



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

## **Primary Announced Care Inspection**

**Name of Service and ID:** North Belfast Day Centre incorporating Whiterock Day Services (11189)

**Date of Inspection:** 10 and 11 June 2014

**Inspector's Name:** Suzanne Cunningham

**Inspection No:** 17621

**The Regulation And Quality Improvement Authority**  
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<b>Name of centre:</b>	North Belfast Day Centre incorporating Whiterock Day Services
<b>Address:</b>	585-587 Crumlin Road Belfast BT14 7GB
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<b>E mail address:</b>	jim.gray@belfasttrust.hscni.net
<b>Registered organisation/ Registered provider:</b>	Belfast HSC Trust Mr Colm Donaghy
<b>Registered manager:</b>	Mr Jim Gray
<b>Person in Charge of the centre at the time of inspection:</b>	Mr Jim Gray
<b>Categories of care:</b>	DCS-MP
<b>Number of registered places:</b>	75
<b>Number of service users accommodated on day of inspection:</b>	10 June 2014 18 Whiterock & 22 NBDC total 40 11 June 2014 29 NBDC
<b>Date and type of previous inspection:</b>	12 December 2013 Primary announced inspection
<b>Date and time of inspection:</b>	<u>10 June 2014</u> 09:15 – 12:15 Whiterock 13:00 – 16:00 NBDC  <u>11 June 2014</u> 09:30 – 12:30 NBDC
<b>Name of inspector:</b>	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	11
Staff	5
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	10	9

### Inspection Focus

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

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

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

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

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

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

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

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

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

## Profile of Service

North Belfast Day centre was opened in 1990 to provide day care for those individuals suffering from mental illness in the community of North Belfast. The day centre is managed in an old school building on the ground floor. The rooms are spacious and generally well maintained. There is a good mixture of rooms to accommodate crafts, cooking, individual time, leisure pursuits such as pool and a full gymnasium.

Meals are provided in the centre via cooked chilled meals system; however members can bring their own lunch with them or visit the local shop.

The centre provides a focussed service for service users who have severe and enduring mental illness, to assess and rehabilitate the individual to his / her maximum potential and independence. The day care centre works in partnership with other agencies e.g. Action Mental Health, BIFHE and community groups to provide a range of activities for the development of skills enabling independence.

The centre provides fifty places per day with most people attending 2-3 days per week. Each member has an individual care plan to help them address their own issues. The care plan is then reviewed on a regular basis with appropriate key staff in attendance.

The Whiterock Day Centre is incorporated into the registration as a satellite service of North Belfast Day Centre. Whiterock Day Centre provides a day care service for up to 30 service users who live in the locality. The centre is open on Tuesday and Thursday; this is broken into four sessions to ensure service users can access appropriate services.

## Summary of Inspection

A primary inspection was undertaken in North Belfast Day Centre and Whiterock Day Centre which is a satellite of the main centre on 10 June 2014 09:15 – 12:15 (Whiterock) 13:00 – 16:00 (NBDC) 11 June 2014 09:30 – 12:30 (NBDC). This was a total inspection time of ten hours. The inspection was announced.

Prior to this inspection the provider submitted a self-assessment of the one standard and two themes inspected. The focus of the inspection was to assess the centre's compliance with the one standard and two themes chosen from the Day Care Settings minimum standards 2012; The Day Care Settings Regulations (Northern Ireland) 2007 and the providers' statements were verified. During the inspection the inspector used the following evidence sources:

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

The inspector spoke to five of the day care staff in both settings and more informally to the remaining staff regarding the standards inspected and their views about working in the centre. This generated positive feedback regarding records and reporting arrangements including recording; ensuring care plans and assessments reflect the individual needs of each service user by using the recovery star and staff discussed the management arrangements in this day care setting. The inspector concluded from these discussions that staff work together to ensure the service is meeting the needs of the service users who attend the centre in a person centred way and where possible assist service users to develop interests, improve outcomes for the service user and develop independent thinking.

