



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

## **Primary Announced Care Inspection**

<b>Name of Establishment:</b>	<b>Suffolk Day Centre incorporating 'Focus Club'</b>
<b>Establishment ID No:</b>	<b>11175</b>
<b>Date of Inspection:</b>	<b>6 November 2014</b>
<b>Inspector's Name:</b>	<b>Michele Kelly</b>
<b>Inspection No:</b>	<b>20623</b>

**The Regulation And Quality Improvement Authority**  
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<b>Name of centre:</b>	Suffolk Day Centre incorporating 'Focus Club'
<b>Address:</b>	88 Stewartstown Road Belfast BT11 9JP
<b>Telephone number:</b>	(028) 9504 2922
<b>E mail address:</b>	Margaretm.johnston@belfasttrust.hscni.net
<b>Registered organisation/ Registered provider:</b>	Mr Martin Dillon
<b>Registered manager:</b>	Miss Margaret Johnston
<b>Person in Charge of the centre at the time of inspection:</b>	Mrs Maureen Coyle
<b>Categories of care:</b>	DCS-MAX, MAX, DCS-LD
<b>Number of registered places:</b>	95
<b>Number of service users accommodated on day of inspection:</b>	87
<b>Date and type of previous inspection:</b>	19 February 2014 Primary Announced Inspection
<b>Date and time of inspection:</b>	6 November 2014 10:00 - 17:00
<b>Name of inspector:</b>	Michele Kelly

## 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	9
Staff	9
Relatives	2
Visiting Professionals	4

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	25	4

## 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:

<b>Guidance - Compliance Statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>2 - Not compliant</b>	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.
<b>3 - Moving towards compliance</b>	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.
<b>4 - Substantially Compliant</b>	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.
<b>5 - Compliant</b>	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 Suffolk Day Centre is situated in West Belfast and provides day services for adults with varying degrees of learning disability, many of whom have associated physical disabilities and complex health care needs.

The aim of the centre is to provide a range of services which promote normalisation, inclusion, citizenship and choice.

The centre operates from Monday to Thursday 9.00am - 4.30pm and Friday 9.00am - 3.30pm. Referrals and allocation of days are in accordance with the Trust procedures. Placements are offered following an assessment of need. Service users can avail of a hot meal on a daily basis or bring in their own lunch.

Suffolk Day Centre is responsible for an offsite outreach project for service users which they choose to call The Focus Club. The purpose of the club is for service users who require limited supervision, support and assistance to be enabled by staff to run their own day care provision. It promotes service user's rights of choice, self-advocacy and citizenship. It commenced with five service users on 5 January 2011.

The Focus Club is managed and supported by centre staff who network with other relevant agencies in the local community. On 11 June 2012 the Focus Club moved to new premises in the Glenn Community Centre located in the nearby Lenadoon area opposite the Suffolk Day Centre. There are currently nine service users now attending the Focus Club.

## **Summary of Inspection**

A primary inspection was undertaken in Suffolk Day Centre on 6 November 2014 from 10:00 to 17:00. This was a total inspection time of seven hours. The inspection was announced.

The previous announced follow up inspection carried out on 19 February 2014 had resulted in one requirement and one recommendation both were assessed at this inspection as being fully met.

Prior to this inspection the provider submitted a self-assessment of the one standard and two themes inspected. The focus of the inspection was to assess the centre's compliance with the one standard and two themes chosen from the Day Care Settings minimum standards 2012 and the providers' statements were verified. During the inspection the inspector used the following evidence sources:

- Analysis of pre-inspection information and questionnaires
- Discussion with the registered manager, staff, service users and representatives
- Examination of a sample of service user individual file records including evidence of review and safeguarding information; the complaints record; staff training record; incidents and accidents record; evidence of service user consultation, monthly monitoring records; the centres statement of purpose; service users guide and policies & procedures
- Tour of the premises.

