Primary Announced Care Inspection

Name of Establishment:	**Antrim Adult Centre**
Establishment ID No:	**11182**
Date of Inspection:	**21 October 2014**
Inspector's Name:	**Priscilla Clayton**
Inspection No:	**20651**

The Regulation And Quality Improvement Authority
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1.0 General Information

Name of centre:	Antrim Adult Centre
Address:	32c Station Road Antrim BT41 4AB
Telephone number:	(028) 9441 6530
E mail address:	judith.mcpeake@northerntrust.hscni.net
Registered organisation/ Registered provider:	Mr Tony Stevens (registration pending)
Registered manager:	Judith McPeake (acting)
Person in Charge of the centre at the time of inspection:	Judith McPeake
Categories of care:	DCS-MAX, MAX, DCS-LD
Number of registered places:	65
Number of service users accommodated on day of inspection:	65
Date and type of previous inspection:	1 July 2013 Primary Announced Inspection
Date and time of inspection:	21 October 2014 10:00am – 4:45pm
Name of inspector:	Priscilla Clayton

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	**10**
Staff	**7**
Relatives	**nil**
Visiting Professionals	**nil**

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

Issued To	**Number issued**	**Number returned**
Staff	**20**	**nil**

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:

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

7.0 Profile of Service

The organisation in control of Antrim Adult Centre is the Northern Health and Social Care Trust (NHSCT). The centre had been rebuilt and reopened on 6 February 1996. The centre is situated in the same grounds as the NHSCT Health Centre, Antrim Day Centre and other Social Service facilities inthe outskirts of Antrim town centre near to the bus and rail stations and in the same grounds
The centre provides a service from Monday to Friday, 09:00 to 16:30 for adults with varying degrees of learning disabilities aged nineteen years and over. Some service users' may have associated physical disabilities and/ or sensory impairments, dementia or more complex needs i.e. physical health problems, challenging behaviour including mental health needs and autistic spectrum disorder.

The centre is registered by RQIA to provide a day service to a maximum of 65 people per day. Attendance is based on assessed need and availability of places, service users' attend from one day to five days per week.

Judith McPeak, registered manager (acting) was appointed July 2014 is supported in her role by a mixed skill team of care and ancillary staff.

The Antrim Adult Centre accommodation is a single storey building consisting of eight activity rooms, training kitchen, multi-purpose room, multi professional room, lounge area, dining room, kitchen, medication / storage room and there are eight different toilet/WCs which have disabled access. There is a porta cabin to the rear of the adult centre which accommodates one of the service user's activity groups and a horticultural poly tunnel adjacent to the porta cabin which service user's use for recycling work.

The mid-day meal for service users is provided from Holywell Hospital in Antrim and transported in heated trolleys to the centre. Service users' have a choice of the meals provided including, sandwiches and salads. Those on special diets or who have special requests are catered for. There is also a choice available for hot and cold desserts, including fresh fruit, yoghurts etc. There is a subsidised cost for meal provision. Individuals can also bring in a packed lunch. Each activity room within the centre has facilities for tea/coffee making.

Antrim Adult Centre has contacts with support services available to service user's which include a day opportunity coordinator, social workers, community learning disability nurses, speech and language therapy, occupational therapy, physiotherapy, dieticians, epilepsy specialist nurses, respiratory nurses, district nurses, wheelchair service contractors, psychology services/challenging behaviour team, psychiatry services.

8.0 Summary of Inspection

A primary announced inspection was undertaken in Antrim Adult centre on 21 October 2014 from 10:00am until 4:45pm with a follow up visit undertaken on 28 October 2014. Prior to the inspection the service provider submitted to RQIA a self-assessment of the centre's performance in the one standard and two themes forming the focus of the inspection. There were three requirements and four recommendations from the previous inspection conducted on 1 July 2013. Evidence of compliance with all of improvements was discussed and verified through observation, discussion with the manager and examination of associated documentation.

The inspector met with several service users both individually and in group format within designated activity units. Discussions were also held with the manager, locality manager and five staff regarding the standards, team working, management support, supervision and the overall quality of the service provided.

