



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

## **Primary Announced Care Inspection**

<b>Name of Establishment:</b>	<b>Antrim Day Centre</b>
<b>Establishment ID No:</b>	<b>11197</b>
<b>Date of Inspection:</b>	<b>2 October 2014</b>
<b>Inspector's Name:</b>	<b>Priscilla Clayton</b>
<b>Inspection No:</b>	<b>IN020531</b>

**The Regulation And Quality Improvement Authority**  
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<b>Name of centre:</b>	Antrim Day Centre
<b>Address:</b>	Station Road Antrim BT41 4AB
<b>Telephone number:</b>	028 9441 6515
<b>E mail address:</b>	john.logan@northerntrust.hscni.net
<b>Registered organisation/ Registered provider:</b>	Mr Tony Stevens
<b>Registered manager:</b>	Mr John Logan (acting)
<b>Person in Charge of the centre at the time of inspection:</b>	Mr John Logan
<b>Categories of care:</b>	DCS-MAX, MAX, DCS-DE, DCS-MP(E), DCS-MP, DCS-PH(E), DCS-PH, DCS-LD(E), DCS-LD
<b>Number of registered places:</b>	50
<b>Number of service users accommodated on day of inspection:</b>	33
<b>Date and type of previous inspection:</b>	18 November 2013 Primary Announced Inspection
<b>Date and time of inspection:</b>	2 October 2014 10am – 5.00pm
<b>Name of inspector:</b>	Priscilla Clayton

## 1.0 Introduction

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

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

## 2.0 Purpose of the Inspection

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

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

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

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

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

## 3.0 Methods/Process

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

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

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

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

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

#### 4.0 Consultation Process

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

Service users	<b>8 individual service users and 5 groups of others</b>
Staff	<b>7 including the manager and deputy</b>
Relatives	<b>None available</b>
Visiting Professionals	<b>None available</b>

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.

<b>Issued To</b>	<b>Number issued</b>	<b>Number returned</b>
Staff	<b>10</b>	<b>1</b>

#### 5.0 Inspection Focus

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

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

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

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

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

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

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

**6.0 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.

## 7.0 Profile of Service

Antrim Day Centre is a purpose built facility, opened in October 1974 and operated by the Northern Health and Social Care Trust. It is situated close to Antrim town centre, the bus and rail stations and adjacent to the Health Centre, and other Social Services facilities.

The centre provides a service from Monday to Friday, for adults with disabilities, including people who have a physical disability, mental ill health, dementia, learning disability, sensory impairment or brain injury. Service users usually come from the geographical area of Antrim Borough Council which includes the districts of Randalstown, Crumlin and Templepatrick.

Antrim Day Centre has the capacity to cater for a maximum of fifty people per day. Day care programmes focus on addressing individual needs and include four short programmes, each lasting for sixteen weeks and supporting people in working toward agreed goals and objectives related to living more independently and confidently in their own communities. A longer term programme is designed for people who have a progressive condition, such as dementia.

Antrim Day Centre facilities are all on ground floor level and consist of six activity rooms, a reflexology room; staff room; dining room and a skills kitchen. There are suitably equipped bathrooms and toilet facilities, a hairdressing room, general kitchen and a laundry room.

The site offers access for service users with disabilities to safe and secure garden areas, which service users are encouraged to make use of for maintaining mobility and for relaxation and enjoyment, when the weather is suitable.

Food for lunches is prepared at Holywell Hospital and is delivered to the centre in heated trolleys. Service users have a choice of two hot main courses, sandwiches or salads. Those on special diets are catered for. There is a small daily charge for meals and refreshments.

Antrim Day Centre is managed by Mr John Logan who has been registered as "acting" manager with RQIA since 2012. Staff work co-operatively with other services such as Social Workers, GP's, District Nurses, Occupational Therapists, Physiotherapists, Out Patient Clinics, Podiatry and Community Dentists, with the aim of facilitating a comprehensive service for those who need it.

## 8.0 Summary of Inspection

A primary announced inspection was undertaken in Antrim Day Centre on Thursday 2 October 2014 from 10:00 am until 5:00pm. Prior to the inspection the service provider submitted a self-assessment of the centre's performance in the one standard and two themes forming the focus of this inspection. There were three requirements and three recommendations from the previous inspection conducted on 18 November 2013. Validation of the level of compliance with the improvements evidenced that all matters, with the exception of one requirement, had been addressed. The one outstanding requirement remains work in progress.