Nine questionnaires were returned by staff who reported satisfactory arrangements were in place with regard to NISCC codes of practice; supervision; staff training; and management arrangements; responding to service users' behaviour; confidentiality and recording. Staff did identify the staffing numbers can be impacted on due to staff sickness which can leave staff managing larger groups of service users than they normally plan for. Discussion with staff and management revealed staffing had improved since the last inspection however; there were still posts that were not filled due to planned absence and vacancies. These will continue to be monitored through the inspection process.

Staff did make positive comments in the questionnaires regarding the quality of care that was provided; which staff described as: "I would describe the quality of care as being at a very high quality". "We provide a good standard of care and varied programme for service users". "The quality of care is quite high as we work with the individual and the family". "Excellent". "Very person centred approach always encouraging autonomy and self-choice". "The quality of care is excellent and staff provide a supportive caring environment for service users on the road to recovery". "We provide a safe environment encouraging service users to make own choices and develop their own skills and learning. We are person centred and promote this". "The staff team treat service users with courtesy, dignity and respect at all times. I feel the day centre offers excellent quality of care towards all service users".

The inspector spoke directly with eleven service users and observed the remaining service users who were in the day care setting at the time of the inspection to gather evidence for the standard inspected and the two themes. Service users gave examples of why the day care setting was important to them and discussed the activities they were taking part in. Service users confirmed they were aware records were kept about them by staff and these were shared when being completed by the key worker. If a service user wants to see their records at any other time they said they would ask their key worker who would sort this out for them. They explained how staff recognise if they are upset or there is a change in their mood and staff would offer support and time to help service users. Service users also identified Jim is the manager of the day care setting but they would approach any member of staff if they had a problem. Service users described the setting as "its brilliant, its good". "Staff are brilliant, help you with your worries and when you're feeling down". "Staff are really good and I like coming here". Service users described they like the relaxation activity, music and have no complaints, they feel comfortable to discuss their attendance at their review and have made a lot of friends in day care.

The previous announced inspection carried out on 11 & 12 December 2013 had resulted in three requirements regarding the frequency of monthly monitoring visits; access to regulation 28 reports which had been improved and staffing arrangements which were being addressed but had not been improved at the time of this inspection therefore this requirement is reiterated. Three recommendations were made regarding the arrangements for pre review consultation, the content of the review report and a policy and procedure describing regulation 28 visits which had been improved and were assessed as compliant.

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

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

Observations of service users; discussion with staff and service users; and review of seven service users' individual files provided evidence that the centre is performing well regarding standard 7. Policies and procedures were in place and do describe how service user's information should be kept, they specify recording procedures and describe access.

The discussion with service users evidenced they are informed regarding the records that are kept about them in the day care setting, the assessment is updated with the service user and information recorded is discussed in full when preparing for a review. The inspector concluded the centres process of maintaining and updating service users' records presents as well managed, is focussed on person centred practice and focuses on meeting need.

Based on the evidence reviewed the inspector assessed the centre as compliant in this standard. No requirements or recommendations are made with regard to this standard.

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

Two criterion from regulation 14 were inspected which examined compliance with the use of any restrictive practices in this day care setting within the context of human rights. One criterion was assessed as compliant and one criterion was assessed as not applicable because the setting has not undertaken any restraint of service users and it is not part of anyone's care plan. Therefore no incidents have been or would be reported through to RQIA under current arrangements.

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 and they do not anticipate using restraint, seclusion or restrictions to meet service user's needs. Staff identified if a service user's behaviour is observed as deteriorating they would look at triggers and refer any concerns to other professionals involved in their service users care plan.

Based on the evidence reviewed the inspector assessed the centre as compliant in this theme and this is commendable.

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

Two criteria from regulation 20 and one criterion from regulation 21 were inspected which provided the evidence to examine this theme. All of the criteria were assessed as compliant.

No requirements or recommendations are made with regard to this theme. The inspector concludes the arrangements in place for the registered manager to manage this day care setting and delegate tasks to the deputy manager and assistant manager have been assessed planned for and are subject to on-going monitoring. Based on the evidence reviewed the inspector has assessed the centre as compliant in this theme; no requirements or recommendations are made.

