



The **Regulation** and
Quality Improvement
Authority

Primary Announced Care Inspection

Name of Service and ID: Shankill Day Centre (11185)
Date of Inspection: 8 September 2014
Inspector's Name: Suzanne Cunningham
Inspection No: 17631

The Regulation And Quality Improvement Authority
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Name of centre:	Shankill Day Centre
Address:	151-157 Shankill Road Belfast BT13 1FD
Telephone number:	028 9032 7518
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Registered organisation/ Registered provider:	Belfast Health and Social Care Trust
Registered manager:	Jason McIlvenna
Person in Charge of the centre at the time of inspection:	Jason McIlvenna
Categories of care:	DCS-I, DCS-PH, DCS-PH(E), DCS-DE, DCS-MP, DCS-MP(E)
Number of registered places:	30
Number of service users accommodated on day of inspection:	26
Date and type of previous inspection:	6 February 2014 Primary announced inspection
Date and time of inspection:	8 September 2014 09:15 – 13:15
Name of inspector:	Suzanne Cunningham

Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect day care settings. A minimum of one inspection per year is required.

This is a report of a primary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during the inspection were met.

Purpose of the Inspection

The purpose of this inspection was to ensure that the service is compliant with relevant regulations and minimum standards and themes and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of day care settings, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Day Care Settings Regulations (Northern Ireland) 2007
- The Department of Health, Social Services and Public Safety's (DHSSPS) Day Care Settings Minimum Standards (January 2012)

Other published standards which guide best practice may also be referenced during the inspection process.

Methods / Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the minimum standards.

The inspection process has three key parts; self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

Specific methods / processes used in this inspection include the following:

- Analysis of pre-inspection information
- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Tour of the premises
- Evaluation and feedback

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

Consultation Process

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

Service users	5
Staff	2
Relatives	0
Visiting Professionals	0

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

Issued To	Number issued	Number returned
Staff	9	3

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.

Profile of Service

Shankill Day Centre is located close to Shankill Wellbeing and Treatment Centre and within easy reach of local shops and public transport services. The centre was purpose-built within a former office building; the facilities are well designed for their purpose, with several small activity rooms and a large dining room which is used as an activity room when all service users are participating together. A hairdressing room, bathing and toileting areas are also used by the service users attending.

The centre provides day care support from 09:00 – 16:30 Monday to Friday. The centre provides care for thirty service users per day within the categories of physical disability under and over sixty-five years, mental disability under and over 65 years, dementia, and elderly not falling into any other category.

The centre encourages and maintains good communication links with the local community and has a “sister unit” arrangement with a nearby residential home, through which resources are shared and relationships have been built between residents and day care service users.

Summary of Inspection

A primary inspection was undertaken in Shankill Day Centre on 28 July 2014 from 09:15 to 13:15. This was a total inspection time of four hours. The inspection was announced.

Prior to this inspection the provider submitted a self-assessment of the one standard and two themes inspected. The focus of the inspection was to assess the centre's compliance with the one standard and two themes chosen from the Day Care Settings minimum standards 2012 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 one support worker and one day care worker regarding the standards inspected and their views about working in the centre. This generated positive feedback regarding records and reporting arrangements including recording; ensuring records are accessible for the service users and the management arrangements in this day care setting. Staff were particularly concerned with ensuring information regarding service users is protected and remains confidential, communicating with service users openly and clearly and ensuring service users are involved in planning. Staff knowledge regarding restrictive practices and restraint was appropriate for the service and consistent with the statement of purpose. Staff were not familiar with DOL's guidance and this is further discussed in the body of the report. With regard to management arrangements this setting there was cover arrangements in place in the absence of the manager and arrangements were described in the settings policies and procedures.

Three questionnaires were returned by staff members who reported satisfactory arrangements were in place with regard to NISCC codes of practice; supervision; staff training; staffing and management arrangements; responding to service user's behaviour; confidentiality and recording. The staff member's praised the quality of care provided within the returned questionnaires and the following comments were made: "Excellent"; "Quality of care continues to be of a high standard and professional providing a structured and safe environment for service users and respite for carers and families"; "Excellent service users always full of praise for staff".

The inspector spoke with five of the service users in the setting generally about their experiences in the day care setting and regarding the standard and the two themes inspected. The service users did provide the inspector with positive comments regarding the focus of the inspection, attending the centre, the activities they had taken part in; and the care provided by the staff. Service users confirmed they were familiar with their care plan, review and were aware information was kept securely about them in the day care centre. The service users identified Jason as the manager and described him as good and helpful. Service users commented the day centre: "couldn't be better"; "is very good"; "we can talk to anyone".

