



The **Regulation** and
Quality Improvement
Authority

Announced Primary Care Inspection

Name of Establishment: Drumross Adult Centre incorporating 'New Ways'
RQIA Number: 11184
Date of Inspection: 26 & 27 January 2015
Inspector's Name: Suzanne Cunningham
Inspection ID: IN017662

The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

1.0 General Information

Name of Establishment:	Drumross Adult Centre
Address:	O'Neil Road Newtownabbey BT36 6UN
Telephone Number:	02890 849632
E mail Address:	sarah.forde@northerntrust.hscni.net
Registered Organisation/ Registered Provider:	Northern Health and Social Care Trust Dr Anthony Baxter Stevens
Registered Manager:	Mrs Sarah Forde (Acting)
Person in Charge of the Centre at the Time of Inspection:	Mrs Sarah Forde (Acting) Natalie Jackson
Categories of Care:	DCS - LD(E) DCS - LD
Number of Registered Places:	110 incorporating New Ways (satellite service)
Number of Service Users Accommodated on Day of Inspection:	26 January 2015 27 January 2015
Date and Type of Previous Inspection:	29 July 2013 10:00 – 17:00 30 July 2013 09:30 – 12:30
Date and Time of Inspection:	26 January 2015, 10:00 – 17:00 27 January 2015, 09:00 – 16:30
Name of Inspector:	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	17
Staff	9
Relatives	12 (6 consultations plus 6 letters or emails)
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	25	18

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

Drumross adult centre is a purpose built facility and has been operational since January 2004. The Centre provides day care for up to eighty service users who have been assessed as having a learning disability. The Centre is situated in Newtownabbey within reach of Glengormley and the Abbey Centre shopping complex.

The inspection included a visit to New Ways day centre which is a satellite centre of Drumross and can provide day care for up to 30 service users therefore the overall numbers of service users in Drumross; incorporating New Ways to 110.

8.0 Summary of Inspection

A primary inspection was undertaken in Drumross Adult Centre incorporating New Ways on 26 January 2015 from 10:00 to 17:00 and 27 January 2014 from 09:00 to 16:30. This was a total inspection time of fourteen hours and thirty minutes. 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 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 review and safeguarding information; the complaints record; staff training record; incidents and accidents record; evidence of service user consultation, monthly monitoring records; the centres statement of purpose; service users guide and policies & procedures
- Tour of the premises.

The inspector spoke to eight staff in Drumross and one staff member in the satellite service, New Ways regarding the standards inspected and their views about working in the centre. This generated positive feedback regarding records and reporting arrangements including recording; using a person centred approach when recording. Staff clearly described processes in place to assure confidentiality and privacy of service user information such as recording when service users are not present, locking files in the filing cabinet. Staff described if the service user's communication methods allow they do involve them in recording at all levels such as writing review reports and care plans. Staff discussed their knowledge of restraint, restrictive practice and seclusion in the day care setting and the inspector was impressed with the inclusive approach in this day care setting. Staff discussed they do ensure any service users whose behavioural assessments and needs mean they have a one to one plan or a plan that could isolate them from the larger groups, are encouraged and given opportunity to move around the setting during the day with a clear support plan provided by staff. Their staff supports them to ensure the service users mood and behaviour is conducive to the open environment. Service users also had the option to invite others to join them in their space. This is consistent with the social focus of day care.

Staff described being respectful and responsive to service users choice, protecting their rights and were aware of the deprivation of liberty safeguards.

Staff discussed the management arrangements in this day care setting and all staff were clear that if the registered manager is absent, the facility lead and senior day care workers act up in her absence. Staff discussed the last six months when they had experienced a staff shortage due to sickness during a time when new placements were transitioning from schools. The staff discussed they had to cover all areas of the day care setting and ensure staffing levels were safe which impacted on breaks, availability to record, availability for supervision and the manager was on the floor instead of undertaking management tasks. The staffing numbers had improved at the time of this inspection however, the settings need for permanent staffing had not been addressed at the time of this inspection.

