



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

## **Announced Primary Care Inspection**

**Name of Establishment: Mica Drive Day Services**

**RQIA Number: 11178**

**Date of Inspection: 4 February 2015**

**Inspector's Name: Suzanne Cunningham**

**Inspection ID: IN017667**

**The Regulation And Quality Improvement Authority**  
**9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT**  
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## 1.0 General Information

<b>Name of Establishment:</b>	Mica Day Services
<b>Address:</b>	1A Mica Street Belfast BT12 7BQ
<b>Telephone Number:</b>	(028) 9020 2848
<b>E mail Address:</b>	maria.o'hagan@belfasttrust.hscni.net
<b>Registered Organisation/ Registered Provider:</b>	Belfast Health and Social Care Trust
<b>Registered Manager:</b>	Maria O'Hagan
<b>Person in Charge of the Centre at the Time of Inspection:</b>	Maria O'Hagan
<b>Categories of Care:</b>	LD & LD (E) – Learning Disability under and over 65 years
<b>Number of Registered Places:</b>	65
<b>Number of Service Users Accommodated on Day of Inspection:</b>	41
<b>Date and Type of Previous Inspection:</b>	19 September 2013 Primary Announced Inspection
<b>Date and Time of Inspection:</b>	4 February 2015 09:40 – 15:40
<b>Name of Inspector:</b>	Suzanne Cunningham

## 2.0 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.

## 3.0 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.

## 4.0 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.

## 5.0 Consultation Process

During the course of the inspection, the inspector spoke to the following:

Service users	11
Staff	4
Relatives	0
Visiting Professionals	0

Questionnaires were provided, prior to the inspection, to staff to find out their views regarding the service. Matters raised from the questionnaires were addressed by the inspector in the course of this inspection.

Issued To	Number issued	Number returned
Staff	18	0

## 6.0 Inspection Focus

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

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

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

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

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

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

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

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

<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.

## 7.0 Profile of Service

Mica Centre is a purpose built statutory Day Centre established in 1980. The centre offers daytime services to sixty five adults with a Learning Disability between the ages of nineteen and sixty five years, from the West Belfast catchment area.

The Centre is located in the Beechmount area of West Belfast in a single storey building with physical disability access. Mica Day Centre has been upgraded to a high standard which includes the total re-structuring of the toilet and shower facilities. The re-development now enables the centre to take referrals for service users with complex and physical, sensory or behavioural needs.

There are five established groups within the centre, each of which provides a varied and structured programme of care for each individual service user attending the centre. Service users are encouraged to develop their social, educational, vocational, recreational and work related skills. A strong emphasis is placed on community as well as centre based activities.

Mica Day Centre has evolved over recent years and a new community Day Services group has been created. The primary aim of the staff and members directly involved in this group is to increase participation in community based activities, thereby offering individuals more equality of opportunity and creating situations for the members to forge and maintain strong links within their own community.

The principles of person centred planning are used by staff to assess members needs and assist the members to design their own care plans; thereby promoting each person's right to individuality.

Service Users at Mica Centre can opt to have a hot meal at lunchtime via a cooked/chilled service which is delivered directly to the centre. Alternatively they can bring their own packed lunch or buy lunch in one of the local shops. There are kitchen facilities where potatoes and vegetables can be prepared and cooked by trained staff and the pre prepared meals heated.

## 8.0 Summary of Inspection

A primary inspection was undertaken in The Mica Centre on 4 February 2015 from 09:40 to 15:40. This was a total inspection time of six hours. The inspection was announced.