The inspector spoke to a total of nine staff regarding the standards inspected and their views about working in the centre. This generated positive feedback regarding the management of records and reporting arrangements including recording; ensuring records are accessible for the service users and the management arrangements in this day care setting. The manager was not in the setting during this inspection and one of the assistant managers facilitated the inspection.

Staff described clear arrangements for confidentiality and working together with service users to update assessment, care plan and create review documentation; working cooperatively with service users and person centred practice was central to improving outcomes for service users and staff used a variety of methods including of communication to ensure inclusion of service users at all levels. Staff described working with speech and language therapists and physiotherapists to help meet person centred goals for the service users. The inspector spoke to two physiotherapists, a speech and language therapist and a yoga instructor who described the support they receive from staff in their work with service users. Staff set objectives with service users and there is a clear focus on working with service users and their families to get the most out of the activities offered by the centre. Staff receive training in Strategies for Crisis Intervention and Prevention (SCIP) as part of the mandatory training programme. Staff knowledge regarding restrictive practices and restraint was appropriate for the service and consistent with the statement of purpose, staff described they use the least restrictive methods to respond to behaviour and ensure responses are proportionate. The assistant manager described their approach is to recognise triggers to escalating behaviour at an early stage; and use de-escalation techniques to promote positive outcomes.

Management arrangements in this setting were described positively by staff. Cover in place in the absence of the manager is shared between the assistant managers as are management tasks such as duty rotas, medication, supervision etc.

Four questionnaires were returned by staff members and reported satisfactory arrangements were in place with regard to NISCC codes of practice; supervision; staff training; staffing and management arrangements; responding to service user's behaviour; confidentiality and recording.

The staff praised the quality of care provided within the returned questionnaires and the following comments were made:

"Very good, everyone working using a person centred approach ensuring each individuals needs are met".

"Suffolk has a high standard of care for staff and service users"

The inspector observed staff working well with service users engaging them positively with meaningful activities.

The inspector spoke with seven service users in a group during the inspection about their experiences in the day care setting and the focus of the inspection. The inspector also spoke with two other service users informally during the inspection. The service users were aware there was records kept about them and they were satisfied they were kept securely. Service users are encouraged to give their views and if they want to see their file they said they could ask a staff member.

Service users described enjoying attending the centre, the activities they had taken part in; and described the support and care provided by the staff positively. The service users described staff as being very good and said the staff listen and help the service users to feel better. The centre premises were very comfortable, warm and spotless on the day of inspection. Since the last inspection refurbishments had been carried out to the music room and a room used by a service user with more complex individual needs, these improvements should enhance the experience of day care for the service users who attend Suffolk.

The inspector spoke with two visiting relatives in the day care setting during the inspection regarding the standard and themes inspected. This gathered positive feedback regarding the management of records; the relatives described being aware of the records kept and had viewed reports at the review meeting. Relatives identified the support the parents' group provide for parents, service users and the staff of the centre. They had praise for the centre manager, assistant manager and staff and spoke of the open and transparent atmosphere in the centre.

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

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

Discussions with service users and staff and review of six service users' individual files provided evidence that the centre is performing well regarding standard 15. The discussions with service users confirmed service users are aware a record is kept about them and they can request to see these if they wish. Staff described a focus on person centred practice and sound approaches to communication with all service users in the setting. The inspector was informed by a speech and language therapist that there was "a strong makaton signing culture" in the centre.



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

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

Two criterion from regulation 14 were inspected which examined compliance with the use of any restrictive practices in this day care setting within the context of human rights.

Discussions with the staff and examination of records provided evidence that the centre was using clear operational systems and processes which promote the needs of the service users who attend the centre. Staff receive training in Strategies for Crisis Intervention and Prevention (SCIP) as part of the mandatory training programme. Restraint and restrictive practice had been used in exceptional circumstances, however staff were clear they mostly use clear communication, diversion, calming, diffusing techniques and knowing their service users' needs and personalities which usually deescalates behaviour. The Deprivation of Liberty Safeguards (DOLS), document was discussed with the assistant manager who confirmed the standards were integrated into practice throughout the centre. The document "Use of Physical Intervention in Mental Health and Learning Disability" was viewed by the inspector and noted the review date was June, 2013. It is recommended that this document is reviewed.

