



The **Regulation** and
Quality Improvement
Authority

Primary Announced Care Inspection

Name of Service and ID: Woodlands Centre (11213)
Date of Inspection: 18 June 2014
Inspector's Name: Suzanne Cunningham
Inspection No: 17623

The Regulation And Quality Improvement Authority
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Name of centre:	Woodlands Centre
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Registered organisation/ Registered provider:	Belfast HSC Trust Mr Colm Donaghy
Registered manager:	Ms Marie Quigley
Person in Charge of the centre at the time of inspection:	Ms Marie Quigley
Categories of care:	DCS-PH, DCS-SI
Number of registered places:	30
Number of service users accommodated on day of inspection:	20
Date and type of previous inspection:	1 October 2013 Primary announced inspection
Date and time of inspection:	18 June 2014 09:15 – 14:30
Name of inspector:	Suzanne Cunningham

Introduction

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

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

Purpose of the Inspection

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

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

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

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

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

Methods / Process

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

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

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

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

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

Consultation Process

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

Service users	7
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	13	2

Inspection Focus

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

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

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

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

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

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

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

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

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

Profile of Service

Set within its own grounds, in the Cliftonville area of Belfast, Woodlands Day Centre is a Belfast Health and Social Care Trust, purpose-built, facility providing therapeutic and rehabilitative services to up to thirty adults with a range of physical and sensory disabilities. The centre has a number of spacious rooms in which a variety of activities are facilitated. There is an on-site occupational therapist and other community based therapists attend regularly to provide specific services to clients. The trust provides a transport service to and from the centre for those who cannot make their own way.

Summary of Inspection

A primary inspection was undertaken in Woodlands Day Centre on 18 June 2014 from 09:15 to 14:30. This was a total inspection time of five hours and fifteen 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, 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 manager, senior day care worker and a care assistant individually and informally with other care workers during the inspection. Discussion gathered evidence for the standards inspected and their views about working in the centre. This generated positive feedback regarding records, care plans and assessments which staff described as openly created with service users and reflect the individual needs of each service user. Reporting arrangements were also discussed and again this was described as an open process to maintain a person centred approach to the day care provided. Staff were assured the management arrangement's in the day care setting were supportive for staff and ensured quality and improvement. The inspector gauged from these discussions that staff have been motivated to improve the service users overall experience in the day care setting. Plans focus on improving or maintaining physical and cognitive functioning at the level the service user can manage, developing new interests and skills and encouraging social contact for the service users which is consistent with the settings statement of purpose.

Two 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: "All service users are provided with a quality service from all grades of staff. The rights and preferences of the service users are respected and their input to form their care plan is also fully utilised", "I feel the quality of care is of a very high standard. I feel the service users are treated with dignity and respect."

The inspector spoke with two service users individually and a group of five 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. Service users confirmed they knew records about them were kept and maintained, they were stored securely and were kept confidential. Service users were aware they could ask staff if they wanted to access the records and arrangements would be made in this regard. Service users understood if staff wanted to refer information on about them, they would be consulted regarding this, they felt staff were respectful regarding their rights, focused on meeting their needs and service users were aware of who the management team were. Service users described staff as very good; cheerful; approachable; and focused on meeting needs.

The previous announced inspection carried out on 1 October 2013 had resulted in five requirements and six recommendations. Two requirements had been improved regarding the complaints record and access to computers in the day care setting. Three requirements are restated regarding the arrangements for the regulation 28 reporting visits and the reporting of the regulation 28 visits and staff access to mandatory training. The four of the five recommendations regarding the four week review; monitoring of the compliance of reviews; safeguarding policy and procedure; staff training records; and responding to service user's behaviour training had been improved and the centre had achieved compliance at the time of this inspection. One recommendation is restated regarding the pre review consultation with service users.

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. Three of the criteria inspected were assessed as compliant; two were assessed as substantially compliant and one as moving towards compliance. Three recommendations are made regarding informing service users for example in the service user guide, that records are kept about them in the day care setting and how they can access them if they want to; ensuring evidence of the review is available for inspection and a identified range of policies and procedures should be reviewed to ensure the content is compliant with regulations and standards for day care settings. No requirements are made.