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; The Day Care Settings Regulations (Northern Ireland) 2007 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 and service users
- Examination of a sample of service user individual file records including evidence of behaviour management and support assessments; the complaints record; staff training record; individual staff records; incidents and incident 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 the Manager, two Day Care workers and two agency staff in the setting during the inspection regarding the standards inspected and their views about working in the centre. The inspector also spoke with the remaining staff during the walk around the setting. This generated positive feedback regarding arrangements regarding records, service users rights within the context of managing behaviour and restrictions; and the management arrangement's in this day care setting. The inspection assured the inspector the standard and the two themes were being achieved and staff were well informed regarding their roles and responsibilities in this regard. Specific comments were made that evidenced staff do proactively address the standard and themes in practice; such as the staff make sure information reported within the trust has identification numbers instead of names; when referring any information on they ensure they are speaking to the right people; information is clearly written in records so staff and service users can access and understand plans in place; Makaton is used in records to improve service user centred communication and Makaton lessons are provided for service users who want to learn or improve their communication. Service user behaviour intervention plans are agreed by the multi-disciplinary team and service users are involved in their plan. Staff identified they use de-escalation, diffusing techniques, knowing needs and triggers, 1 to 1 time and time out to manage escalating behaviours and to date this has been effective in this setting. Staff commented they are constantly on their toes but they love working in this setting, there is a good team approach and staff always have time for each other. Staff also identified whilst it would be preferable to have a manager on site, when Maria is not on site the assistant manager is effective in her role and is a hands on support.

The inspector observed and spoke to all of the service users in the setting during the inspection and spoke with eleven service users specifically about the standard and themes inspected. The service users confirmed they were aware an individual record is kept about them, that it is updated and kept securely. Service users were able to identify they saw parts of this record such as assessment, person centred planning documents and they were involved in the preparation for their review. One service user raised some issues regarding pay being on time and accessing staff support however further discussion revealed the service user had raised these issues with staff and staff had discussed how these issues could be improved with the service user. Service users identified they had rights and staff helped them understand their rights. Lastly service users told the inspector they knew Maria was in charge of the setting and if she was not here Angela would be in charge.

The inspector walked around the building and specifically the garden and doors to garden which was a recent development to the building. The inspector was impressed even in the winter the outside space presented as an inviting space, there was a lot of visual interest, sensory stimuli and in the summer the garden experience will be enhanced by the smell and visual effect of the flowers and growth. There are now doors out to the new garden space from each of the rooms at the back of the building which gives service users easy access. There is a high fence to keep the space private and prevent break-ins; which had previously been an issue. There is a gate to side for emergency exit if required. Overall the inspector observed this as a very positive addition for the service users which will enhance their day care experience. The manager explained she has secured funding to have the exit doors changed this year, this will be another improvement to the environment. The inspector commends the manager for delivering consistent improvements in this setting in this regard.

The previous announced inspection carried out on 19 September 2013 had resulted in no recommendations or requirements.

**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.**

Six criteria were inspected which examined the standard achieved in this centre with regard to individual service user records and reporting arrangements. The criteria inspected comprised of the seven areas within standard 7. All of the criteria inspected were assessed as compliant; No requirements or recommendations are made regarding this standard.

Observations of service users; discussion and review of four service users' individual files provided evidence that the centre is performing well regarding standard 7. Policies and procedures for staff describe how service user's information should be kept; they specify recording procedures and describe access. The service user agreement details information about records that are kept and describe service users can access information.

The observation of service users and discussion provided the inspector with an overview of how staff help and support service users to engage with activities and outings with the overall focus on meeting need and promoting independence. The inspector concluded the centres process of maintaining and updating service users' records presents as well managed, and focuses on promoting service user's involvement, stimulating intellectual activity; and meeting need.

Based on the evidence reviewed the inspector assessed the centre as compliant in this standard. No requirements or recommendations are made regarding 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. One criterion was assessed as compliant and one criterion was assessed as not applicable due to the centre not having any incidents of restraint. No requirements or recommendations are made regarding this theme.

Discussions with the manager, 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. Any practices that might present as restrictive had been assessed and the care plan described care in detail that supported rather than restricted service users

Based on the evidence reviewed the inspector assessed the centre as compliant in this theme, no requirements or recommendations are made.

**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. All of the criteria were assessed as compliant, no requirements or recommendations are made regarding this theme. The inspector concludes the arrangements in place for the registered manager and the assistant manager

who acts up in the manager's absence are working well and are ensuring the quality of care provided is consistent with the day care setting standards.

Based on the evidence reviewed the inspector has assessed the centre as compliant in this theme; no requirements or recommendations are made.

### **Additional Areas Examined**

The inspector undertook a tour of the premises, reviewed the complaints record, examined four service users' individual files and validated the registered manager's pre inspection questionnaire. This did not reveal any improvements that were required or recommended.

The inspector wishes to acknowledge the work undertaken by the 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 the inspector to their centre and engaged with her during the inspection.

