



The **Regulation** and
Quality Improvement
Authority

Announced Primary Care Inspection

Name of Establishment: Binnian Lodge
RQIA Number: 11207
Date of Inspection: 17 February 2015
Inspector's Name: Suzanne Cunningham
Inspection ID: IN017660

The Regulation And Quality Improvement Authority
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1.0 General Information

Name of Establishment:	Binnian Lodge Resource Centre
Address:	Manse Road Kilkeel BT34 4BN
Telephone Number:	(028) 4176 5473
E mail Address:	carmel.mcgrath@southerntrust.hscni.net
Registered Organisation/ Registered Provider:	Southern Health and Social Care Trust Mairead McAlinden
Registered Manager:	Carmel McGrath
Person in Charge of the Centre at the Time of Inspection:	Carmel McGrath assisted by Chris Conway (Band 5)
Categories of Care:	DCS – PH
Number of Registered Places:	10
Number of Service Users Accommodated on Day of Inspection:	3
Date and Type of Previous Inspection:	16 September 2013 Primary announced inspection
Date and Time of Inspection:	17 February 2015 10:00 – 16:15
Name of Inspector:	Suzanne Cunningham

2.0 Introduction

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

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

3.0 Purpose of the Inspection

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

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

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

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

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

4.0 Methods/Process

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

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

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

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

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

5.0 Consultation Process

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

Service users	3
Staff	2
Relatives	0
Visiting Professionals	0

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

Issued To	Number issued	Number returned
Staff	3	1

6.0 Inspection Focus

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

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

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

- **Theme 1 - The use of restrictive practice within the context of protecting service user's human rights**
- **Theme 2 - Management and control of operations:**

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

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

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

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

7.0 Profile of Service

Binnian Lodge Resource Centre is owned and operated by the Physical and Sensory Disability Support Services of the Southern Health and Social Care Trust and provides day care activities and care to up to 10 clients with physical disabilities aged between 18 and 64 years.

The centre is open 4 days per week, on a Monday, Tuesday, Thursday and Friday. The centre is situated close to the centre of Kilkeel and in the grounds of Slieve Roe Residential Home.

8.0 Summary of Inspection

A primary inspection was undertaken in Binnian Lodge Resource Centre on 17 February 2015 from 10:00 to 16:15. This was a total inspection time of six hours and 15 minutes. The inspection was announced.

Prior to this inspection the provider submitted a self-assessment of the one standard and two themes inspected. The focus of the inspection was to assess the centre's compliance with the one standard and two themes chosen from the Day Care Settings minimum standards 2012; 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 the day care worker and support worker individually and informally to during the inspection. Discussion gathered evidence for 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 and the management arrangement's in this day care setting. The inspector gauged from these discussions that staff have been supported by the trust to meet this standard. They had received training, discussed their record keeping from the service users' perspective and were focussed on improving outcomes for service users in day care. Staff were aware of their service user's vulnerability, capacity to communicate and exercise choice and discussed the importance of protecting and promoting service users rights in the day care setting. Staff discussed their focus is to improve or maintaining physical and cognitive functioning by developing new interests and skills, encouraging social contact and scheduling activities that improve outcomes for the service users. An example of this on the day of the inspection was a discussion and presentation on mental health the inspector observed which raised many discussion topics about the subject and support available.

Three questionnaires were returned by staff who reported satisfactory arrangements were in place with regard to NISCC codes of practice; supervision; staff training; staffing and management arrangements; responding to service users' behaviour; confidentiality and recording. Positive comments were made regarding the quality of care that was provided; which the staff member described as: "Service users are happy with activities, physical needs are met, friendly setting and are stimulated mentally", "Binnian provides an excellent quality of care for all who attend, the aim of Binnian is to provide a meaningful day to each service user who attends and maximise their potential through the programmes run within the centre"; "I would say the care provided within Binnian is of high quality as staff work to promote independence of service users, providing choice, dignity and respect which enhances the overall provision of care".