The previous unannounced follow up inspection carried out on 6 February 2014 had resulted in no requirements and two recommendations. The manager provided evidence of improvements in pre review consultation and outcomes regarding vulnerable adults which evidenced compliance with the two recommendations made.

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

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

Discussions with service users and staff and review of four service users' individual files provided evidence that the centre is performing well regarding standard 15. The discussions with service users confirmed service users are aware a record is kept about them and they see this record when they attend their review or if the care plan is being worked on. Service users described this setting as a great support and a place to take part in activities. Service users spoke about enjoying the social aspect of attending the centre and how much they appreciate 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 criterion from regulation 14 were inspected which examined compliance with the use of any restrictive practices in this day care setting within the context of human rights. One criterion was assessed as substantially compliant and one criterion was assessed as not applicable because the setting has not used restraint on any service users and therefore no incidents have been or would be reported through to RQIA. One recommendation was made regarding raising staff awareness of the DOLs guidance.

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. Restraint had not been used to date and staff attributed this to using good communication, diversion, calming, diffusing techniques and knowing their service users' needs and personalities. They strongly believe this assists them in ensuring service users behaviour does not escalate.

Based on the evidence reviewed the inspector assessed the centre as substantially compliant in this theme, one recommendation and no requirements are made regarding this theme.

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

Two criteria from regulation 20 and one criterion from regulation 21 were inspected which provided the evidence to examine this theme. Two criterion were assessed as compliant and one as substantially compliant. No requirements and one recommendation has been made regarding the completion of a competency assessment for the staff member who covers the management role in the managers absence.

Discussion with the manager and staff provided evidence that the organisation had in place monitoring arrangements; and they had a general approach of promoting quality care. Overall the arrangements in this setting regarding management cover were satisfactory and had not compromised quality of care to date; however, the competency assessment will ensure the staff member covering has the right knowledge, skills and understanding of her role and responsibility when covering the management role.

Based on the evidence reviewed the inspector has assessed the centre as compliant in this theme; no requirements and one recommendation is made.

Additional Areas Examined

The inspector undertook a tour of the premises, reviewed the complaints record and examined four service users individual files and four care plans, validated the registered manager's pre inspection questionnaire reviewed the staff questionnaire and monthly monitoring reports. This did not reveal any additional areas for improvement.

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. Overall the inspector commends the proactive approach to day care that is delivered in this centre; there is also a clear focus of social support in this day care setting which is entirely consistent with the day care settings statement of purpose.

As a result of the inspection a total of no requirements and two recommendations have been made. The first recommendation is regarding improving staff knowledge of DOLs guidance, the second regarding evidencing the competence of staff left in charge in the managers absence. This was reported to the acting manager at the conclusion of the inspection and assurances were made these would be addressed as a priority.

Follow-Up on Previous Issues

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	15.1	The registered manager should make appropriate arrangements for the pre review service user consultation to be evidenced in the service users individual care record for example a pre review questionnaire which discusses organising the review to providing the service users comments, wishes and feelings regarding their day care.	This had been progressed and processes had been improved at the time of the inspection.	Compliant
2.	13.7	The registered person must ensure adequate arrangements are in place for the day care service to receive a prompt response by the trust designated officer regarding outcome of their vulnerable adult referral.	This had been improved at the time of this inspection and evidenced in recording and regulation 28 visit reporting.	Compliant

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:	
All service users records are stored securely as per Trust Data Protection policy and staff adhere to Trust policy on confidentiality. Under the adult protection policy staff have an obligation to disclose information to protect vulnerable adults in order for an appropriate investigation to take place. This overrides a duty to keep a confidence and it must be passed on to the appropriate manager. Staff will make the service user aware when if they disclose information. Training is mandatory for all staff on data protection and information governance.	Substantially compliant
Inspection Findings:	COMPLIANCE LEVEL
<p>The inspector sampled four individual records in respect of service users attending the setting on the day of the inspection and they presented as described in schedule 4; the inspector also sampled other records to be kept in a day care setting, as described in schedule 5. The inspector confirmed the arrangements for confidentiality in the setting were consistent with the provider's self-assessment and staff have access to policies and procedures pertaining to the access to records, communication, confidentiality, consent, management of records, monitoring of records, recording and reporting care practices and service user agreement.</p> <p>Discussion with staff validated management and staff knowledge about the duty of confidentiality and their role and responsibility regarding the need to record, the quality of recording and management of service user's personal information commensurate with their role and responsibility. Discussion with service users informed the inspector they are happy staff keep their information confidential and secure; and they were aware of recording practices in the day care setting</p>	Compliant

