



The **Regulation** and
Quality Improvement
Authority

Announced Primary Care Inspection

Name of Establishment:	Glencairn Day Centre
RQIA Number:	11220
Date of Inspection:	9 February 2015
Inspector's Name:	Louise McCabe
Inspection ID:	IN017665

The Regulation And Quality Improvement Authority
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1.0 General Information

Name of Establishment:	Glencairn Day Centre
Address:	Glencairn Day Centre 98 Forthriver Road Belfast BT13 3SL
Telephone Number:	(028) 9039 1468
E mail Address:	joan.turkington@belfasttrust.hscni.net
Registered Organisation/ Registered Provider:	Belfast Health and Social Care Trust
Registered Manager:	Mrs Joan Turkington
Person in Charge of the Centre at the Time of Inspection:	Mrs Joan Turkington
Categories of Care:	DCS-I
Number of Registered Places:	30
Number of Service Users Accommodated on Day of Inspection:	29
Date and Type of Previous Inspection:	10 September 2013 Primary Inspection
Date and Time of Inspection:	09 February 2015 10.00am – 4.30pm
Name of Inspector:	Louise McCabe

2.0 Introduction

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

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

3.0 Purpose of the Inspection

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

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

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

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

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

4.0 Methods/Process

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

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

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

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

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

5.0 Consultation Process

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

Service users	07
Staff	05
Relatives	0
Visitors / Others	01

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	8	7

6.0 Inspection Focus

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

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

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

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

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

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

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

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

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

7.0 Profile of Service

Glencairn Day Centre is a purpose built one storey building; situated in a Housing Executive Estate in North Belfast.

The centre provides day care (recreational and social) for clients of Social Services who are elderly. Reasons for referral to the centre include the needs associated with social exclusion and to provide some hours of respite for carers. The centre caters for up to thirty service users each day.

Glencairn Day Centre has the following facilities: one large dining room; kitchen, two activity rooms; one small rest room, an activity kitchen; one assisted bathroom; one wheelchair accessible toilet and four standard toilets (two male and two female).

8.0 Summary of Inspection

10:00am– 4:30pm = 6 hours 30 minutes

A primary announced care inspection was undertaken in Glencairn Day Centre on 09 February 2015.

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. Pre-inspection the provider submitted a self-assessment of the one standard and two themes inspected, this report compares the providers' statements with the findings of the inspection. 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 review and safeguarding information; the complaints record; staff training record; incidents and accidents recording; evidence of service user consultation, monthly monitoring records; the centres statement of purpose; service users guide and policies & procedures
- Tour of the premises.

An inspector spoke with five staff regarding the standards inspected and their views about working in the centre. This generated positive feedback regarding the management of records and reporting arrangements including recording and the management arrangements in the centre. Staff demonstrated their knowledge and experience regarding responding to behaviours which may challenge in the context of respecting service user's human rights.

Several staff and six service users' stated they are unaware of the process to follow should a service user or their representative request to see their care file and a recommendation is made in the quality improvement plan that awareness raising discussions take place and are documented about this.

Communication between management and staff is effective and no concerns were raised. Discussions with staff conclude there are aware of who is in charge/responsible for the centre

in the absence of the manager. It was evident via discussions with staff of their dedication, commitment and enjoyment of their work in Glencairn Day Centre.

Seven questionnaires were returned by staff members who reported satisfactory arrangements were in place with regard to NISCC registration; staff training; staffing and management arrangements; responding to service user's behaviour; confidentiality and recording. The staff member's praised the quality of care provided within the returned questionnaires and the following comments were made:

- *"I believe the quality of care and service is of a high standard in all aspects of care in the day centre."*
- *"Overall an excellent day centre with great activities daily and meets all needs of service users."*
- *"The care in the day centre is great, they take really good care of every individual."*
- *"The care provided in Glencairn is excellent. Staff liaise regularly with family and other multi-disciplinary teams to ensure service user's needs are met to the best of their ability."*
- *"I believe giving high standards of care with care with regards to all aspects of each field in the day centre."*
- *"Excellent."*
- *"Very well run."*
- *"Very good."*

The review of three staff files showed evidence of formal supervision taking place in accordance with minimum standard 22.2 for all staff.