**Additional Areas Examined**

The inspector undertook a tour of the premises, reviewed the complaints record, examined seven service users individual files, validated the registered manager's pre inspection questionnaire, reviewed the staff questionnaire and viewed the environment. This did not reveal any further areas of 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 a clear approach of support from staff and social support in this day care setting which is consistent with the day care settings statement of purpose and presents as improving outcomes for service users. Staff have also continued to develop their person centred approach when working with service users and improve their compliance with the day care setting standards.

As a result of the inspection a total of no recommendations and two requirements have been made. The first is a reiterated issue regarding the staffing arrangements in the day care setting which the manager had put measures in place to improve however one post was in scrutiny and planned returns to work had not fully progressed at the time of the inspection, therefore full compliance had not been achieved. The second requirement is to ensure the services statement of purpose only refers to the North Belfast day centre and the satellite service Whiterock. This was reported to the management team at the conclusion of the inspection and assurances were made these matters would be progressed.

## Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	28.3	The registered person must ensure appropriate arrangements are in place to undertake monthly monitoring visits in this day care setting, including arrangements to cover visits when monitoring person is absent from work. The reports must also identify if the visits are announced or unannounced. The returned QIP should describe arrangements to ensure compliance is achieved with this requirement.	Visits had been completed monthly however, the setting has a new senior manager Peter Bohill, who assured the inspector visiting frequency would continue to be maintained. He also assured the inspector he will meet the required quality of the description and analysis of service in the reports.	Compliant
2.	28.5	The registered person must ensure arrangements are in place for staff and service users to access the regulation 28 reports. Arrangements in place must be reported on the returned QIP.	This had been completed.	Compliant
3.	20.1.a & b	The registered person must ensure the staff numbers in this day care setting including Whiterock are reviewed following the staff redeployment across three day care settings. The returned QIP must report the staffing numbers in North Belfast and Whiterock settings and confirm compliance with regulation 20 (1) (a) & (b).	Discussion revealed one additional staff member had joined the team and her post is shared between NBDC and Whiterock. One staff member is on maternity leave and one career break is due to end. One post remains vacant and this has reached scrutiny in the trust. As these arrangements still leave a number of uncovered hours in this day care setting the inspector will revisit progress made during the next inspection.	Substantially compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	15.4	The registered manager should review arrangements in place for the pre review consultation which ensures service user's views, wishes and opinions are included with regard to attending the day centre and their care plan. For example the use of a service user questionnaire.	Service user questionnaires had been introduced and the format is continuing to be developed following their completion and feedback received.	Compliant
2.	15.5	The registered manager should ensure arrangements are in place to report information regarding important events, including incidents, accidents that have occurred since the last review and how they were addressed and any rehabilitation or specialist services that have been accessed since the last review in the section entitled "any other information".	This had been completed and an example was provided for this inspection.	Compliant
3.	17.10	The registered person should ensure a policy and procedure is written regarding the monthly quality service audit and report that describes this process including unannounced visits, whom can access the reports and how the reports can be accessed.	This was produced for this inspection.	Compliant

<b>Standard 7 - Individual service user records and reporting arrangements:</b>	
<b>Records are kept on each service user's situation, actions taken by staff and reports made to others.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
7.1 The legal and an ethical duty of confidentiality in respect of service users' personal information is maintained, where this does not infringe the rights of other people.	
<b>Provider's Self-Assessment:</b>	
Confidentiality is always adhered to in line with both mandatory and organisational policies and procedures (data protection and operational policy). All service user's are aware that they can see their centre file at any time. Through the centre recovery star review process staff always remind service user's about confidentiality and it's limitations - if any risk is identified multidisciplinary team working will always be in place and all relevant information shared.	Compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
<p>The inspector examined seven individual service user records, as described in schedule 4; and examined a selection of other records to be kept in a day care setting, as described in schedule 5. Information for each service user is kept individually in a service user file which is accessible to staff. Service user files are kept securely in a locked cabinet and maintained in line with the trust policies and procedures regarding the same such as: access to records, communication, confidentiality, consent, management of records, monitoring of records, recording and reporting care practices and service user agreement. The policies and procedures reflect this criterion and are they available for staff reference.</p> <p>Discussion with staff confirmed they are knowledgeable 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 which was commensurate with their role and responsibility.</p> <p>Discussion with service users confirmed they are informed regarding confidentiality of personal information and recording practices in the day care setting.</p>	Compliant