Observations and discussion with service users; discussion with staff; and review of four service users' individual files provided evidence that the centre is performing well regarding standard 7. Policies and procedures were in place regarding how service user's information should be kept. The service user's also have access to a trust leaflet regarding service user information which very generally explains how the trust keeps records securely and accessing the records.

The observation of service users provided the inspector with evidence of activities on offer and the importance of the social aspect of this day care setting for the service users attending on the day of the inspection. Information recorded in individual files detailed activities undertaken and any comments made, observations, outcomes and significant information.

The inspector concluded the centres process of maintaining and updating service users' records 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 substantially compliant in this standard. No requirements and three recommendations are made with regard to this standard.

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

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

Discussions with the manager, staff and examination of records provided evidence that the centre was using clear operational systems and processes which promote the needs of the service users who attend the centre and they do not anticipate using restraint, seclusion or restrictions to respond to behaviour. Staff do respond to behaviour using diversion, good communication, calming, diffusing techniques and knowing their service users' needs, and personalities. They strongly believe this assists them in ensuring service users behaviour does not escalate 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. One of the criterion were assessed as compliant, one was assessed as substantially compliant and one was assessed as moving towards compliance. Three improvements which are detailed as two recommendations are made regarding a competency assessment of the senior day care worker to take on registered manager's responsibilities in the absence of the registered manager, the senior day care worker being recommended for the QCF level 5 course and review of the policies and procedure regarding management of the day care setting.

Based on the evidence reviewed the inspector has assessed the centre as substantially compliant in this theme; no requirements and three recommendations are made.

Additional Areas Examined

The inspector undertook a tour of the premises, reviewed the complaints record, examined four service users individual files, validated the registered manager's pre inspection questionnaire, reviewed the staff questionnaire and viewed the environment. This did not reveal any further areas of improvement.

The inspector wishes to acknowledge the work undertaken by the manager and staff in preparation for this inspection and their open and constructive approach throughout the inspection process. Gratitude is also extended to the service users who welcomed the inspector to their centre and engaged with her during the inspection.

As a result of the inspection a total of four requirements are made, two have been restated regarding monthly monitoring arrangements and access to regulation 28 reports. The remaining two are to improve the arrangements for who completes the monthly monitoring and arrangements for mandatory training. Five recommendations have been made; one is restated regarding evidence of the pre review meeting. Four are made regarding informing service users regarding access to their individual records, having service user review records available for inspection, review of a selection of policies and procedures and completion of a competency assessment of the senior day care worker. This was reported to the management team at the conclusion of the inspection.

Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	28.4	<p>The registered person must make arrangements for the monthly monitoring reporting to be reviewed; specifically the review must ensure the reports report on the conduct of the day care setting and do not only describe what is happening. For example there must be a clear statement within the sections of the reports as to the conduct of the day care setting and any actions that should be followed through, by whom and by when. There must also be evidence any action plans are reviewed as part of the Regulation 28 visit and evidence of the action taken when improvements are not made.</p>	<p>The reports had been completed monthly however the report for April was completed by the registered manager due to the monitoring officer not being available; this is not compliant with the regulation. The content of the reports prior to this visit had not focussed on the conduct of the day care setting and there was no evidence of action plans in place therefore this requirement is restated with the additional requirement that reports must be written by someone independent of the management task of the day care setting.</p>	Not compliant
2.	28.5	<p>The registered person must ensure there is a clear procedure in place which describes how the regulation 28 reports are disseminated and to whom, for example in the inspections of the day care setting policy and procedure. Furthermore information must be given to service users regarding accessing reports and how they can do this.</p>	<p>The registered manager discussed actions taken in this regard however, there was no action to ensure service users and staff are clear they can be accessed for example in the service user guide or on the notice board. This requirement is restated.</p>	Moving towards compliance

