



The **Regulation** and
Quality Improvement
Authority

Primary Unannounced Care Inspection

Name of Establishment:	Cookstown Day Centre
Establishment ID No:	11190
Date of Inspection:	28 January 2015
Inspector's Name:	Dermott Knox
Inspection No:	20642

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

Name of centre:	Cookstown Day Centre
Address:	2 Westland Road Cookstown BT80 8BX
Telephone number:	(028) 8672 3900
E mail address:	donna.oneill@northerntrust.hscni.net
Registered organisation/ Registered provider:	Dr Anthony Baxter Stevens
Registered manager:	Ms Donna O'Neill
Person in Charge of the centre at the time of inspection:	Ms Donna O'Neill
Categories of care:	DCS-LD, DCS-PH, DCS-MP, DCS-I, DCS-DE
Number of registered places:	30
Number of service users accommodated on day of inspection:	14
Date and type of previous inspection:	18 November 2013 Primary Announced Inspection
Date and time of inspection:	28 January 2015 10:15am–4:00pm
Name of inspector:	Dermott Knox

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	6
Staff	4
Relatives	0
Visiting Professionals	0

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

Issued To	Number issued	Number returned
Staff	10	5

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

Cookstown Day Centre operates in a complex which includes a residential home for elderly people and an adult centre for people with a learning disability, all of which are provided by the Northern Health and Social Care Trust.

The day centre provides services to people with physical disabilities, mental ill health, learning disabilities and older people with complex needs. A maximum of 30 service users can be catered for each weekday and a service is offered to approximately 66 people overall.

The facility is located close to local amenities, including a health centre, and includes activity rooms, a bathroom equipped with a hoist, male and female toilet areas and a training kitchen. A large central garden is shared with other health care facilities on the site. There is adequate off street parking at the front of the centre.

Summary of Inspection

A primary, unannounced inspection was carried out at Cookstown Day Centre, on Wednesday 28 January 2015, by an inspector from the Regulation and Quality Improvement Authority. The focus of the inspection was to assess the centre's compliance with one standard and two themes selected from the Day Care Settings Minimum Standards 2012. The manager completed a self-assessment of the centre's compliance with these standards and submitted it to RQIA within a few days of the inspection visit. An overview of the inspection findings can be found below.

The inspector was introduced to many of the service users and had detailed discussions with seven of them during the day. Discussions were also held with four staff members and five completed staff questionnaires were returned to RQIA. Time on the inspection visit was divided more or less equally between meetings with service users, relatives and staff, discussions with the manager, and examination of selected records.

Overall, there was good evidence to indicate that Cookstown Day Centre was operating in compliance with almost all of the criteria in the standards which were the focus of this inspection. One requirement, arising from the inspection findings, relates to the need for the manager to complete competence and capability assessments for all staff. It is acknowledged that the manager was moving toward this goal.

A warm, welcoming and supportive atmosphere was evident throughout the centre and there was both written and verbal evidence of good team morale and positive relationships between staff and service users. Cookstown Day Centre management and staff are commended for the provision of a high quality service to those attending the centre. The participation of service users, staff and the manager in the inspection process is gratefully acknowledged.

Standard 7: Individual service user records and reporting arrangements.

Five service user's files were examined during the inspection and were found to be well organised and up to date. Files contained records of the involvement of service users and/or their carer/s, in the care planning and review processes. Individual care plans were presented in a clear and logical format and daily programmes of activities for service users flowed naturally from these. Good quality progress notes were kept up to date in each of the files examined. Care plans had been signed as agreed, either by the service user or by a

representative and there was written evidence to show that review decisions were carried forward into the care plans.

The centre has suitable, secure arrangements in place to ensure the safety and confidentiality of service users' personal information and staff confirmed their awareness of the importance of this aspect of their duties.

The centre was judged to be operating in compliance with this standard.