The inspector was introduced to the service users attending the centre and met for discussions with eight service users individually, and with others in small group format. Individual discussions were also held with the manager and five staff regarding the standards, team working, management support, supervision and the quality of the service provided.

Overall, discussions with service users and with staff contributed a positive view of the service provided in the centre and indicated a strong commitment by the manager and the staff team to practice in compliance with the minimum standards for day care settings. There was evidence from discussions and in written records to indicate a high level of inclusion and involvement of service users in decision making with regard to the care provided. Service users' spoke highly of the support they experienced and the opportunities provided by the staff for their enjoyment and development.

Comments received from service users are included in section 10.0 of the report.

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

The centre has policies and procedures regarding confidentiality, recording and reporting, data protection, consent, and storage and destruction of closed files. The policies and procedures are available for staff reference. Care records examined were observed to be legible, dated, signed and securely stored. There were many examples of service users or their representatives having signed to indicate their involvement and agreement with the content. Progress notes for service users were being kept, as were records of reviews. There was also good evidence of multi-professional collaboration in planned care.

Areas identified for improvement related to the undertaking of fall risk assessments, policy development in regard to choking, care plans to reflect identified risk and ensuring that all accidents / incidents are notified to RQIA in accordance with Regulation 29 of The Day Care Setting (Northern Ireland) 2007.

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

The NHSC Trust has a written policy and guidelines on the use of restrictive interventions, which was available to staff in the centre. Discussions with staff confirmed that there was no restrictive practice used within the day centre. The manager explained there was a clear policy, which was known by staff, and training provided should this ever be necessary in the best interest of service users' health and safety. This would include for example: multi-disciplinary discussion, planning for such events, risk management, engaging with service user/representative monitoring by staff of those practices, to ensure the comfort and well-being of the service users concerned.

Staff discussed the use of good communication, the use of calming techniques and the importance of developing good understanding of each individual's needs and preferences. There was also a written policy and procedures for 'Managing aggression and Challenging Behaviour'. Training had been provided for staff. Extensive written guidance was available to staff with regard to Human Rights, restrictive practices, and deprivation of liberty. Staff training in deprivation of liberty is planned for 10 October 2014.

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

Staff records evidenced that the registered manager (acting), deputy manager and day care workers are appropriately qualified and experienced to take charge of the centre. Training for

key aspects of this role had been provided, including for the responsibilities of supervision and appraisal.

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

The staffing structure and reporting arrangements were clearly set out in writing in the Statement of Purpose, for reference by all stakeholders. Staff presented as being enthusiastic, knowledgeable, competent and confident in their roles and responsibilities and their learning in specific areas of interest was encouraged and facilitated where possible. All staff carry a qualification, at different levels, in care. One staff member is working towards gaining a qualification in QCF Level 5. This is to be commended.

Unannounced monthly monitoring arrangements are undertaken in day care centre and the three monitoring reports examined, addressed all of the required matters.

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

### **Care Practices**

The atmosphere in the centre was friendly and welcoming. Staff were observed to treat the service users with dignity and respect taking into account their views. Very good relationships were evident between service users and staff.

### **Environment**

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be well maintained.

### **Conclusion**

In conclusion three requirements and six recommendations were made as a result of this inspection.

The inspector wishes to acknowledge the open and constructive approach of the manager and staff throughout the inspection process. Gratitude is extended to service users, who welcomed the inspector to the centre and contributed to the evaluation of the service provided.



## 9.0 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Regulation 4(1)	The registered person must amend the statement of purpose so that it meets the requirements of this regulation.	Examination of the Statement of Purpose evidenced that this requirement had been addressed.	Compliant
2	Regulation 5(1)	The registered person should create a clearer and more user-friendly version of the service users' guide, which is in keeping with this regulation.	Examination of the Service User's Guide evidenced that this had been reviewed and revised in accordance with the requirement.	Compliant
3	Regulation 23(2)	The registered person must provide RQIA with a report of the findings of the current investigation into staffs' concerns and the actions to be taken to resolve them.	The investigation remains work in progress as confirmed by Brian Surplus, Head of Residential and Day Care who spoke with the inspector following the inspection. The outcome / action is to be forwarded to RQIA when the investigation has been completed.	Work in progress