No completed questionnaires were returned to RQIA by staff members within the timescale.

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

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

In the sample of three service user care records examined, there were many examples of members or their representatives having signed to indicate their involvement and agreement with the content. Files were structured and maintained in accordance with the model provided by the manager and in accordance with the Trust's procedures.

Good quality progress notes for service users were being kept, as were records of reviews and the individual care plans. The manager acknowledged advice on possible approaches to minimising duplication of recording in the assessment and care planning processes.

Antrim Adult Centre was found to be in compliance with this standard.

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

The centre has electronic and a written policy and guidelines on the use of restrictive interventions, which was available to members of staff. Both the written records and discussions with staff confirmed that there was a well-considered approach to the use of restrictive practices with a small number of service users, who required such assistance to prevent self-harm. There was multi-disciplinary planning/behavioural management plan for such interventions and a good level of monitoring by staff of those practices, to ensure the health, safety and well-being of the service users concerned.

Staff discussed the use and importance of good communication, including calming techniques and the necessity of developing good understanding of each individual's needs and preferences. NHSCT also has a written policy and procedures for 'Managing aggression and Challenging Behaviour', and staff confirmed their positive and supportive approach to working with any individual whose behaviour is challenging to others. RESPECT training had been provided. Resource written guidance was available to staff with regard to restrictive practices, deprivation of liberty and human rights and staff who met with the inspector were committed to maintaining best practice in these areas.

The centre was found to be operating in compliance with this theme.

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

Staff records showed day care workers are appropriately qualified and experienced to take charge of the centre when the manager is out of the centre. Training for key aspects of this role had been provided, including, competency and capability assessments, supervision and appraisal.

There was evidence from discussions with staff to confirm that members of the staff team work supportively and well with one another. Systems were in place for supervision, appraisal and promoting staffs' learning. Records of staff training and supervision were well-presented and up to date, with formal supervision sessions being provided with a frequency exceeding the minimum standard requirement.

The staffing structure and reporting arrangements were clearly set out in writing in the statement of purpose, for reference by all stakeholders. Staff presented as being knowledgeable, competent and confident in their roles and responsibilities and their learning in specific areas of interest was encouraged and facilitated where possible.

Monitoring arrangements made on behalf of the registered provider were available and the four monitoring reports examined, addressed all of the required matters. In recent months, monitoring has been carried out by peer managers of other facilities and monitoring reports reflected the detail of their involvement and enthusiasm for the promotion of good practice.

One area of concern arising from this inspection related to the accommodation afforded to one service user which was considered to be in breach of Regulation 26 (e) of The Day Care Setting Regulation (Northern Ireland) 2007. Details in this regard can be found in section 11.2 of the report. The manager was requested to submit an action plan to address this matter to RQIA on or before 14 November 2014.

The evidence indicates that the centre was compliance with the criteria in this theme.

8.4 Conclusion

In total two requirements and two recommendations were made as a result of this inspection. The inspector wishes to acknowledge the open and constructive approach of the manager and staff throughout the inspection process. Gratitude is extended to service users, who welcomed the inspector to the centre and contributed to the evaluation of the service provided.

9.0 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	26(2)(d)	**Environment** The registered person must ensure: (a) the flooring in the room used by PAMs and service users is replaced; (b) the flooring is replaced in the other identified rooms; (c) the missing vertical blinds must be replaced in the identified room used by PAMs with service users (follow up on previous issues and additional information sections refer).	Inspection of the internal environment evidenced that improvements had been made with replacement floor covering in the identified areas and vertical blinds replaced.	Compliant
2	20(1)(c)(i)	**Annual Staff Appraisals** The registered manager must ensure the outstanding staff annual appraisals are completed (follow up on previous issues section refers).	Discussion with the manager and examination of documentation evidenced that this requirement had been addressed.	Compliant

