



The **Regulation** and
Quality Improvement
Authority

Primary Announced Care Inspection

Name of Establishment:	Inniscoole Day Centre
Establishment ID No:	11219
Date of Inspection:	12 May 2014
Inspector's Name:	Suzanne Cunningham
Inspection No:	17615

The Regulation And Quality Improvement Authority
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Name of centre:	Inniscoole Day Centre
Address:	Innis Avenue Rathcoole Newtownabbey BT36 9NA
Telephone number:	028 90 854 333
E mail address:	fred.fisher@northerntrust.hscni.net
Registered organisation/ Registered provider:	Northern HSC Trust
Registered manager:	Mr Fred Fisher
Person in Charge of the centre at the time of inspection:	Mr Fred Fisher
Categories of care:	DCS-I, DCS-DE, DCS-MP/MP(E), DCS-LD/LD(E), DCS-PH/PH(E), DCS-SI
Number of registered places:	75
Number of service users accommodated on day of inspection:	56
Date and type of previous inspection:	18 November 2013 Primary announced inspection
Date and time of inspection:	12 May 2014 10:00 – 16:40
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	17
Staff	11
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	17	12

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

Inniscoole Day Centre operates in a purpose built single storey building situated in central Newtownabbey and within easy reach of the borough's facilities. The building is approximately forty years old.

The centre is a statutory facility managed by the Northern Health and Social Care Trust. Day care is provided to seventy five people each day. The building has an art room, a craft room, two general purpose activity rooms and a room for the designated use of people with dementia.

Service users' needs are assessed, usually in the community, and individuals may be referred to the day centre by a social worker or other statutory community health and social care professionals. Inniscoole Day Centre in 2011 introduced four separate programmes, each lasting for sixteen weeks, to develop a more proactive service for people whose needs may be met in preparation for transferring to other community based supports.

Summary of Inspection

A primary inspection was undertaken in Inniscoole Day Centre on 12 May 2014 from 10:00 to 16:40. This was a total inspection time of six hours and forty 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 manager and eleven staff regarding the standards inspected and their views about working in the centre. This generated positive feedback regarding records and reporting arrangements including recording; ensuring care plans and assessments reflect the individual needs of each service user and the management arrangement's in this day care setting. The inspector gauged from these discussions that staff had been motivated to continue improving the format and content of the files, ensuring information recorded is focussed on service user need, what is being recorded must be openly discussed with the service user and if there is a need to report information on, service users are informed. One staff member had discussed recording with the service user and this had been empowering and helped the service user to identify their own strengths and development. Regarding responding to service user behaviour it was clear staff do not use restraint. Some service users do have a seatbelt on their chair / lap belt and this is discussed with them to look at opportunity for the service user to be less restricted in the day care service. However, this is always driven by the service user needs, wishes and feelings. Staff did discuss training they had received and a discussion ensued regarding are staff being restricting if they cannot meet

a service users need immediately. The staff discussion assured the inspector the team were aware of the use of control and balance of power between service users and staff and balancing the need to meet all of the service users' needs and prioritising need. Staff discussed management arrangements and delegation of tasks from the registered manager to the day care workers. This practice has been in practice before the last inspection and the day care workers found this additional work can be stressful however, they also identified they had developed understanding of the management role and the centre does operate in the managers absence. One staff member was more used to taking on delegated responsibility and commented she would be keen to develop her qualifications in this regard such as the QCF level 5.

Twelve questionnaires were returned by the staff who reported satisfactory arrangements were in place with regard to NISCC codes of practice; staff training; and management arrangements; responding to service users' behaviour; confidentiality and recording. Staff did identify supervision arrangements for day care workers are not compliant with standard 22 criterion 2 and a recommendation is made in this regard. Seven staff questionnaires also identified staffing arrangements can be affected by sick leave, annual leave and training. Staffing was identified as sufficient most of the time and no concerns of service user need not being met were identified when staffing is affected by staff absence.

Staff wrote the following positive comments regarding the quality of care that is provided: "the quality of care is excellent and good support for families;" "quality of care and service provision very good, great team of staff"; "the quality of care is excellent and to a high standard;" "very good;" "we provide a very professional service, we meet most client needs and support families in whatever way we can, I'm very proud to work in Inniscoole day centre;" "good quality;" "satisfactory;" "quality of care is good, I think to maintain this staff would appreciate regular meetings to discuss care provided and maintain morale;" "I believe the quality of care is excellent within the day centre, support is always available for clients and carers;" "I would highly rate the care and service provided by all staff at the day centre, we aim to meet everyone's need for both client and carers."