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Standard 7.5	The registered manager should ensure that progress notes for each service user are kept, in accordance with this standard.	Progress notes examined evidenced that these were being maintained in accordance with standard 7.5.	Compliant
2	Standard 23.8	The registered person should ensure that staff meetings are held and records of meetings kept, in accordance with this standard.	The manager explained that staff meetings were being held on a regular monthly basis. Examination of minutes held evidenced staff meeting held on 18 August 2014. Records of planned forthcoming meetings were held by the manager.	Compliant
3	Standard 15.5	The registered person should ensure that the pre-review report, for all service users on a Maintenance Programme, addresses all of the issues required by this standard.	Examination of pre-review reports evidenced that issues had been addressed.	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>	
All staff follow Records Management as per Trust’s Policies and Procedures. Each service user has an individual personal file which is stored in a locked cabinet within a locked room which only staff have access to. This file holds information as required by Schedule 4. Access to information and confidentiality is discussed at the beginning of each review before continuing. Any e-mail correspondence in relation to a service user is encrypted with a password. When confidentiality cannot be maintained in respect of infringing on the rights of other people, the appropriate procedure would be followed.	Substantially compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
The centre has policies and procedures regarding confidentiality, recording and reporting, data protection, consent, and storage and destruction of closed files. The policies and procedures are available for staff reference. Information as referenced above in the managers self- assessment was verified through observation, discussion with the manager and examination of documentation retained in this regard.	Compliant

<p><b>Criterion Assessed:</b></p> <p>7.2 A service user and, with his or her consent, another person acting on his or her behalf should normally expect to see his or her case records / notes.</p> <p>7.3 A record of all requests for access to individual case records/notes and their outcomes should be maintained.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment:</b></p>	
<p>The procedure for accessing records would be followed when a request is received. To date, no formal requests have been made, but staff are aware of the POPI procedures to be followed.</p>	<p>Substantially compliant</p>
<p><b>Inspection Findings:</b></p>	<p><b>COMPLIANCE LEVEL</b></p>
<p>Service users, who met with the inspector, were aware of the records kept by the centre regarding their needs, care plans and progress. Three of the four service users confirmed that the staff member talked through the file contents with them when care plans were being reviewed.</p> <p>Care plans were countersigned by the user or where appropriate their representative.</p> <p>A record of all requests for access to individual case notes and outcomes would be logged by the manager.</p>	<p>Compliant</p>

<p><b>Criterion Assessed:</b></p> <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>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment:</b></p>	
<p>An individual file is opened for each service user when their referral is being processed. This file will continue to be in use throughout their time at the centre and will contain all of the above information.</p>	<p>Substantially compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>Each of the four service user’s files examined contained information required by this criterion. Files had been organised by the day care workers.</p> <p>Holistic comprehensive assessments in place were complemented with a range of risk assessments.</p> <p>With the exception of one care plan identified needs / objectives and interventions were recorded.</p> <p>Evaluations and reviews were undertaken and recorded.</p> <p>One requirement made related to ensuring that the identified choking risk recorded within one resident’s assessment</p>	<p><b>COMPLIANCE LEVEL</b></p> <p>Moving towards compliance</p>

<p>was not reflected within the care plan. Additionally accident / incident records evidenced that one incident had occurred 18 August 2013. Discussion with the manager and deputy took place as measures to minimise the risk of choking must be reflected in the care plan and staff fully informed. A policy on choking / dysphagia requires to be developed as there was none available in the centre.</p> <p>Care records examined evidenced multi-professional collaboration in planned care.</p> <p>Discussion with the manager regarding accidents / incidents recorded in the accident log retained in the centre and failure to notify RQIA in accordance with Regulation 29 of The Day Care Setting (Northern Ireland) 2007. Discussion also took place on the undertaking fall risk assessments as these were not evidenced within care records examined. One requirement was made in this regard.</p>	
<p><b>Criterion Assessed:</b> 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>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment:</b></p>	
<p>When no recordable events occur, an entry is made in each service user's file every five attendances.</p>	Substantially compliant
<p><b>Inspection Findings:</b></p>	<b>COMPLIANCE LEVEL</b>
<p>A sample of service users' care records was examined and each was found to have written entries several times within five attendances. Day care workers confirmed that accurate recording was an important part of their responsibilities and was essential to the safety and wellbeing of each service user.</p>	Compliant