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
3	14(3)	**Safeguarding Vulnerable Adults** The registered persons must ensure: (a) The two identified recently employed staff members receive formal mandatory safeguarding vulnerable adult training; (b) Retrospectively forward RQIA's incident team the notification of incident form pertaining to the recent safeguarding of an identified vulnerable adult; (c) The Trust's safeguarding referral VA1 form is completed concerning any vulnerable adult referral to the safeguarding team. A copy of this should be retained in the restricted section of the service user's care file (standard 13.4, 13.5 and 13.7 refers).	Discussion with the manager and examination of the staff training record evidenced that this requirement had been addressed. Examination of selected care records evidenced that this requirement/standard had been addressed.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	23.3	**Competency and Capability Assessments** The registered manager must ensure that written competency and capability assessments are completed for identified staff who are responsible for the day to day running of the service in the absence of the manager (follow up on previous issues section).	Examination of selected records evidenced that comprehensive assessment template had been developed and assessments undertaken in accordance with this requirement.	Compliant
2	4.3 and 5.3	**Assessments and Care Plans** The registered manager must ensure: (a) the specific date of when service user's assessments are completed is recorded on the assessment form (b) care plans are signed by the manager, staff completing it and the service user or their representative (additional information section refers).	Examination of a selection of care records evidenced recorded completion dates of assessments. Care plans examined evidenced signatures as recommended.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
3	15	**Service User's Reviews** The registered manager must ensure: (a) centre procedures are devised to reflect standard 15.3 regarding the initial review of service users' placements so this is linked to the number of days they attend the centre; (b) the review preparation form contains all relevant information specified in standard 15.5 including if there have been any accidents, incidents or significant events. If there have been none, then this should be stated (standard 15.3 and 15.5 refers).	Examination of review records evidenced that full details as recommended.	Compliant
4	17.10	**Monthly Monitoring Visits and Reports** The designated person undertaking monthly monitoring visits of Antrim Adult Centre should: (a) put in place systems where service user's representatives/carers can be contacted for their views and opinions regarding the quality of the service. This information must then be incorporated into the monthly monitoring reports; (b) information concerning the monthly monitoring visits and reports should be routinely shared with the staff team e.g. via staff meetings (regulation 28(4) and standard 17.10 refers).	Examination of records evidenced that monthly monitoring visits reflected details as recommended.	Compliant

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:	
The Trust has policies and procedures in place in relation to confidentiality and any records held by the organisation. These include: Records of Management Policy and Processing of Personal Information (POPI). The purpose of these policies is to support staff and enable them to work within the law and within good practice guidleines. The policy covers retaining personal information; records and record keeping; safe storage of personal information; access and sharing of information and retention and disposal of confidential information. The Trust also has a policy on Deprivation of Liberty Safeguards and Human Rights.	Compliant
Inspection Findings:	**COMPLIANCE LEVEL**
Information as reflected within the manager's self- assessment illustrated above was verified through discussions with the manager and cursory view of policies / procedures on Records Management including confidentiality.	Compliant

Criterion Assessed: 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.	**COMPLIANCE LEVEL**
Provider's Self-Assessment:	
Service users and their representatives are permitted to have access to their own personal records / case notes. Requests for information are processed in line with Trust Procedure / Policy and documents are maintained where this takes place. Within the Adult Centre, service users are actively involved in their care planning / review process and,where appropriate / when possible, will also contribute to completing records for this process.	Compliant
Inspection Findings:	**COMPLIANCE LEVEL**
Information as illustrated above by the manager was verified through discussion and examination of associated sections of records retained.	Compliant