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
3.	19.1 Schedule 4	<p>The registered manager must ensure there is a complaints record maintained within this setting which is compliant with this regulation and schedule and is consistent with the trust policy and procedure regarding the same.</p> <p>This record must record all complaints or issues of dissatisfaction made to the day care setting.</p>	This was inspected and improvements made.	Compliant
4.	20.1 (a) & (c)	<p>The registered person must make appropriate arrangements for the staffing and access to training arrangements to be reviewed in this day care setting. Actions must be put in place and recorded on this quality improvement plan to evidence staff training and development is promoted within this day care setting and mandatory training is kept up to date to ensure staff can fulfil their role and responsibilities in this day care setting.</p>	<p>The training record evidenced improvements had been made however, infection control and COSHH training had not been provided, and therefore this is restated specifying this mandatory training must be delivered to staff.</p>	Moving towards compliance
5.	18.2	<p>The registered person must make arrangements for the request by service users to access computers on site and a course regarding the same to be reviewed. The returned QIP should state if this request can be facilitated which is consistent with facilities provided in a similar day care setting within the trust.</p>	<p>The Cedar Foundation had worked with service users on their own computers in the day care setting with access to WIFI. The feedback from service users was they really enjoyed the course and would like to do more which the manager is hoping to arrange.</p>	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	15.3	The registered manager should review arrangements for the four week review. If this is carried out later than four weeks because of attendance, this should be reflected accurately in the policy and procedure, statement of purpose and service user guide.	The policy and procedure, statement of purpose and service user guide had been amended to reflect this.	Compliant
2.	15.4	The registered manager should review arrangements in place to consult with the service users prior to their review. Arrangements in place must evidence service users views regarding their attendance at the day care setting and their care plan are gathered prior to the review and presented at the review with their additional comments.	A pre assessment review form had been developed and was being used in practice however, there was not clear evidence in the files the inspector examined that this was being used, this should be clearly evidenced in future inspections. This is restated.	Substantially compliant
3.	15.5	The registered person should make sure arrangements are in place to review the quality of the reviews undertaken for example in the regulation 28 monthly quality monitoring report. This would contribute to the overall assessment of the conduct of the setting.	This was evident in the most recent monitoring report which was inspected.	Substantially compliant
4.	13.1 & 2	<p>The registered person must ensure the policy and procedure pertaining to the safeguarding of vulnerable adults which was due for review on 1 June 2012 is reviewed.</p> <p>The registered manager should make arrangements for the reporting procedure/referral arrangements for in and out of hours, to be written clearly for this day care setting and displayed in a suitable format which is accessible for all staff.</p>	This had been updated and was available for staff reference.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
5.	13.4, 13.10	<p>The registered manager should make arrangements for staff training records to detail:</p> <ul style="list-style-type: none"> • A training matrix that maps the needs of the staff in the day care setting and arrangements in place to meet the training needs within timescales, and • A record of the content of each training course undertaken by staff • The manager's training update for vulnerable adult training which was due to be renewed in 2011 and is now out of date. The manager must attend this training as a matter of urgency to be compliant with this standard. 	The record had been developed and had been added to after each course attended.	Compliant
6.	6.8	The registered manager should review staff access the training provided to manage and respond to service user's behaviour to ensure all staff are sufficiently informed and prepared to respond to service user's behaviour in keeping with this centres ethos and methods of working.	A range of training has been delivered to staff in this regard such as: safety at work; protection of vulnerable adults; human rights awareness; managing challenging behaviour and this was discussed in the team meeting.	Compliant

Standard 7 - Individual service user records and reporting arrangements:	
Records are kept on each service user's situation, actions taken by staff and reports made to others.	
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:	
<p>All staff have been informed of the importance of confidentiality during the induction process and this would also be re-enforced verbally. Policy surrounding confidentiality is also readily available to staff.. Copies of standard 7 have been given to staff, put on display board in dining room . Staff have discussed topic with service users. When completing the assessment, care plan and review reassessment service users ability to consent is documented and where relevant is signed to verify that they consent to information being used for their benefit.</p> <p>As a team we share service user information with other professionals to enhance care provision.</p> <p>Not all information about service users will be shared, only that information which has a direct bearing on the provision of care.</p>	Compliant
Inspection Findings:	COMPLIANCE LEVEL
<p>The inspector reviewed four individual service user records which were consistent with schedule 4; and other records to be kept in a day care setting, as described in schedule 5. The trust have produced leaflets for service users about keeping information confidential and 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 which reflect this criterion and are available for staff reference.</p> <p>Discussion with staff validated management and staff knowledge about the duty of confidentiality and their role and responsibility regarding the need to record, assure the quality of recording and management of service user's personal information commensurate with their role and responsibility. Discussion with service users confirmed they are aware their personal information is kept confidential and staff record in their record in the day care setting.</p>	Compliant