Based on the evidence reviewed the inspector assessed the centre as compliant in this theme, one recommendation is made regarding this theme.

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

Two criteria from regulation 20 and one criterion from regulation 21 were inspected which provided the evidence to examine this theme. The criteria were assessed as compliant and no requirements or recommendations are made regarding this theme.

Discussion with the assistant managers and staff provided evidence that the organisation had monitoring arrangements in place; and there was an ongoing emphasis in promoting quality care. Relatives spoken to on the day of inspection praised the efforts of the manager and assistant managers in promoting and delivering good care for service users. The arrangements in this setting regarding management cover were satisfactory and compliant with this theme.

In conclusion one recommendation is made as a result of this inspection and was discussed with the assistant manager. Details of the requested improvements along with timescales can be viewed in the QIP attached to this report.

The inspector wishes to acknowledge the work undertaken by the registered manager and staff in preparation for this inspection and their open and constructive approach throughout the inspection process. Gratitude is also extended to the service users who welcomed and engaged with the inspector and the parents and professionals who participated 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	Regulation 28 (2) (b)	The registered person must ensure that the person who undertakes the monitoring of the day care settings quality of services in compliance with this regulation and completes the monthly report is an employee of the organisation who is not directly concerned with the conduct of the day care setting.	Examination of monitoring reports demonstrated that the person undertaking the monthly visit is a trust employee who is not directly concerned with the conduct of Suffolk day centre.	Fully met

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	7.1	<p>The registered manager should review and make appropriate arrangements to ensure identifying information pertaining to service users in the focus club is not displayed within an area which may be used by other community groups.</p> <p><b>Ref: Additional Matters</b></p>	The information which could identify service users has been removed from the area used by the focus club and other community groups.	Fully met

<b>Standard 7 - Individual service user records and reporting arrangements:</b>  <b>Records are kept on each service user's situation, actions taken by staff and reports made to others.</b>	
<b>Criterion Assessed:</b> 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.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment:</b> <p>Staff are aware that practice is informed by BHSCT Data Protection Policy and local guidelines.</p> <p>During the induction programme for new staff training in Data Protection is given and the matter and importance of confidentiality is addressed.</p> <p>Related information governance posters are displayed in office areas and discussion takes place in Team Meetings.</p> <p>All service-user files are stored in locked cabinets with an associated risk assessment and tracer cards are used when such files are removed from the area. Service-users consent is sought before any sharing of information with the staff team in the Centre and with others chosen by the service-user to attend reviews on Person Centred Plans/Support Plans and Risk Assessments.</p> <p>A record is kept of any copies of information kept by the service-user and are given to others with the service-user's permission.</p> <p>Information is only provided on a "need to know" basis. When essential information has to be shared outside of the Trust individual codes which have been assigned to service-users are recorded. Consent is sought from service – users and/or representatives when appropriate for Referrals which involve sharing of information.</p> <p>Service-users are informed about forthcoming inspections and consent is sought from individuals prior to inspection of their records as in good practice.</p> <p>Consent is sought from service-users before taking images for display/ promotion purposes. Centre based cameras are used to take photographs of service-user activities with service-users consent.</p>	Compliant

Inspection Findings:	COMPLIANCE LEVEL
<p>The day care setting had a policy and procedure pertaining to confidentiality of service users' personal information. The policies and procedures are available for staff reference and the recording practices and storage of service user information is consistent with protocols regarding confidentiality. Staff also has access to current DHSSPS guidance in relation to protocols around confidentiality, recording practice and storage of service users' information.</p> <p>The inspector talked to the assistant manager and staff about their roles in relation to recording and maintaining confidentiality and was satisfied that they were informed and aware of their responsibilities in this regard.</p>	Compliant