<p><b>Criterion Assessed:</b></p> <p>7.6 There is guidance for staff on matters that need to be reported or referrals made to:</p> <ul style="list-style-type: none"> <li>• The registered manager;</li> <li>• The service user’s representative;</li> <li>• The referral agent; and other relevant health or social care professionals.</li> </ul>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment:</b></p>	
<p>Staff follow the appropriate procedures to ensure that any matters to be reported or referrals made to others are carried out.</p>	<p>Substantially compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>The centre had in place the relevant NHSC Trust policies with regard to recording and reporting of events. Staff presented as being confident and competent in their roles and clear in their reporting procedures to the manager, service user representatives and other professional staff.</p> <p>The policy on reporting of accidents / incidents was examined and discussed with the manager as no reference was made of the requirement to notify RQIA of accidents /events (Regulation 29 of The Day Care Setting Regulations (Northern Ireland) 2007.) The manager and deputy stated they are not unaware that “any accident in the day centre” must be notified within three working day timescale.</p> <p>Examination of the accident / incident records retained in the centre was cross referenced with those notified to RQIA. One requirement was made as notifications of several accidents had not been submitted to RQIA in accordance with Regulation 29 (f).</p>	<p>Not compliant</p>

<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> Records completed are legible, accurate, up to date, signed and dated. They are then reviewed and audited by the registered manager.</p>	Substantially compliant
<p><b>Inspection Findings:</b> Care records examined were observed to be legible, signed and dated. Evidence of periodic service reviews was available and signed off by the manager / person in charge.</p>	<p><b>COMPLIANCE LEVEL</b> Compliant</p>

<p><b>PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b> Substantially compliant</p>
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<p><b>INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b> Substantially compliant</p>
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<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>	
Staff follow the guidance on restraint and seclusion (HPSS 2005) and work to the Deprivation of Liberty Safeguards. Risk management strategies are also in place. Staff have also received RESPECT training.	Substantially compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
The manager confirmed that no form of restraint has been used within the centre. This was confirmed by staff who demonstrated good understanding of restraint and DHSSPS guidance on the subject and Deprivation of Liberty Safeguards. Staff training on restraint had been incorporated in challenging behaviour training.	Compliant
Resource documents available to staff included; Making Sense of Human Rights, Code of Practice on Protecting and Human Rights Working Group on Restraint and Seclusion in HPSS (Aug 2005).	
<b>Regulation 14 (5) which states:</b>	<b>COMPLIANCE LEVEL</b>
<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>	
<b>Provider’s Self-Assessment:</b>	
To date, there have been no occasions where this has occurred, however staff are aware of the recording and reporting procedures that would be necessary should this happen.	Substantially compliant

<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
<p>Information as stated by the manager in the self- assessment submitted to RQIA was verified through discussion with staff. Staff demonstrated awareness of the reporting procedures should restraint ever be required.</p> <p>The manager explained there was a clear policy, which was known by staff, and training provided should this ever be necessary in the best interest of service users’ health and safety. This would include for example: multi-disciplinary planning for such events, risk management, engaging with service user/representative monitoring by staff of those practices, to ensure the comfort and well-being of the service users concerned.</p>	<p>Compliant</p>

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

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

Theme 2 – Management and Control of Operations	COMPLIANCE LEVEL
<p>Management systems and arrangements are in place that support and promote the delivery of quality care services.</p> <p>Theme covers the level of competence of any person designated as being in charge in the absence of the registered manager.</p>	
<p>Regulation 20 (1) which states:</p> <p>The registered person shall, having regard to the size of the day care setting, the statement of purpose and the number and needs of service users -</p> <p>(a) ensure that at all times suitably qualified, competent and experienced persons are working in the day care setting in such numbers as are appropriate for the care of service users;</p> <p>Standard 17.1 which states:</p> <p>There is a defined management structure that clearly identifies lines of accountability, specifies roles and details responsibilities for areas of activity.</p>	
<p><b>Provider's Self Assessment:</b></p>	
<p>There is a defined management structure in place within the centre. There is a duty officer identified for each day to assist the manager in the day to day running of the centre and to manage the service in the absence of the manager. Each member of staff is aware of their lines of accountability and their roles and responsibilities. The registered provider's representative oversees the operation of the service and carries out her own inspections.</p>	<p>Substantially compliant</p>
<p><b>Inspection Findings:</b></p>	<p><b>COMPLIANCE LEVEL</b></p>
<p>Within Antrim Day Centre there is a defined management structure which consists of a team of:</p> <ul style="list-style-type: none"> <li>• Manager</li> <li>• Deputy Manager</li> <li>• Day Care Workers X 4</li> <li>• Care Assistants X3</li> <li>• In addition administrative support, kitchen, domestic staff and transport driver.</li> </ul>	<p>Compliant</p>