Eighteen questionnaires were returned by staff in Drumross and New Ways satellite service, they reported satisfactory arrangements were in place with regard to NISCC codes of practice; staff training; management arrangements; responding to service user's behaviour; confidentiality and recording. The staff raised the issue of sufficient staff cover daily particularly when bus runs and lunch duties need covered. Agency staff and management have filled the essential gaps however; staff detailed a period of time when staff numbers were reduced due to staff sickness which was described as particularly challenging. Discussion with management and staff revealed staff have returned to work but gaps in staffing numbers still means there are vacancies for permanent staff which the trust has not filled and this impacts on rotas and finding consistent staff cover to meet the most complicated care plans and daily activity plans. This is further discussed in theme 2.

Staff wrote comments regarding the quality of care provided in the setting and the following is a sample: "Clients needs are not being met due to staff shortages from staff being off sick"; "Excellent even though staff are struggling to maintain high standards. When short staffed clients do miss out on some activities which are important to them e.g. shopping or summer outings". "In general describe it as excellent considering the staff shortages, however as a result of this staff were unable to give the choice of activities and outings clients would have if properly staffed". "Staff team does best it can with limited resources; a person centred respectful approach is conveyed to clients. Specialist care including management of challenging behaviour is addressed by most staff". "First class". "Very high but could be better if we had the staff to keep paperwork updated and do more with clients". "Excellent, although at times clients suffer the loss of trips / outings due to shortage of staff". "Excellent – no matter how short staffed things are carried out to the highest standard and users are always put first and happy". "High standard". "Excellent". "Good". "The quality of care in New Way is very good. I believe all service users and staff needs are met well".

The comments made in the questionnaires were similar to the inspectors discussion with staff, that is whilst there is staffing issues staff worked over their hours and outside their main roles and responsibilities to meet service users' needs and maintain the quality of care. This commitment to the service by staff in this setting is commendable but in the long term is not sustainable and is therefore addressed in theme 2 of this report. This is also a restated issue to the registered provider in the quality improvement plan.

The inspector spoke with a total of seventeen service users in Drumross and the satellite service New Ways. The discussion included general discussion about their experiences in the day care setting and the standard and themes being inspected. The service users described the service positively, they showed me what they do in each of the rooms, they directed me to their activity plans and I viewed a sample of person centred files with the service users. Each service user the inspector spoke with was able to communicate why the service is important to them and the reasons ranged from the support from staff, spending time with friends, the jobs they do in the setting such as answering the phones to the activities staff undertake with them.

The service users who were confident in their verbal communication told the inspector they knew they had a file kept about them in the day care setting and they knew this was kept safe. Some service users (New Ways) told me they record with staff in their files regularly and were confident they could ask staff to see their records if they wanted to.

Twelve representatives of service users' made contact with the inspector prior to and during the inspection by letter, email and face to face interviews. The inspector was told by representatives they were aware a file was kept with information about their relative, they were aware the information was confidential and kept securely. The representatives said they would speak to the staff or the manager if they had a query about information or wanted to see the file however; to date this had not been an issue for them. Representatives confirmed they do see documentation during their relatives review and are asked to sign documentation if they agree with the content. The representatives gave examples of staff working individually with them and their relative to ensure the care in the day care setting meets their relative's needs and improves outcomes. One representative described their relatives plan being significantly changed and they described the positive outcome this had for the service users social experiences in the setting as well as the service users engagement with staff and activities on offer. Overwhelmingly the representatives described their communication with staff regarding day to day care was a key to the success of their relatives placement, representatives also described the staff and managers skills and approach to care was very person centred. Representatives described any challenges staff face such as staffing numbers and reduced space are minimised by the staff working hard to cover any deficits. Representatives identified there had been some changes in routine or activities which had been described as unavoidable and which they would prefer not to happen, however they were clear their relative's needs had still been met. One representative described they disagreed with the trusts future plans for their son to move to a less structured care arrangement and made representations regarding the same. This was addressed formally by the trust and the representative was pleased their relative is staying in this setting. Finally the representatives whose relatives had commenced in Drumross more recently said they were apprehensive about the move to Drumross or the changes in care plan however, staff support and expertise; a clear focus on planning based on identified needs; and the person centred approach to care by staff has alleviated their concerns.