The inspector spoke with three service users who were in the day care setting at the time of the inspection and gathered evidence for the standard inspected and the two themes. The inspector spoke with the service users and observed the day's activity. Feedback from service users confirmed they had seen their care plan and spend time with staff who work with them to ensure they are contented and happy. Service users said staff provide good care, the staff are protecting their right to be safe, they help them make choices and overall they said staff protect their rights. Service users were aware the manager is Carmel but they see Chris (the day care worker) as having day to day charge of the setting. Generally they felt positive about the day care they receive and were very positive about staff care. However, they did say organisational bureaucracy had impacted on their day care and some changes were not for the better and restricted what they could do, for example focus on health and hygiene and health and safety procedures.

The previous announced inspection carried out on 16 September 2013 had resulted in seven requirements regarding the operation of the service; staffing levels; statement of purpose; competency of the day care worker; staff training; the frequency of regulation 28 visits and the accessibility of the regulation 28 reports for service users. All of these matters had been improved and were compliant at the time of this inspection.

Three recommendations were made regarding improvements with the review process; the policy and procedure regarding inspections of the day centre; and transport arrangements. The inspector concluded arrangements had been improved in all of these areas and the centre had achieved compliance. .

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 review of two 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 service user guide and a leaflet regarding service user information also explain the records are kept securely and are accessible on request. The inspector concluded the centres process of maintaining and updating service users' records presents as well managed, is developing person centred

practice and focuses on promoting service user's social needs, stimulating intellectual activity; and 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 in this setting. Staff discussed using diversion therapies, good communication, calming, diffusing techniques and knowing their service users' needs, diagnosis, treatment plan and personalities. They strongly believe this assists them in ensuring service users behaviour does not escalate and ensure they can meet individual need.

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 assistant manager and day care worker have been well 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 two 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 did identify despite the closures being reduced, they had still happened, and the monitoring reports did not examine the impact of the closures on the conduct of the day care setting and the needs of the service users, a recommendation is made in this regard.

The inspector wishes to acknowledge the work undertaken by the manager and staff in preparation for this inspection and their open and constructive approach throughout the inspection process. Gratitude is also extended to the service users who welcomed the inspector to their centre and engaged with her during the inspection. As a result of the inspection a total of no requirements and one recommendation is made regarding improving the content of the regulation 28 reports. This was reported to the management team at the conclusion of the inspection.

9.0 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1.	13 (1)	<p>The registered person must review the arrangements for the delivery of day care in this day care setting and Millview where staffing and management cover has been shared since the last inspection. The registered person must reply in this QIP how the service will be improved regarding the following matters:</p> <ul style="list-style-type: none"> • Millview and Binnian are two separately registered day care settings. Therefore the registered provider must describe what provision is in place in Binnian to ensure consistent and adequate care is provided, as was agreed with service users when they commenced in Binnian Day Centre. • The response must take into account the service users' complaint and staff comments, as detailed in this report, which clearly describe the journey to Millview is too far for service users to travel and presents as in breach of standard 12.3 & 12.4. 	<p>Millview has been open for most of the year since the last inspection. Closures have been limited to unplanned staff absences and staff training. During these times the service users have been given the option to attend another setting however this is not an appropriate alternative for all service users. The inspector is satisfied closure of this setting was responded to from a service users perspective and closures have been kept to a minimum since this requirement has been made.</p> <p>This complaint was addressed as described above. A complaint was made by service users in September 2014 regarding the setting closing for 4 days when staff were attending mandatory training. The complaint was acknowledged, it was explained to service users why it was necessary for staff to receive mandatory training. Closures have been kept to a minimum since then.</p>	Substantially compliant

		<ul style="list-style-type: none"> The response must address the registered managers time in this day care setting which is currently 2 hours every 5 to 7 days. The visitors book evidenced it is even less in practice. This is not an adequate management arrangement and should be improved. The inspector requires this is reviewed and improved to ensure there is adequate management cover in this day care setting. Improved arrangements must be reported on the returned quality improvement plan. 	<p>The registered manager manages this setting and three others with support from assistant managers and the band 5 staff. The time spent in the setting is more consistent. During this inspection the band 5 led the inspection and Carmel was on hand to support him. The band 5 presented as competent in his preparation for the inspection and on the day of the inspection. Arrangements for management presence in this setting are not typical of day care settings in NI however; during this inspection the inspector did not identify any concerns regarding the day to day management arrangement in this setting.</p>	
2.	20 (1) (a)	<p>The registered person must review the staffing levels for this day care setting and provide RQIA with assurance the staffing levels are adequate at all times in terms of numbers and experience of staff.</p>	<p>Staffing levels on the day of inspection and for the number of service users who avail of this service daily presented as adequate. On the day of inspection there were 2 care staff, 1 manager and facility support staff for 3 service users, this can increase to 5.</p>	Compliant