<p>Staff leave is covered by permanent staff who works additional hours. Currently no agency staff are commissioned to work in the centre.</p> <p>The manager and staff confirmed that staffing was satisfactory to meet the needs of service users in attendance. Each level of staff has a specific job description which details roles and responsibilities.</p> <p>The appraisal and supervision process is used to ensure that competent / capable staff are working in the centre. Staff meetings have recommenced and a schedule of dates for the year has been established by the manager.</p> <p>A range of qualifications are held by staff including several NVQ Levels 2&amp;3. Professional social work held by the manager and RGN qualification held by the deputy manager.</p> <p>All new staff undertake an induction programme as evidenced during the inspection.</p> <p>Mandatory training is provided as required.</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>
<p><b>Provider's Self-Assessment:</b></p>	
<p>The Trust supervision policy is followed which ensures that each member of staff is appropriately supervised. This is complemented by daily handovers, team meetings and working together on a daily basis.</p>	Substantially compliant
<p><b>Inspection Findings:</b></p>	<b>COMPLIANCE LEVEL</b>
<p>The centre has a corporate policy on supervision and appraisal. The manager verified supervision was ring-fenced and provided to each care staff member.</p> <p>Staff who spoke with the inspector confirmed regular supervision was provided on a quarterly basis.</p> <p>Records of staff supervision were retained.</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>The recruitment and selection process is followed and on appointment each staff member receives a full induction.</p>	<p>Substantially compliant</p>
<p><b>Inspection Findings:</b></p>	<p><b>COMPLIANCE LEVEL</b></p>
<p>Compliance with this criterion was verified through examination of selected staff records, supervision records, training records and from discussions with the manager and staff members regarding their training and qualification opportunities. There were assessments of competence and capability of staff members.</p> <p>A range of qualifications held by staff include NVQ Levels 2&amp;3. Professional social work qualification is held by the manager and RGN qualification by the deputy manager.</p> <p>Staff mandatory training, as set within RQIA Staff Training Guidance, was being provided with records retained of staff attendances.</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> Substantially compliant</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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## **10.0 Additional Areas Examined**

### **10.1 Complaints**

Discussion took place with the manager and deputy manager on complaints records held in the centre and data submitted to RQIA by the manager pre inspection. It was recommended that one complaint received at the centre and subsequently passed to the trust transport department for investigation is followed up by the manager and a record made in the centre's complaint record of the outcome/ action taken and if necessary any lessons learned.

### **10.2 Statement of Purpose**

The manager confirmed that the day centre's Statement of Purpose had been reviewed and updated in accordance with regulation. It is recommended that the review date is recorded in this document.

### **10.3 Service Users Guide**

The manager confirmed that the day centre's Service User Guide had been reviewed and revised. It is recommended that the review date is recorded in this document.

### **10.4 Monthly Monitoring Reports**

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

### **10.5 Accidents / Incidents**

Accident / incidents records retained in the centre were examined and discussed with the manager and deputy manager as it was noted that several recorded within the centre's accident book had not been notified to RQIA in accordance with Regulation 29 of The Day Care Setting Regulations (Northern Ireland) 2007. The last notification submitted to RQIA was dated 05 December 2012. One requirement was made in this regard.

Review and revision of the Day Care Centre's policy on Accident / Incident reporting does not make reference of the requirement to notify RQIA. One recommendation was made in this regard. Additionally fall risk assessment is not currently undertaken. This would be necessary in order to determine service users at risk so that care plans can be developed to show measures to be in place to minimise the risk.

One service user at risk of choking should have a care plan which clearly reflects the measures in place to minimise this identified risk. The development of a policy on choking / dysphagia is recommended.

### **10.6 Service Users Views.**

Service users who met with the inspector were relaxed and spoke openly giving positive feedback on the provision of the day care.

No issues or concerns were raised or indicated.

Comments included:

- “I look forward to coming to the centre where the company is great, we have good chats.”
- “I don’t see many people on the days when not at the centre and I wish I could come every day.”
- “The foods are great and we can choose what we would like.”
- “The staff are really kind and can’t do enough for us.”
- “There is plenty of things to do including things that I used to love doing but was not able to do in recent years.”

