed and work flexibly to ensure risks are managed and needs are met. This had ensured they had provided safe care; in a safe environment. The staff said if they had any concerns regarding safe

practice they would discuss this with their colleagues or the management team. They described their process of responding to safeguarding concerns. This involved a clear procedure that was based on regional procedures.

Five staff members returned questionnaires. They stated care was safe because they had received training to care for service users safely, there are risk assessments and care plans in place for service users, they would report bad practice and they receive support to fulfil their roles and responsibilities.

Areas for improvement

Three areas of improvement were identified during this inspection, they were: competency assessments should be completed with staff who act up in the managers absence; incidents of restraint must be reported to RQIA; and the fire drill record for 3 June 2016 should be updated.

Number of requirements	1	Number of recommendations	2
-------------------------------	---	----------------------------------	---

4.4 Is care effective?

The content of the Suffolk day centre statement of purpose was sampled. This described the purpose of this service which was consistent with the registration details. For example the setting provides day support and activities for service users who have a learning disability; and service users may have some independence or have complex health care needs which require intensive support.

The inspection of the individual service user care files provided evidence each service users' needs had been assessed and this was used to draw up a person centred plan with the service users, their relatives or representatives. This had been reviewed at least annually to ensure the care provided was appropriate to meet the service user's health and social care needs. The focus group individual service user files did not contain as many assessments however; this was consistent with the level of need presented by the service users who were attending the focus group.

On the walk about the setting it was noted one service user was looked after in a small room away from the other groups. Staff described the service users' tolerance of noise and others had reduced over the last few years, they were being looked after in their own room to reduce behaviour outbursts. The service user had on occasions gone on bus trips with a group however, there was little evidence they had enjoyed the social element of the bus journey as they sat at the back of the bus away from the other service users. Cross referencing this information with the current care plan and assessment revealed the isolation of this service user from the main group was not described in the documents. Furthermore, there was no analysis of why this was the best option for this service user and why this care model would achieve the best outcome. Another service user was looked after in a low gated area; inside a group room, again this was described as a response to the management of the service user's behaviour. Their assessment or care plan also lacked detail of why this was necessary and why this will achieve the best outcome for the service user in the day care setting. A requirement is made for the individual service user's information to be reviewed and updated in this regard.

One service user was identified by staff as receiving care from domiciliary care agency workers to facilitate them getting a bath in the day care setting. The need was identified in the assessment and the delivery of care was described in the service users care plan. However, it

was not clear who has responsibility for the service user's care and wellbeing when they are being bathed by the domiciliary care workers. If they are still being looked after in the day care setting, the day care setting should provide evidence the domiciliary care staff are competent to undertake this role and are supported like day care staff in compliance with the day care setting standards. A recommendation is made for this arrangement to be reviewed in this regard.

Inspection of six of the eight individual service user's files and observation of care provided evidence the care described was being put into practice which was enabling staff to care for service users effectively.

The day care setting activity schedule and opportunities was displayed for service user's reference in the day care setting entrance and corridors. The information was displayed in easy read format and displayed in a colourful eye catching way. Service users also had individual schedules that they could refer to in their room. Discussion with staff and service users confirmed the activity schedules in the setting and in the community was informed by the consultation with service users; service user needs and staff ideas.

Discussion with service users identified they liked the activities they took part in. Some favourite examples were swimming, keep fit, arts and crafts, jam making, gardening, yoga and quizzes. They described the care was effective because they were got the right support and care from staff. They also said they can see friends and have a chat. One service user said "we are adults, we can make choices". This was agreed to by the group and is significant because it demonstrated their confidence in their ability and understanding their right to access a service that treats them with dignity and respect.

Three service users' questionnaires identified they were getting the right care at the right time; staff were communicating with them; their choices are listened to; those that can communicate their choices can choose the activities they take part in; and have been involved in the annual review of their day centre placement.