3.	4 (1) (c)	<p>The registered manager must review the day care settings statement of purpose and ensure the following improvements are made:</p> <ul style="list-style-type: none"> • in the section regarding reviews, timescales had not been noted. This must be reviewed and amended in compliance with standard 15. • the statement of purpose must clearly describe who is working in the centre, their role, qualifications and experience and what hours they work in the day care setting. • Staffing arrangements described should be consistently adhered to and promote continuity of care. • the statement of purpose must include details of the new staff member and his working arrangements in Binnian. <p>A copy of the revised statement of purpose must be submitted with the returned quality improvement plan.</p>	<p>The statement of purpose had been improved and submitted with the last QIP.</p>	Compliant
4.	20 (1) (c)	<p>The registered manager must ensure the day care worker in this day care setting is given clear guidance and information about her role and responsibility with regard to the new vulnerable adult formats and forms that had been introduced by the trust. The registered manager must also ensure an assessment of competency to manage any concerns in the registered managers absence is in place.</p>	<p>Training was delivered in this regard to the staff member on 8/11/2013. During this inspection the staff member in charge at the last inspection was on a career break and the acting staff member had been assessed as competent in this regard. This was evidenced in the staff members file.</p>	Compliant

5.	20 (1) (c) (i)	The registered manager must ensure arrangements are made as a matter of urgency to provide vulnerable adult and safeguarding training for the new member of staff working in Binnian. A date for the training must be submitted on this returned quality improvement plan.	This had been achieved and evidenced via training records.	Compliant
6.	28 (3)	The registered person must ensure, from the date of this inspection, the regulation 28 visits, are undertaken monthly. The reporting must also be once per month unless a request is sent to RQIA to request alternative arrangements.	The monthly monitoring process had been improved by the trust in 2014. There were no reports for May, June and August 2014 however, revised procedure had ensured regulation 28 visits since then had been monthly. There is no concern this improvement will not be maintained.	Compliant
7.	28 (5)	The registered person must ensure arrangements are in place to inform service users and / or their representatives regarding the monthly monitoring visits and the availability of the report. Arrangements in this regard should also be described in the settings procedure regarding regulation 28 visits.	This had been achieved.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1.	15.1	<p>The registered manager must review arrangements in place for reviews. Improvements should be made to make the process more person centred; such as consultation with the service user prior to the review, for example a pre review questionnaire.</p> <p>The registered manager should ensure staff are made aware of the content of the draft procedure on assessment, care planning and reviews for day care service users. They should also be familiar with the standard regarding the same and be clear regarding their role and responsibility.</p>	<p>The inspector reviewed two service user records and found significant improvement in evidencing service user involvement in recording their views and involving them in the review process.</p>	Compliant
2.	17.10 Appendix 2	<p>The registered person should make adequate arrangements for the policy and procedure entitled inspections of the centre to be reviewed and improved so it fully outlines the purpose, content, process and dissemination of the Regulation 28 reports.</p>	<p>This had been improved.</p>	Compliant
3.	12.3 & 12.4	<p>The registered person should report to RQIA what measures are in place to reduce long journeys to and from day care for service users who are based in Binnian but had been diverted to Millview. This journey presents as in excess of the 45 minute journey time, as detailed in the day care setting standards and is not conducive with service users' needs and disability.</p>	<p>Measures were put in place to increase consultation with service users Binnian exceptional closures. If the journey is not conducive to meeting need home care will be looked at as an alternative support mechanism; until they can re-join day care in Binnian.</p>	Substantially compliant