The previous announced inspection carried out on 29 & 30 July 2013 had resulted in two requirements and two recommendations. One requirement regarding regulation 28 reports had been improved and one requirement regarding staffing which had not been fully addressed and is restated to the responsible person. The recommendations regarding the delivery of mandatory training and the procedure regarding regulation 28 had been achieved.

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

The six criteria within this standard were reviewed during this inspection and all of them were assessed as compliant. No recommendations or requirements are made regarding standard 7.

Discussions with service users and staff and review of eleven service users' individual files in Drumross and New Ways provided evidence that the staff has a sound understanding of standard 7, they have processes and procedures in place which support compliance and discussions with staff provided evidence they are committed to improving their compliance with the same.

The discussions with service users provided examples of how staff encourages service users to be involved in their care by using a person centred planning model, encouraging service users to voice their feelings and opinions regarding the setting and the care they provide. Service users spoke about enjoying the social aspect of attending the centre and how much they value staff attention and support.

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

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

Two criteria 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. Both criterions were assessed as compliant. 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 including regular training, support from a specialist service and regular review of assessments and plans in place.

Based on the evidence reviewed the inspector assessed the centre as compliant in this theme and 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. One criterion was assessed as moving towards compliance, one as substantially compliant and one as compliant. Two requirements are made regarding ensuring the staffing arrangements are compliant with regulation 20 (1) and the regulation 28 reports must review staffing rotas and actual staffing arrangements and form a view if arrangements are compliant with the day care settings regulations and standards.

Discussion with the manager and staff provided evidence that the staff and manager's first priority is to promote and deliver quality care within an environment of limited resources. Overall the improvements identified are to strengthen the staffing arrangements in place and assure staff are confident and supported when working in the day care setting to meet the minimum standards for day care settings.

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

Additional Areas Examined

The inspector undertook a tour of the premises, reviewed the complaints record, examined eleven service users individual files, validated the registered manager's pre inspection questionnaire, and reviewed a sample of regulation 28 reports. This revealed evidence the staffing deficits had impacted on staff recording and staff roles and responsibilities. This also revealed the monthly monitoring reports were not always written monthly and the use of the action plans should be improved. Requirements are written in this regard.

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.

No recommendations and two requirements have been made regarding staffing (restated) and monthly monitoring. This was reported to the management team at the conclusion of the inspection and assurances have been made these will be addressed as a priority.

9.0 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1.	20 (1) (a)	The registered manager must discuss with the staff group their concern regarding staffing levels and ensure staffing is compliant with this regulation. The outcome of this review should be reported on the returned quality improvement plan.	Staffing concerns were highlighted by staff again due to staff sickness levels from September to December which coincided with a number of school leavers starting at Drumross and service user's plans changing to more intensive staffing. This requirement is being re stated because staffing numbers do not present as consistent with the assessment of staffing need. The trust must report on the timescale for staffing numbers to be verified and recruitment arrangements to address gaps.	Not compliant
2.	28 (5) (c)	The registered person and registered manager must ensure the regulation 28 reports are made available to the service users and their representatives to access on request. A policy and procedure must also be in place regarding how this happens or how service users and their representatives are made aware of the same.	Reports are in the staff room, discussed at team meetings and service user information describes the process.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1.	13.10	It is noted the training for this year has now exceeded the two year timescale however, this had been arranged to be delivered to all staff in the week after the inspection and records were provided in this regard. Nevertheless training should be delivered within the required timescale in the future; a recommendation is made in this regard.	This had been addressed.	Compliant
2.	17.10, Schedule 2	The registered person should make appropriate arrangements for the inspections of the day care setting policy and procedure or management, control and monitoring of the setting policy and procedure to be reviewed and ensure it includes the outline the purpose, content and process of the Regulation 28 unannounced and announced visits.	This is in place.	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:	COMPLIANCE LEVEL
7.1 The legal and an ethical duty of confidentiality in respect of service users' personal information is maintained, where this does not infringe the rights of other people.	
Provider's Self-Assessment:	
The Trust has policies and procedures in place in relation to confidentiality and any record held by the organisation. These include; Record Management Policy and Processing of Personal Information (POPI). The purpose of these policies are to support staff and to enable them to work within the law and within good practice guidelines. 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.	Compliant
Inspection Findings:	
The inspector reviewed a total of eleven service users individual records which presented as described in schedule 4; and other records to be kept in a day care setting, as described in schedule 5. Records are kept individually in a file for each service user; there is a quick grab file which contains the latest plan and a main file with more detail. The records are kept in a locked cabinet. Confidentiality of information is described 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 which are available for staff reference.	Compliant
Discussion with staff validated management and staff knowledge about the duty of confidentiality and their role and responsibility regarding the need to record, the need to keep information confidential and how they do this, for example not recording when no service users are present, maintaining the quality of recording and management of service users personal information commensurate with their role and responsibility. Discussion with representatives confirmed they are informed regarding confidentiality of personal information and recording practices in the day care setting.	