Criterion Assessed: 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: • Assessments of need (Standards 2 & 4); care plans (Standard 5) and care reviews (Standard 15); • All personal care and support provided; • Changes in the service user's needs or behaviour and any action taken by staff; • Changes in objectives, expected outcomes and associated timeframes where relevant; • Changes in the service user's usual programme; • Unusual or changed circumstances that affect the service user and any action taken by staff; • Contact with the service user's representative about matters or concerns regarding the health and well-being of the service user; • Contact between the staff and primary health and social care services regarding the service user; • Records of medicines; • Incidents, accidents, or near misses occurring and action taken; and • The information, documents and other records set out in Appendix 1.	**COMPLIANCE LEVEL**
Provider's Self-Assessment:	
Each service users's information, as relevant to the day care setting, is kept in a file, in a locked cabinet in the room base, according to Information Governance requirements. Within each file are sections containing information such as : referral information; assessments; personal information including likes and dislikes / medication details; contact names and mumbers; care plans;care plan meetings and care notes; details of activities; contact records. Incidents / near misses are recorded in Trust incident book and noted in care notes. Files also include section to hold any information pertaining to safe guarding vulnerable adults..	Compliant
Inspection Findings:	**COMPLIANCE LEVEL**
Examination of three care records evidenced compliance with all criteria as listed above and the manager's self-assessment illustrated above. Staff is to be commended on the pictorial formats untiled to enhance service users understanding.	Compliant

Criterion Assessed: 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.	**COMPLIANCE LEVEL**
Provider's Self-Assessment:	
Staff ensure that records are maintained / updated with an entry regarding service users, at least every 5 attendances, in line with Trust and RQIA requirements. Staff ensure these records are signed and dated.	Compliant
Inspection Findings:	**COMPLIANCE LEVEL**
Examine a sample of three service user care records evidenced that individual care records have a written entry at least once every five attendances for each individual service user.	Compliant
Criterion Assessed: 7.6 There is guidance for staff on matters that need to be reported or referrals made to: • The registered manager; • The service user's representative; • The referral agent; and • Other relevant health or social care professionals.	**COMPLIANCE LEVEL**
Provider's Self-Assessment:	
Trust policies, kept in the unit or via the Trust Intranet, are accessibe to staff, directing staff on matters pertaining to service user care and reporting procedures. Specific training is also provided on areas such as; Safe Guarding, Recording; Storage and Sharing of records; Challenging behaviour; Epilepsy; Control of Infection and Administration of medication. Flow Charts indicate the procedure for reporting e.g. SVA and Complaints. Advice and direction is also available at all times from line managers / locality managers and multi disciplinary team.	Compliant

Inspection Findings:	**COMPLIANCE LEVEL**
There was evidence of corporate policies and procedures on communication, confidentiality, consent, management of records, monitoring of records and recording and reporting. Staff demonstrated awareness of their role and responsibility to report and refers information accordingly, recording outcomes achieved. Care records examined evidenced good evidence in regard to multi-professional collaboration in planned care.	Compliant
Criterion Assessed: 7.7 All records are legible, accurate, up to date, signed and dated by the person making the entry and periodically reviewed and signed-off by the registered manager.	
Provider's Self-Assessment:	
Records are maintained in line with the Trust requirements. They should be legible and the staff team have received training in this area. A list of relevant staff names; signature and role is kept in each file. The manager audits files in supervision and files can also be checked by monitor during monitor visits.	Compliant
Inspection Findings:	**COMPLIANCE LEVEL**
Examination of three care records evidence compliance with this criterion.	Compliant

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

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

Theme 1: The use of restrictive practice within the context of protecting service user's human rights **Theme of "overall human rights" assessment to include:**	
Regulation 14 (4) which states: **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.**	**COMPLIANCE LEVEL**
Provider's Self-Assessment:	
In line with Trust Policy, restraint is only used when no other option is avaviable to ensure the safety of service users. This is emphasised in RESPECT training. Staff endeavour to ensure that prevention and early intervention measures are employed before restraint is considered. Should physical intervention measures need to taken in an emergency situation, staff will inform the Positive behaviour Support Services (PBSS) immediately and follow up action will be taken to assess the situation and amend plans as necessary. Where a service user is written up for medical restraint e.g. anxiety management, this is encorporated in care plan and service user can give consent for use of same if required. Incidents are recorded and reported in line with Trust and RQIA procedures.	Compliant
Inspection Findings:	**COMPLIANCE LEVEL**
Information in the managers self- assessment as illustrated above was discussed and trust corporate policy examined. Information as illustrated above in the managers self- assessment was verified through discussion with staff who confirmed that physical restraint would only ever be used if there was imminent danger to the service user or others. Observation undertaken during the inspection confirmed that there was no visible evidence of restraint in use. Staff demonstrated awareness and understanding of restrictive practices, human rights and confirmed training had been provided within the RESPECT training programme.	Compliant