<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>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment:</p> <p>The Trust have clear guidelines for processing requests for access to patient/client and personal records. There is also a consent forms held on file for the consent to share information in regard to the service users - these are signed by service user and/or their representative.</p> <p>All records of requests for individual case notes/records shall be noted on an R3 to include date, time, who applied for access and outcome of request and this will be forwarded under Trust procedures accordingly under the appropriate Trust documentation.</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p> <p>The setting has policies and procedures pertaining to: the access to records; consent; management of records and service user agreement. The policies and procedures detail consent and there is a form service user's sign regarding consent for pictures and video to be reproduced in trust literature and about service user's information.</p> <p>Discussion with staff revealed they are aware of ensuring a person centred approach to their recording. The staff described service users do see their records openly as assessments are completed, care plans are drawn up and when preparing for and attending the review. They confirmed if a service user wants to see their records this would be dealt with as per the settings procedure regarding the same.</p> <p>Service users described they are aware that a service user record is kept and were not concerned about accessing their records.</p>	<p>COMPLIANCE LEVEL</p> <p>Compliant</p>

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>The following records are kept in the day centre to meet the requirements:</p> <p>1. The following documents in respect of each service user:</p> <p>(a) The assessment of the service user's needs undertaken by a suitably qualified or suitably trained person; and</p> <p>(b) The service user's care plan, prepared in consultation with the service user, or his or her representative, where appropriate.</p> <p>2. A recent photograph of the service user.</p> <p>3. A record of the following matters in respect of each service user:</p> <p>(a) name, address, date of birth and marital status of each service user;</p> <p>(b) name, address and telephone number of the service user's next of kin, or of any person authorised to act on his/her behalf;</p>	Substantially compliant

<p>(c) the name, address and telephone number of the service user's general practitioner and of any officer of a HSC Trust whose duty it is to supervise the welfare of the service user;</p> <p>(d) the date on which the service user commenced attendance at the day care setting;</p> <p>(e) the date on which the service user ceased to attend the day care setting;</p> <p>(f) the name and address of any HSC Trust, or any other body which arranged the service user's attendance in the day care setting;</p> <p>(g) a record of any restraint or seclusion used in relation to the service user</p> <p>(h) a record of any limitations agreed with the service user or his/her representative as to the service user's freedom of choice, liberty of movement and power to make decisions.</p> <p>(i) all incidents/accidents are maintained on the Trust's Datix recording system.</p>	
Inspection Findings:	COMPLIANCE LEVEL
<p>The examination of a sample of four service user individual records evidenced the above records and notes are available and maintained and a sample of monitoring records (e.g. file audits and regulation 28 reports) demonstrated working practices are systematically audited in this regard.</p> <p>Care reviews were evidenced as taking place as described in standard 15 criterion 3 and they are service led reviews. Examination of a sample of these records did not identify any improvements.</p>	Compliant
<p>Criterion Assessed:</p> <p>7.5 When no recordable events occur, for example as outlined in Standard 7.4, there is an entry at least every five attendances for each service user to confirm that this is the case.</p>	COMPLIANCE LEVEL
Provider's Self-Assessment:	
<p>Service users attendance at the day centre is recorded on a daily basis as is their choice of meal. Any contacts are recorded on an R3 as per standard 7.7.4. Staff maintain the requirement to record relevant information/events on service users at least every five attendances.</p>	Substantially compliant