As a result of the inspection no requirements or recommendations are made, this was reported to the management team at the conclusion of the inspection.

## **9.0 Follow-Up on Previous Issues**

No requirements or recommendations resulted from the primary announced inspection of Mica Drive Day Services which was undertaken on 19 September 2013.

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

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

**Criterion Assessed:**

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.

**COMPLIANCE LEVEL****Provider's Self-Assessment:**

All service user's personal records are maintained in accordance with the Belfast Health and social Care Trust's Record's management Policy. Service user's files are stored in a locked filing cabinet in a locked room with keypadded access. Only authorised staff have access to these files. Staff have been briefed at the point of induction and on an on-going basis during staff team meetings regarding their ethical duty to respect the confidential nature of service user's information. All electronic information pertaining to service users is password protected and staff have individual confidential log-ons for their computers. All staff have attended training on data protection 'be data wise and data secure'. Within individual service user contracts it is made explicit that records are held in relation to their day care placement and service users sign that they are happy with this. Only when it is clear that there has been infringement on the rights of another person will confidential information regarding a service user be shared. This would be the case if there is a concern which would be of a vulnerable adult nature where there may be a safeguarding investigation ongoing. There is in place a local guideline with regards to access to records which all staff are aware of and a staff guidance on confidentiality of service user information. All local guidelines are informed by the HSSPS Code of Practice on protecting the Confidentiality of Service users January 2012.

Compliant

**Inspection Findings:**

The inspector reviewed a sample of four individual service user records which presented as described in schedule 4; and viewed other records to be kept in a day care setting, as described in schedule 5. There are clear arrangements for staff in the settings policies and procedures pertaining to the access to records, communication, confidentiality, consent, management of records, monitoring of records, recording and reporting care practices and service user agreement which reflects this standard and these are available for staff reference. Recording practices and storage of service user information in this setting presented as consistent with current national, regional and locally agreed protocols including protecting service users' confidentiality.

**COMPLIANCE LEVEL**

Compliant

Training records and discussion revealed staff who supervises staff have also done data protection training as part of their annual training programme.

Discussion with staff validated management and staff knowledge about the duty of confidentiality and their role and responsibility regarding the need to record, the quality of recording and management of service users' personal information; commensurate with their role and responsibility. Discussion with service users confirmed they are informed regarding confidentiality of personal information and recording practices in the day care setting.

<p><b>Criterion Assessed:</b></p> <p>7.2 A service user and, with his or her consent, another person acting on his or her behalf should normally expect to see his or her case records / notes.</p> <p>7.3 A record of all requests for access to individual case records/notes and their outcomes should be maintained.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment:</b></p> <p>at the point of commencing a day care placement as part of the admissions process all service users sign a contract which makes it explicit that the day centre holds records on each service user pertaining to their day care placement. Service user are advised that they can apply to see their records at any point and there is a written procedure which outlines the application process. All service users have full access to their care plans and associated support plans and alongside their designated Day Care Worker sign that they are happy with these documents if they are able to do so.Consent for sharing of the information contained within service user care plans is sought annually during the review of the care plan and service users sign or give their agreement that they are happy with their information to be shared with relevant other professionals associated with their care.There have been no requests to date for access to individual case records/notes but should their be staff are aware of the procedures for application and are aware that all documentation pertaining to all applications must be retained.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p> <p>The inspector reviewed four individual service user records and found the information given to service users and their representatives regarding the records kept about service users and access to the same is clearly explained in the service user agreement.</p> <p>Discussion with staff confirmed they use a person centred approach to their recording, staff working in the centre discussed they work with service users when recording. Discussion with service users confirmed they are aware that a service user record is kept and they could ask to see this.</p>	<p><b>COMPLIANCE LEVEL</b></p> <p><b>Compliant</b></p>