Regulation 14 (5) which states: **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.**	**COMPLIANCE LEVEL**
Provider's Self-Assessment:	
Whatever the situation, all uses of restraint are recorded on the appropriate documentaion e.g Use of Physical Intervention form and sent to the PBSS with RQIA also notified via Notifiable Events form. Incidents reports are also completed in line with requirements and recorded in the service users care notes in their personal file.	Compliant
Inspection Findings:	**COMPLIANCE LEVEL**
Evidence as illustrated in the manager's self- assessment was discussed and accident/incident records examined. There was no evidence of use of restraint within accidents/incidents. The manager demonstrated awareness of the requirement to notify RQIA in accordance with Regulation 14 (6) of The Residential Care Homes Regulations (Northern Ireland) (2005). Resource information on restraint and deprivation of liberty were kept in the centre and available to staff. Professional guidance regarding behaviours, needs of service users and management techniques was available from the Trust's Behaviour Support Team who contributed to writing and reviewing individual behaviour management plans. The manager confirmed that training in the management of challenging behaviours and on the use of restrictive practices was provided to staff as part of the trust RESPECT training programme. Examination of one care record relating to a daily time table did not fully reflect all of the behavioural episodes which recorded within the daily notes contained within one care record.. One recommendation was made in this regard.	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

Theme 2 – Management and Control of Operations **Management systems and arrangements are in place that support and promote the delivery of quality care services.** **Theme covers the level of competence of any person designated as being in charge in the absence of the registered manager.**	**COMPLIANCE LEVEL**
Regulation 20 (1) which states: **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 -** **(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;** **Standard 17.1 which states:** **There is a defined management structure that clearly identifies lines of accountability, specifies roles and details responsibilities for areas of activity.**	
Provider's Self Assessment:	
The Trust has developed a dependancy tool to assess service user need and calculate the number of staff required to meet these needs - this tool has been endorsed by the Northern Board. Each room base therefore has a calculated number of staff required on a daily basis. Where vacancies arise, or cover is required e.g. maternity leave, requests are made promptly to senior managers via E-Req system. Where needed, to ensure that provision of care is continued, suitably experienced and trained agency staff are utlised to uplift staffing levels. All staff have clear job descriptions outlining roles and responsibilities. A checklist has been developed for band 5 staff who may need to manage the unit in the absence of manager and to this end a Management of Operations file is kept in managers office. Manager has also met with day care workers to discuss areas of responsibility e.g. managing absence; complaints; rotas; estates issues; safe guarding vulnerable adults and incidents.	Compliant

Inspection Findings:	COMPLIANCE LEVEL
Information as illustrated above by the manager was discussed with the manager and supporting documents examined. Examination of the centre's staff duty roster and discussion with the manager evidenced the number of staff and skill mix of staff on duty were satisfactory for the number and dependency levels of service users in attendance each day. The manager explained that the high use of agency staff, due to various forms of permanent staff on leave, had been resolved and that recent interviews had taken with new staff appointed. Staff on duty evidenced the following staffing: • Manager • 7 Day care workers • 9 Support workers • 7Agency staff (consistent staff commissioned) • Ancillary staff • Receptionist The centre's Statement of Purpose reflected the management structure. Roles and responsibilities are defined within job descriptions. The staff numbers and qualifications were discussed which confirmed that several staff having achieved various levels of NVQ and QCF qualification. The system of staff supervision and annual appraisal was well established and there was evidence from staff to indicate that it was working positively for the purposes of accountability, staff development and individual support. Staff members who met with the inspector were unanimously positive in their views of the team, the working arrangements and the management support. Staff meetings are held on a regular basis with minutes recorded and retained. Corporate policies/procedures were readily available to staff.	Compliant