10.0 Inspection Findings

Standard 7 - Individual service user records and reporting arrangements:	
Records are kept on each service user's situation, actions taken by staff and reports made to others.	
Criterion Assessed:	COMPLIANCE LEVEL
7.1 The legal and an ethical duty of confidentiality in respect of service users' personal information is maintained, where this does not infringe the rights of other people.	
Provider's Self-Assessment:	
All staff are aware of their legal and ethical duty of confidentiality in respect of all service users records held, created or used within their work whether paper based or electronic including emails. Staff are required to be aware of the SHSCT Policies and Procedures on records management, confidentiality and I.T. security as well as an awareness of the Data Protection Act 1998, Code of Practice on Protecting the Confidentiality of Service Users Information (DHSSPSNI 2012), Minimum Day Care Standards (DHSSPSNI 2012) and NISCC Code of Practice. Staff must ensure that service user information is only shared on a need to know basis in accordance with policy guidance. Staff store information safely and securely within Binnian Lodge Resource Centre. Weekly records are maintained on Service Users general health and well being, participation in programmes, any accidents or incidents and any change in needs. Contact with other professionals and agencies or families or careers is also recorded on this 'contact record'. This records are audited and signed by the registered manager or the assistant manager in her absence.	Compliant
Inspection Findings:	COMPLIANCE LEVEL
The inspector reviewed two service users' individual records which presented as compliant with schedule 4; and other records to be kept in a day care setting, as described in schedule 5. Staff discussion and the settings policies and procedures demonstrate a good awareness and practice in respect of protecting and maintaining service user's confidentiality. The setting has policies and procedures pertaining to the access to records, communication, confidentiality, consent, management of records, monitoring of records, recording and reporting care practices and service user agreement available for staff reference. The staff had received training in data protection since the last inspection.	Compliant

<p>Criterion Assessed:</p> <p>7.2 A service user and, with his or her consent, another person acting on his or her behalf should normally expect to see his or her case records / notes.</p> <p>7.3 A record of all requests for access to individual case records/notes and their outcomes should be maintained.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment:</p> <p>The records that are kept within the centre are completed with the service user who works in partnership with their keyworker to update all information annually or more often if required. Should the service user request full access to their file the centre will liaise directly with the community keyworker and the individual will be asked to place his request in writing or email. A service user may request a representative of their own choice to act on their behalf in this process. Staff will ensure appropriate forms are completed on the Trust's 'Consent to Release Personal Information to an Elected Representative' form. All requests for service users records should be actioned without delay in accordance with SHSCT Data Protection Guidance Note Subject Access Request for Social Services Record. A copy of access to records is forwarded to information governance team to monitor the progress of the request under the Data Protection Act 1998. If access to records was requested by a service user details would be kept in the individuals file and the outcomes recorded. There is no record of request to date</p>	Compliant
<p>Inspection Findings:</p> <p>The service user guide explains to service users that a record is kept about them and to speak to staff or the manager if they wish to see the record. The trust has a clear process and policy in this regard to guide staff if a request is made. Service users do see their care plans and assessment information as routine to ensure they are well informed and agree with plans that are being put in place.</p> <p>Discussion with staff working in the centre validated their knowledge commensurate with their role and responsibilities. Staff recording was clearly referencing direct observations and discussions with service users thus the recording presented as focussed on the person and their needs being met.</p> <p>Discussion with service users confirmed they are aware that a service user record is kept and have been informed they can access the records.</p>	COMPLIANCE LEVEL Compliant

Criterion Assessed:	COMPLIANCE LEVEL
<p>7.4 Individual case records/notes (from referral to closure) related to activity within the day service are maintained for each service user, to include:</p> <ul style="list-style-type: none"> • Assessments of need (Standards 2 & 4); care plans (Standard 5) and care reviews (Standard 15); • All personal care and support provided; • Changes in the service user’s needs or behaviour and any action taken by staff; • Changes in objectives, expected outcomes and associated timeframes where relevant; • Changes in the service user’s usual programme; • Unusual or changed circumstances that affect the service user and any action taken by staff; • Contact with the service user’s representative about matters or concerns regarding the health and well-being of the service user; • Contact between the staff and primary health and social care services regarding the service user; • Records of medicines; • Incidents, accidents, or near misses occurring and action taken; and • The information, documents and other records set out in Appendix 1. 	
Provider’s Self-Assessment:	
<p>Individual assessments are completed with the service user after commencing daycare. Service users are involved in developing their own care plans, choosing activities and outlining their objectives and aspirations for the coming year in day care. These are reviewed annually or more frequently if required. Service users and their families or representatives are invited to attend annual reviews along with other multidisciplinary professionals who are involved with the individual. Should there be changes in the service users needs or behaviour during the year this will be recorded in contact records and their community key worker will be informed and advice will be sought from relevant professionals if required. With the service users agreement the next of kin is kept up to date with any concerns or issues. Contact records reflect daily activities, input from other health services, medicine management and any incident or accidents. Service users who require assistance with medication will have this recorded in their medicine management plan and Guidelines for Administering Medicines are adhered to. All service user files are audited on a regular basis by the Registered Manager or Assistant Manager in her absence.</p>	Compliant