The inspector spoke with a total of seven service users regarding the standard inspected; the two themes and their views on the quality of care provision in Glencairn Day Centre. The service users communicated positive feedback regarding attending the centre, the activities they participate in and the care provided by the staff. One of the seven service users meeting with the inspector stated she is aware there are records kept in the day care setting about her and that she can access this information by asking staff. Several service users confirmed they see their care plan on a regular basis and at their review. They said they are encouraged to be involved in all aspects of the care planning process. The service users are aware of who the manager and if they had a problem or wanted to discuss something about the day care setting they said they could talk to the staff or manager in the centre. Service users stated they enjoy coming to the centre and the following comments were made:

- *"I love it, everyone is very friendly and the manager is wonderful. There are lots of things to do and the company is great."*
- *"I very much rely on coming to the centre because I meet up with friends and really enjoy all the activities provided."*
- *"I enjoy it a lot, especially the outings, lunches and shopping trips."*

- *"I love coming to Glencairn and would be lost and lonely without it."*
- *"It's the focus of my day coming here, I love it and all the staff are wonderful, they are very kind to us. The manager runs a smooth centre and when I've gone to speak with her about things, she listens and puts down whatever she's working on to help. It's a great place."*

No concerns were raised.

The previous announced inspection carried out on 10 September 2013 had resulted in two requirements and three recommendations. These concerned monthly monitoring visits and reports; service user's initial review of their day care placement; centre procedures regarding RQIA inspections and service user's care notes. Review of the returned quality improvement plan for this inspection and discussions with management concluded compliance in all five areas.

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

The six criteria within this standard were reviewed during this inspection. Based on the evidence reviewed by the inspector, four of the six criteria were assessed as compliant by the inspector, and two criteria were assessed as substantially compliant. Two recommendations were made relating to this standard and regard the review and updating of one identified service user's care plan so that it fully and accurately reflects his/her current needs and how these are met by the service and awareness raising for service users and staff of the Trust's process when a request is made for access to care information.

Discussions with seven service users, five care staff and review of three service users' individual files provided evidence that the centre is performing well regarding standard 7. The care files were comprehensive in content and person centred. Each contained a service user consent form to photographs, publicity etc. Clear examples were provided of how staff encourage and assist service users to get the most from their day care experience. It was also clear this service was improving outcomes for the service users and their carers by providing respite and identifying changes in need and promoting any additional services that can improve outcomes for service users. The inspector concluded the centre promotes service users social needs, stimulates intellectual activity and promotes independence.

The inspector assessed the centre as overall compliant in 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 in relation to the use of any restrictive practices in this day care setting within the context of human rights. One criterion was assessed as compliant and the other as not applicable as there have been no incidents where restrictive practices have been used in the service.

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. The Trust has in place a 'Restrictive Practices

Registration' form which must be completed when a restrictive practice is used with service users.

Staff have received information on Human Rights and Deprivation of Liberty Safeguard (DoLS) during a staff meeting and informed the inspector they found this very interesting. Staff stated they know the service user's well and are familiar with their needs. Staff use effective communication, diversion and calming techniques when the need arises and respond appropriately to service user's needs. Staff believe this assists them in ensuring service users behaviour does not escalate and they meet individual and group needs.

Based on the evidence reviewed during this inspection, the inspector assessed the centre as compliant in this theme. No requirements or recommendations were made concerning this theme.

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 in relation to this theme. The three criteria were assessed as compliant.

Review of selected management records, monthly monitoring reports, discussions with the manager, five staff, seven service users and a visitor provided evidence that the centre has in place monitoring arrangements and effective communication systems. There are good systems in place that support and promote the delivery of a quality day care service. These enhance and promote the quality of day care experience for the service user, their relatives/representatives and the public and is indicative of the care provision in this centre.

The inspector's review of random monthly monitoring reports showed there have been occasions in April, July and August 2014 where the centre exceeded their daily maximum number of service users, designated registered person undertaking the visits identified this usually occurred on Tuesdays. The designated registered person discussed and addressed with the registered manager and appropriate action was taken to ensure this did not reoccur. This will continue to be monitored by the Trust and RQIA.

The centre was assessed overall as compliant with regards to this theme.