<p><b>Criterion Assessed:</b></p> <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>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment:</b></p>	
<p>Service User files from the point of referral to closure are laid out in a manner which aids ease of access to all documentation. Assessments of need and all associated support plans are held at the front of the file. Service user's reviews are held within a separate review section of the file.</p> <p>Changes in the needs of service users are documented on R3 contact sheets and care plans are modified to reflect any changes</p> <p>Changes of service users' programmes are reflected in their individual timetables which are amended as changes to the usual programme occurs.</p> <p>Changes to service users circumstances are recorded by staff in R3 contact sheets and the action taken by staff in response to any changes is also recorded.</p> <p>Staff record all contacts with service user's representatives and all health and social care staff on daily R3 contact sheets</p> <p>Records of all information in relation to administration of medication are stored in a section at the rear of the service user's file</p> <p>Incidents/accidents and near misses are recorded in a separate reporting book and referenced on R3 documentation</p>	<p>Compliant</p>

<p>clearly stipulating the incident report number. any follow up to accidents/incidents and near misses is also recorded.</p>	
<p><b>Inspection Findings:</b></p>	<p><b>COMPLIANCE LEVEL</b></p>
<p>The examination of a sample of four service user individual records evidenced the above records and notes are available and maintained according to relevant policies and procedures pertaining to management of records. Furthermore there was evidence of working practices being systematically audited in this regard.</p> <p>The case records and notes were updated as required, they were current, person centred, incorporated service user views and recorded information that can be used to review individual service user’s outcomes. Care reviews were taking place as described in standard 15.</p>	<p><b>Compliant</b></p>

<p><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.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment:</b> When no recordable event has taken place the designated day care worker makes an entry to file at least every 5 attendances for each service user and this can be evidenced on the R3 contact sheets in each service user's file.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b> The inspector examined a sample of four service user care records and evidenced individual care records have a written entry at least once every five attendances for each individual service user. The inspector identified the quality of information recorded was relevant to the plan and outcomes being worked in with individual service users.</p>	<p><b>COMPLIANCE LEVEL</b> <b>Compliant</b></p>

<p><b>Criterion Assessed:</b></p> <p>7.6 There is guidance for staff on matters that need to be reported or referrals made to:</p> <ul style="list-style-type: none"> <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>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment:</b></p> <p>There is in place a local procedure on matters to be reported/recorded in relation to care practices. Staff must ensure that recording is completed and maintained in the following areas:- Assessments of needs, care plans, case reviews, Personal care and support required, any changes to the service users needs or behaviours and subsequent action taken, changes to individual goal planning objectives, contact with carers and involved others, accidents/incidents/near misses. Staff are aware that they should report any service user concerns immediately to the Manager or Assistant Manager. Carers and involved professionals are notified as necessary in keeping with the policy on confidentiality. Trust incident documentation and notification of incidents to the RQIA are completed as necessary and there is a staff guidance on the safeguarding of vulnerable adults process which staff have been fully briefed on. There is a written guidance in place for staff on the process for referrals to other relevant health and social care professionals.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p> <p>The four service users’ individual records inspected detailed referrals made to other services and described service user’s involvement in the decision.</p>	<p><b>COMPLIANCE LEVEL</b></p> <p><b>Compliant</b></p>

<p><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.</p>	
<p><b>Provider’s Self-Assessment:</b> Staff have been advised to pay due attention to legibility when recording in service user files. If there are any issues with legibility or accuracy or records this will be addressed with staff through the supervision process when files are reviewed. Staff have been fully briefed in staff team meetings on the need for an entry to file for individual service users every 5 attendances even when there are no recordable events, and this is checked when files are being audited during supervision sessions. Service user records are periodically checked by the registered Manager and signed off All staff have attended training on data protection and recording.</p>	Compliant
<p><b>Inspection Findings:</b> The inspector examined a sample of four service user individual records which met this criterion.  Consultation with a sample of staff working in the centre confirmed their understanding of this criterion and their role and responsibility to address this fully when recoding in individual files and additional records.</p>	<p><b>COMPLIANCE LEVEL</b> <b>Compliant</b></p>