Inspection Findings:	COMPLIANCE LEVEL
A sample of four service user care records evidenced individual care records have a written entry at least once every five attendances for each individual service user.	Compliant
Criterion Assessed:	COMPLIANCE LEVEL
<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. 	
Provider's Self-Assessment:	
Guidance for staff can be found in (Day care procedures for older people) procedures on recording and reporting care practices 7.4. Any follow up action regarding referrals or assessments are recorded on care plan as is procedure. Notes of any referrals made via phone are noted on contact sheets R3.	Substantially compliant
Inspection Findings:	COMPLIANCE LEVEL
<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 in place which present as consistent with this criterion and are available for staff reference. Discussion with staff confirmed they are aware of their role and responsibility to report and refer information and record the outcomes achieved are service users and or representatives informed regarding information that may be reported or referred. Staff were aware of consent issues, the need to check any information that has been reported; is reported to the right people and outcomes are recorded to ensure needs are met, risk is diminished and care is appropriate</p> <p>Service user records reviewed by the inspector and a sample of monitoring records provided evidence of regular monitoring of timescales; of action taken and outcomes in this regard in terms of improving outcomes for the service user. Identified follow up action is also clearly described in the registered person's regulation 28 visit/monthly quality monitoring report.</p>	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: Managers ensure that all records are signed and dated appropriately. The manager signs all reviews, care plans and risk assessments.	Substantially compliant
Inspection Findings: Records present as legible, up to date and are reviewed. Staff should ensure all agreements and documents are signed consistently. Consultation with a sample of staff working in the centre confirmed their understanding of this criterion and staff discussed they understand their role and responsibility in this regard.	COMPLIANCE LEVEL Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially 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:	
Restraint is not normally used within the day centre. If there would be need for restraint to secure the welfare of a service user or others a comprehensive assessment and appropriate risk assessment will be completed if necessary and specific areas of choice will be highlighted and agreed, these interventions will be noted on care plans and assessment regularly reviewed and updated as per procedure 3.10. restraint, seclusion and exclusion. All staff must attend mandatory human rights training and responding to service user's behaviour.	Substantially compliant
Inspection Findings:	COMPLIANCE LEVEL
The inspector examined a selection of records including: a sample of four records of service user's as described in schedule 4; and other records to be kept in a day care setting, as described in schedule 5. This confirmed the provider's self-assessment that restraint, restriction or seclusion was not part of anyone's care plan and it is not a planned or reactive response to service users challenging behaviour. Staff access human rights, restraint and seclusion training and they can access policies and procedures which detail how and why service users may be restricted or restrained in the day care setting. Discussion with staff validated management and staff knowledge about when and why restraint is used including their understanding of exceptional circumstances, this did not reveal any concerns. Staff working in the centre also verified restraint is not used nor planned to be used in this day care setting. Staff were knowledgeable regarding protecting service users human rights but did not have an awareness of the Deprivation of Liberty Safeguards. (DOLS) – Interim Guidance, a recommendation is made that staff are made aware of this guidance and its impact on their practice.	Substantially compliant

Regulation 14 (5) which states:	COMPLIANCE LEVEL
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.	
Provider's Self-Assessment:	
The manager adheres to the clear procedures and guidance on restraint, seclusion and exclusion within the day centre. Any incident of restraint will be notified to the Trust under the Trust's DATIX reporting systems and all incidents notified to RQIA as per the reporting requirements.	Substantially compliant
Inspection Findings:	COMPLIANCE LEVEL
No service users had been subject to restraint. <i>Guidance on Restraint and Seclusion in Health and Personal Social Services</i> , Department of Health, Social Services and Public Safety, Human Rights Working Group, August 2005 is available for staff information.	Not Applicable

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

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

Theme 2 – Management and Control of Operations	COMPLIANCE LEVEL
<p>Management systems and arrangements are in place that support and promote the delivery of quality care services.</p> <p>Theme covers the level of competence of any person designated as being in charge in the absence of the registered manager.</p>	
<p>Regulation 20 (1) which states:</p> <p>The registered person shall, having regard to the size of the day care setting, the statement of purpose and the number and needs of service users -</p> <p>(a) ensure that at all times suitably qualified, competent and experienced persons are working in the day care setting in such numbers as are appropriate for the care of service users;</p> <p>Standard 17.1 which states:</p> <p>There is a defined management structure that clearly identifies lines of accountability, specifies roles and details responsibilities for areas of activity.</p>	
<p>Provider's Self Assessment:</p>	
<p>The day centre adheres to the procedures in absence of the manager as outlined in procedure 4.3. A nominated DCW will carry out the normal day to day supervisory responsibility and ensure the planned activities and programmes are carried out. Nominated DCW have management experience training to carry out management functions. In the absence of the manager the nominated DCW can gain advice from the named linked manager or assistant service manager. The statement of purpose clearly outlines the management structures and accountability for Shankill Day Centre within the Belfast Trust.</p>	<p>Substantially compliant</p>