<p>Criterion Assessed:</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>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment:</p> <p>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 maintained where this takes place.</p> <p>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.</p>	Compliant
<p>Inspection Findings:</p> <p>The inspector examined information given to service users and their representatives verbally and in written form such as the service user guide. There is no direct reference to the records maintained regarding each service user however this is discussed on an ongoing basis from admission to review. Service users and their representatives also see information at the review and are encouraged to sign to confirm they agree with plans and review notes.</p> <p>Staff are aware if a service users or relative requests to see their whole file they would refer this to a senior member of staff who will follow the trust policy and procedure regarding the same. Discussion with staff revealed they are focussed on ensuring a person centred approach to their recording which is appropriate for the needs of the service user, therefore some service users help the staff to record and develop plans. Service users who cannot verbally communicate are encouraged to give their wishes and feelings using appropriate prompts such as pictures and mood boards.</p> <p>Service users and or their representatives are aware that a service user record is kept and had been informed they can access the records however; there had not been any requests to date.</p>	COMPLIANCE LEVEL Compliant

Criterion Assessed:	COMPLIANCE LEVEL
<p>7.4 Individual case records/notes (from referral to closure) related to activity within the day service are maintained for each service user, to include:</p> <ul style="list-style-type: none"> • Assessments of need (Standards 2 & 4); care plans (Standard 5) and care reviews (Standard 15); • All personal care and support provided; • Changes in the service user’s needs or behaviour and any action taken by staff; • Changes in objectives, expected outcomes and associated timeframes where relevant; • Changes in the service user’s usual programme; • Unusual or changed circumstances that affect the service user and any action taken by staff; • Contact with the service user’s representative about matters or concerns regarding the health and well-being of the service user; • Contact between the staff and primary health and social care services regarding the service user; • Records of medicines; • Incidents, accidents, or near misses occurring and action taken; and • The information, documents and other records set out in Appendix 1. 	
Provider’s Self-Assessment:	
<p>Each service user has an individual case record. These are completed and maintained in line with Trust/RQIA requirements.</p> <p>These records include; referral information, carer/multi-disciplinary contacts, assessments and reviews, care plans, contacts and details of activities.</p> <p>Any changes to circumstances, significant incidents/near misses are recorded along with details of actions taken/further work to be done.</p> <p>All records are stored securely in line with Information Governance requirements.</p>	<p>Compliant</p>