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

Cookstown Day Centre had NHSCCT written policies and procedures available in respect of Incident Management, Managing Challenging Behaviour, The Use of Restraint, Human Rights and The DHSSPS Guidance on Deprivation of Liberty.

Guidance regarding presenting needs and appropriate care and support techniques is provided by a range of Trust professionals, including speech and language therapists, occupational therapists, physiotherapists and psychologists. Planned care for any individual's needs is reviewed and action plans are discussed to ensure that interventions remain necessary and proportionate and do not infringe a service user's human rights. Records relating to each service user's needs and the plans to meet these needs were well written and clearly identified any issues of concern regarding the individual's rights or any consideration of the need for restrictive practice. Records were available relating to the one service user, with whom restraint had been used in the past. There was no evidence in the records examined, of restraint having been used in the centre with any of the current service users and this finding concurs with the provider's self-assessment.

Staff discussed the use of restraint or seclusion, including how service users' human rights are protected and they demonstrated an understanding of the Deprivation of Liberty Safeguards. (DOLS) – Interim Guidance.

Cookstown Day Centre was judged to be operating in compliance with the criteria in this theme.

Theme 2 – Management and Control of Operations

An RQIA inspection in November 2013 identified many areas for improvement in Cookstown Day centre, following which the NHSCCT developed a detailed action plan to ensure an appropriate response to the twelve requirements and eight recommendations. Very significant improvements were evident at this current inspection, in all of the areas addressed by the action plan. The management and staff are commended for their commitment in this regard.

Acting-up arrangements have been in place to cover the manager's role and responsibilities in the centre for almost one year. There was clarity amongst staff about lines of accountability, their responsibilities and supervision arrangements. There was both written and verbal evidence of good leadership and organisation under the current arrangements. One requirement is included in the Quality Improvement Plan in respect of the completion of competence and capability assessments for staff members, an issue that was identified at the previous inspection.

Cookstown Day Centre has a stable, core staff team, four of whom provided evidence of a strong commitment to maintaining good practice within the centre and to improving the service through continuous evaluation, planning and action. Staff confirmed that formal supervision was held regularly, exceeding the minimum standard requirements, and that annual appraisals were carried out in a supportive and developmental manner. Staff meetings were being held regularly and were regarded by staff as a useful forum for sharing information and for developing good practice.

On the day of this inspection, staff were employed in sufficient numbers to meet the needs of the service users. Staff in Band 3 are supported by the Trust to gain a vocational qualification at level two. Staff training records showed that mandatory training was up to date.

Monitoring arrangements were satisfactory in terms of their regularity and the numbers of service users and staff members who were asked for their views. Monitoring visits and reports preparation were carried out by the area manager.

Cookstown Day centre was judged to be compliant with this theme.

Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Regulation 20 (1) (a)	<p>The registered person should 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>In addition to ensuring adequate numbers of staff are duty with suitable experience, the registered provider must ensure a competency and capability assessment for any staff that are left in charge of the centre in the absence of the manager is in place.</p>	Work on the competence and capability assessments of staff had commenced but was not completed. The acting manager undertook to complete this by the end of February 2015. A requirement in this respect has been included in the Quality Improvement Plan accompanying this report.	Moving toward compliance
2	Regulation 19 (2)	The registered person should ensure that staff meetings are held at least quarterly and that the records of these meetings comply with Standard 23.8.	Staff meetings were being held regularly, on a monthly basis. Dates were scheduled and notified to staff in advance. Well-detailed minutes of the meetings were kept	Compliant
3	Regulation 18 (1)	<p>The registered person should review both the statement of purpose and the centre's operations, to ensure that they are in accord.</p> <p>(Ref. 17.6 of previous report)</p> <p>When addressing this requirement particular reference should be made to regulation 4 (1) (c) schedule 1 paragraph 9 of the document. The dates and reason for any reviews should be signed by the registered provider.</p>	The statement of purpose had been revised and the manager had developed a new "Management of Operations" document to ensure there is clarity of guidance and understanding for staff.	Compliant