Inspection Findings:	COMPLIANCE LEVEL
<p>The registered manager has professional registration, experience and is currently undertaking the QCF level five which is stated as necessary for all registered managers. This manager was registered as a manager with RQIA prior to the implementation of the standards and no concerns have been identified regarding his competence in this role. The day care worker manages the day care setting in the manager's absence, she has discussed covering this role in supervision which was evidenced in the record for May 2014 and this had been referenced in her 2014 / 2015 personal development plan. However no competency assessment was available for inspection and a recommendation is made in this regard.</p> <p>The setting has policies and procedures pertaining to the management and control of operations, for example: absence of the manager; inspections of the day care setting; management, control and monitoring of the setting; operational policy; staff meetings; staff records; staff supervision and appraisal; staff training and development; staffing arrangements and the settings statement of purpose, these are available for staff reference and staff are aware of content.</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. For example who they report to; who they seek support or guidance from; who supervises them and the effectiveness of the same in the managers absence, this did not raise any concerns. The staffing structure of the day care setting is clearly described in the settings statement of purpose and this reflected staffing on the day of the inspection. The regulation 28 reports evidence the staffing arrangements in place for the month being inspected and form a view regarding: the effectiveness of staffing arrangements; and compliance with regulations and standards regarding the same. Discussion with service users confirmed they are aware of the management structure in place and they viewed this as effective and staff as supportive.</p>	Substantially compliant

Regulation 20 (2) which states: <ul style="list-style-type: none"> The registered person shall ensure that persons working in the day care setting are appropriately supervised 	COMPLIANCE LEVEL
Provider's Self-Assessment:	
The day centre adheres to the procedure on staff supervision 2.5 (Older people's day care services) this is in accordance with BHSC's corporate supervision policy and procedures for social care staff in adult services (Oct 2011) Personal development plans and personal contribution plans are done annually.	Substantially compliant
Inspection Findings:	COMPLIANCE LEVEL
The provider's self-assessment was verified.	Compliant
Regulation 21 (3) (b) which states: <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 	COMPLIANCE LEVEL
Provider's Self-Assessment:	
The manager is registered with NISCC and has the appropriate mandatory training and knowledge and skills to fulfil the role of manager within the day centre. Recruitment procedures and appropriate checks have been completed prior to commencement of employment. Declaration of fitness and proof of identity are held on staff files.	Substantially compliant
Inspection Findings:	COMPLIANCE LEVEL
The provider's self-assessment was verified.	Compliant

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

Additional Areas Examined

Complaints

The complaints record was reviewed as part of this inspection. The annual complaints return for 2013 identified no complaints had been recorded. The inspector reviewed the complaints record which confirmed the return to RQIA and did not reveal any concerns regarding the content of the record. In 2014 one complaint / issue of dissatisfaction had been recorded, the review of the settings complaints log did not reveal any concerns regarding the recording, management and resolution of this complaints or issues of dissatisfaction which had been resolved locally to complainants satisfaction and in a timely manner.

Service User Records

Four service user files were inspected as part of this inspection and this did not reveal any areas for improvement and were consistent with schedule 4. Four further care plans were examined and revealed examples of clear planning to meet service user's needs.

Registered Manager Questionnaire

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

Statement of Purpose & Service Users Guide

These documents were submitted for this inspection and the inspector made reference to them during the inspection. Examination of these documents did not reveal any concerns.

Monthly Monitoring Reports

The provider supplied two regulation 28 reports for this inspection and this did not reveal any concerns.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Jason McIlvenna, 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

Primary Announced Care Inspection

Shankill Day Centre

8 September 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 Jason McIlvenna (**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.

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.	21.4	The registered manager should review the Deprivation of Liberty Safeguards. (DOLS) – Interim Guidance with staff to ensure the staff are made aware of this guidance and its impact on their practice and improving service users outcomes.	First	Deprivation of liberty document will be shared and discussed during staff meetings, and shall be a recurrent running theme throughout supervision. Staff will be made aware of the impact of DOLS on their everyday practice and include this on all future care planning to ensure care plans reflect this.	3 November 2014
2.	23.3	The registered manager should undertake a competency assessment of the staff left in charge of the day care setting in the manager's absence. The assessment should evidence they have sufficient knowledge, skills and experience to undertake to duties required and any training or concerns should be noted and a plan should be in place to address these.	First	Currently day centre managers are meeting to discuss the needs for assessment for competencies of staff who are in charge of the day centre in the absence of the manager. This will be discussed during manager's meetings and peer supervision. A pro forma shall be collated with all appropriate competencies discussed with staff who will be nominated to take charge in the absence of the manager.	3 November 2014

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	Jason McIlvenna
Name of Responsible Person / Identified Responsible Person Approving Qip	Mr Martin Dillon Acting Chief Executive

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Suzanne Cunningham	11/11/14
Further information requested from provider			