Inspection Findings:	COMPLIANCE LEVEL
<p>The examination of a sample of service user individual records evidenced the above records and notes are available and maintained. Examination of a sample of monitoring records demonstrates working practices are systematically audited in this regard by the trust.</p> <p>The inspector did find evidence in case records that recording had not been completed every five days in the main file due to staff absences. Staff absences significantly reduced time available to record from September to January, however the inspector found daily recording in the room books which detailed any significant information as well as activities undertaken. Service user records presented as current, person centred, incorporated service user recording when possible. As a minimum the formal review had taken place once a year and there was evidence of compliance with standard 17 criterions 9 & 10.</p>	Compliant
Criterion Assessed:	COMPLIANCE LEVEL
7.5 When no recordable events occur, for example as outlined in Standard 7.4, there is an entry at least every five attendances for each service user to confirm that this is the case.	
Provider's Self-Assessment:	
Staff strive to ensure that records are maintained/updated with an entry regarding service users, at least every five attendances. This is done in line with Trust and RQIA requirements. These records are signed and dated.	Substantially compliant
Inspection Findings:	COMPLIANCE LEVEL
The inspector examined a sample of service user care records which evidenced staff write an record at least once every five attendances for each individual service user. The quality of this information was not consistent due to staff absences which significantly impacted on recording time; nevertheless the criterion had been met.	Compliant

<p>Criterion Assessed:</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"> • The registered manager; • The service user’s representative; • The referral agent; and • Other relevant health or social care professionals. 	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p>	
<p>The Northern Health and Social Care Trust has a comprehensive package of policies and procedures directing staff on matters pertaining to service user care and reporting procedures. Specific training is also provided on areas such as Safeguarding, Recording, Storage and Sharing of Records.</p> <p>A policy library is available to all staff, either via "hard copy", or via the Trust Intranet.</p> <p>Advice and direction is also available at all times from Line Managers and Multi Disciplinary Team.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The setting has policies and procedures pertaining to communication, confidentiality, consent, management of records, monitoring of records, recording and reporting care practices and service user agreement are in place and are available for staff reference.</p> <p>Discussion with staff and examination of files revealed staff are aware of their role and responsibility to report and refer information and record the outcomes achieved. They also ensure service users and or representatives are informed and consulted regarding information that may be reported or referred. Staff seek consent and check any information before it is reported for accuracy, ensure information is reported is reported to the right people and outcomes are recorded.</p>	<p>Compliant</p>

<p>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.</p>	
<p>Provider's Self-Assessment: Records are maintained in line with Trust requirements. They should be legible. These are signed and dated by the person making the entry and periodically reviewed by management, within supervision and when monitoring review records/audits.</p>	Compliant
<p>Inspection Findings: The inspector examined a sample of eleven service user individual records, seven in Drumross and four files in New Ways which met this criterion. Staff spoken with and who completed inspection questionnaires, confirmed procedures and practice are in place to achieve this criterion.</p>	<p>COMPLIANCE LEVEL Compliant</p>

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

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

Theme 1: The use of restrictive practice within the context of protecting service user’s human rights	
Theme of “overall human rights” assessment to include:	
<p>Regulation 14 (4) which states: The registered person shall ensure that no service user is subject to restraint unless restraint of the kind employed is the only practicable means of securing the welfare of that or any other service user and there are exceptional circumstances.</p>	COMPLIANCE LEVEL
Provider’s Self-Assessment:	
<p>In line with Trust Policy, restraint is only used when no other option is available to ensure the safety of service users. This is a practice standard emphasised in RESPECT training. Staff endeavour to ensure that prevention and early intervention measures are employed before restraint is considered. If physical intervention measures are not part of a service users plan then the Positive Behaviour Support team/RQIA will be notified and the situation will be considered and assessed. It may be then appropriate to include additional measures in the persons care plan to help manage any future incidents.</p> <p>Incidents are recorded and reported in line with requirements of the Northern Trust and RQIA.</p>	Compliant
Inspection Findings:	
<p>The inspector examined a sample of records of service users which presented as described in schedule 4; and other records to be kept in a day care setting, as described in schedule 5. The inspector reviewed two records of restraint; these were planned responses to service users challenging behaviour and were low level interventions. The service receives support and assessment time from the positive behaviour support service regarding behaviours, needs of service users and management techniques. The advice and plans received had been utilised in the appropriate service user management plans. Staff training is the RESPECT approach and is provided to staff as part of the mandatory training programme. The training includes assessment of staff competence, knowledge and skill, which is monitored and assessed during the training.</p> <p>The setting has policies and procedures pertaining to: the assessment, care planning and review; managing aggression and challenging behaviours; recording and reporting care practices; reporting adverse incidents; responding to service users behaviour; restraint and seclusion; and untoward incidents which is available for staff reference.</p>	Compliant