<p><b>PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b> Compliant</p>
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<p><b>INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b> Compliant</p>
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<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>  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>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment:</b>	
No service users within the service are subject to restraint. The full staff team have been trained in SCIP and this training is fully up to date and all staff attended the annual refresher session on 15 <sup>th</sup> January 2015. Staff currently successfully employ deescalation and distraction methods whilst supporting service users with challenging behaviour. Physical intervention would only be employed as a last resort when all other interventions have been exhausted and staff in this respect are guided by the knowledge and skills gained from SCIP training, The BHSCT policy on the use of restrictive practice in adults and the BHSCT policy on The Use of Physical Intervention by staff from Mental Health and Learning Disability Services. Staff always take a positive and proactive approach to reducing any need for restrictive intervention at all times when delivering care to service users. Staff are aware of the Human Rights working Group on Restraint and Seclusion - Guidance on Restraint and Seclusion in Health and Personal Social Services August 2005 and the HSSPS deprivation of Liberty Safeguards (DOLS) interim guidance.  There have been no incidents where a physical intervention has been employed from the date of the last primary care inspection. The current staff team are a very experienced staff team who know the service user group very well and who are fully aware of the welfare and human rights of all service users and know how to best support them using a positive and proactive approach to behaviour support.	Compliant
<b>Inspection Findings:</b>	
The inspector examined a selection of records including a sample of four individual service user records which revealed staff have comprehensive plans in place that clearly describe what promotes service users engaging with activities in the setting and what they dislike. The inspector did not find any examples of restrictive practice or restraint being used with service users in this setting.	<b>COMPLIANCE LEVEL</b>  <b>Compliant</b>

Discussion with staff confirmed these are not used in this setting for the current service user group, practice was described as focused on meeting individual need, clear communication strategies, diversion, distraction and calming techniques. Service user information is written in the context of staff being able to facilitate positive outcomes in day care and avoid any negative experiences. There is a clear focus on identifying and understanding if service users are not happy; how to manage this sensitively and proactively. Overall the approaches referred to present as sound plans to avoid escalation of behaviour or concerns whilst respecting each individual service user’s personality, views, choices and needs.

Professional guidance regarding behaviours; needs of service users and management techniques had been included in the planning and assessment information on file. Information was written in the plan in a way the service user would understand and staff could respond to. There was clear reference to communication techniques and how to respond to a service user in a way they understood.

Staff access 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 provide guidance for staff.

Staff attend SCIP refresher training once a year as part of the mandatory training programme and consultation with staff revealed they are knowledgeable regarding why restraint is used including their understanding of exceptional circumstances and Deprivation of Liberty Safeguards. (DOLS).

<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>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment:</b></p> <p>There are currently no service users subject to restraint or written up for any restrictive practices or behavior support plans in relation to restraint.</p> <p>staff are guided by the knowledge and skills gained from SCIP training, The BHSCT policy on the use of restrictive practice in adults and the BHSCT policy on The Use of Physical Intervention by staff from Mental Health and Learning Disability Services. Staff always take a positive and proactive approach to reducing any need for restrictive intervention at all times when delivering care to service users. Staff are aware of the Human Rights working Group on Restraint and Seclusion - Guidance on Restraint and Seclusion in Health and Personal Social Services August 2005 and the HSSPS deprivation of Liberty Safeguards (DOLS) interim guidance. The full staff team have received training in Human Rights in 2014.</p> <p>Any intervention of a physical restrictive nature would be reported using the specified documentation (Use of physical intervention form) to Behaviour services team and recorded on an incident report form and forwarded to the Trust Governance team and the Operations Manager and a copy held on service users records</p> <p>RQIA would be notified of any physical interventions on a notifiable events form 1A and a copy held on the service user's file</p>	Compliant
<p><b>Inspection Findings:</b></p> <p>No service users had been subject to restraint and use of restraint is not planned for in this service with the current group of service users.</p> <p>Staff are currently using approaches such as sound planning, understanding the service user's needs, clear communication, diversion, one to one time, distraction and activities to avoid any escalation of behaviours. This approach is consistent with the settings ethos, statement of purpose and aims of the service. Guidance on Restraint and Seclusion in Health and Personal Social Services, Department of Health, Social Services and Public Safety, Human Rights Working Group, August 2005 was available for staff reference.</p>	<b>COMPLIANCE LEVEL</b> <b>Not Applicable</b>