Regulation 20 (2) which states: • **The registered person shall ensure that persons working in the day care setting are appropriately supervised**	**COMPLIANCE LEVEL**
Provider's Self-Assessment:	
Supervision is cascaded down through grade of staff i.e. Locality Mananger to Facility Manager to Day Care Workers to Support Workers at least every 3 months or sooner if required / requested. The manager meets with representatives of staff team each morning to ensure that necessary staff levels in place to meet service users needs and activitiies. Group supervison takes place in the form of team meetings. Personal Develpoment Plans have been developed for staff and from these individual training needs have been identified. Staff are aware that they can have daily access to line manager for any concerns or advice - an 'open door' policy is in operation whenever possible.	Compliant
Inspection Findings:	**COMPLIANCE LEVEL**
Information as illustrated in the managers self- assessment was discussed with supporting evidence in regard to supervision was examined. The system of staff supervision and annual appraisal was well established and there was evidence from staff to indicate that it was working positively for the purposes of accountability.	Compliant

Regulation 21 (3) (b) which states: • **(3) For the purposes of paragraphs (1) and (2), a person is not fit to work at a day care setting unless –** • **(b) he has qualifications or training suitable to the work that he is to perform, and the skills and experience necessary for such work**	**COMPLIANCE LEVEL**
Provider's Self-Assessment:	
Prior to appopintment all staf must demonstrate, via interview and evidence of qualification / experience, that they are suitable for the work they will be asked to undertake. To this end, shortlisting takes place to ensure that only candidates who meet criteria for post (as identified in job description), reach the interview stage. When staff are in post, futher training needs specific to the Adult Centre are identified and met through closure days for mandatory training or through social services training unit. Staff are also registered for QCF qualifaction in care as required.	Compliant
Inspection Findings:	**COMPLIANCE LEVEL**
Compliance with this criterion was verified through examination of selected staff records, supervision records, training records and from discussions with the manager and staff members regarding their training and qualification opportunities. There were excellent assessments of competence and capability of staff members and an embedded culture of self-evaluation and continuous improvement.	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

11.0 Additional Areas Examined

11.1 Management Arrangements.

Judith McPeake, the centre manager, holds an NVQ level 3. The manager also has twelve years' experience working in the care setting. The manager was registered with RQIA as manager "acting" in July 2014. The manager confirmed she is to commence Level 5 Diploma in Leadership for Health and Social Care Services (QCF) in February 2015.

The manager is supported in her role by Fiona Gammon, locality manager day care, who visits the centre on a regular basis. At operational level the manager is supported by a mixed skill team of care and domiciliary staff.

11.2 Environment

The inspector undertook an inspection of the centre including the eight rooms where service users were participating in various forms of therapeutic activity. The limitation of space within some of the rooms was discussed with the manager and staff who agreed that this has been an identified problem and with the use of large wheel chairs by some users in one identified room made navigation difficult. The manager explained issues in this regard had been highlighted to senior management.

In addition one area of concern which was discussed at length with the manager, locality manager and staff related to the accommodation provided for one service user which was considered to be very unsuitable. This room, which was previously a store room,' does not have any natural lighting, external windows, no heating, and lacked any form of decoration, furnishing or ambience was considered to be in breach of Regulation 26 (2) (k) which states "the size and layout of rooms used by service users are suitable for their needs". The manager explained that she had considered other options, but space within the centre was very limited. **The manager was requested to submit an action plan to RQIA, including time scale, to address this matter.**

Reference to other environmental issues was reflected within the completed questionnaire returned to RQIA prior to the inspection. Issues included lack of space for storage, meetings, reviews and quiet areas. Cleaning of the exterior of the building and restructure of the sensory garden was also referenced both of which were noted to be un-kept on the day of inspection. Following the inspection referral was made to RQIA estates inspector in regard to these matters

11.3 Complaints

Discussion with the manager and deputy manager was held with the manager and deputy on complaints records held in the centre and data submitted to RQIA by the manager prior to the inspection. Records retained were examined and found to be satisfactory.