<p>Discussion with staff and review of incident reporting identified the human rights of service users is included in the assessment of when to intervene and behaviour assessments are reviewed to ensure interventions remain necessary, proportionate and do not infringe service users human rights. Discussion with staff validated management and staff knowledge about when and why restraint is used including their understanding of exceptional circumstances. Discussion with staff working in the centre also confirmed their knowledge regarding the Deprivation of Liberty Safeguards. (DOLS) – Interim Guidance and the impact on their practice.</p>	
<p>Regulation 14 (5) which states:</p> <p>On any occasions on which a service user is subject to restraint, the registered person shall record the circumstances, including the nature of the restraint. These details should also be reported to the Regulation and Quality Improvement Authority as soon as is practicable.</p>	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment:</p>	
<p>Whatever the situation, all uses of restraint are recorded on the appropriate documentation and sent to the Positive Behaviour Support team/RQIA. Incidents, reports and records are also completed in line with requirements and recorded in the persons care notes and personal file.</p>	Compliant
<p>Inspection Findings:</p>	COMPLIANCE LEVEL
<p>The incidents of restraint had been reported to RQIA as statutory notifications of events and the description identified they were incidents of exceptional circumstance.</p>	Compliant

<p>PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p style="text-align: center;">COMPLIANCE LEVEL</p> <p style="text-align: center;">Compliant</p>
--	---

<p>INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p style="text-align: center;">COMPLIANCE LEVEL</p> <p style="text-align: center;">Compliant</p>
---	---

Theme 2 – Management and Control of Operations	COMPLIANCE LEVEL
<p>Management systems and arrangements are in place that support and promote the delivery of quality care services.</p> <p>Theme covers the level of competence of any person designated as being in charge in the absence of the registered manager.</p>	
<p>Regulation 20 (1) which states:</p> <p>The registered person shall, having regard to the size of the day care setting, the statement of purpose and the number and needs of service users -</p> <p>(a) ensure that at all times suitably qualified, competent and experienced persons are working in the day care setting in such numbers as are appropriate for the care of service users;</p> <p>Standard 17.1 which states:</p> <p>There is a defined management structure that clearly identifies lines of accountability, specifies roles and details responsibilities for areas of activity.</p>	
<p>Provider’s Self Assessment:</p>	
<p>The Northern Trust have developed a dependancy tool to assess client need and calculate the number of staff required to meet service user needs, and this tool has been endorsed by the Northern Board.</p> <p>Where vacancies arise, or cover is required eg. for maternity leave, requests to ensure that appropriate staffing needs are met are submitted promptly to minimise any potential shortfall in provision of care. Where needed, suitably experienced "as and when" or agency staff are utilised to uplift staffing levels. These are staff used on a consistent basis and are familiar with service users, their needs and programmes of care.</p> <p>A flow chart outlining staff roles and lines of accountability is available in the unit. All staff have clear job descriptions, outlining roles, responsibilities and areas of accountability.</p>	<p>Compliant</p>