### **10.7 Staff questionnaire**

One of the 10 staff questionnaires distributed prior to the inspection was returned to RQIA prior to the inspection. Positive responses were made in all areas of the questionnaire. The quality of the service was described as “very good and planned to meet service users’ needs.”

## **11.0 Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with John Logan, Registered Manager (Acting) and deputy 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 status of the centre. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

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





## Quality Improvement Plan

### Primary Announced Care Inspection

Antrim Day Centre

2 October 2014

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

The specific actions set out in the Quality Improvement Plan were discussed with Mr John Logan “Acting” Manager at the conclusion of the inspection.

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 (Northern Ireland) 2007

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Regulation 29 (f)	<p><b><u>Accident / Incident Notification</u></b></p> <p>The registered person is required to notify RQIA, without delay, of any accident in the day care setting.</p> <p>(Ref: 7.2, 7.6 &amp; Section 10.5)</p>	Once	Process has been updated and note attached to Incident book	Immediate and ongoing
2	Regulation 23 (2)	<p><b><u>Investigation Report</u></b></p> <p>The registered person must provide RQIA with a report of the findings of the current investigation into staffs' concerns and the actions to be taken to resolve them.</p> <p>(Ref: Brian Surplus. Head of Residential and Day Care NHSC Trust) (Ref: Section 9.0 – Requirement 3)</p>	Work in progress (Carried forward)	The investigation was completed and a course of action in line with Working Well Together was agreed. All staff were met with and the plan outlined and put into action. This involved training for staff. This has not yet completed due to staff absence.	When the investigation is completed by NHSC Trust
3	Regulation 16 (2) (b)	<p><b><u>Care plan</u></b></p> <p>The registered person must ensure that the identified choking risk recorded within one resident's assessment is reflected within the care plan with measures in place to minimise the risk recorded</p> <p>(Ref:7.4)</p>	Once	Care plan identified and changed as appropriate	Immediate

**Recommendations**

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

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details of Action Taken By Registered Person(S)	Timescale
1	Standard 18.1	<p><b><u>Policy Review</u></b></p> <p>Review and revision of the Day Care Centre's policy on Accident / Incidents is necessary as the policy in place does not make reference to the requirement to notify RQIA.</p> <p>(Ref: Section 10.5 )</p>	Once	Process updated and noted in Day Centre Governance Notes	31 December 2014
2	Standard 17.6	<p><b><u>Statement of Purpose</u></b></p> <p>The day centre's Statement of Purpose had been reviewed and updated in accordance with regulation. It is recommended that the review date is recorded in this document.</p> <p>(Ref: 10.6)</p>	Once	The date has now been added to this document.	31 December 2014
3	Standard 17.8	<p><b><u>Resident Guide</u></b></p> <p>The day centre's Resident Guide had been reviewed and updated in accordance with regulation. It is recommended that the review date is recorded in this document.</p>	Once	The date has now been added to this document.	31 December 2014

4	Standard 7.4	<p><b><u>Policy Development</u></b></p> <p>It is recommended that a policy on choking is developed and shared with staff.</p> <p>(Ref: 10.5)</p>	Once	This has been referred to Line Manager and will be discussed and agreed with Speech and Language Therapists	31 December 2014
5	Standard 5.6	<p><b><u>Fall Risk Assessment</u></b></p> <p>It is recommended that fall risk assessments are undertaken to identify service users at risk and where required care plans developed to reflect measures to minimise the risk.</p> <p>(Ref:10.5)</p>	Once	Falls Risk Assessment Form has been drawn up and has been forwarded to Falls Specialist for comments, leading to adoption and implementation	30 September 2014
6	Standard 14.1	<p><b><u>Complaint</u></b></p> <p>It was recommended that one complaint received at the centre and passed to the transport department for investigation is followed up by the manager and a record made of the outcome/ action taken and if necessary any lessons learned.</p> <p>(Ref: Section 10.1)</p>	Once	This has been completed with a copy of the complaint letter and the Transport Dept's response letter also inserted in client's file	30 November 2014

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

<b>Name of Registered Manager Completing Qip</b>	, John D Logan
<b>Name of Responsible Person / Identified Responsible Person Approving Qip</b>	Dr Tony Stevens Una Cuning

<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	P.Clayton	12 March 2015
Further information requested from provider			