4	Regulation 29 (1) (g)	<p>Notification must be made to RQIA of any alleged misconduct by any person who works in the day care setting.</p> <p>Staff left in charge of the centre should be familiar with guidance issued by RQIA on reporting of notifiable events.</p> <p>All staff will be provided with awareness training on whistleblowing and reporting of notifiable events and complaints.</p>	<p>One disciplinary matter had arisen under the current management arrangements and this had been notified appropriately.</p> <p>The required training for staff was provided on 15 October 2014.</p>	Compliant
5	Regulation 25 (c)	<p>The registered person should ensure that the alleged poor practice was fully and properly investigated and should forward a copy of the report, its findings and any actions arising to RQIA. (Ref. 17.2 of the previous report 15 March 2013)</p>	<p>A report of the findings of this investigation was sent to RQIA in January 2014.</p>	Compliant
6	Regulation Reg 13 (1)	<p>The registered person shall ensure that the day care setting is conducted so as to promote and make proper provision for the care and welfare of service users and for the supervision of service users.</p> <p>Refer to additional areas of this report and to criterion 13.3</p> <p>The registered manager must assure RQIA that there are adequate arrangements in place for the management of the Centre in the absence of the manager.</p>	<p>Since the appointment of the current acting manager, there has been a very significant improvement in the operation of Cookstown Day Centre. Staffing has improved to be in keeping with the statement of purpose and staff morale was found to be high.</p>	Compliant

7	Regulation 14 (4) and 14 (5)	<p>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 these are exceptional circumstances.</p> <p>On any occasion on which a service user is subject to restraint, the registered person shall record the circumstances, including the nature of the restraint. These details should also be reported to the Regulation and Quality Improvement Authority as soon as is practicable.</p>	<p>The one service user, with whom restraint had been used, no longer attends the day centre. Records of the restraint in use at that time were available on file.</p> <p>The manager and staff members confirmed that the Trust's policy, procedures and guidance were adhered to within the centre.</p>	Compliant
8	Regulation 16	The registered person must ensure all service users' care plans are kept under review and updated as appropriate and the service user/representative is notified of any revision.	Care plans were found to be well-written, constructive and up to date. A service user and carer survey provided evidence of high levels of satisfaction with individual communications.	Compliant
9	Regulation 14 (3)	The registered person shall make arrangements, by training persons employed in the day care setting or by other measures, to prevent service users being harmed or suffering abuse or being placed at risk of harm or abuse.	All mandatory training was up to date, including 'Safeguarding Vulnerable Adults' training.	Compliant
10	Regulation 28 (4) (5)	<p><i>The registered person shall ensure that:</i></p> <ul style="list-style-type: none"> • Monthly monitoring visits must be carried out by the nominated officer. • The correct template is used to record the announced/unannounced visit. • The policy/procedure will highlight, the process and dissemination of regulation 28 visits 	Regulation 28 visits and reports were up to date and satisfactory.	Compliant