Inspection Findings:	COMPLIANCE LEVEL
<p>The management arrangements in this setting had been varied following an application submitted by the trust that Natalie Jackson would resign as registered manager and Sarah Forde as deputy manager would send in a completed application to be registered manager. RQIA amended the registration to Sarah undertaking an acting role pending registration. The inspection revealed Natalie has continued to be the manager and Sarah Forde will not be applying for registered manager status. A variation was sent to the registration team to verify this following the last inspection and this has now been approved. In terms of roles and responsibility, Sarah and Natalie are both social work qualified and share the management role. This has worked well for the last twelve months and in their absence there is a senior day care worker who is a qualified social worker and acts up. Another senior day care worker who works in New ways, is undertaking the QCF level 5 and also acts up in the manager’s absence. This inspection confirmed all staff who act up into the manager’s position have completed adequate training, have a competency assessment completed and signed to verify they understand and are able to undertake the roles and responsibilities of the managers role.</p> <p>The inspector found the settings staff rota is an ever changing document and is responsive to service users’ needs and plans. However the inspector noted the staff numbers had been low due to sickness from September 2014 to January 2015. This was a particularly bad time for staffing because at the same time a number of new service users were inducted into the centre from school placements. Staff discussion and the rota revealed staff were covering rooms without sufficient breaks, supervision was not consistently delivered and service users recording in their individual files was not consistently completed. Discussion with staff and management revealed staff cover has been kept at the minimum through use of agency staff however, they need permanent staff to provide consistent care for service users across the setting including the one to one care packages that have increased across the setting since the last inspection. A requirement is restated in this regard.</p> <p>Discussion with staff working in the centre validated their knowledge commensurate with their role and responsibilities regarding management arrangements of the day care setting, they were clear who they report to; who should they seek support or guidance from; who supervises them and were satisfied regarding the effectiveness of the same.</p> <p>Discussion with service users and representatives confirmed they are aware of the management structure in place, who is the person in charge of the day care setting and who they can speak to regarding any care issues.</p>	<p>Moving towards compliance</p>

<p>The inspector reviewed a sample of regulation 28 reports which examined staffing arrangements in place for the month being inspected, however the report did not form a view regarding: the effectiveness of staffing arrangements; and compliance with regulations and standards regarding the same. A requirement is made in this regard.</p>	
<p>Regulation 20 (2) which states:</p> <ul style="list-style-type: none"> The registered person shall ensure that persons working in the day care setting are appropriately supervised 	COMPLIANCE LEVEL
<p>Provider's Self-Assessment:</p> <p>Supervision is undertaken on a cascading framework through grades of staff. Day Care Locality Manager to Registered Manager to Senior Day Care Workers and Band 5 Day Care Workers, who in turn supervise Support Workers (Band 3). Day care Locality Manager, Manager and two Day Care Workers (Band 5) hold professional Social Work qualifications and have many years experience in Day Care settings. All Band 5 staff are well experienced and provide support staff with daily direction and guidance to ensure service users receive an effective and quality service. Morning meetings ensure that good communication is maintained and staff have a forum to voice feelings, ideas and concerns with managers and team. Staff also receive annual appraisals and complete personal development plans to enable them to further develop their skills and knowledge. Staff are aware that they have daily access to line managers for any concerns or advice. Drumross operates an "Open Door Policy" whenever possible.</p>	Compliant
<p>Inspection Findings:</p>	COMPLIANCE LEVEL
<p>Supervision was planned and delivered to all staff and all staff reported they were satisfied with the current arrangements. In the main the three monthly timescale was kept to except in a small number of examples from September to January during a period of short staffing which is addressed in the first criterion for this theme.</p>	Substantially compliant

<p>Regulation 21 (3) (b) which states:</p> <ul style="list-style-type: none"> • (3) For the purposes of paragraphs (1) and (2), a person is not fit to work at a day care setting unless – • (b) he has qualifications or training suitable to the work that he is to perform, and the skills and experience necessary for such work 	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p>	
<p>Prior to appointment all staff must demonstrate, via interview and evidence of qualification/experience, that they are suitable for the work that they will be asked to undertake. The Trust expects staff to be suitably qualified and to undertake training and qualifications appropriate to their grade. A regular programme of mandatory and vocational training is provided to enable staff to continually develop their skills and knowledge.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>As examined and discussed in the first criterion for this theme the professional qualifications, experience and evidence of competence of the registered manager and the records of the staff member who manages the day care setting in their absence were verified and did not raise any concerns.</p>	<p>COMPLIANCE LEVEL Compliant</p>

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

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

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. Three complaints and issues of dissatisfaction were recorded for 2014 and this did not reveal any concerns regarding the recording, response and management of the issues. The records revealed the complaints / issues of dissatisfaction were responded to in a timely manner and were resolved to the complainant's satisfaction. The review of the record did not reveal any concerns regarding the record.

11.2 Service User Records

Eleven service user files were inspected as part of this inspection and this revealed the files were generally consistent with schedule 4. In a small number of files the recording every five sessions was not consistent. This was explained due to staffing absences which meant staff could not record so regularly in the service user individual file. However the staff keep a daily record in a room book which satisfied the standard.