<b>Criterion Assessed:</b> 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.  7.3 A record of all requests for access to individual case records/notes and their outcomes should be maintained.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment:</b> Service-users are involved in all aspects of their Person Centred Plan. This includes Risk Assessment and Support Plans (Reviews)  Should a service-user wish to have access to his/her case records/notes guidelines are in place to accommodate this.  These guidelines are in accordance with Data Protection Policy Freedom of Information Legislation and Trust Policy.  A record is kept of all such requests and all staff are aware of the guidelines involved.	Compliant
<b>Inspection Findings:</b> The inspector reviewed a sample of six individual service user records and the findings indicated that the records are maintained in compliance with Regulation 19 Schedule 4. There were examples of service users signing their own care plans and involvement of parents in development of care plans and the reviews of care. Discussion with service users revealed they were aware some information is kept about them and some of them were able to acknowledge they were aware they could access them if they wished to.  Staff working in the centre revealed they were knowledgeable regarding consent and access to records commensurate with their role and responsibilities.	<b>COMPLIANCE LEVEL</b>  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"> <li>• Assessments of need (Standards 2 &amp; 4); care plans (Standard 5) and care reviews (Standard 15);</li> <li>• All personal care and support provided;</li> <li>• Changes in the service user's needs or behaviour and any action taken by staff;</li> <li>• Changes in objectives, expected outcomes and associated timeframes where relevant;</li> <li>• Changes in the service user's usual programme;</li> <li>• Unusual or changed circumstances that affect the service user and any action taken by staff;</li> <li>• Contact with the service user's representative about matters or concerns regarding the health and well-being of the service user;</li> <li>• Contact between the staff and primary health and social care services regarding the service user;</li> <li>• Records of medicines;</li> <li>• Incidents, accidents, or near misses occurring and action taken; and</li> <li>• The information, documents and other records set out in Appendix 1.</li> </ul>	
Provider's Self-Assessment:	
<ul style="list-style-type: none"> <li>• All service-users have a structured file in place which is updated and maintained.</li> <li>• Each service-user has an assessment of need prior to/in preparation for the placement. The information is reviewed in the introductory phase of the placement.</li> <li>• All personal care and essential support needs are provided and reviewed annually. This also applies to communication support plans.</li> <li>• A PCP is prepared and developed with the service-user and representative if appropriate. Objectives are identified and associated action plan and timescales are put in place.</li> <li>• Changes in service-users behaviours, needs, programmes of care objectives, expected outcomes and follow up actions are recorded.</li> <li>• All service-users have a personal time-table of activities and larger group activities of choice are also in place. These are reviewed regularly and seasonally.</li> <li>• Information in relation to health and well-being is shared with the service-users representative and the multi-disciplinary team when appropriate.</li> </ul>	Compliant

<ul style="list-style-type: none"><li>• Records of all medications administered during Day Care are kept on file as are administration records and a Cardex. Any healthcare plans that are in place are also filed in the medical section</li><li>• Incidents, accidents, and near misses are recorded on a BHSCT form including details of the event, witnesses, immediate, and follow up actions and measures to prevent re-occurrence of incidents. References to such incidents are recorded in the service-users file.</li><li>• Any restraint or use of seclusion is also recorded and shared.</li></ul> <p>The information required in Appendix 1 is contained on files.</p>	
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
<p>The examination of six files selected on the day of the inspection evidenced the above records had been maintained for each service user. All assessments were regularly updated and followed up in care plans and signed in accordance with guidance and all files evidenced that reviews were held annually.</p>	Compliant



<b>Criterion Assessed:</b> 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.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment:</b> Where there have been no recordable events an entry is made in service-user files every five attendances.	Substantially compliant
<b>Inspection Findings:</b> The inspector was satisfied with the standard of entry regarding the service users' participation in activities and their progress towards achieving goals within their individual care plan. Entries are recorded for every five attendances in the six service users files viewed as is the policy in the centre.	<b>COMPLIANCE LEVEL</b> Compliant