		<ul style="list-style-type: none"> • The monitoring officer shall ensure the views of representatives for services users are sought. • A copy of the report is made available to the service user and their representative as appropriate. • The report is qualitative based and promotes continuous improvement for day care services. 		
11	Regulation 24 (3)	<p>The registered person shall ensure that any complaint made under the complaints procedure is fully investigated.</p> <p>All staff should be provided with complaints management awareness commensurate with their role and grade.</p>	The manager and staff confirmed their understanding of the complaints procedure. The record of complaints was kept in accordance with regulations.	Compliant
12	Regulation 30	Where the registered manager proposes to be absent from the day care setting for a continuous period of 28 days or more, the registered provider shall give notice in writing to RQIA.	The registered manager confirmed her awareness of this regulation.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Standard 12	<p>Transport arrangements should be reviewed to ensure that service users are enabled to benefit from a fuller day's attendance at the centre.</p> <p>To achieve compliance on this matter, an audit of transport services needs to be undertaken at regular intervals throughout the year and the findings with action plan as appropriate included in the centre's monthly/ annual monitoring reports.</p>	<p>The centre now has a new mini-bus which allows for greater flexibility in the provision of transport to service users. A recent audit of transport journeys indicated improvements in the service, although a small number of journeys still exceeded the target maximum of 45 minutes and the manager continues to address this issue.</p>	Compliant
2	17.8 & 1.2	<p>The contents of the service user guide should however be cross referenced with standard 1.2 to ensure the contents of the document is compliant with the minimum standards and regulations.</p> <p>Also refer to 17.8 of the previous inspection report.</p>	<p>The service user guide had been reviewed and revised and is now compliant with the identified standards.</p>	Compliant
3	Standard 17.9 & 17.10	<p>Audit activity in the centre should be extended to ensure that required practices such as formal supervision and staff meetings are being conducted in compliance with the minimum standards and with the Trust's policies and procedures.</p> <p>This recommendation is expanded to ensure evidence of continuous quality improvement and therefore include the following;</p> <ul style="list-style-type: none"> • During monthly quality monitoring visits the 	<p>Monthly monitoring reports provided evidence of audits of various aspects of the centre's operations. There was also evidence of wide-ranging improvements in the management of the centre, so that self-evaluation and quality monitoring were embedded in each staff member's expectations of practice.</p>	Compliant

		<p>nominated officer, in this case, Ms Knight should be requesting audit reports and making comments on necessary improvements.</p> <ul style="list-style-type: none"> Management practice in the centre should be examined in greater detail in the monthly quality monitoring process to ensure evidence of continuous improvement. 		
4	Standard 17.18	The registered person ensures all necessary supports are in place for staff who might feel the need to report poor practice.	Under current management arrangements, there was evidence of excellent support for staff in terms of the encouragement to be open about any concerns they may have regarding practice in the centre.	Compliant
5	Standard 15.3	The initial review should take place within four weeks (20 days) of the commencement of the placement; thereafter reviews should take place at the times or intervals specified in the care plan, or in response to changing circumstances, or at the request of service users or other persons, including carers, or agencies involved in their care. As a minimum, a formal review should take place once a year.	Initial reviews were being held within approximately 20 days attendance at the centre. Records showed that annual reviews were being held as required.	Compliant
6	15.4	A written review report is prepared by staff in consultation with the service user and provided for the review meeting.	Written review reports, prepared by keyworkers in consultation with service users, were available on file.	Compliant
7	15.5	All parts listed at this criterion should be commented at the review meeting.	Records of reviews showed that all of the required criteria were being addressed.	Compliant

8	13.2 and 13.3	It is recommended and good practice that local procedures, be made available for staff working at the centre which detail safeguarding reporting arrangements for the centre. The name and contact details of the northern trust's designated officer and safeguarding team should be included in the procedure written in a suitable format and accessible for all staff.	Safeguarding procedures and reporting arrangements were available to all staff within the centre.	Compliant
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Standard 7 - Individual service user records and reporting arrangements: Records are kept on each service user's situation, actions taken by staff and reports made to others.	
Criterion Assessed: 7.1 The legal and an ethical duty of confidentiality in respect of service users' personal information is maintained, where this does not infringe the rights of other people.	COMPLIANCE LEVEL
Provider's Self-Assessment: Records are kept in accordance with NHSCT policies and procedures. Staff have been given information at staff meetings on Confidentiality, and are aware of the Information Governance Guidance - Minding Your Information. New admissions are given information verbally, and in leaflet form - How The Trust Processes Your Personal Information. Information is shared with service users consent and is on a need to know basis.	Compliant
Inspection Findings: There was good written evidence of guidance for staff regarding their duty of confidentiality. Staff confirmed in discussions that maintaining confidentiality in respect of service users' personal information was an important aspect of their jobs. Records for service users were kept securely and were accessed only by authorised staff.	Compliant
Criterion Assessed: 7.2 A service user and, with his or her consent, another person acting on his or her behalf should normally expect to see his or her case records / notes. 7.3 A record of all requests for access to individual case records/notes and their outcomes should be maintained.	COMPLIANCE LEVEL
Provider's Self-Assessment: Service Users and Carers where applicable have been informed that they can see their records. To date no one has asked to view their records, but if this happened it would be recorded.	Compliant