<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
7.2 A service user and, with his or her consent, another person acting on his or her behalf should normally expect to see his or her case records / notes.	
7.3 A record of all requests for access to individual case records/notes and their outcomes should be maintained.	
<b>Provider's Self-Assessment:</b>	
In line with BHSCT Data Protection Policy all service user's are aware they can have access to their case records at any time on request.	Compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
<p>The day care settings policies and procedures pertaining to: the access to records; consent; management of records and service user agreement detail this criterion, establish service user consent and are available for staff reference.</p> <p>Service users are encouraged to ask staff if they want to see any record kept by the day care setting and staff regularly share information held on the file such as the recovery star, their assessment and their care plan.</p> <p>Discussion with staff working in the centre confirmed they are aware they can share information written by staff with the service user and new care plans and assessments should be completed with the service user. This enables documents to have a person centred approach.</p> <p>Discussion with service users confirmed they are aware that a service user record is kept and they confirmed they had been informed how they can access the records.</p>	Compliant

<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
<p>7.4 Individual case records/notes (from referral to closure) related to activity within the day service are maintained for each service user, to include:</p> <ul style="list-style-type: none"> <li>• Assessments of need (Standards 2 &amp; 4); care plans (Standard 5) and care reviews (Standard 15);</li> <li>• All personal care and support provided;</li> <li>• Changes in the service user's needs or behaviour and any action taken by staff;</li> <li>• Changes in objectives, expected outcomes and associated timeframes where relevant;</li> <li>• Changes in the service user's usual programme;</li> <li>• Unusual or changed circumstances that affect the service user and any action taken by staff;</li> <li>• Contact with the service user's representative about matters or concerns regarding the health and well-being of the service user;</li> <li>• Contact between the staff and primary health and social care services regarding the service user;</li> <li>• Records of medicines;</li> <li>• Incidents, accidents, or near misses occurring and action taken; and</li> <li>• The information, documents and other records set out in Appendix 1.</li> </ul>	
<b>Provider's Self-Assessment:</b>	
<p>All service user's complete and review their personal recovery star form with their Keyworker on an ongoing basis and have regular centre recovery star multidisciplinary review sessions.                      The recovery star review develops initially from the referral form which includes service user identified activities, care plan, risk assessment and travel arrangements.                      The review form also reviews and includes any individual needs, travel issues, medication and activities to be undertaken.                      Any risks or behavioural issues that occur will be worked through with all professionals involved and reported and recorded on immediately.                      All service user's can bring a family member, advocate or carer into their review sessions.                      All incidents or accidents are recorded on and reported to the appropriate professionals (and electronically on Daytix) including RQIA when appropriate.</p>	<p>Compliant</p>

<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
<p>The examination of a sample of seven individual service user records evidenced the above records and recording is available and maintained. Relevant policies and procedures such as: access to records, communication, confidentiality, consent, management of records, monitoring of records, recording and reporting care practices and service user agreement in place for staff reference. The files had been audited against the standard and following this audit changes were identified regarding the format of the review form; which were also identified in the last inspection, each staff member received individual feedback from their supervisor regarding their key files. Furthermore, staff now bring four to five files to supervision sessions for on-going audit, this provided good evidence of systematic audit of files in this regard.</p> <p>The case records and notes had been updated as required, care reviews were evidenced as taking place in compliance with standard 15 and they are service led reviews.</p>	Compliant
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
<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>	
<b>Provider's Self-Assessment:</b>	
<p>All service user's are recorded on at least after every five attendances as outlined in Day Services Operational Policy</p>	Compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
<p>A sample of seven individual service user care records were examined and the majority of recordings were completed every two weeks, this was a written entry at least once every five attendances for each individual service user. The quality of the information was regarded by the inspector as good informative information which will contribute to review and assessment. Information presented as factual and when possible recorded the service users words.</p>	Compliant