Inspection Findings:	COMPLIANCE LEVEL
<p>The examination of a sample of two service user individual records evidenced the above records and notes had been maintained by staff in line with local and trust policies and procedures.</p> <p>The case records and notes had been are updated as required, presented as current, person centred and incorporate service user views and opinion when possible. Care reviews had taken place as described in standard 15 and staff had attended training regarding report writing and recording since the last inspection.</p>	Compliant
Criterion Assessed:	COMPLIANCE LEVEL
7.5 When no recordable events occur, for example as outlined in Standard 7.4, there is an entry at least every five attendances for each service user to confirm that this is the case.	
Provider's Self-Assessment:	
Where no recordable events occur or if the service user is absent a record is made in the service users file at least every five days.	Compliant
Inspection Findings:	COMPLIANCE LEVEL
Examination of a sample of two service user care records evidenced individual care records have a written entry at least once every five attendances for each individual service user.	Compliant

<p>Criterion Assessed: 7.6 There is guidance for staff on matters that need to be reported or referrals made to:</p> <ul style="list-style-type: none"> • The registered manager; • The service user’s representative; • The referral agent; and • Other relevant health or social care professionals. 	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p>	
<p>Noted concerns or issues will be reported to the appropriate staff that is Day Care Keyworker, Community Keyworker, relevant Allied Health Professional and the Registered Manager and Deputy Manager as deemed necessary. Changes that require assessment from other disciplines or agencies are made via the Day Care Worker and Community Keyworker. A copy of all such contacts / referrals are held on the individuals file. Formal guidance for staff on matters that need to be reported has been developed with staff and is on display within the centre.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The examination of two files evidenced the provider’s self-assessment and recording evidenced consultation with service users, representatives and professionals to gain consent; check any information that has been reported; and information is reported to the right people and outcomes are recorded.</p>	<p>Compliant</p>

<p>Criterion Assessed: 7.7 All records are legible, accurate, up to date, signed and dated by the person making the entry and periodically reviewed and signed-off by the registered manager.</p>	
<p>Provider’s Self-Assessment: All records are written in a factual and legible manner in partnership with the service user and his Day Care Key Worker. A summary of these records are reviewed annually at the individual's annual review and should there be changes these will be updated. All service user records are periodically audited and signed by the Registered Manager.</p>	Compliant
<p>Inspection Findings: The inspector reviewed two service user records and discussed this criterion with staff and concluded this criterion was being complied with.</p>	<p>COMPLIANCE LEVEL Compliant</p>

<p>PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Compliant</p>
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<p>INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Compliant</p>
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Theme 1: The use of restrictive practice within the context of protecting service user’s human rights	
Theme of “overall human rights” assessment to include:	
<p>Regulation 14 (4) which states:</p> <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 there are exceptional circumstances.</p>	COMPLIANCE LEVEL
Provider’s Self-Assessment:	
<p>Band 5 member of staff is trained in MAPA 4 and staff promote the MAPA concept 'keep me safe, treat me with respect' in line with individuals overall human rights. MOVA strategy number 8 use of Restrictive Physical Intervention (RPI) seeks to ensure RPI is used as infrequently as possible and in the best interest of the service user. Any planned use of restrictive practice will only be implemented following consultation with the service user, his carer and multi-disciplinary team and notification to RQIA.. The use of restraint is not required within the centre at present.</p> <p>Registered Managers are currently developing a set of guidelines and protocol for use of Restrictive Practice within Day Care.</p>	Moving towards compliance
Inspection Findings:	
<p>The inspector examined a sample of two service users’ records as described in schedule 4; and other records to be kept in a day care setting, as described in schedule 5. There were no records of restraint recorded in service user records, complaint recording or incident recording. One service user’s care plan and assessment information did identify restrictions in respect of wheelchair use, lap straps and communication barriers. However, the plan ensured these matters were discussed with service users and assured the inspector choice is exercised on an ongoing basis.</p>	Compliant