<b>Criterion Assessed:</b> <b>7.6</b> There is guidance for staff on matters that need to be reported or referrals made to: <ul style="list-style-type: none"> <li>• The registered manager;</li> <li>• The service user's representative;</li> <li>• The referral agent; and</li> <li>• Other relevant health or social care professionals.</li> </ul>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment:</b>  The agenda of regular staff meetings includes permanent items to ensure that important information is being passed on to the registered manager and to advise staff on relative information to share. This includes <ul style="list-style-type: none"> <li>• Service-user issues</li> <li>• Adverse incidents</li> <li>• Vulnerable Adult Issues</li> <li>• Health and Safety Issues</li> </ul> Local procedures are in place to guide staff regarding vulnerable adults and incident reporting; referrals to other professionals and communication with parent and carers. <ul style="list-style-type: none"> <li>• Important information is shared during supervision and guidance is given regarding any issues.</li> <li>• All staff receive training in Vulnerable Adult Awareness and Adult Safeguarding Procedures to increase awareness of when/how and with whom information should be shared.</li> <li>• Vulnerable Adult Policy and Whistle Blowing Policy are in place and all staff are aware of these.</li> <li>• Incident Reporting training is provided which guides staff regarding completion of reports, follow up actions and any referrals to be made relating to the incident.</li> <li>• Dysphagia training is provided and includes guidance on circumstances which may require a referral.</li> <li>• Risk Assessment training is provided to Band 5 staff to enable them to identify risks and who should be included in the assessment process.</li> <li>• Individual Risk Assessments also give guidance regarding information that should be shared and with whom it is to be</li> </ul>	Compliant

shared.	
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
<p>Discussion with staff confirmed they are aware of their role and responsibility to report and refer information and record the outcomes achieved. The inspector reviewed six individual service users' records, sampled policies and procedures pertaining to communication, confidentiality, consent, management of records, monitoring of records, recording and reporting care practices and service user agreement.</p> <p>These confirmed there is a clear focus on achieving this criterion in day to day practice. Records and discussion with staff and representatives also evidenced they are informed regarding information that may be reported or referred and consent is sought.</p>	Compliant

<b>Criterion Assessed:</b> 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.	
<b>Provider's Self-Assessment:</b>  <ul style="list-style-type: none"> <li>• Files follow a set structure and local procedures are in place to provide guidance.</li> <li>• Staff make legible recordings which are signed and dated.</li> <li>• The registered manager periodically reviews and signs records.</li> <li>• Training in Recording Skills is available to all staff</li> <li>• Other Training provides guidance on various recording involved e.g. Vulnerable Adult Awareness, Incident Reporting, Risk Assessments, Medical issues/Care of medicines, Care pathways.</li> </ul>	Compliant
<b>Inspection Findings:</b> The inspector examined a sample of six service user individual records and evidenced they met this criterion. Consultation with staff working in the centre confirmed their understanding of this criterion.	<b>COMPLIANCE LEVEL</b> Compliant