<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
<p>7.6 There is guidance for staff on matters that need to be reported or referrals made to:</p> <ul style="list-style-type: none"> <li>• The registered manager;</li> <li>• The service user's representative;</li> <li>• The referral agent; and</li> <li>• Other relevant health or social care professionals.</li> </ul>	
<b>Provider's Self-Assessment:</b>	
<p>Day Services Operational Policy and Day Services Monthly Monitoring report outlines the responsibilities of the Registered Manager.</p> <p>All Service User's have the right to bring their chosen representatives to any recovery star reviews and named representatives included on their review form.</p> <p>The referring agent (community mental health professionals) are always informed and reported on to of any changes or developments involving the service user as it is multidisciplinary team working.</p>	Compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
<p>Policies and procedures pertaining to communication, confidentiality, consent, management of records, monitoring of records, recording and reporting care practices and service user agreement were in place; and staff confirmed they are informed regarding matters that need reported on or referrals made. Staff were also aware of their role and responsibility to discuss any reports or referrals they intend to make with service users and were aware of consent issues. Nevertheless staff were also aware even if a service user did not want them to report information this will be done if it is required to ensure needs are met, risk is diminished and care is appropriate.</p>	Compliant

<p><b>Criterion Assessed:</b> 7.7 All records are legible, accurate, up to date, signed and dated by the person making the entry and periodically reviewed and signed-off by the registered manager.</p>	
<p><b>Provider's Self-Assessment:</b> All service user recordings are completed electronically and printed out and stored in their file monthly (in line with data protection). All recordings are dated and the person doing the recording includes their name in each recording box. Service User files are audited and signed periodically by the centre manager at quarterly staff supervision sessions the last service user file audit completed in Jan 2014 and to be repeated annually. All issues raised regarding service user files were discussed at both staff meetings and staff supervision sessions. Also RQIA inspects recording and reporting systems at annual Inspections.</p>	Compliant
<p><b>Inspection Findings:</b></p>	<b>COMPLIANCE LEVEL</b>
<p>The inspector examined a sample of seven service users' individual records and was satisfied they meet this criterion and consultation with a sample of staff working in the centre confirmed their understanding of this criterion and commitment to achieve this.</p> <p>The centre's supervision, team meeting and records audit evidenced recording is periodically discussed and that staff all understand their role and responsibility in this regard.</p>	Compliant

<p><b>PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b></p>
	<p>Provider to complete</p>

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

<b>Theme 1: The use of restrictive practice within the context of protecting service user’s human rights</b>	
<b>Theme of “overall human rights” assessment to include:</b>	
<b>Regulation 14 (4) which states:</b>	<b>COMPLIANCE LEVEL</b>
<b>The registered person shall ensure that no service user is subject to restraint unless restraint of the kind employed is the only practicable means of securing the welfare of that or any other service user and there are exceptional circumstances.</b>	
<b>Provider’s Self-Assessment:</b>	
Not Applicable	Not applicable
<b>Inspection Findings:</b>	
<p>The inspector examined a selection of records including: seven individual service user records as described in schedule 4; and other records to be kept in a day care setting, as described in schedule 5. This revealed there are no records of restraint, restriction or seclusion and no plans in place for any service users who may require restraint, restrictions or seclusion as part of their care in this day care setting. Staff discussed they take a proactive approach to supporting service users and any change or deterioration in behaviour is noticed by staff who use their knowledge of the service user, assessment, care plan, diversion techniques, communication techniques to calm a service user, manage the behaviour and avoid escalation of the service users challenging behaviour to out of control.</p> <p>Staff use their own training on personal safety and disengagement techniques, trust policy and procedure, professional assessments and advice when planning to meet needs around behaviour however, examination of information did clearly reveal this had not been a concern in North Belfast Day centre or Whiterock.</p> <p>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 are available for staff reference.</p> <p>Discussion with staff regarding the human rights of service users evidenced this is considered in all work undertaken with service users and no staff identified any practice that infringes service users human rights in this day care setting.</p>	<b>COMPLIANCE LEVEL</b> Compliant

<p><b>Regulation 14 (5) which states:</b></p> <p><b>On any occasions on which a service user is subject to restraint, the registered person shall record the circumstances, including the nature of the restraint. These details should also be reported to the Regulation and Quality Improvement Authority as soon as is practicable.</b></p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment:</b></p> <p>Not Applicable</p>	<p>Not applicable</p>
<p><b>Inspection Findings:</b></p> <p>No service users had been restrained in this setting and no care plans detail this as a management of behaviour plan. Staff do not anticipate using restraint and this presented as consistent with the settings ethos, statement of purpose and aims of the service. <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.</p>	<p><b>COMPLIANCE LEVEL</b></p> <p>Not applicable</p>