<p>Staff had received MAPA training, safeguarding training and dealing with difficult behaviour training. Discussion revealed the staff are aware of the need to ensure care is inclusive and needs led. Staff were also using good communication strategies and 1 to 1 time to avoid any behaviours escalating.</p> <p>Staff have access to 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.</p> <p>Service Users human rights had been integrated into the planning for service users. Discussion with service users identified they were aware of their rights to a good quality of service, right to choice and a right to be kept safe.</p> <p>Discussion with staff confirmed their knowledge about when and why restraint is used including their understanding of exceptional circumstances.</p>	
<p>Regulation 14 (5) which states:</p> <p>On any occasions on which a service user is subject to restraint, the registered person shall record the circumstances, including the nature of the restraint. These details should also be reported to the Regulation and Quality Improvement Authority as soon as is practicable.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p> <p>There are no recorded occasions where a service user has been subject to restraint within Binnian. Staff are aware of the need to report any such incidences to RQIA, other relevant staff and recorded in the individual service user file.</p> <p>If restraint were required in the event of an emergency staff would apply their MAPA training and Trust MOVA Policies and Procedures using the concept 'keep me safe, treat me with respect'.</p>	<p>Not applicable</p>

Inspection Findings:	COMPLIANCE LEVEL
No service users had been subject to restraint. <i>Guidance on Restraint and Seclusion in Health and Personal Social Services</i> , Department of Health, Social Services and Public Safety, Human Rights Working Group, August 2005 is available for staff information.	Not applicable
PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant
INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

<p style="text-align: center;">Theme 2 – Management and Control of Operations</p> <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 style="text-align: center;">COMPLIANCE LEVEL</p>
<p>Regulation 20 (1) which states: 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 - (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: There is a defined management structure that clearly identifies lines of accountability, specifies roles and details responsibilities for areas of activity.</p>	
<p>Provider’s Self Assessment:</p> <p>The Registered Manager ensures that at all times there is a suitably qualified, competent and experienced Day Care Worker Band 5 assuming responsibility in the absence of the Assistant Manager and Registered Manager at all times. The Registered Manager and Assistant Manager visit the centre on a weekly basis and are contactable at all times. There is a defined Managerial / Organisational Structure in place which is outlined in Binnian's Statement of Purpose.</p> <p>A revised Competency Assessment has been developed and forwarded to Trust Management for consultation with Staff Side. This is currently being implemented with staff who assume responsibility for the day to day management of the Centre in the absence of the manager and assistant manager</p>	<p style="text-align: center;">Substantially compliant</p>

Inspection Findings:	COMPLIANCE LEVEL
<p>The manager of this day care setting is social work qualified and the assistant manager has the QCF level 5 qualification. The day care worker who has delegated day to day responsibility has a competency assessment in place confirming he is competent and has received adequate training and guidance to undertake the delegated responsibilities.</p> <p>The setting has policies and procedures available for staff reference regarding the management and control of operations such as: 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 confirmed they were knowledgeable regarding their role and responsibilities regarding management arrangements of the day care setting, they were competent regarding who they report to; who should they seek support or guidance from; who supervises them and were positive that these processes had an overall positive impact on practice.</p> <p>Discussion with service users confirmed they were aware of the management structure in place and if they wanted to discuss any issues or concerns they would speak to any of the staff in the setting.</p> <p>The band 5 who has the day to day responsibility of the day care setting was clear regarding their roles and responsibilities, the staffing structure of the day care setting is clearly described in the settings statement of purpose, which describes day to day staffing and details part time staff or staff who work in more than one day care setting.</p> <p>The Band 5 stated his aims in this setting was to make every day in the day care setting for the service users meaningful, he stated they use educational activities, physical activities and the social environment to provide a stimulating day for the service users. He aims for service users to feel socially confident which will have a positive impact on their mental health, encourage freedom of expression, practice physical exercises as recommended by physio-therapists and experience day care as physically and mentally stimulating.</p>	<p>Compliant</p>