<b>PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

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

<b>Theme 1: The use of restrictive practice within the context of protecting service user's human rights</b>	
<b>Theme of "overall human rights" assessment to include:</b>	
<b>Regulation 14 (4) which states:</b>  <b>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.</b>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment:</b>	
<ul style="list-style-type: none"> <li>•The BHSCT provides guidance on the Use of Physical Intervention in Mental Health and Learning Disability Services in conjunction with R.Q.I.A. minimum standards, human rights working group on restraint and seclusion (august 2005) and D.O.H. document "Positive and Pro-Active Care" (April 2014).</li> <li>•The B.H.S.C.T. subscribe to Proact – SCIP (Strategies for Crisis Intervention and Prevention). This method of working with challenging behaviour is based on the belief that "all individuals with challenging behaviours should be supported positively to lead a fulfilling life". SCIP training provides staff with the skills and knowledge to use an early intervention and prevention rather than physical intervention techniques.</li> <li>•SCIP involves mandatory training for all staff regarding early intervention, prevention, de-escalation and physical intervention where necessary. Training is provided by trainers from the BHSCT Behaviour Support Services. Initial Training is a 3 day course with mandatory 1 day refresher training.</li> <li>•SCIP techniques are practiced and staff are refreshed re. the grounds for intervention. Trained staff from BHSCT facilitate this.</li> <li>•SCIP physical interventions are only used in exceptional circumstances which are high-lighted during training to prevent harm/injury to service-users and staff in line with human rights legislation. There is consultation with the service user/carer if a behaviour plan is required to be drawn up.</li> <li>•Staff are proactive in promoting positive behaviour management through the use of SCIP resulting in a lowering of</li> </ul>	Compliant

challenging behaviours	
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
<p>The setting has policies and procedures pertaining to: the assessment, care planning and review; managing aggression and challenging behaviours; recording and reporting care practices; reporting adverse incidents; responding to service users behaviour; restraint and seclusion; and untoward incidents which are available for staff reference.</p> <p>The inspector examined a selection of six individual service users' records and which described use of restraint and potential restriction. Where this was recorded the responses to behaviour and need had been recorded as had been anticipated and the responses were planned responses.</p> <p>Staff had worked with the multi-disciplinary team regarding all aspects of meeting service users' needs in the centre. Professionals within psychology, occupational therapy, physiotherapy, and social work had been consulted to provide guidance for staff regarding how to meet assessed needs. This guidance also incorporated protecting service user's human rights and access to services.</p> <p>Staff receive training in Strategies for Crisis Intervention and Prevention (SCIP) as part of the mandatory training programme. The manager's returned questionnaire confirmed that SCIP had been used on thirteen occasions with two individual service users in the past year.</p> <p>Where restraint is used the service completed all required documentation including post incident reporting and recording, they also utilised staff knowledge and professional guidance to assess the needs of the service users and ensure the overall plan was meeting the service users' needs. The inspector was satisfied behaviour techniques were reviewed and action plans/care plans had been discussed to ensure interventions remain necessary, proportionate and do not infringe service users human rights.</p> <p>Discussion with staff validated management and staff knowledge about when and why restraint is used including their understanding of exceptional circumstances. Discussion with staff working in the centre; review of documentation and discussion with staff and with service users evidenced there was clear knowledge regarding the use of restraint or seclusion including protecting service users human rights and the Deprivation of Liberty Safeguards. (DOLS) – Interim Guidance.</p> <p>Examination of returned questionnaires confirmed that staff use restraint, seclusion or restrictive practice in exceptional circumstances. Staff said they follow behaviour support plans and apply prevention and early intervention strategies to</p>	Substantially Compliant

respond to services users' behaviour.

The document "Use of Physical Intervention in Mental Health and Learning Disability" was viewed by the inspector and noted the review date was June, 2013. It is recommended that this document is reviewed.

<p><b>Regulation 14 (5) which states:</b></p> <p><b>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.</b></p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider's Self-Assessment:</b></p>	
	<p>Compliant</p>
<p><b>Inspection Findings:</b></p> <p>The inspector was satisfied restraint had been recorded and there was clear evidence the staff did a post incident evaluation and sought professional advice to prevent reoccurrence. A physical intervention form is used following any physical intervention within the setting. The incidents had also been reported through to RQIA.</p> <p>The inspector examined records in respect of service users as described in The Day Care Settings Regulations (Northern Ireland) 2007 Schedule 4 and other records to be kept in a day care setting as described in Schedule 5. These included service user meetings, complaints, incident forms, policies and procedures pertaining to: the assessment, care planning and review; managing aggression and challenging behaviours; recording and reporting care practices; reporting adverse incidents; responding to service users behaviour; restraint and seclusion; and untoward incidents.</p> <p>Discussion with staff working in the centre validated their knowledge commensurate with their role and responsibilities such as: managing service users' behaviour; responding to service users' behaviour; protecting the human rights of service users when delivering care; and how they ensure service users are responded to in the most appropriate and least restrictive way. Discussion with staff also provided examples of how they strive to maintain a person centred approach to their practice; this had been accurately reflected in their recordings.</p>	<p><b>COMPLIANCE LEVEL</b></p> <p>Compliant</p>