Additional Areas Examined

The inspector undertook a tour of the premises, reviewed the complaints and accident / incident records, examined three service users individual files and validated the manager's pre-inspection questionnaire.

A requirement and a recommendation were made with regards to the centre's accident / incident and complaint records, details of these are specified in the additional information section of this report.

The inspector wishes to acknowledge the work undertaken by the manager and staff in preparation for this 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. Overall the inspector commends the proactive approach to day care that is delivered in this centre that presents as in tune with the needs of the service users for support, stimulation and which meets their rehabilitation, social and other needs.

As a result of the inspection one requirement and four recommendations have been made in the quality improvement plan. These concern:

- notification of accidents / incidents to RQIA's Incidents team and retaining a hard copy of these in the centre;
- complaints record;
- review of an identified service user's care plan;
- to ensure service users' and staff are aware of the Trust's process to request access to care information and
- provision of computer training for those care staff assuming responsibility for the centre in the absence of the manager that is appropriate to their role and levels of responsibility.

The inspector thanks the manager and staff for the hospitality shown to her during this inspection.

9.0 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1.	28(3)	The registered person must make arrangements to ensure the regulation 28 visits and reports evidence a mix of announced and unannounced visits are undertaken.	A sample of the monthly monitoring reports were reviewed by the inspector which showed a mixture of announced and unannounced visits.	Compliant
2.	28(5)(c)	The registered person must make arrangements for the inspections of the centre procedure describe how service users and their representatives aware made aware of the monthly monitoring visits and availability of the report.	The centre's identified procedure states service users' are made aware of the monthly monitoring visits and their reports during the yearly review of their day care placement. A copy of the monthly monitoring report is available in the centre's reception area. The procedure on the management, control & monitoring of the day centre was reviewed on 10 February 2014 and contains a section informing service users' and their representatives they can have access to the monthly monitoring reports.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1.	15.1, 15.3	The registered manager should ensure the procedures pertaining to the review of service user's care states arrangements for the four week review and if this timescale cannot be achieved what will be done to ensure an initial review is undertaken and under what circumstances this delay may happen. This should also be clearly and consistently explained in the settings statement of purpose and service user guide.	The Trust's day care services have devised a new review proforma which specifies the time frame of when a service user's initial review takes place. This is based on the numbers of days attendance per week in the centre. The centre's statement of purpose and service user's guide also reflect this.	Compliant
2.	Appendix 2	The registered person must ensure the procedure for the inspections of the centre and should be expanded to ensure the outline, the purpose, content, process and dissemination of the Regulation 28 reports is clearly described.	The identified procedure has been updated to ensure service users and their representatives are informed of announced inspections of the centre and that copies of these reports are made available on request. The service users' guide has also been updated to reflect this.	Compliant
3.	7.5	The registered manager should review the general recording in service user files to ensure the service user recording is compliant with standard 7.5 that is, record at least once every five sessions.	The inspector's review of three service user's care files showed compliance with this recommendation.	Compliant

10.0 Inspection Findings

Standard 7 - Individual service user records and reporting arrangements:

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

Criterion Assessed:

7.1 The legal and an ethical duty of confidentiality in respect of service users' personal information is maintained, where this does not infringe the rights of other people.

COMPLIANCE LEVEL

Provider's Self-Assessment:

All service users records are stored securely as per Trust Data Protection policy and staff adhere to Trust policy on confidentiality. Under the adult protection policy staff have an obligation to disclose information to protect vulnerable adults in order for an appropriate investigation to take place. This overrides a duty to keep a confidence and it must be passed on to the appropriate manager. Staff will make the service user aware when they disclose information. Training for all staff on data protection and information governance is mandatory.

Substantially compliant

Inspection Findings:

A sample of the records in respect of each service user, as described in Schedule 4; and those detailed in Schedule 5 are in place in Glencairn Day Centre. Discussions with staff conclude there are effective arrangements in place regarding confidentiality and all relevant policies and procedures pertaining to the access to records, storage of service user's information; communication, confidentiality, consent, management of records, monitoring of records, recording and reporting care practices are in place and readily available. This information is reflective of current national, regional and locally agreed protocols concerning confidentiality and adheres to DHSSPS guidance, regional protocols, local procedures issued by the HSC Board and Trusts and current legislation.