Four relative's questionnaires identified their relative gets the right care, at the right time, in the right place; they were satisfied with communication with staff; their awareness of their relative's needs; preferences and choices, that these were incorporated into the care they receive; and they are involved in their relative's annual review. One relative wrote that their son communicates through their facial expressions which have been pointed out to staff. They said staff "in our opinion act in his and our best interest".

Discussion with staff revealed they are focussed on what individual service users' needs are. They identified knowing each individual including their likes and dislikes is key to delivering the right care. The staff described the setting as a warm place that is friendly, has a good ambience, is happy, comfortable and openly accessible. They identified they are busy but do ensure they are communicating well to ensure they support each other and meet the needs of the service users.

Five staff questionnaires identified service users are involved in their care plan, care plans inform the care provided, monitoring of quality is in place and that staff respond to service users in a timely manner.

Areas for improvement

Two areas for improvement regarding effective care was identified during this inspection regarding review of two restrictive practices and domiciliary care staff delivering care in the day care setting.

Number of requirements	1	Number of recommendations	1
-------------------------------	---	----------------------------------	---

4.5 Is care compassionate?

This inspection included consultation with 13 service users in Suffolk and the Focus club. The inspection also included observation of the morning, afternoon and lunch time care. Service users said the staff care for them and look after them. They gave examples such as: they are encouraged to tell staff what they like to do in meetings and during informal chats over tea; they are encouraged by staff to say how they feel and they have told staff if they feel upset or worried because staff will assist them to resolve concerns.

The walk around the day care setting revealed the staff were caring for service users with a range of needs in this setting. There were service users with complex health needs and mobility aids who required intensive staff support and there were service users who could manage independently with staff support. The service users each had a group they meet with in the setting, this was assigned in terms of interests and ability. However, there were opportunities that service users could opt in to that allowed them to be involved in activities outside of the setting. Staff identified they knew the service users' needs in their group however, they also know all service users' needs in case they are called on to assist other staff, or they join them for an activity. Observation of care demonstrated the staff in the setting were checking service users were comfortable, that their needs were being met and they sought service user's preferences using the most appropriate communication method for each individual.

Staff were observed treating service users with respect and sensitivity when communicating regarding their preferences and support they needed. If a service user required individualised care and privacy they discretely move the service user to a more appropriate location. Overall staff were observed supporting service users in a compassionate way, encouraging service users to be involved in their care and where possible promoting their independence.

Records such as individual service users review documentation and care plans promoted the service users consent and involvement. The setting had used a range of methods to communicate with all service users. For service users whose verbal communication was limited they were using Makaton and talking mats to aid service user's involvement.

A representative of the parents group gave their views for this inspection. They were complementary regarding the staff and management team's commitment to the service users and the quality of day care provided in this setting. They confirmed service users are involved in decisions about their care and if this is not possible the relative or representative is encouraged to be involved in decisions about their care and the running of the day care setting.

During the inspection it was clear the manager has an open door policy. Service users walked into the manager's office to talk, they also sat in the reception area with others to have an informal chat with staff, bus drivers and reception staff/volunteers.

This relaxed and open approach was observed as encouraging service users to enjoy the social element of this day care setting and communicate their views.

Service users' achievements, ideas, opinions and preferences were being sought at the service user committee meetings. The minutes of the meetings held on 5 April and 14 June 2016 were sampled. This provided evidence the meetings were led by service users and involved staff informing them about staff changes, monitoring visits, inspections and plans as well as seeking service users' feedback. Feedback regarding areas of satisfaction and dissatisfaction were also recorded within the complaints and compliments record. There were ten areas of dissatisfaction recorded which had been recorded and responded to in compliance with the settings procedure. All of the issues raised had been responded to and the record confirmed the service users were satisfied with the outcome.

One compliment recorded provided evidence staff had fully involved service users by using makaton when assisting a dental hygiene session. This was evidence of staff using a compassionate approach. The dental hygienist identified the staff communication method improved outcomes for the service users because this aided their understanding and involvement in the dental hygiene activity.