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

  

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

Theme 2 – Management and Control of Operations	COMPLIANCE LEVEL
<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>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>	
<b>Provider's Self Assessment:</b>	
<ul style="list-style-type: none"> <li>• In accordance with the Recruitment process appointed staff have met the appropriate specifications of the post. The completion of an induction programme ensures new staff gain knowledge and experience required regarding values and standards set by NISCC</li> <li>• Further training and on-going supervision develops confidence and competency enabling staff to provide a safe high quality service. Training sessions/courses are available in all areas of care in addition to Mandatory training.</li> <li>• Staff in the centre hold qualifications which are vocational/professional, and the wide range of age, experience and interests promotes enthusiastic programmes of care. Staffing levels are planned in advance using weekly duty sheets. Seasonal programmes of activities in centre/community are drawn up annually and daily cover sheets outline staffing roles/duties and responsibility for areas of activity in centre/community and on centre transport duty. A defined management structure is in place clearly identifying senior management/areas of responsibility and there is a clear staffing structure in place in the centre. These structures are in accordance with the BHSC Learning Disability</li> </ul>	Compliant

programme to promote the delivery of quality day care service.

- All members of the management team have specific/clearly defined areas of accountability and responsibility whilst all other members of the staff team are allocated varied tasks to ensure quality of care and safety throughout the centre.

- These structures in addition to regular staff/management meetings contribute to good communication at all

#### **Inspection Findings:**

The inspector verified that there is a clear management structure identifying roles and responsibilities.

The inspector noted that the registered manager was suitably trained for the role having registration with NMC and NISCC. The assistant managers are also suitable qualified and experienced and have defined roles and responsibilities, and one of the assistant managers was acting up on the day of inspection and facilitated the inspection in the absence of the registered manager.

The setting has policies and procedures pertaining to the management and control of operations, for example: absence of the manager; inspections of the day care setting; management, control and monitoring of the setting; operational policy; staff meetings; staff records; staff supervision and appraisal; staff training and development; staffing arrangements and the settings statement of purpose, these were available for staff reference. Discussion with staff working in the centre validated their knowledge commensurate with their role and responsibilities regarding management arrangements of the day care setting; staff confirmed they are receiving supervision and appraisal in line with the day care setting standards.

Examples of staff and management striving to create innovative programmes of care were discussed by relatives of services users who praised the professionalism and dedication of the manager, assistant managers and staff.

#### **COMPLIANCE LEVEL**

Compliant

<b>Regulation 20 (2) which states:</b> <ul style="list-style-type: none"> <li>The registered person shall ensure that persons working in the day care setting are appropriately supervised</li> </ul>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment:</b> <ul style="list-style-type: none"> <li>Staff are supervised in line with the Belfast Health and Social Care Trust supervision policy and local guidelines.</li> <li>A supervision contract is completed between supervisor and those supervised specifying the delivery of supervision i.e. a minimum of every 3 months which includes a Personal Care Plan. This contract, recording mechanisms, conflict, confidentiality and the rights and responsibilities.</li> <li>A supervision schedule is in place and sessions take place within recommended time frames. When it is necessary for meetings to take place these are re-scheduled at the earliest convenience. Staff receive supervision also at other times e.g. induction/return to work interviews/risk assessments and the "Social Care Governance and You" Booklet, Band 5 to Band 3 supervision sessions ensure up to date knowledge on service-users and activities within each group of service-users.</li> <li>Suffolk Centre staffing structure outlines line management and supervisory arrangements. The management team with supervisory responsibilities complete appropriate training to develop essential skills and knowledge.</li> </ul>	Compliant
<b>Inspection Findings:</b> <p>Staff working in the centre confirmed that they receive regular supervision, appraisal and support and this was evidenced in staff records. Mandatory training was found to be up to date.</p>	<b>COMPLIANCE LEVEL</b> Compliant