The centre's current service user agreement is also compliant with this criterion. Discussions with staff also validate they are knowledgeable 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. This is commensurate with staff role and responsibilities.

Evidence was provided from a sample of the minutes of staff meeting in July 2014 to show that standard 7 was discussed with staff.

COMPLIANCE LEVEL

Compliant

Criterion Assessed: 7.2 A service user and, with his or her consent, another person acting on his or her behalf should normally expect to see his or her case records / notes. 7.3 A record of all requests for access to individual case records/notes and their outcomes should be maintained.	COMPLIANCE LEVEL
Provider's Self-Assessment: The Trust have clear guidelines for processing requests for access to patient/client and personal records. There are consent forms held on file regarding sharing information relating to the service users - these are signed by service user and/or their representative. All records of requests for individual case notes/records shall be noted on an R3 to include date, time, who applied for access and outcome of request and this will be forwarded under Trust procedures accordingly under the appropriate Trust documentation.	Substantially compliant
Inspection Findings: Policies and procedures are in place and accessible in the centre pertaining to: the access to records; consent; management of records and service user's agreement. Discussions with the manager and receipt of her completed RQIA manager questionnaire showed there have been no requests to date whereby a service user or their representative have requested access to their care file. Discussions with staff conclude the policies and procedures are put into practice for example with reference to records being completed and maintained in the centre. It is evident from discussions with staff and the inspector's review of three service user's care files how they ensure a person centred approach to their recording. The inspector examined three service user's care files, there was no evidence informing the inspector they are aware they can request access to care information completed about them. The inspector advised the manager to record in the service user's file when this is discussed. Discussions with service users conclude they are aware of their care plan and many have seen this. There are adequate arrangements in place regarding who takes responsibility for issues and queries of freedom of information, confidentiality, consent and access to records and arrangements. Discussions with staff and review of the centre's staff training record showed 'My Data Your Business' training was provided to staff on 18 November 2014.	COMPLIANCE LEVEL Substantially Compliant

<p>Discussions with staff conclude they are not fully familiar with the Trust's process should a service user or their representative request access to their care information. A recommendation is made in the appended quality improvement plan for awareness raising training to be delivered to staff on the process of requesting access to files, data protection, confidentiality.</p> <p>Discussions with staff validate their knowledge concerning this criterion which is commensurate with their role and responsibilities. It is evident from discussions with staff and the inspector's review of three service user's care files how they ensure a person centred approach to their recording. Staff explained they would inform their manager if a service user or their representative requested access to care records.</p>	
<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>

Provider's Self-Assessment:	
<p>The following records are kept in the day centre to meet the requirements:</p> <ol style="list-style-type: none"> 1. The following documents in respect of each service user: <ol style="list-style-type: none"> (a) The assessment of the service user's needs undertaken by a suitably qualified or suitably trained person; and (b) The service user's care plan, prepared in consultation with the service user, or his or her representative, where appropriate. 2. A recent photograph of the service user. 3. A record of the following matters in respect of each service user: <ol style="list-style-type: none"> (a) name, address, date of birth and marital status of each service user; (b) name, address and telephone number of the service user's next of kin, or of any person authorised to act on his/her behalf; (c) the name, address and telephone number of the service user's general practitioner and of any officer of a HSC Trust whose duty it is to supervise the welfare of the service user; (d) the date on which the service user commenced attendance at the day care setting; (e) the date on which the service user ceased to attend the day care setting; (f) the name and address of any HSC Trust, or any other body which arranged the service user's attendance in the day care setting; (g) a record of any restraint or seclusion used in relation to the service user (h) a record of any limitations agreed with the service user or his/her representative as to the service user's freedom of choice, liberty of movement and power to make decisions. (i) all incidents/accidents are maintained on the Trust's Datix recording system. 	Substantially compliant