The inspector spoke with two service users individually and a further fifteen in their activity groups who were in the day care setting at the time of the inspection to gather evidence for the standard inspected and the two themes. The discussion revealed service users were aware records were kept about them by the staff, they confirmed they sign the records and are made aware of the content. Service users were clear they felt staff don't go behind their back about anything and staff were described as supportive especially at times of crisis and stress. Regarding how staff manage escalating behaviours service users identified staff are observant and identify any issues before they become out of control, they will help resolve stress, calm service users and diffuse any altercations. With regard to management arrangements service users identified Fred is the manager and in his absence the day care worker Judith would be the acting manager. Fred was described as a considerate and informative manager who ensures service users' needs are met.

The previous announced inspection carried out on 18 November 2013 had resulted in three requirements regarding the assessment provided by the referrer, description of the review in the service user guide and statement of purpose and the regulation 28 visits. Improvements had been made and the centre was compliant regarding these requirements. Two recommendations were made regarding the settings policy and procedures; and review of a service users file. The inspector concluded arrangements had been improved in 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 one criterion was assessed as substantially compliant.

Discussion with service users; discussion with staff; and review of six service users' individual files provided evidence that the centre is performing well regarding standard 7 and had continued to improve records since the last inspection. Policies and procedures were in place and do describe how service user's information should be kept, specify recording procedures and describe access. The staff had attended training regarding information governance and protection of personal information to ensure staff competence regarding this standard.

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 day care plan, therefore no incidents have been or would be reported through to RQIA under current arrangements.

Discussion 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. This setting does not use restraint or seclusion staff discussed if service users' behaviour escalates they use diversion, good communication, calming, diffusing techniques and knowing their service users' needs, diagnosis, plan and personality. This assists them in ensuring service users behaviour does not escalate and they can meet individual need. Staff are trained to use the RESPECT behaviour approach which focuses on analysing behaviour by identifying antecedents, behaviour and consequence, use of the least restrictive method when responding to behaviours and trains staff to identify restraint is not just a physical response to behaviour but also use of chemical interventions, use of the environment, restrictions and seclusion can also be forms of restraint.

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 as substantially compliant and one as moving towards compliance. Three recommendations are made regarding this theme to improve the training of staff with delegated responsibility; competency assessment of staff left in charge and the supervision of day care workers.

The inspector concludes the arrangements in place for the registered manager to manage this day care setting and delegated tasks to the Day care workers have been assessed and planned for. Staff in post reported they are confident that the arrangements in place ensure the service is delivering a service that is compliant with regulations and standards; furthermore the service is meeting the needs of the service users who attend the setting. The inspector is satisfied the improvements identified will continue to develop staff confidence.

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 six 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 no requirements and three recommendations have been made regarding the development of the staff left in charge of the day care setting in the managers absence; assurance of the competency of the staff left in charge of the day care setting in the managers absence; and supervision arrangements for day care workers in this setting. This was reported to the management team at the conclusion of the inspection and a commitment was given to address this.

Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	15	The registered person must ensure appropriate and robust arrangements are in place to ensure the assessment of need is received by this service prior to commencement of a service user in the day care setting. The assessment of need must evidence this day care setting is suitable for the purpose of meeting the service users' needs. Furthermore as stated in the settings statement of purpose, this must include specific assessments such as the copies of enablement plans and risk assessments. Arrangements in place must be reported on the returned quality improvement plan.	Measures had been put in place to improve this and it was reported generally more information has been forwarded	Compliant
2.	4 (1) (c) 5 (1) (a) Schedule 1	The registered person and registered manager must ensure the settings statement of purpose and service users guide detail the timescales for the initial review for example the first review will be held after four weeks and no later than twelve weeks after commencing at the day care setting, this will ensure the review process is not an administrative process and achieves improved outcomes for the service user. The annual review should also be described.	This had been achieved	Compliant
3.	28 (5)	The registered manager should provide evidence of how service users and their representatives aware made aware of the regulation 28 visits and availability of the report. For example this information could be written into the statement of purpose and service user guide, with contact details of monitoring officer.	This had been achieved	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	Appendix 2	<p>The registered manager should review the centres policies and procedures and ensure the settings policies and procedures files are consistent with appendix 2.</p> <p>This inspection identified particular attention should be given to ensuring the setting has a policy and procedure regarding:</p> <ul style="list-style-type: none"> • Assessment, care planning and review • Safeguarding vulnerable adults in the day care setting • Inspections of the day care setting • Management, control and monitoring of the day care setting 	These had been improved	Compliant
2.	7.7	The registered manager must ensure file 5 is reviewed and the review date is clearly and accurately stated in the review minutes.	Achieved	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:	
All records are kept in accordance with NH&SCTAll records are kept in accordance with NH&SCTpolicies and procedures. Files are kept in a locked filing cabinet. All Staff using Trust computers have completed Information Governance Awareness training and Protection of Personal Information training. All staff have read "minding Your Information. Staff are trained not to cross reference personal information from one clients file to another clients file.	Compliant
Inspection Findings:	COMPLIANCE LEVEL
In the each of the service user records which presented as described in schedule 4; and other records to be kept in a day care setting, as described in schedule 5 records were kept confidentially as described in the settings 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. Recording practices and storage of service user information was reflective of current national, regional and locally agreed protocols regarding confidentiality. Discussion with staff validated management and staff knowledge about the duty of confidentiality and their role and responsibility regarding the need to record, the quality of recording and management of service users' personal information. Overall discussions with service users confirmed they feel informed regarding confidentiality of personal information and recording practices in the day care setting.	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>All service users are advised they can see their notes. They are also advised that their case records are kept in a securely locked file. Staff routinely ask service users permission before sharing reports with other professionals or carers. Any requests from service users to see their files are recorded in their files</p>	Compliant
Inspection Findings:	COMPLIANCE LEVEL
<p>There are policies and procedures pertaining to: the access to records; consent; management of records and service user agreement. These policies and procedures detail this criterion and are available for staff reference.</p> <p>The evidence provided demonstrated policies and procedures are put into practice for example with reference to records maintained. Furthermore there are adequate arrangements in place regarding who takes responsibility for issues and queries of freedom of information, confidentiality, consent, access to records.</p> <p>Discussion with staff working in the centre validated their knowledge of this standard commensurate with their role and responsibilities, they discussed using a person centred approach to their recording, they also discussed how they would respond to a request from service users and or their representative to access service user records.</p> <p>Service users discussed they are aware a service user record is kept and have been informed how they can access the records.</p>	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>All service user files contain initial assessments of need from referring agent, care plans and risk assessments. Any changes following reviews or change in need or circumstances, or usual programme are recorded in ammended care plans. Additional contact with service users representative or other professional are recorded on contact sheets.letters or at reviews. Incidents are recorded and reported and any follow up action is also recorded.</p>	<p>Compliant</p>
<p>Inspection Findings:</p> <p>The examination of a sample of six service user individual records evidenced the above records and notes are available and maintained by staff. Examination of a sample of four monitoring records (e.g. file audits and regulation 28 reports) demonstrates working practices are systematically audited in this regard.</p> <p>The inspector was impressed with the efforts made by staff to ensure records remain current, person centred and incorporate service user recording when possible and care reviews are taking place as described in standard 15.</p>	<p>COMPLIANCE LEVEL</p> <p>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:	
A record is kept for at least every 5 attendances	Compliant
Inspection Findings:	COMPLIANCE LEVEL
Examination of a sample of six service user care records evidenced individual care records have a written entry at least once every five attendances for each individual service user. The quality of information was appropriate to the needs of the service user.	Compliant
Criterion Assessed: 7.6 There is guidance for staff on matters that need to be reported or referrals made to: <ul style="list-style-type: none"> • The registered manager; • The service user's representative; • The referral agent; and • Other relevant health or social care professionals. 	COMPLIANCE LEVEL
Provider's Self-Assessment:	
Staff are given guidance through Day Centre "General Communication Arrangements on any matters that need reported, through daily handover, recorded in service user files change in circumstance, unusual events and Incident and Near Miss Reporting form/book. Procedures are in place for accepting referrals and for making referrals to other professionals	Compliant
Inspection Findings:	COMPLIANCE LEVEL
Policies and procedures pertaining to communication, confidentiality, consent, management of records, monitoring of records, recording and reporting care practices and service user agreement were in place, were consistent with this criterion and are available for staff reference. Discussion with staff revealed they are aware of their role and responsibility to report and refer information and record the outcomes achieved. Discussion with Service users revealed they had been informed at reviews regarding information that may be reported or referred and were made aware of consent issues. They were also informed more generally about information stored in individual records,	Compliant