<b>Regulation 21 (3) (b) which states:</b> <ul style="list-style-type: none"> <li>• (3) For the purposes of paragraphs (1) and (2), a person is not fit to work at a day care setting unless –</li> <li>• (b) he has qualifications or training suitable to the work that he is to perform, and the skills and experience necessary for such work</li> </ul>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment:</b> <ul style="list-style-type: none"> <li>• Staff working within the day care setting have been subject to a recruitment process to ensure they meet the criteria for the banding and position they have applied for within the BHSCT. All new staff complete a day care induction programme with supervision and guidance from an identified line manager.</li> <li>• During the induction phase knowledge and skills are enhanced by shadowing experienced staff team members, peer learning and gain the opportunity to ask for guidance orally and written. Training requirements are identified and booked accordingly at this stage of induction.</li> <li>• Suffolk Centre enhances and maintains skills in all areas of care for the staff team through an established programme of training. Mandatory Training for all staff takes place and additional training is provided by the BHSCT training team and other sources within the learning and development portfolio. Staff are supported in gaining knowledge and competency in areas of personal interest that are relevant and beneficial to the delivery of programmes of care.</li> <li>• The management team of Suffolk Centre have many years of experience of working within the Learning Disability programme. The registered managers hold relevant individual qualifications and appropriate training is undertaken by all on an on-going basis.</li> </ul>	Compliant
<b>Inspection Findings:</b> <p>The registered manager has the qualifications, experience and evidence of competence to manage the day care setting having both nursing and social work training and registration with NMC which is due to expire in July 2015.</p>	<b>COMPLIANCE LEVEL</b> Compliant

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

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

## **Additional Areas Examined**

### **Complaints**

The information on complaints submitted by the registered provider prior to the inspection was examined and indicated that the centre had received five complaints for the year 2013. On the day of inspection the complaint record maintained in the centre was reviewed and confirmed that all complaints had been resolved.

The registered manager and staff were fully aware of the complaints procedure and the action to take should a service user express dissatisfaction and the parents spoken to on the day of inspection were confident they would get satisfaction if they raised concerns.

## **Quality Improvement Plan**

The details of the Quality Improvement Plan appended to 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.

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:

**Michele Kelly**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**





**Quality Improvement Plan**

**Primary Announced Care Inspection**

**Suffolk Day Centre incorporating 'Focus Club'**

**6 November 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 Maureen Coyle during and after the inspection visit.

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

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

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

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

**Recommendations**

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

<b>No.</b>	<b>Minimum Standard Reference</b>	<b>Recommendations</b>	<b>Number Of Times Stated</b>	<b>Details of Action Taken By Registered Person(S)</b>	<b>Timescale</b>
1	18.5	<p>The registered manager must ensure that policies and procedures are subject to a systematic three yearly review.</p> <p>Refers to but is not limited to "Use of Physical Intervention in Mental Health and Learning Disability".</p>	Once	The procedure regarding Use of Physical Intervention in Mental Health and Learning Disability Services (Children and adults) has been reviewed	Three months from the date of inspection 29 January 2015.

<b>Name of Registered Manager Completing Qip</b>	Margaret Johnston Manager Suffolk Day Centre Tel 028 95042922
<b>Name of Responsible Person / Identified Responsible Person Approving Qip</b>	Michael McBride

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	yes	Michele Kelly	13/1/15
Further information requested from provider			