Inspection Findings:	COMPLIANCE LEVEL
<p>With regards to the management of records, the examination of a sample of three service user individual records evidenced the above records and notes are available and with the exception of one care plan are being maintained according to relevant policies and procedures. There was evidence of working practices being systematically audited in this regard. Two of the three service user's care files showed case records and notes were updated as required, they were current, person centred; incorporated service user views and recorded information that can be used to review individual service user's outcomes. Care reviews were taking place as described in standard 15.</p> <p>A recommendation was made relating to this criterion for the manager to ensure the identified service user's care plan is updated to fully reflect his/her medical information and the action to be taken by staff.</p>	Substantially Compliant
Criterion Assessed:	COMPLIANCE LEVEL
<p>7.5 When no recordable events occur, for example as outlined in Standard 7.4, there is an entry at least every five attendances for each service user to confirm that this is the case.</p>	
Provider's Self-Assessment:	
<p>Service users attendance at the day centre is recorded on a daily basis. Any contacts are recorded on an R3 as per standard 7.7.4. Staff maintain the requirement to record relevant information/events on service users at least every five attendances.</p>	Substantially compliant
Inspection Findings:	COMPLIANCE LEVEL
<p>The inspector examined three service user care records and evidenced individual care records have a written entry at least once every five attendances for each individual service user. The quality of information recorded was viewed by the inspector as relevant to the plan and outcomes being worked in with individual service users.</p>	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: Guidance for staff can be found in (Day care procedures for older people) procedures on recording and reporting care practices 7.4. Any follow up action regarding referrals or assessments are recorded on care plan as is procedure. Notes of any referrals made via phone are noted on contact sheets R3.	Substantially compliant
Inspection Findings: The service user's files detail referrals made to other services and described their involvement in the decision if they want other professionals to be involved in their care plan. The inspector's discussions with five staff generated positive feedback regarding the management of records; reporting arrangements including recording and the management arrangements in the centre. Staff demonstrated their knowledge and experience regarding the referral process and responding to service user's needs and behaviours. Staff felt communication between the manager and themselves is effective and no concerns were raised. When the manager is absent from the centre, day care workers take it in turns to be the responsible person in charge, however staff informed the inspector they very much work as a team. The manager's line manager is contactable by mobile phone when she is absent from the centre. The inspector confirmed Trust policies and procedures are in place and available with regards to communication, confidentiality, consent, management of records, monitoring of records, recording and reporting care practices and service user agreement.	COMPLIANCE LEVEL Compliant

Criterion Assessed: 7.7 All records are legible, accurate, up to date, signed and dated by the person making the entry and periodically reviewed and signed-off by the registered manager.	
Provider's Self-Assessment: Managers ensure that all records are signed and dated appropriately. The manager signs all reviews, care plans and risk assessments.	Substantially compliant
Inspection Findings: The inspector examined a sample of three service user individual records which met this criterion. Consultation with five staff working in the centre confirmed their understanding of this criterion and their role and responsibilities to address this fully when recording in individual files and additional records. RQIA received seven completed staff questionnaires which confirmed policies and procedures are in place and available in the centre.	COMPLIANCE LEVEL Compliant

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

Theme 1: The use of restrictive practice within the context of protecting service user's human rights	
Theme of "overall human rights" assessment to include:	
Regulation 14 (4) which states: The registered person shall ensure that no service user is subject to restraint unless restraint of the kind employed is the only practicable means of securing the welfare of that or any other service user and there are exceptional circumstances.	COMPLIANCE LEVEL
Provider's Self-Assessment: Restraint is not normally used within the day centre. If there is a need for restraint in order to secure the welfare of a service user or others, a comprehensive assessment and appropriate risk assessment will be completed and specific areas of choice will be highlighted and agreed, these interventions will be noted on care plans and regularly assessed, reviewed and updated as per procedure 3.10. restraint, seclusion and exclusion. All staff must attend mandatory human rights awareness training and training in responding to service user's behaviour.	Substantially compliant
Inspection Findings: The inspector examined a selection of records including a sample of three individual service user records which revealed staff have comprehensive plans in place that clearly describe the day care service user's receive, their likes and dislikes. Care is focused on meeting individual need, clear communication strategies, diversion, distraction and calming techniques. Service user information is written in the context of staff being able to facilitate positive outcomes in day care and avoid any negative experiences. There is a clear focus on identifying and understanding if service users are not happy; how to manage this sensitively and proactively. Overall the approaches referred to present as sound plans to avoid escalation of behaviour or concerns whilst respecting each individual service user's methods of communicating, their views, choices and needs. Staff attended annual Personal Safety & Disengagement training on 19 February 2014 as part of the mandatory training programme and also attended an awareness of Human Rights session in December 2014. Consultation with staff revealed their knowledge, skill and competence concerning this which is commensurate with their role and responsibilities.	COMPLIANCE LEVEL Compliant