Criterion Assessed:	COMPLIANCE LEVEL
<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>	
Provider's Self-Assessment:	
<p>Service users who are able to give consent read and sign assessments of need, reassessment/review forms and care plans. For those who are unable to give consent another person acting on their behalf reads and signs these.</p> <p>BHSCT Guidelines for processing requests for access to patient/client and personal records is available in office. No requests have ever been received but in the event of a request a a copy of same will be retained.</p>	Compliant
Inspection Findings:	COMPLIANCE LEVEL
<p>The setting has policies and procedures pertaining to: the access to records; consent; management of records and service user agreement. The policies and procedures must detail this criterion and be available for staff reference.</p> <p>The inspector was satisfied service users have access to trust information regarding records that are maintained and access however, this should also be described in the settings service users guide including how service users can access the settings written records about them. A recommendation is made in this regard.</p> <p>Staff discussed they would pass on any issues and queries regarding freedom of information, confidentiality, consent, access to records to their manager or senior day care worker. Staff were aware recording needs to be factual, person centred and accessible. Staff generally understood service users can see their records however, to date this had not been requested.</p> <p>Service users were aware that a service user record is kept and stated they could ask staff if they wanted to access their records.</p>	Substantially compliant

<p>Criterion Assessed:</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"> • 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. 	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p> <p>Each service user has an individual case record which contains the information as detailed, relevant to each individual.</p>	<p>Compliant</p>
<p>Inspection Findings:</p> <p>The examination of a sample of four service user individual records evidenced the above records and notes are available and maintained. However, the inspector did note service user reviews were not up to date in four of the files examined, the manager presented evidence the reviews had taken place however, there should be evidence of the review being planned for, a pre review report, consultation with the service user and minutes of the review which should identify any changes to the care plan agreed at the meeting. A recommendation is made in this regard.</p> <p>The review of regulation 28 reports evidenced service user individual files are systematically audited in this regard and the staff are given the outcome of the audit to improve practice.</p>	<p>COMPLIANCE LEVEL</p> <p>Substantially compliant</p>

Criterion Assessed: 7.5 When no recordable events occur, for example as outlined in Standard 7.4, there is an entry at least every five attendances for each service user to confirm that this is the case.	COMPLIANCE LEVEL
Provider's Self-Assessment:	
Each service user has an entry made at least every five attendances.	Compliant
Inspection Findings:	COMPLIANCE LEVEL
A sample of service user care records were examined and this evidenced these individual care records have a written entry at least once every five attendances for each individual service user. The quality of information was focussed on describing the individual's attendance at the centre, what they had done and anything regarding improvements or concerns.	Compliant
Criterion Assessed: 7.6 There is guidance for staff on matters that need to be reported or referrals made to: <ul style="list-style-type: none"> • The registered manager; • The service user's representative; • The referral agent; and • Other relevant health or social care professionals. 	COMPLIANCE LEVEL
Provider's Self-Assessment:	
The Physical and Sensory Disability service policies and procedures detail guidance for staff - 4.1 Absence of Manager, 3.3 Communication with Carers and Representatives 3.2(b) Fererral to Health and Social care Professionals. Staff are aware of their responsibility to report areas of concern to the Manager or Senior Day Care Worker. Issues related to service users are communicated with family/carers and relevant professionals.	Compliant

Inspection Findings:	COMPLIANCE LEVEL
<p>Policies and procedures were in place. The inspector did note the recording and reporting care practices policy and procedure does not specify a procedure if reporting information on to another trust professional or representative such as a family member. Issues such as consent from the service user should be explored in this procedure to ensure staff are aware of their role and responsibility to report and refer information, record the outcomes achieved, when to inform service users and or representatives to gain consent and times when risk overrides consent issues. There should also be information regarding only reporting information to the right people and recording outcomes to ensure any shortcomings are managed, to ensure needs are met, risk is diminished and care is appropriate. A recommendation is made therefore that this policy and procedure is updated in this regard.</p>	<p>Moving towards compliance</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>	
Provider’s Self-Assessment:	
<p>Individual service user information is kept both electronically and in a paper file. Electronic case notes are printed off and kept in individual files,. The registered manager reviews records and signs-off relevant documentation.</p>	<p>Compliant</p>
Inspection Findings:	COMPLIANCE LEVEL
<p>The examination of a sample of four service user individual records identified this is monitored and was compliant in most files.</p> <p>Consultation with a sample of staff working in the centre confirmed their understanding of this criterion and this is discussed in supervision and team meetings.</p>	<p>Compliant</p>

PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL Provider to complete
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INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL Substantially compliant
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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>Restraint is not used in this centre.</p>	Provider to complete
Inspection Findings:	
<p>The inspector sampled four individual service users’ files and examined a selection of records to be kept in a day care setting, as described in schedule 5; this revealed there had not been any incidents of records of restraint, restriction or seclusion and currently this is not planned for within any service user’s care plans.</p> <p>Service users are assessed by appropriate professionals within the trust such as occupational therapy, speech and language, physiotherapy as required staff also access managing challenging behaviour training, vulnerable adult training, personal safety training, human rights training and moving and handling training to inform their practice and ensure they are protecting the rights of service users whilst ensuring their safety and needs are met.</p> <p>The setting has 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 which are available for staff reference.</p> <p>Discussion with staff to validate management and staff knowledge about when and why restraint is used including their understanding of exceptional circumstances did not reveal any concerns and staff were clear they do not use restraint in this setting.</p>	COMPLIANCE LEVEL Compliant

<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>We do not currently use restraint within this unit. .</p>	<p>Provider to complete</p>
<p>Inspection Findings:</p>	<p>COMPLIANCE LEVEL</p>
<p>No service users had been restrained in this setting and no care plans detail this as a management of behaviour plan. Staff do not anticipate using restraint and this presented as consistent with the settings ethos, statement of purpose and aims of the service. <i>Guidance on Restraint and Seclusion in Health and Personal Social Services</i>, Department of Health, Social Services and Public Safety, Human Rights Working Group, August 2005 is available for staff information.</p>	<p>Not applicable</p>

<p>PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p> <p>Provider to complete</p>
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<p>INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p> <p>Compliant</p>
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Theme 2 – Management and Control of Operations	COMPLIANCE LEVEL
<p>Management systems and arrangements are in place that support and promote the delivery of quality care services.</p> <p>Theme covers the level of competence of any person designated as being in charge in the absence of the registered manager.</p>	
<p>Regulation 20 (1) which states:</p> <p>The registered person shall, having regard to the size of the day care setting, the statement of purpose and the number and needs of service users -</p> <p>(a) ensure that at all times suitably qualified, competent and experienced persons are working in the day care setting in such numbers as are appropriate for the care of service users;</p> <p>Standard 17.1 which states:</p> <p>There is a defined management structure that clearly identifies lines of accountability, specifies roles and details responsibilities for areas of activity.</p>	
<p>Provider’s Self Assessment:</p>	
<p>Woodlands currently has a full complement of staff. The staff have a range of experience and skills to work with service users to provide person centred activities</p> <p>There is a Senior Day Care Worker who manages the centr in the absence of the manager.</p> <p>Staff are aware</p>	<p>Provider to complete</p>