Inspection Findings:	COMPLIANCE LEVEL
It was evident from service users' files, that each person was involved in discussions about his or her care plan and in preparation for reviews. Five service user meetings had been held during 2014 and the well-detailed records of these showed that service users were strongly encouraged to contribute ideas and preferences about the service provided.	Compliant
Criterion Assessed:	COMPLIANCE LEVEL
<p>7.4 Individual case records/notes (from referral to closure) related to activity within the day service are maintained for each service user, to include:</p> <ul style="list-style-type: none"> • Assessments of need (Standards 2 & 4); care plans (Standard 5) and care reviews (Standard 15); • All personal care and support provided; • Changes in the service user's needs or behaviour and any action taken by staff; • Changes in objectives, expected outcomes and associated timeframes where relevant; • Changes in the service user's usual programme; • Unusual or changed circumstances that affect the service user and any action taken by staff; • Contact with the service user's representative about matters or concerns regarding the health and well-being of the service user; • Contact between the staff and primary health and social care services regarding the service user; • Records of medicines; • Incidents, accidents, or near misses occurring and action taken; and • The information, documents and other records set out in Appendix 1. 	
Provider's Self-Assessment:	
Service Users individual files contain the above information.	Compliant
Inspection Findings:	COMPLIANCE LEVEL
Individual service user's files were found to be well-organised, comprehensive and up to date. Each of the five files examined contained all of the information required by this standard.	Compliant

Criterion Assessed: 7.5 When no recordable events occur, for example as outlined in Standard 7.4, there is an entry at least every five attendances for each service user to confirm that this is the case.	COMPLIANCE LEVEL
Provider's Self-Assessment:	
A record is kept for at least every five attendances.	Compliant
Inspection Findings:	COMPLIANCE LEVEL
Good quality daily notes were kept in each of the files examined. In most cases, the frequency of recording exceeded that required by the minimum standard.	Compliant
Criterion Assessed: 7.6 There is guidance for staff on matters that need to be reported or referrals made to: <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. 	COMPLIANCE LEVEL
Provider's Self-Assessment:	
Staff receive guidance on matters that need to be reported or referrals made, through policies, procedures and guidelines, in-service training, staff meetings and individual care plans.	Compliant
Inspection Findings:	COMPLIANCE LEVEL
Written guidance on recording and reporting was available to staff within the centre. Staff members confirmed that they had been trained in this aspect of their work and were confident in their understanding of recording and reporting procedures.	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: All records are available for inspection by Area Manager. The registered manager periodically reviews and audits records and informs staff if improvements are required.	Compliant
Inspection Findings: Records were being sampled regularly by the area manager in monitoring visits. Those that were examined during this inspection were found to be compliant with this standard.	COMPLIANCE LEVEL Compliant

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

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

Theme 1: The use of restrictive practice within the context of protecting service user's human rights	
Theme of "overall human rights" assessment to include:	
Regulation 14 (4) which states: The registered person shall ensure that no service user is subject to restraint unless restraint of the kind employed is the only practicable means of securing the welfare of that or any other service user and there are exceptional circumstances.	COMPLIANCE LEVEL
Provider's Self-Assessment:	
<p>In one exceptional case physical intervention was used in the centre, and appropriate people were notified immediately. Staff considered at the time that there were exceptional circumstances and the restraint was necessary for the welfare of the service user and the safety of the carer. Consideration was given to deprivation of liberty issues before the restraint was used.</p> <p>The service user involved no longer attends the centre and restraint is currently not used.</p> <p>All staff receive two days training in RESPECT followed by yearly refresher courses, to guide them in the prevention and management of aggression. Training on Human Rights Awareness/Deprivation of Liberty safeguarding has been made available to staff.</p>	Compliant
Inspection Findings:	COMPLIANCE LEVEL
<p>A selection of records for service users was examined along with those for incidents, accidents and complaints. As stated above by the provider, restraint was used on a number of occasions with one person as a planned response to a specific behaviour. The manager and staff confirmed that none of the current service users had needs or behaviours that required the consideration of any restrictive practice. Service users who spoke with the inspector stated that they were treated with "great respect and kindness" and that they were always asked for their agreement about plans and activities in the centre. Staff were aware of the Trust's "No restraint—Minimal restraint Guidelines", which were available to them.</p>	Compliant