Review of a random sample of the minutes of staff meetings showed the Human Rights Act and the Deprivation of Liberty Safeguards (DoLS) were discussed on 7 October 2014. Positive comments were shared with the manager about this.	
Regulation 14 (5) which states: On any occasions on which a service user is subject to restraint, the registered person shall record the circumstances, including the nature of the restraint. These details should also be reported to the Regulation and Quality Improvement Authority as soon as is practicable.	COMPLIANCE LEVEL
Provider's Self-Assessment: The manager adheres to the procedures and guidance on restraint, seclusion and exclusion within the day centre. Any incident of restraint will be notified to the Trust under the Trust's DATIX reporting systems and all incidents notified to RQIA as per the reporting requirements.	Substantially compliant
Inspection Findings: Refer to the inspection findings above for information. Staff are currently using approaches such as sound planning, understanding the service user's needs, clear communication, diversion, one to one time, distraction and activities to avoid any escalation of behaviours. This approach is consistent with the settings ethos, statement of purpose and aims of the service. 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 is available. A selection of records in respect of each service user as described in schedule 4 and other records to be kept in a day care setting as per schedule 5 were reviewed by the inspector during this inspection. These are being maintained in accordance with legislation and minimum standards.	COMPLIANCE LEVEL Compliant

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

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>The day centre adheres to the procedures in absence of the manager as outlined in procedure 4.3. A nominated DCW will carry out the normal day to day supervisory responsibility and ensure the planned activities and programmes are carried out. Nominated DCW have management experience and training to carry out management functions. In the absence of the manager the nominated DCW can gain advice from the named 'link manager' or assistant service manager. The statement of purpose clearly outlines the management structures and accountability for Glencairn Day Centre within the Belfast Trust.</p>	Substantially compliant
<p>Inspection Findings:</p>	COMPLIANCE LEVEL
<p>There is a full time qualified and experienced manager in Glencairn Day Centre and the statement of purpose accurately reflects the staffing arrangements in the centre. There are two day care workers and three care assistants employed in Glencairn Day Centre.</p>	Compliant

The manager has provided evidence of her NISCC registration and provided evidence of how she ensures her team are kept informed regarding key issues for this service user group such as empowering service users, improving outcomes, person centred practice, understanding how to protect service user's rights in the day care setting.

The inspector sampled three staff files to review staff training, supervision and appraisal records. All three staff files validated formal supervision and annual performance appraisals are taking place. Discussions with staff and the inspector's review of three completed staff RQIA questionnaires concluded they are receiving regular formal supervision in accordance with minimum standard 22.2.

Discussions with five staff during this inspection validate their knowledge is commensurate with their roles 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 same. In the absence of the manager, one of the two day care workers would assume responsibility for the centre and this is done on a turn basis. A competency assessment has been completed with one of the day care workers on 3 February 2015 and is retained in their staff file. This assessment process has commenced with the other day care worker. Staff are aware of their role and responsibilities to ensure management and control of operations tasks in the day care setting are competently completed, they have attended an 'Introduction to Management Skills' training in October 2014. They also have contact mobile phone numbers of their manager and her line manager should the need arise. Discussions with staff conclude there is a need for them to receive training on the use of computers. A recommendation is subsequently made in the quality improvement plan for those care staff assuming responsibility for the centre in the absence of the manager to receive training on computers that is appropriate to their role and levels of responsibilities.

Regulation 28/monthly monitoring reports of Glencairn Day Centre evidence the staffing arrangements in place for the month being inspected and form a view regarding: the effectiveness of staffing arrangements and matters to be monitored in schedule 3 of the day care regulations. These visits are both planned and unplanned. Review of the monthly monitoring reports for April, July and August 2014 showed the centre were slightly over their maximum daily number of service users. The designated registered person has discussed this with the manager and appropriate action was taken to ensure this does not reoccur. The inspector informed the manager of the variation of registration process should the Trust wish to increase the daily numbers of service users in Glencairn Day Centre. This will continue to be closely monitored.