Three service users' questionnaires identified they were treated with respect and were involved in decisions affecting them, the staff are kind and caring, their privacy was respected; they have choices and are involved in decisions.

Two relative's questionnaires described their relative was treated with dignity and respect and involved in decisions affecting their care. They do not have any concerns and their relative is treated well. Three relatives wrote additional comments, they were: "I would like to thank (staff names) for their dedication to the users of the focus club". "I do not have any issues with the manager or staff; they are all very caring professionals". Finally, "We are in constant discussion with staff due to his failing condition and we know he is cared for professionally and totally sensitive to our needs".

The staff discussion revealed they encourage service users to be independent and confident. Staff discussed it is important for them to enable service users to feel confident, comfortable in day care and that they can openly communicate with staff. The staff said they love their job, they love what they do and this was reflected in the positive mood throughout the setting. The staff identified this positive approach has a happy effect on the service users. The newest staff said they felt this was a positive and happy place for service users to come to as soon as they arrived. They described the staff team had assisted them to understand their role and responsibilities by modelling positive examples of care and ensuring service users documentation is detailed regarding each individuals needs and preferences.

The five staff questionnaires identified service users are treated with dignity and respect, encouraged to be independent; their views are sought and acted upon.

Areas for improvement

No areas for improvement were identified regarding is care compassionate during the inspection.

Number of requirements	0	Number of recommendations	0
-------------------------------	---	----------------------------------	---

4.6 Is the service well led?

The three assistant managers were present during the inspection. The manager was on annual leave. Examination of the day centres statement of purpose evidenced the management arrangements were correctly described in the statement of purpose and were consistent with the day centres registration details. Discussion with the assistant managers revealed they have management and governance systems in place which ensure the setting is safe, well managed and service users' needs are met in compliance with the Day Care Settings Regulations (NI) 2007 and Standards 2012. Examples were the annual reporting, monthly monitoring visits and the audits of the settings records and environment. The training audit and ligature review was sampled. These audits did not identify any concerns regarding the centres compliance. The annual report for 2015/2016 was provided for this inspection and the document presented as compliant with regulation 17(1).

The monthly monitoring visits and reports were sampled for June, July and August 2016. The reports available evidenced visits had taken place once per month as required in regulation 28 and described the conduct of the setting.

Policies and procedures were accessible for staff in centrally indexed files and electronically. Staff confirmed they could access the policies and procedures. Policies were sampled such as whistleblowing, and safeguarding vulnerable adults. This revealed the policies were detailed and current.

The service users spoken to were informed regarding the management arrangements in the setting. They confirmed they are encouraged to make decisions and the staff supported them. Three service users' questionnaires identified the service was managed well; they said they knew the manager and could talk to them if they had any concerns. Finally staff had responded well to them and they were asked what they would like to do in the setting.

Three relative's questionnaires stated the service was managed well; staff and the manager are approachable, professional and caring. They have a copy of the service user's guide.

Discussion with staff confirmed they knew how to respond to a range of situations such as responding to issues of dissatisfaction or a vulnerable adult concern communicated by service users. The staff described themselves as a good team, they all help each other. They confidently described each other's roles and responsibilities regarding care, supervisory responsibilities and maintaining records. However they also acknowledged they work flexibly with each other to ensure the service users' needs are met. They identified this requires good communication and working together. To ensure staff are providing the right care at the right time they have an alarm that they can sound if they need assistance. This might be to assist with a medical or behavioural need. They described they can rely on each other to provide safe, effective and compassionate care, this was important to them and the working together approach was led by the management team. They described the manager and assistant managers had been open to hearing the staff team's opinion and they had promoted staff development via training and team discussions.

Five staff questionnaires identified the service is managed well, the service is monitored, and communication between the staff and management is effective.

Areas for improvement

No areas for improvement were identified regarding is care well led during the inspection.

Number of requirements	0	Number of recommendations	0
-------------------------------	---	----------------------------------	---

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Maureen Coyle, assistant manager, as part of the inspection process. The timescales commence from the date of inspection.