Regulation 14 (5) which states: On any occasions on which a service user is subject to restraint, the registered person shall record the circumstances, including the nature of the restraint. These details should also be reported to the Regulation and Quality Improvement Authority as soon as is practicable.	COMPLIANCE LEVEL
Provider's Self-Assessment: RQIA were notified immediately when restraint was used, and a follow up notification was forwarded when the service user's care plan was amended.	Compliant
Inspection Findings: The manager confirmed the actions taken and the reports made in respect of the one service user with whom restraint had been used. Copies of the notifications were filed in accordance with procedures.	COMPLIANCE LEVEL Compliant
PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant
INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

Theme 2 – Management and Control of Operations	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>	
Provider's Self Assessment:	
<p>Staffing levels are monitored daily to ensure suitable staffing levels. Staff have a variety of qualifications including nursing, NVQ II and NVQ III. Competency is monitored through supervision, KSF appraisals, personal development plans and reviews. A new pro forma for competency and capability assessment has been souced recently and completed with one member of staff to date</p> <p>The management structure, including specific roles and lines of accountability are detailed in the Statement of Purpose.</p>	Compliant
Inspection Findings:	COMPLIANCE LEVEL
<p>The management structure for the centre and associated day care services was clearly set out in the statement of purpose. There has been an acting manager in post for almost one year and there was clarity amongst staff about lines of accountability, responsibilities and supervision. Staff who met with the inspector confirmed that staffing of the centre has improved over the past year and that staff to service user ratios are generally satisfactory.</p>	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:	
Staff receive supervision in accordance with NHSCT supervision policy. Recently appointed staff receive more frequent supervision in their first few months. Staff and/or manager can and do request supervision before planned dates if they feel it would be beneficial.	Compliant
Inspection Findings:	COMPLIANCE LEVEL
Monitoring arrangements were satisfactory in terms of their regularity and the numbers of service users and staff members who were asked for their views. Monitoring visits and reports preparation were carried out by the area manager who regularly checked sample supervision records. These were found to be up to date and confirmed staff members' accounts of the formal supervision arrangements.	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:	
Staff must meet minimum qualification and experience requirements before they are interviewed for a position in the centre. Staff are provided with mandatory training and developmental training as needs are identified and/or new training arises.	Compliant
Inspection Findings:	COMPLIANCE LEVEL
Staffing records showed that all staff members were suitably trained and experienced for their roles and responsibilities. The Trust has clearly defined procedures in place for staff recruitment and selection and copies of the written policy and procedures were available in the centre.	Compliant

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

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

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Ms Donna O'Neill, Acting Manager, 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:

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



Quality Improvement Plan

Primary Unannounced Care Inspection

Cookstown Day Centre

28 January 2015

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

The specific actions set out in the Quality Improvement Plan were discussed with Ms Donna O'Neill, Acting manager, 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	Regulation 21(3)	The registered person shall ensure that competence and capability assessments are completed for all staff.	One	Competency and capability assessments have been completed for all staff.	27 February 2015

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	Donna O'Neill
Name of Responsible Person / Identified Responsible Person Approving Qip	Dr Tony Stevens Una Cuning

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	D Knox	26/02/15
Further information requested from provider	No		