<p>Discussions with management and staff conclude communication is effective within the centre and enhanced with regular staff meetings in accordance with minimum standard 23.8. The most recent occurred on 14 January 2015. There was evidence that selected policies and procedures are discussed at each staff meeting.</p> <p>The manager informed the inspector she is in the process of completing Glencairn Day Centre's annual report of the service. Assurances were given to the inspector this would meet schedule 3 with regards to regulation 17(1).</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 day centre adheres to the procedure on staff supervision 2.5 (Older people's day care services) this is in accordance with BHSC's corporate supervision policy and procedures for social care staff in adult services (Oct 2011) Personal development plans and personal contribution plans are done annually.</p>	Substantially compliant
<p>Inspection Findings:</p>	COMPLIANCE LEVEL
<p>A sample of three staff files were reviewed and confirmed staff have participated in the Trust's annual performance appraisal process (known as a Personal Contribution Plan). Discussions with care staff members concluded they receive regular informal and formal recorded supervision. This was validated during the inspection and is in accordance with standard 22.2.</p> <p>The setting has policies and procedures pertaining to the management and control of operations, for example: absence of the manager; staff records; staff supervision and appraisal; staffing arrangements. These are available for staff reference and reflect day to day practice.</p>	Compliant

Regulation 21 (3) (b) which states: <ul style="list-style-type: none"> • (3) For the purposes of paragraphs (1) and (2), a person is not fit to work at a day care setting unless – • (b) he has qualifications or training suitable to the work that he is to perform, and the skills and experience necessary for such work 	COMPLIANCE LEVEL
Provider's Self-Assessment:	
The manager is registered with NISCC and has the appropriate mandatory training and knowledge and skills to fulfil the role of manager within the day centre. Recruitment procedures and appropriate checks have been completed prior to commencement of employment. Declaration of fitness and proof of identity are held on staff files.	Substantially compliant
Inspection Findings:	COMPLIANCE LEVEL
There are no concerns regarding compliance with this criterion.	Compliant

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

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

11.0 Additional Areas Examined

11.1 Complaints

The complaints record was reviewed as part of this inspection. There are three columns in the book with the following headings: date, nature of complaint and response. Review of the information under these headings showed details and the outcomes of the investigations were not always recorded and if the complainant was satisfied with this. One entry did not state the service user's names.

Minimum standard 14.10 states:

"Records are kept of all complaints and these include details of all communications with complainants, the results of any investigations and the action taken."

A recommendation is made in the quality improvement plan about the centre's complaints record.

11.2 Compliments

Positive comments were shared with management regarding the many compliments recorded about the quality of care provision in the Glencairn Day Centre.

11.3 Incidents/Accidents

The inspector randomly sampled the centre's accident and incident records. These are no longer recorded in the Trust's incident/accident book but are now completed on the Trust's DATIX computer system. The manager informed the inspector she keeps a hard copy record of the reference number of the incident only. For the purposes of inspection, the inspector advised the manager to ensure copies of all incidents / accidents as per minimum standard and regulation 29 is maintained in the centre and a copy should be retained in the service user's care file. The manager printed off hard copies during the inspection for the inspector to review, there have been no accidents or incidents occurring with service users since June 2014.

With regards to the accidents / incidents with service users occurring before June 2014, these should have been reported to RQIA in accordance with regulation 29. A requirement is made in the quality improvement plan about this and the need for hard copies of accidents and incidents to be retained in the centre.

11.4 Registration of Centre

The inspector's review of random monthly monitoring reports showed there have been occasions in April, July and August 2014 where the centre exceeded their daily maximum number of service users, designated registered person undertaking the visits identified this usually occurred on Tuesdays. This was discussed and addressed with the registered manager and appropriate action taken to ensure this did not reoccur. The inspector informed the manager of the variation of registration process should the Trust wish to increase the daily numbers of service users in Glencairn Day Centre. This will continue to be monitored by the Trust and RQIA.

11.5 Service User Care Files

The inspector reviewed three service user's care files during this inspection. These were comprehensive and reflected person centred care plans completed in user friendly language, however as specified in standard 7; improvements are needed with regards to one service user's care plan.

The registered manager must ensure the identified service user's care plan is updated to fully reflect his/her medical information and the action to be taken by staff.