<p>Regulation 20 (2) which states:</p> <ul style="list-style-type: none"> The registered person shall ensure that persons working in the day care setting are appropriately supervised 	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p>	
<p>Staff within Binnian receive regular supervision in line with the Trust's Supervision Policy Standards and Criteria for Social Care Workers and RQIA Day Care Settings Minimum Standards (2012). Supervision records are maintained on individual staff member files and regularly audited through the Trust Governance Department.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The inspector examined the training, supervision, appraisal and the staff record for the band 5 and this confirmed the provider’s self-assessment and compliance with this criterion.</p>	<p>Compliant</p>
<p>Regulation 21 (3) (b) which states:</p> <ul style="list-style-type: none"> (3) For the purposes of paragraphs (1) and (2), a person is not fit to work at a day care setting unless – (b) he has qualifications or training suitable to the work that he is to perform, and the skills and experience necessary for such work 	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p>	
<p>All staff are in receipt of Trust induction and Trust mandatory training which the centre facilitates through 4-5 training days each year. The centre also offers service specific training within the identified training days. Individual staff training needs are identified through supervision, KSF and PDP Reviews. Staffs' qualifications are outlined in the centre's Statement of Purpose.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>As detailed in the first criterion for this theme there are no concerns regarding the qualifications or skills of the staff group in this setting. Review of records evidenced the provider’s self-assessment for this criterion.</p>	<p>Compliant</p>

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

11.0 Additional Areas Examined

11.1 Complaints

The complaints record was reviewed as part of this inspection. The annual complaints return for 2013 identified no complaints and issues of dissatisfaction had been recorded. The inspector reviewed the complaints record which confirmed the return. One complaint had been recorded for 2014 regarding an exceptional closure of the setting. The inspector identified the service users had been notified in advance of the closure and offered an alternative arrangement. The closure was to enable staff to receive mandatory training, this was explained to service users and the complaint was dealt with in compliance with the trust policy and procedure. Discussion and inspection revealed the management have not closed this setting for long periods of time since the last inspection and closures have been exceptional circumstances. The inspector was satisfied on this occasion the trust had responded to this complaint in compliance with their policy and procedure and will plan to avoid closures and disruption to care in the future.

11.2 Service User Records

Two service user individual records were inspected as part of this inspection and this revealed the files were compliant with schedule 4.

11.3 Registered Manager Questionnaire

The registered manager submitted a questionnaire to RQIA prior to this inspection. The information reported confirmed satisfactory arrangements were in place regarding governance and management, recruitment and induction of care 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.

11.4 Statement of Purpose & Service Users Guide

These documents were submitted for this inspection and reference to them during the inspection revealed in the main the statement of purpose was compliant with schedule 1 and the service user guide was compliant with regulation 5.

11.5 Monthly Monitoring Reports

The monthly monitoring reports were sampled from January 2014 to the day of the inspection. The inspector did note there was missing reports for May, June and August 2014 however, a revised procedure had ensured regulation 28 visits since then had been monthly. There is no concern this improvement will not be maintained.

The inspector did review the content of the reports and noted the content could be improved for this centre specifically due to the potential for closures and the impact on the service users. Therefore if there is a closure, planned or exceptional, the monitoring report should report on the conduct of the setting regarding the closure, and examine if future disruption to service can be avoided.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Carmel McGrath, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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

Enquiries relating to this report should be addressed to:

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



Quality Improvement Plan

Announced Primary Care Inspection

Binnian Lodge

17 February 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 Carmel McGrath (registered manager/ person receiving feedback) either during or after the inspection visit.

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

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

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

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

Recommendations

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

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details of Action Taken By Registered Person(S)	Timescale
1	17.10	The responsible person should make appropriate arrangements for the regulation 28 reporting to report on the conduct of the day care setting regarding the closure, and examine if future disruption to service can be avoided.	First	The Registered Manager will make every effort to avoid the closure of Binnian Lodge through the use of the centre's Contingency Plan which includes an offer of an alternative day care service in Millview Resource Centre.	14 April 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	Carmel McGrath
Name of Responsible Person / Identified Responsible Person Approving QIP	Micéal Crilly

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	yes	Suzanne Cunningham	13/04/15
Further information requested from provider			