access and consent issues.	
Criterion Assessed: 7.7 All records are legible, accurate, up to date, signed and dated by the person making the entry and periodically reviewed and signed-off by the registered manager.	
Provider's Self-Assessment: All records are available for Inspection by Area Manager and Registered Manager.	Compliant
Inspection Findings: A sample of six service user individual records were examined and met this criterion, discussion with staff confirmed their understanding of this criterion and confirmed staff training, supervision or team meetings are used to ensure staff are clear regarding their responsibilities regarding recording. Staff spoken with and who completed inspection questionnaires confirmed procedures and practice are in place to achieve this criterion.	COMPLIANCE LEVEL Compliant

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

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

Theme 1: The use of restrictive practice within the context of protecting service user’s human rights	
Theme of “overall human rights” assessment to include:	
<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 measures are not used in the Day Centre. All staff are receiving 2 day RESPECT training, with an annual 1 day refresher course. Consideration is given to D.O.L issues when writing care plans and risk assessments. Staff are in the process receiving DOLS/Human Rights Training.</p>	Compliant
Inspection Findings:	
<p>The inspector examined a selection of records including: records of each service user as described in schedule 4; and other records to be kept in a day care setting, as described in schedule 5; for example incident records, accident records. This confirmed restraint measures are not used in this day care setting to manage behaviour. One service user has a lap belt on their wheelchair which is assessed as necessary for their safety. This had been agreed as necessary by the health professionals involved, the service user and family. This was also well described, assessed and planned for in the service users individual file record.</p> <p>Staff discussed the RESPECT training they had attended and questions this had raised for them, for example when is practice described as restrictive and discussing with service users why they might need to wait for staff attention if other service users’ needs in the group needs have to be met first. Discussion with staff confirmed an their understanding, competence, knowledge and skill regarding ensuring service users are not subjected to practice that is defined as restraint. Including restrictive practices and seclusion where it is not identified as part of a management plan for the individual service user and confirmed they would only use restraint in exceptional circumstances. The inspector was satisfied the human rights of service users is considered when recording potential restraint or restrictions and in practice generally in this day care setting. Staff were aware of the Deprivation of Liberty Safeguards. (DOLS) – Interim Guidance into practice and had received training regarding the same.</p>	Compliant

<p>There are policies and procedures for staff reference 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 available.</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>Restrain is not used in the day Centre. If in exceptional circumstances restrain is required this would be recorded using RESPECT pro-forma's. In such cases this would also be reported to RQIA</p>	<p>Compliant</p>
<p>Inspection Findings:</p> <p>No service users had been subject to restraint in this day care setting which was consistent with the settings ethos, statement of purpose and aims of the service.</p> <p>Guidance on Restraint and Seclusion in Health and Personal Social Services, Department of Health, Social Services and Public Safety, Human Rights Working Group, August 2005 was available for staff information.</p>	<p>COMPLIANCE LEVEL</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>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</p> <p>Compliant</p>
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<p 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>	COMPLIANCE LEVEL
<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>The Day Centres Statement of Purpose is regularly update to indicate staffing levels and Management Structure is also displayed in "File Room". The management structure of the Day Centre is kept in a policy file under the Management and Control section. There is also a procedure in place for a "Duty Day Care Worker" rota. This is to support the Manager and to cover absences of the Registered Manager. Competence issues are addressed through the annual KSF review and any training areas identified are addressed.</p>	Substantially compliant
<p>Inspection Findings:</p>	COMPLIANCE LEVEL
<p>The inspector examined the professional registration, qualifications, experience and evidence of competence of the registered manager; he is a registered social worker who has experience of working with this service user group and in this day care setting. In his absence there are a number of day care workers who take on delegated responsibilities from the manager on a weekly basis and on a rota system. One of the day care workers has acted up in the manager's absence in the past, with support of a registered manager in another setting and this arrangement did not reveal any concerns, gaps in practice or gaps in management cover. Discussion with this staff member confirmed her confidence and willingness to act in the manager's absence. However the inspector did</p>	Substantially compliant