<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

<p align="center"><b>Theme 2 – Management and Control of Operations</b></p>	<p align="center"><b>COMPLIANCE LEVEL</b></p>
<p><b>Management systems and arrangements are in place that support and promote the delivery of quality care services.</b></p> <p><b>Theme covers the level of competence of any person designated as being in charge in the absence of the registered manager.</b></p>	
<p><b>Regulation 20 (1) which states:</b></p> <p><b>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 -</b></p> <p style="padding-left: 40px;"><b>(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;</b></p> <p><b>Standard 17.1 which states:</b></p> <p><b>There is a defined management structure that clearly identifies lines of accountability, specifies roles and details responsibilities for areas of activity.</b></p>	
<p><b>Provider’s Self Assessment:</b></p>	
<p>The centre has an up to date statement of purpose which has been approved by the RQIA inspector. Within the Day Centre's statement of purpose the size of each room is specified. These specifications were examined during the pre registration inspection process and the inspector was satisfied that the centre provided ample space within which the needs of the service user group could be met. The Centre is registered with the RQIA for 33 service users and never exceeds this upper limit. The BHSCT Human Resources Department have a robust selection and recruitment process which ensures that only suitably qualified, competent and experienced persons are appointed to post within the centre. Qualifications experience and references are checked at point of interview and written evidence of this is required. The registered Manager in conjunction with the band 6 Assistant Manager is responsible for the day to day management of the centre. Together they ensure that on a daily basis there are appropriate levels of staff support to meet the needs of the service user group. The management team have in place daily written cover arrangements which clearly identifies roles and lines of accountability and specifies responsibility for every area of activity. The management team have a weekly duty meeting to outline and agree staffing arrangements for the week ahead, this is then disseminated to the staff team. In the absence of the Manager the Assistant Manager is aware of her additional duties which will automatically be delegated to her and will assume these duties.</p>	<p align="center">Compliant</p>

<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
<p>The manager in this setting manages two centres that are geographically close and have similarities in terms of the service user group and needs; staffing structure; and staff needs including training and support. The manager was in post prior to the day care setting standards being implemented however she has undertaken the QCF level 5 qualification and hopes to have this completed early this year. The assistant manager is a qualified social worker and because the manager is between the two centres she takes on day to day managerial responsibility in the manager’s absence.</p> <p>The manager provided evidence of NISCC registration for the manager and assistant manager and the manager evidenced how she ensures her team are kept informed regarding key issues for this service user group such as empowering service users, improving outcomes, person centred practice, understanding how to protect service user’s rights in the day care setting.</p> <p>The inspector sampled staff the training records for the team, four supervision and appraisal records and this did not reveal any concerns.</p> <p>Discussion with staff working in the centre confirmed they are knowledgeable regarding the team’s roles and responsibilities including management arrangements of the day care setting. For example who they report to; who should they seek support or guidance from; who supervises them and the effectiveness of the same.</p> <p>The inspector asked some service users in the setting who the manager was and they knew it was Maria, they identified she comes to talk to them when she is in the setting but she is not there all the time. They did not identify this as a problem because they have staff in their room. The staffing structure of the day care setting clearly described in the settings statement of purpose and arrangements were observed as described on the day of the inspection. In the managers absence delegation of tasks to the assistant manager were evidenced and clearly recorded in the staff supervision and there was a competency assessment in place.</p>	<p>Compliant</p>

<p><b>Regulation 20 (2) which states:</b></p> <ul style="list-style-type: none"> <li><b>The registered person shall ensure that persons working in the day care setting are appropriately supervised</b></li> </ul>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider's Self-Assessment:</b></p> <p>The registered Manager ensures that supervision takes place in accordance with BHSCT Supervision Policy. all staff receive formal Supervision on a quarterly basis. There is a clear Supervision structure in place and staff know their roles within this structure. The Manager Supervises the band 6 Assistant Managers and the Assistant Managers are responsible for the formal supervision of band 5 staff. Band 5 staff formally supervise band 3 staff and agency staff. Throughout the duration of staff inductions there is a mentoring process in place whereby more senior staff impart their knowledge skills and expertise to recently appointed staff and on the job learning, coupled with access to all necessary mandatory training is a priority for the Manager. All staff have access to Informal supervision on a daily basis and there are end of day informal team updates and handovers in place. The centre operates an open door policy and staff are aware that they can seek and ask for advise and direction at any point regarding any aspect of their role. When new staff come to post they undertake a full NISCC induction and complete all necessary training linked to this. staff also complete a formal in-house induction with the support of their first line Manager and are given ample time to read and digest all relevant policy documentation related to the undertaking of their post.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p> <p>A sample of two staff files were reviewed and confirmed supervision is in place in this day care setting. New staff complete the NISCC induction and any agency staff are provided with a mentor and attend supervision.</p> <p>The setting has policies and procedures pertaining to the Management and control of operations, for example: absence of the manager; staff records; staff supervision and appraisal; staffing arrangements. These are available for staff reference and reflect day to day practice.</p> <p>Discussion with staff confirmed supervision had been provided, staff confirmed they were satisfied the frequency was compliant with the standard and the quality of support was promoting their role, responsibility and the quality of care they provide. They also stated the supervision and support arrangements for staff supported not only their own development but also develop the team working arrangements.</p>	<p><b>COMPLIANCE LEVEL</b></p> <p><b>Compliant</b></p>