<p><b>PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b></p> <p>Provider to complete</p>
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<p><b>INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b></p> <p>Compliant</p>
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Theme 2 – Management and Control of Operations	COMPLIANCE LEVEL
<p><b>Management systems and arrangements are in place that support and promote the delivery of quality care services.</b></p> <p><b>Theme covers the level of competence of any person designated as being in charge in the absence of the registered manager.</b></p>	
<p><b>Regulation 20 (1) which states:</b></p> <p><b>The registered person shall, having regard to the size of the day care setting, the statement of purpose and the number and needs of service users -</b></p> <p><b>(a) ensure that at all times suitably qualified, competent and experienced persons are working in the day care setting in such numbers as are appropriate for the care of service users;</b></p> <p><b>Standard 17.1 which states:</b></p> <p><b>There is a defined management structure that clearly identifies lines of accountability, specifies roles and details responsibilities for areas of activity.</b></p>	
<p><b>Provider’s Self Assessment:</b></p>	
<p>Multidisciplinary Team Working at all times.                      All service user's attend the day centre will have been referred to our service by a mental health professional and will continue to have a community mental health professional for the full time they attend the centre.                      There is a structured management and staff tructure as outlined in the services operational policy.</p>	<p>Compliant</p>

<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
<p>The registered manager is a qualified social worker and the assistant manager has a long term development plan that includes attaining the QCF level 5 qualifications. However, a date has not been set to achieve this as yet due to the pressure on all services to ensure the manager of all regulated services are appropriately qualified. Once this has been achieved plans will be put in place to train those left in charge in the manager’s absence. The manager also maintains their professional registration with NISCC.</p> <p>The staff have access to 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.</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. This did not reveal any concerns.</p> <p>Discussion with service users and staff clearly identified the management structure in place; however there was also a clear ethos of working together as a staff team therefore service users were confident regarding seeking support from any of the staff in the day care setting. Discussion with the manager in charge of the day care setting revealed his roles and responsibilities clearly and he delegate’s tasks to other staff to ensure staff have knowledge of what management tasks are undertaken and to enable them to provide cover in his absence. All staff confirmed they receive supervision and appraisal in line with the day care setting standards.</p> <p>The staffing structure of the day care setting was described in the settings statement of purpose. If the manager is absent a deputy and assistant manager cover the managerial tasks in Whiterock and North Belfast Day centre.</p> <p>The staff PCP identifies roles and responsibilities including delegation of tasks and development of skills and knowledge where necessary.</p>	<p>Compliant</p>

<p><b>Regulation 20 (2) which states:</b></p> <ul style="list-style-type: none"> <li><b>The registered person shall ensure that persons working in the day care setting are appropriately supervised</b></li> </ul>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment:</b>	
All staff working in day services have quarterly managerial supervision in place.	Compliant
<b>Inspection Findings:</b>	
<p>The inspector examined the training, appraisal and questionnaire of the registered manager and this did not reveal any concerns. The inspector also reviewed the PCP for those staff left in charge of the day care setting in the registered manager's absence and discussed the same.</p> <p>Discussion with staff working who have a management role confirmed they receive supervision usually once every two months and are satisfied the frequency and quality enable them to undertake their role and responsibilities in this day care setting. Overall the inspector concluded the management and staff focus on how they can improve outcomes for the service users who attend the day care setting.</p>	Compliant