<p>identify competency assessments had not been completed for those who could potentially act in the manager’s absence. Furthermore the inspector would recommend the staff member who does take delegated responsibility for management absence is given an opportunity to attend a training programme that ensures they are well prepared and informed by the trust to adequately take on this role, for example QCF level 5 training. Two recommendations are made in this regard.</p> <p>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, were available for staff reference and staff aware of content.</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, they described who they report to; who should they seek support or guidance from; who supervises them and the effectiveness of the same. This did not reveal any concerns.</p> <p>A sample of regulation 28 reports and audits were reviewed and the staffing arrangements for the month, was monitored and a view was written regarding: the effectiveness of staffing arrangements when appropriate.</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>Staff supervision is carried out in accordance with NH&SCT's Supervision Policy. The Manager supervises all Day Care Workers and Day Care Workers supervise Care Assistants on a regular basis. The registered Manager is regularly supervised by the Area Manager.</p>	Compliant
<p>Inspection Findings:</p>	COMPLIANCE LEVEL
<p>The inspector identified through consultation with staff the care assistants had been provided with supervision as identified in standard 22 criterion 2, however day care workers had not been provided with adequate supervision arrangements and the timescales were not consistent with the same standard. A recommendation is made to ensure arrangements are improved.</p>	Moving towards compliance

<p>Discussion revealed there is not a training plan in place for staff who are left in charge of the day care setting in the managers absence to ensure the trust appropriately prepare and assist staff to undertake their roles and responsibilities, as identified in the previous criterion a recommendation is made in this regard.</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 	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment:</p> <p>All staff applying for posts in the Dya Centre must meet minimum qualification and experience requirements before being interviewed. Staff must undertake all mandatory training and any other training requirements that are identified in KSF reviews or as new training needs develop.</p>	Compliant
<p>Inspection Findings:</p> <p>The manager of this day care setting is a qualified social worker and has maintained their professional registration with NISCC. He is registered with RQIA as the manager of this setting.</p> <p>Staff training records were provided for the inspection and this confirmed staff were receiving mandatory training and additional training as identified through staff discussion, supervision and service user needs.</p>	COMPLIANCE LEVEL Compliant

PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL Compliant
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INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL Substantially compliant
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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 nine complaints and areas of dissatisfaction had been recorded. The inspector reviewed the complaints record which confirmed the return to RQIA. This did not reveal any concerns regarding the record. Furthermore no complaints had been recorded for 2014.

Service Users' Files

Six service user files were inspected as part of this inspection and this revealed the files were consistent with The Day Care Settings Regulations (NI) 2007 schedule 4.

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

Monthly Monitoring Reports

The inspector reviewed four regulation 28 reports written in 2014. This revealed the content was consistent with regulation 28 and gave a view regarding the conduct of the day care setting as well as identifying areas for improvement.

Environment

The inspector walked around the centre during the inspection and noted it was warm, free from clutter and comfortable. The inspector is impressed with the maintenance of the environment in this day care setting, the setting presented as clean, homely and functional with spaces being arranged for identified activities. Service users were observed as at ease in the environment of the day centre and could access with ease where they wanted or needed to. Service users were observed using the space socially and for activities.

Quality Improvement Plan

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

Inniscoole Day Centre

12 May 2014

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

The specific actions set out in the Quality Improvement Plan were discussed with Mr Fred Fisher (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.	22.2	<p>The registered manager must make adequate arrangements to improve the supervision of day care workers. Arrangements must be compliant with standard 22 criterion 2; that is individual supervision must be given to staff no less than every three months.</p> <p>Arrangements put in place to achieve this must be reported on the returned quality improvement plan.</p>	Once	A schedule for supervision has been devised for all Day care Workers and shared with Area Manager	7 July 2014
2.	23.3	The registered manager should complete competency assessment for the staff member(s) left in charge of the day care setting to ensure they have the appropriate skills, knowledge and training to undertake the delegated responsibilities in his absence.	Once	A competency assessment tool has been devised by the Registered Manager and agreed with Area Manager.	7 July 2014
3.	21.4	The registered manager should make appropriate arrangements for the staff member with delegated responsibility in the manager absence to receive adequate training to prepare them for the management responsibility for example QCF level 5 training.	Once	Relevant training has been identified by the Registered Manager and agreed with Area Manager. Attendance at relevant training courses is scheduled, to be completed by end of year.	7 July 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	Fred Fisher
Name of Responsible Person / Identified Responsible Person Approving Qip	Tony Stevens Una Cuning

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Suzanne Cunningham	03 September 2014
Further information requested from provider			