Inspection Findings:	COMPLIANCE LEVEL
<p>The manager is a qualified social worker and completed the Institute of Leadership and Management (ILM) level 5 award in management in 2012. The registered manager is registered with NISCC. The Senior day care worker takes on delegated responsibilities in the manager's absence and is also registered with NISCC. The Senior Day care worker has completed the ILM level 3 award and has aspirations to undertake level 5. The inspector noted there is not a competency assessment in place regarding the senior day care workers competency and understanding of the delegated roles and responsibilities. A recommendation is made in this regard.</p> <p>The inspector sampled three supervision records, the training record, supervision and appraisal including those staff left in charge of the day care setting in the manager's absence; this did not reveal any concerns.</p> <p>The setting has policies and procedures pertaining to the management and control of operations, for example: absence of the manager; inspections of the day care setting; management, control and monitoring of the setting; operational policy; staff meetings; staff records; staff supervision and appraisal; staff training and development; staffing arrangements and the settings statement of purpose, which are available for staff reference. The inspector sampled the content of these and would generally comment they lack detail and procedure for staff to follow for example the absence of the manager policy lacks information regarding the registered managers absence for more than 28 days. A review is recommended.</p> <p>The manager's role and responsibility is described in the management, control and monitoring of the setting policy and procedure however delegation of tasks was not clear or how this would be monitored in the manager's absence to evidence effectiveness of arrangements in place. A recommendation is made in this regard.</p> <p>Discussion with staff working in the centre validated their knowledge commensurate with their role and responsibilities regarding management arrangements of the day care setting. For example who they report to; who they seek support or guidance from; who supervises them and the effectiveness of the same.</p> <p>Discussion with service users confirmed they are aware of the management structure that is in place, who is in charge of the day care setting and who they can approach to discuss any issues or concerns regarding the day care setting or care they have received.</p> <p>The settings statement of purpose describes the staffing structure.</p>	<p>Moving towards compliance</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 	COMPLIANCE LEVEL
<p>Provider's Self-Assessment:</p>	
<p>The registered manager receives supervision on a monthly basis from the Assistant Service Manager. The registered manager provides formal supervision for the senior day care worker and the four day care workers on a six weekly basis. The senior day care worker supervises the care assistants. Besides formal supervision the staff receive ad hoc supervision as required e.g. feedback and support.</p>	Compliant
<p>Inspection Findings:</p>	COMPLIANCE LEVEL
<p>The inspector examined the training, supervision, appraisal and staff record of the registered manager and those staff left in charge of the day care setting in the registered manager's absence this did not reveal any concerns. Discussion with staff and review of staff questionnaires also did not reveal any concerns in this regard.</p> <p>The senior day care worker is keen to increase his knowledge and expertise regarding his role in the day care setting and for this reason the inspector recommends he is considered for QCF level 5 which will assist him to undertake his role and responsibilities and develop his management skills.</p>	Compliant

<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>The senior day care worker and four day care workers all have NVQ level 3. The three care assistants all have NVQ level 2. The manager has a qualification in social work, diploma in supervisory management, NVQ assessor award, and ILM 5 in leadership. The senior day care worker recently completed ILM level 3 in management.</p> <p>The day care staff each have individual skills and experience which are relevant to therapeutic activities provided for service users.</p> <p>All staff attend regular training and refresher updates on an ongoing basis.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	<p>COMPLIANCE LEVEL</p>
<p>As previously described the professional registration, qualifications, experience and evidence of competence of the registered manager did not reveal any concerns and the inspector would recommend the senior day care worker who takes on delegated responsibilities and manages in the registered managers absence has a long term training plan to achieve the QCF level 5.</p>	<p>Substantially compliant</p>

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

Complaints

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

Service User Records

Four service user files were inspected as part of this inspection and this revealed the files were consistent with schedule 4. The content of the service user's individual files is further examined in standard 7 which describes improvement is recommended regarding the review information stored on the files.

Registered Manager Questionnaire

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

Statement of Purpose & Service Users Guide

These documents were submitted for this inspection and reference to them during the inspection did not reveal any concerns regarding the compliance with schedule 1.

Quality Improvement Plan

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

The timescales for completion commence from the date of inspection.

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

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

Enquiries relating to this report should be addressed to:

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



Quality Improvement Plan

Primary Announced Care Inspection

Woodlands Centre

18 June 2014

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

The specific actions set out in the Quality Improvement Plan were discussed with Ms Marie Quigley (registered manager/ person receiving feedback) either during or after the inspection visit.

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

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

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

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

Statutory Requirements

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Day Care Settings Regulations (NI) 2007

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	28.4	<p>The registered person must make arrangements for the monthly monitoring reporting to be reviewed; specifically the review must ensure the reports report on the conduct of the day care setting and do not only describe what is happening. For example:</p> <p>There must be a clear statement within the sections of the reports as to the conduct of the day care setting.</p> <p>Actions that should be followed through, must state by whom and by when.</p> <p>There must be evidence action plans are reviewed as part of the Regulation 28 visit and evidence of the action taken when improvements are not made.</p>	Twice	Revised pro forma in use which will be completed to meet the requirements as stated.	18 June 2014
2.	28.1	<p>The registered person must ensure the regulation 28 visits and reports are always undertaken by an individual who does not manage the day care setting.</p> <p>Arrangements in this regard must be reported on the returned QIP.</p>	First	When the representative of the Registered Person is unable to undertake the Regulation 28 visits a Monitoring Officer will complete the task This person will be a Day Centre Manager who does not manage the day centre being monitored.	18 June 2014