<p><b>Regulation 21 (3) (b) which states:</b></p> <ul style="list-style-type: none"> <li>• <b>(3) For the purposes of paragraphs (1) and (2), a person is not fit to work at a day care setting unless –</b></li> <li>• <b>(b) he has qualifications or training suitable to the work that he is to perform, and the skills and experience necessary for such work</b></li> </ul>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment:</b></p>	
<p>The BHSCT Human Resources Department has a robust selection and recruitment policy and process and only candidates who meet the criteria for application for the post are invited to attend for interview. All information as outlined in schedule 2 is obtained via all candidates application forms. At the point of interview all applicants for a post are required to evidence that they have the suitable knowledge, skills expertise qualifications and training relevant to the post and references are also checked at this point by the interview panel. once appointed to post staff have to provide evidence of their Access NI number to the HR team and be deemed medically fit by the Trust's Occupational Health Department before the come to post. All newly appointed staff undertake a corporate induction, the Niscc induction and the Centre's in-house induction. Throughout the induction process the training needs of all staff are identified and checked and all necessary mandatory training is accessed within the first six months in post where possible. The Registered Manager and management team have an on-going commitment to accessing all mandatory training for all staff and this is discussed and agreed with staff on an on-going basis through the supervision and appraisal process. Specialist areas of training are also identified through this process and accessed for staff where appropriate. Any deficits in training and knowledge skills base would be discussed through the supervision process and a plan of action agreed with regards to accessing this training.</p>	Compliant
<p><b>Inspection Findings:</b></p>	<b>COMPLIANCE LEVEL</b>
<p>As stated in first criterion there are no concerns regarding compliance with this criterion.</p>	<b>Compliant</b>

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	Provider to complete

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	Compliant

## **11.0 Additional Areas Examined**

### **11.1 Complaints**

The complaints record was reviewed as part of this inspection. The annual complaints return for 2013 identified no complaints had been recorded. The inspector reviewed the complaints record which confirmed the return to RQIA and did not reveal any concerns regarding the record.

### **11.2 Service Users Files**

Four service user files were inspected as part of this inspection and this revealed the files were consistent with schedule 4. The content of the service user's individual files is further examined in standard 7.

### **11.3 Registered Manager Questionnaire**

The registered manager submitted a questionnaire to RQIA prior to this inspection. The information returned confirmed satisfactory arrangements were in place regarding the manager's registration with NISCC, staffing arrangements; support for staff; policies and procedures, responding to service user's behaviour and reporting of accidents and incidents. The information reported was validated during the inspection and this did not raise any concerns that required further discussion or analysis

### **11.4 Statement of Purpose & Service Users Guide**

These documents were submitted for this inspection and reference to them during the inspection revealed in the main the statement of purpose was compliant with schedule1 and the service user guide was compliant with regulation 5.

### **11.5 Monthly Monitoring Reports**

The inspector sampled six regulation 28 reports from April 2014 to January 2015 for this inspection and this did not reveal any concerns regarding the frequency or the quality of reporting.

## **12.0 Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Maria O'Hagan, 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:

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



No requirements or recommendations resulted from the **primary announced** inspection of **Mica Drive Day Services** which was undertaken on **4 February 2015** and I agree with the content of the report.

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

<b>NAME OF REGISTERED MANAGER COMPLETING</b>	Maria O'Hagan
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING</b>	Martin Dillon

<b>Approved by:</b>	<b>Date</b>
Suzanne Cunningham	16/03/2015