<p><b>Regulation 21 (3) (b) which states:</b></p> <ul style="list-style-type: none"> <li>• (3) For the purposes of paragraphs (1) and (2), a person is not fit to work at a day care setting unless –</li> <li>• (b) he has qualifications or training suitable to the work that he is to perform, and the skills and experience necessary for such work</li> </ul>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment:</b></p>	
<p>All staff are trained in both organisational and mandatory policies and procedures which are updated in accordance with organisational requirements. All staff also attend ongoing mandatory and in house training. Through staff supervision any training in line with personal and professional development can be identified and requested. All staff have NVQ Vocational qualifications in line with their job role.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>The registered manager is a qualified social worker and the assistant manager has a long term development plan that includes attaining the QCF level 5 qualifications. However, a date has not been set to achieve this as yet due to the pressure on all services to ensure the manager of all regulated services are appropriately qualified. Once this has been achieved plans will be put in place to train those left in charge in the manager’s absence. The manager also maintains their professional registration with NISCC.</p> <p>Discuss with staff who manage this day care setting including the satellite service validated their knowledge commensurate with their role and responsibilities, the inspector was satisfied the staff group suitably qualified or are seeking to get a place on the QCF level 5 qualification which is required for registered managers of day care settings.</p>	<p>Compliant</p>

<p><b>PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b> Provider to complete</p>
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<p><b>INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b> Compliant</p>
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## **Additional Areas Examined**

### **Complaints**

The complaints record was reviewed as part of this inspection. The annual complaints return for 2013 identified six complaints had been recorded. The inspector reviewed the complaints record which confirmed the return to RQIA, the inspector found the complaints were minor in nature and had been resolved locally in a timely manner. The review did not reveal any concerns regarding the record. Furthermore six complaints had been recorded for 2014 and examination of the records revealed no concerns regarding the content or the management of the same.

### **Service User Records**

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

### **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, 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 reference to them during the inspection did not reveal any concerns regarding the compliance with schedule 1, however the inspector did note the statement of purpose referred to another day care setting as well as this registration. A requirement is made that this statement of purpose must only refer to North Belfast Day Centre and Whiterock as the satellite service.

### **Monthly Monitoring Reports**

The inspector reviewed a sample of regulation 28 reports written in 2013 & 2014. A new senior manager visited the centre and discussed role of monitoring and reporting. The inspector described the reports need to be analytical and comment on the conduct of the day care setting which he accepted as part of his role and responsibility to undertake or delegate.

## **Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Mr Jim Gray, 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

#### North Belfast Day Centre incorporating Whiterock Day Services

10 & 11 June 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 Mr Jim Gray (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 & b	The registered person must ensure the staff numbers in this day care setting including Whiterock are reviewed following the staff redeployment across three day care settings. The returned QIP must report the staffing numbers in North Belfast and Whiterock settings and confirm compliance with regulation 20 (1) (a) & (b).	Second	<p>The Registered Manager has informed Day Services Operational Manager (Peter Bohill) now in post from June 2014.</p> <p>Currently in North Belfast Day Centre there are:  Monday - 3 Band 5 staff                    1 Band 6 staff                    1 Centre Manager  Tuesday - 3 Band Five staff                    1 Centre Manager  Wednesday - 4 Band 5 staff                    1 Band 6 staff                    1 Centre Manager  Thursday - 3 Band Five staff                    1 Centre Manager  Friday - 3 Band 5 staff                    1 Band 6 staff                    1 Centre Manager</p> <p>Currently in Whiterock Day Centre there are:  Tuesday - 1 Band 6 staff                    - 1 Band 5 full time staff                    - 1 Band 5 part time staff</p>	6 August 2014

				At present the Operational Manager - Mr Peter Bohill is looking at redeploying another full time Band 5 staff member to North Belfast Day Centre. Also there is to be a full time Band 5 staff member returning from a career break on 01.10.2014.	
2.	4 (1) & schedule 1	The registered manager must ensure the statement of purpose for North Belfast Day Centre and the satellite service Whiterock; only refers to those services and clearly details the statement of aims and objectives of the settings, details the statement of facilities and services for the settings and describes the matters as listed in schedule 1.	First	The updated Statement of Purpose including only North Belfast Day Centre and it's satellite centre (Whiterock) will be completed and signed of by Management (Mr Peter Bohill) by 31 <sup>st</sup> July 2014 and a copy forwarded to Suzanne Cunningham for RQIA records.	6 August 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:

<b>Name of Registered Manager Completing Qip</b>	JIM GRAY
<b>Name of Responsible Person / Identified Responsible Person Approving Qip</b>	PETER BOHILL

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	yes	Suzanne Cunningham	30 Jul. 14
Further information requested from provider			