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
3.	28.5	The registered person must ensure there is a clear procedure in place which describes how the regulation 28 reports are disseminated and to whom, for example in the inspections of the day care setting policy and procedure. Furthermore information must be given to service users regarding accessing reports and how they can do this.	Twice	Information on how to access copies of the Regulation 28 visits is displayed on wall outside office. Policy and procedure amended July 2014. Amendment made to service users guide.	13 August 2014
4.	20.1 (a) & (c)	<p>The registered person must make appropriate arrangements for the staffing and access to training arrangements to be reviewed in this day care setting. Actions must be put in place and recorded on this quality improvement plan to evidence staff training and development is promoted within this day care setting and mandatory training is kept up to date to ensure staff can fulfil their role and responsibilities in this day care setting.</p> <p>Following the inspection on 18 June 2014 arrangements to deliver the following training to the appropriate staff must be reported on the returned QIP:</p> <ul style="list-style-type: none"> • Infection control and COSHH training. 	Twice	<p>Staff of day care setting have an obligation to ensure that their training is up to date. The registered manager /senior day care worker to ensure training is a topic for discussion at staff meetings and discussed and recorded at every supervision.</p> <p>All staff booked on to COSHH training and infection control training. The day centre will close early on two days to enable staff to attend.</p>	13 August 2014

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.	15.4	<p>The registered manager should review arrangements in place to consult with the service users prior to their review. Arrangements in place must evidence service users views regarding their attendance at the day care setting and their care plan are gathered prior to the review and presented at the review with their additional comments.</p> <p>Following the inspection on 18 June 2014 the pre assessment review form that had been developed and should be used in practice, stored in the service user's files and available for future inspections.</p>	Twice	<p>Since Care Inspection in October 2013 we have been using the pre review assessment form, manager to ensure that day care workers complete relevant forms one week prior to review and that these are verified by manager before review is held.</p> <p>Pre assessment review forms are held in service users files.</p>	13 August 2014
2.	7.2 / 7.3	The registered manager should make appropriate arrangements for service users to be informed regarding access to their individual records and information that is maintained by staff. For example this should be described in the settings service users guide regarding how service users can access the settings written records about them.	First	<p>Service users are aware personal records are held within the day care setting. Day care workers have advised service users of the information that can be routinely accessed, notice re: access to information in day care setting displayed on notice boards throughout the day centre.</p> <p>Service users guide has been amended.</p>	13 August 2014

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details of Action Taken By Registered Person(S)	Timescale
3.	7.4	<p>The registered manager should ensure the service user individual records evidence the service user reviews are up to date, the review has been planned for, a pre review report has been completed, consultation with the service user is evident and minutes of the review are stored within the file which should identify any changes to the care plan agreed at the meeting.</p>	First	<p>The actions agreed at the review are recorded on the review form, these actions are then taken to the care plan.</p> <p>A case note is added to the service users records which records review held and actions agreed.</p> <p>All pre review and review forms are to be verified by manager . Day care workers to schedule review dates and notify manager one month in advance.</p>	13 August 2014
4.	Appendix 1	<p>The registered person must ensure the settings Policies and procedures are consistent with the day care settings regulations and standards. Particular attention should be given to:</p> <ul style="list-style-type: none"> • The recording and reporting care practices policy and procedure. • The management, control and monitoring of the setting policy and procedure. 	First	<p>The recording and reporting care practices procedure has been amended.</p> <p>The management, control and monitoring of the setting policy and procedure is currently under review and will be completed by 13 August 2014.</p>	13 August 2014

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details of Action Taken By Registered Person(S)	Timescale
5.	17.1	<p>The registered manager should complete a competency assessment with the senior day care workers to ensure they are competent to undertake the delegated roles and responsibilities, any gaps in knowledge should be identified and a plan must be in place to address this.</p> <p>The registered manager should also give consideration to enabling the senior day care worker to undertake the QCF level 5.</p>	First	<p>A competency assessment has been carried out. Gaps in knowledge have been identified and a plan will be finalised by 8 August 2014.</p> <p>The manager has contacted the Training Team and the senior day care worker is on waiting the list of staff to complete QCF level 5.</p>	13 August 2014

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

Name of Registered Manager Completing Qip	Marie Quigley
Name of Responsible Person / Identified Responsible Person Approving Qip	Bernie Kelly

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Suzanne Cunningham	18.08.14
Further information requested from provider			