11.4 Statement of Purpose

The manager confirmed that the day centre's Statement of Purpose (dated 15 August 2014) had been reviewed and updated in accordance with Regulation 4 of The Day Care Settings Regulations (Northern Ireland) 2007.

11.5 Service User Guide

Examination of the guide evidenced compliance with Regulation 5 of The Day Care Settings Regulations (Northern Ireland) 2007.
Staff is to be commended on the pictorial format used within this guide.

11.6 Monthly Monitoring Reports

Four monitoring reports were examined and were found to address all of the matters required by regulation and by the minimum standards. Reports were well-detailed and provided good evidence that a sample of service users and staff members were interviewed each month by a monitoring officer and had an opportunity to express their views on the quality of the service being provided in the centre. Reference was also made in regard to environmental issues.

11.7 Accident/Incidents.

Records of accidents/incidents held in the centre were examined and cross referenced with notifications submitted to RQIA. It was noted that several accidents were not notified to RQIA. As discussed any accident occurring in the centre must be reported to RQIA in accordance with Regulation 29 (f) of The Day Care Settings Regulations (Northern Ireland) 2007. One requirement was made in this regard.
Examination of the corporate policy /procedure evidenced that no reference was made to notify RQIA. One recommendation was made in this regard.

11.8 Service Users Views

Feed- back from service users was in the main very positive in regard to the provision of care, staffing, food, activities and general environment. However, one service user indicated that "things were not the same any more as there was no gardening and work with the Christmas logs was not planned this year, nothing to do". This was shared with the manager who agreed to have further discussion with users.

11.9 Staff Views

Staff presented as being knowledgeable, competent and confident in their roles and responsibilities and their learning in specific areas of interest was encouraged and facilitated where possible. Staff spoke positively about the good team working, support, management and the provision of care to service users. One area of concern expressed was the general lack of space, in particular one room allocated to one service user and room 8 which can be of concern as several service users have wide wheel chairs making navigation around the room difficult at times.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Judith McPeake, registered manager (acting) and Fiona Gammon, locality manager day care as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager (acting) 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:

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

Quality Improvement Plan

Primary Announced Care Inspection

Antrim Adult Centre

21 October 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with the manager, Judith McPeake and Fiona Gammon, day care locality manager on conclusion of the inspection visit.

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

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

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

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

Statutory Requirements

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

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Regulation 26 (2) (k)	**Accommodation** The registered persons must ensure that the accommodation allocated to one service used is suitable and in keeping with Regulation 26 (2) (k). The manager is requested to submit an action plan in this regard to RQIA on or before 14 November 2014. (Section 10.2)	One	Action plan submitted 13.11.14 - copy attached to QIP	31 January 2015
2	Regulation 29 (f)	**Accident/Incidents** The manager must ensure that any accident occurring in the centre is notified to RQIA in accordance with Regulation 29 (f) (Section 10.7)	One	Manager will ensure that this happens and all staff aware of this. Notifiable events form will be completed every time incident / accident is recorded.and then forwarded to RQIA.	Immediate and ongoing

Recommendations

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

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details of Action Taken By Registered Person(S)	Timescale
1	Day Setting Policies Appendix 2	**Policy review/revision** It is recommended that the policy / procedure on accident / incident report is reviewed and revised to reflect notification to RQIA. (Section 10 7)	One	Locality manager will make contact with policy maker and share this recommendation. In the mean-time the centre protocol will be revised to accomdate requirement 2.	Immediate and ongoing
2	Standard 6.8	**Behavioural recording plan of behaviour** It is recommended that the record of behavioural episodes is recorded within the designated monitoring table held within in the care record of one service user.	One	This has been discussed with team who will ensure that any behaviour episodes are recorded on the monitoring forms as provided by the Positive Behaviour Support Services.	Immediate and ongoing

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

Name of Registered Manager Completing QIP	Judith McPeake
Name of Responsible Person / Identified Responsible Person Approving QIP	Tony Stevens

QIP Position Based on Comments from Registered Persons	**Yes**	**Inspector**	**Date**
Response assessed by inspector as acceptable	yes	P.Clayton	20 Nov 2014
Further information requested from provider			