11.3 Registered Manager Questionnaire

The registered manager submitted a questionnaire to RQIA after this inspection. The information returned confirmed satisfactory arrangements were in place regarding governance and management arrangements, staffing arrangements and support for staff, policies and procedures, responding to service user's behaviour and reporting of accidents and incidents. The information was generally consistent with the outcome of this inspection however the inspector did identify supervision had not been timely in some instances due to a lack of staff in the setting which impacted on delivery of supervision. One staff member's file contained a memo written to the manager dated 25 September 2014 which highlighted the impact of the low staffing numbers who are not getting adequate breaks and able to meet all of their roles and responsibilities due to new admissions, staff sickness and new 1 to 1 plans. The memo assures there is a clear focus on service user need by staff and management however; some administration and staff roles are being diminished. This is another clear example of why permanent staffing arrangements need to be addressed in this setting and a requirement is made in this regard.

11.4 Statement of Purpose & Service Users Guide

These documents were submitted at this inspection and reference to them during the inspection did not reveal any concerns.

11.5 Monthly Monitoring Reports

The inspector reviewed a sample of regulation 28 reports written from July 2014 to January 2015; this revealed the visits had been recorded in compliance with the regulation. However the inspector did note the visit in October and November had been recorded in one report. The regulations do not clearly specify one report must be written for each visit however; this is in contradiction to practice in the rest of Northern Ireland and the spirit of the regulation. Therefore the inspector has required the responsible person to review this practice and respond formally what practice they propose regarding future visits for RQIA consideration.

The inspector also noted the reports are comprehensive but do not seek to plan for the issues identified such as the staffing issues which were clearly identified but did not feature in the action plan. A requirement is made to improve these issues.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Sarah Forde (Acting) and Mrs Natalie Jackson, 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



Quality Improvement Plan

Announced Primary Care Inspection

Drumross Adult Centre incorporating 'New Ways'

26 & 27 January 2015

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 Ms Natalie Jackson (registered manager/ person receiving feedback) either during or after the inspection visit.

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

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

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

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

Statutory Requirements

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

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	20 (1) (a)	The responsible Person must improve staffing levels in this setting to ensure staffing is compliant with this regulation. The returned quality improvement plan must report how the trust is going to meet the outcome of the staffing review for this setting, including timescales for recruitment of additional staff to meet the one to one and intensively staffed placements in this setting.	Second	Issues raised re Staffing levels arose primarily due to staff on long term sickness absence which is now resolved fully. 1 outstanding support worker vacancy is being submitted to recruitment process. NB this post has been covered by agency staff who have worked at the unit for two years, has completed all Trust mandatory training and is very familiar with the service users and their needs. As there are people held on a support worker waiting list it is anticipated that recruitment can be completed by the end of June 2015. This is to allow for the appropriate pre- employment checks etc. to take place .Attached also are details re recent review of staffing against service user need based on the Trust dependency tool..	24 March 2015
2.	28 (4)	The responsible person must review and improve the arrangements for regulation 28 visits to Drumross; specifically:	First	Monitoring visits will take place monthly and a report completed following each visit.	24 March 2015

		<p>The trust must report to RQIA their policy and procedure regarding writing regulation 28 reports. Specifically how future reports will be written, that is a report for each month or do they propose to combine monthly visits in one report for RQIA consideration and response.</p> <p>The trust must ensure future reports plan for issues of concern or deficit identified during a visit such as the staffing issues improve these issues.</p>		<p>The Trust will discuss whether it feels it may be appropriate to combine one or two visits and if this is felt to be the case will seek consideration from RQIA to agree this change.</p> <p>Reports will reflect issues identified during visits in the action plan and review at next visits.</p>	
--	--	---	--	--	--

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	Mrs Natalie Jackson
Name of Responsible Person / Identified Responsible Person Approving QIP	Dr Tony Stevens

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Suzanne Cunningham	08/04/15
Further information requested from provider			