11.6 Registered Manager Questionnaire

The manager submitted a questionnaire to RQIA prior to this inspection. The information provided confirmed that satisfactory arrangements are in place regarding governance and management, recruitment and induction of care staff, policies and procedures, responding to service user's behaviour and reporting of accidents and incidents. The information was verified during the inspection visit, from written records and from discussions with the manager and staff members.

11.7 Discussions with Visitors and Others

During the inspection, the inspector met with a taxi driver who regularly transports service users to and from the centre. He expressed his positive views on the quality of care provision in Glencairn Day Centre and said there is *"always lots going on."* He stated management and staff treat the service users very well. He also said communication is good and he would have no hesitation in recommending the centre to anyone. No concerns or issues were raised.

11.8 Environment

The inspector was accompanied by the locality manager on a tour of the environment. Positive comments were shared with management with regards to the spacious, bright and well decorated group rooms and dining room. Areas used by service users' were warm, tidy and fit for purpose. Group rooms and corridors displayed service users art work, photographs and murals.

Colourful wall murals were recently completed by Glencairn Youth Initiative and Harmony Primary School working alongside service users in a project entitled 'Bridging the Gap.' The murals will be erected on an identified exterior side wall of the centre in the near future.

Work is currently in progress of switching the centre's heating from oil to gas.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Joan Turkington, Registered Manager, as part of the inspection process.

The timescales for completion commence from the date of inspection.

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

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

Enquiries relating to this report should be addressed to:

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



Quality Improvement Plan

Announced Primary Care Inspection

Glencairn Day Centre

9 February 2015

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

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Joan Turkington (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	29	<p><u>Accidents / Incidents</u></p> <p>The registered manager must ensure;</p> <p>(a) Accidents and incidents involving service users' are reported to RQIA in accordance with regulation 29;</p> <p>(b) Hard copy records of accidents and incidents are retained in a central file in the centre and a copy retained in the respective service user's care file (Additional information section 11.2 refers).</p>	Once	<p>a Day centre manager will ensure that the RQIA are notified on form 1(a) within 24 hours of all incidents and accidents involving service users</p> <p>b Central file commenced 09.02.15 retaining copy of incidents and a copy retained in respective service user's file.</p>	Immediate and Ongoing

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	5	<u>Review of Identified Care Plan</u> The registered manager must ensure the identified service user's care plan is updated to fully reflect his/her medical information and the action to be taken by staff should an incident or accident occur (Standard 7 refers).	Once	Care plan in question has been updated to reflect action to be taken by staff should an incident or accident occur.	Immediate and Ongoing
2	14.10	<u>Complaints Record</u> The registered manager must ensure the centre's complaints record includes the names of all complainants; details of all communications with complainants; a summary of the investigation into the areas of dissatisfaction, concern or complaint, the outcome/s of same and if the complainant is satisfied with this (additional information section 11.1 refers)	Once	A new complaints book has commenced with the format: Name of complainant Concern/complaint Communications with complainant Summary of investigation Outcome Was the complainant satisfied	Immediate & Ongoing

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details of Action Taken By Registered Person(S)	Timescale
3	7	<p><u>Service Users / Carers Request to Access Care Information</u></p> <p>The registered manager should ensure service users', their representatives and staff are aware of the Trust's process of how to request access to the respective service user's care file (standard 7.2 refers).</p>	Once	Meeting with staff and service users held explaining the procedure to access information. "Protecting and Using Your Information" leaflets obtained and given to users. Also "Access to Records Application Form V6" were shown and are available on request.	By 10 April 2015
4	21.4	<p><u>Training</u></p> <p>It is recommended those care staff assuming responsibility for the centre in the absence of the manager receive training on computers that is appropriate to their role and levels of responsibility (Theme 2 refers).</p>	Once	3 members of staff are attending computer training on 23 rd , 30 th March & 13 th April. The remaining 3 members of staff will be attending in May, dates to be confirmed.	By 10 May 2015

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

Name of Registered Manager Completing QIP	Joan Turkington
Name of Responsible Person / Identified Responsible Person Approving QIP	Martin Dillon Acting Chief Executive

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Louise McCabe	22 April 2015
Further information requested from provider			