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

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

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Day Care Settings Regulations (Northern Ireland) 2007.

5.2 Recommendations

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

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to web portal for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

Requirement 1

Ref: Regulation 14(5)

Stated: First time

To be completed by:
22 November 2016

The registered provider must put in place a procedure and process to ensure incidents of restraint are reported to RQIA as soon as is practicable.

Response by registered provider detailing the actions taken:
In response to this requirement the registered provider will report all incidents of physical restraint to RQIA through the notification of event form.

In addition to this a summary report for specific service users, who require frequent physical restraint, interventions in the form of, for example, a two person escort, will be reported to RQIA through the agreed form developed by RQIA in conjunction with the registered manager.

Requirement 2

Ref: Regulation 13 (1) & 14 (4)

Stated: First time

To be completed by:
22 November 2016

The registered provider must ensure the two individual service users care plan and assessment information is reviewed as soon as is possible. The review should ensure the most current documentation clearly evidences the following:

- why it is necessary for the service users to be cared for in areas away from other service users
- a description of why the areas provided are the best option available in the day care setting to meet the individual service users needs
- analysis of why this is the best option to meet the service users' needs in day care, this should be aligned with the aims and objectives of the day care setting as well as Day Care Settings Minimum Standards 2012
- If care involves restriction or restraint the assessment should detail from a human rights perspective why this is necessary, what the exceptional circumstances are and why this would achieve the best outcome for the service user in a day care setting.
- The care plan should describe the detail of how staff should meet the identified need.

Response by registered provider detailing the actions taken:
In response to this requirement the registered manager will ensure that the two individual service users care plans and assessment information are reviewed by the Multi-Disciplinary Team and that as part of this review they will clearly evidence the points laid out in the requirement.

Recommendations	
Recommendation 1 Ref: Standard 23.3 Stated: First time To be completed by: 22 November 2016	<p>The registered provider should undertake a competency assessment with the assistant managers. The competency should evidence the staff that act up in the manager's absence are competent to undertake this role and responsibility.</p>
	<p>Response by registered provider detailing the actions taken: In response to this recommendation the registered manager has undertaken a competency assessment with the assistant managers to show evidence of their competency to undertake their role and responsibility.</p>
Recommendation 2 Ref: Standard 5.2 Stated: First time To be completed by: 22 November 2016	<p>The registered provider should review and improve the fire drill record for 3 June 2016. Personal emergency evacuation plans (PEEP) must be completed for any service users who may need additional support in the event of a fire. The outcome of the PEEP for the two specified service users should be written onto the fire drill record for 3 June 2016 to evidence how the risks recorded will be managed or addressed in the future.</p>
	<p>Response by registered provider detailing the actions taken: In response to this recommendation the registered manager has reviewed and improved the fire drill record for 3rd June to include the outcome of the PEEP for the two specific service users. This includes evidence of how the risks recorded will be managed and addressed in the future. Personal emergency evacuation plans (PEEP) will be completed for any other service users who may require additional support in the event of a fire.</p>
Recommendation 3 Ref: Standard 21, 22 & 23 Stated: First time To be completed by: 22 November 2016	<p>The registered provider should review the use of domiciliary care agency workers to facilitate service users getting a bath in the day care setting. Procedure and plans should clearly describe who has responsibility for the service user's care and wellbeing when they are being bathed by the domiciliary care workers. If they are being looked after by the day care setting, it should be evidenced the domiciliary care staff are competent to undertake this role and are supported in compliance with the day care setting standards.</p>
	<p>Response by registered provider detailing the actions taken: In response to this recommendation the registered manager has reviewed the use of domiciliary care agency workers to facilitate service users getting a bath in the day care setting. Procedure and plans clearly describe who has responsibility for the service users care and wellbeing during this activity and evidence the domiciliary care staff's competency to undertake this role.</p>

Please ensure this document is completed in full and returned to day.care@rqia.org.uk from the authorised email address



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)