



The **Regulation** and
Quality Improvement
Authority

Primary Unannounced Care Inspection

Name of Establishment:	Armour Day Centre
Establishment ID No:	11221
Date of Inspection:	4 February 2015
Inspector's Name:	Louise McCabe
Inspection No:	20316

The Regulation And Quality Improvement Authority
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Name of centre:	Armour Day Centre
Address:	6 Newall Road Ballymoney BT53 6HD
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Registered organisation/ Registered provider:	Dr Anthony Baxter Stevens
Registered manager:	Mrs Mary McIlroy
Person in Charge of the centre at the time of inspection:	Mrs Mary McIlroy
Categories of care:	DCS-I, DCS-LD, DCS-MP, DCS-PH, DCS-SI
Number of registered places:	44
Number of service users accommodated on day of inspection:	37
Date and type of previous inspection:	28 January 2014 Primary Announced Inspection
Date and time of inspection:	4 February 2015 10.15am–5.00pm
Name of inspector:	Louise McCabe

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, post-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 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	3
Staff	4
Relatives	1
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	10 on day of inspection	10

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

Armour Day Centre provides day care for up to 44 people each day, Monday–Friday between 10.00am and 3.45pm. There are approximately 100 service users attending the centre each week.

The centre is situated within a large health care site in the centre of Ballymoney with ample parking for visitors and service users' transport. The centre's facilities are all on ground floor level and lead from a large entrance hall, along wide corridors, around a central garden area with a glasshouse, raised flower beds and barbecue/sitting area. Visual displays of service users' artwork and photographs of people engaged in activities and social events, brighten the corridor walls.

The facilities include craft rooms, recreational area, woodwork and picture framing workshop, art therapy and a large dining room with adjoining kitchen. There are additional rooms set aside for meetings and the use of visiting professionals. Cooked lunches are prepared in the nearby residential home and are brought to the day centre in insulated containers.

There are sufficient toilets and personal care facilities, including a fully equipped bathroom with a ceiling hoist and a height-adjustable bath.

Armour Day Centre received the Best Kept Day Care Facility Runner Up Award in 2014.

Summary of Inspection

10.15 am–5.00 pm=6 hours 45 minutes

A primary unannounced care inspection was undertaken in Armour Day Centre on 4 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. Post 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 post-inspection information and questionnaires
- Discussion with the 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 four 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 and have attended training on Human Rights. Staff stated they are aware of the process to follow should a service user or their representative request to see their care file. Communication between management and staff is effective and no concerns were raised. Discussions with staff conclude they 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 Armour Day Centre.

Ten 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 praised the quality of care provided in Armour Day Centre within the returned questionnaires and the following comments were made:

- *“Excellent.”*
- *“I feel the quality of care and service currently being provided is meeting the needs of the service users attending the day centre at present, that said staff are actively striving to improve services within the tight budgetary controls. Care of service users should always be paramount and is the responsibility of all staff to ensure that the care of all service users is paramount.”*
- *“The quality of care in the day centre is fantastic, members care is of high significance to all staff.”*
- *“Good team working together.”*
- *“Excellent and professional.”*
- *“High standard of care is provided by following appropriate policies and procedures.”*
- *“The staff in the day centre provide the quality of care and service provision as set by the minimum standards and mission statement.”*
- *“I would describe the care as being of a very high standard.”*

The review of three staff files showed evidence of formal supervision taking place in the centre for care staff employed by the Trust and with the exception of agency staff and one staff member's file, this was in accordance with minimum standard 22.2. However there are consistently used agency care staff working with service users who have not received formal supervision. This was discussed with the manager and a requirement is made in the quality improvement plan about this. There were gaps in an identified staff member's file and explanations were given to the inspector about these. Assurances were given to the inspector by the locality manager closer monitoring of formal supervision would occur.

The inspector met and had discussions with most of the service users attending the centre on the day of the inspection during her tour of the environment and spoke privately with three service users regarding the standard inspected; two themes and their views on the quality of day service in Armour Day Centre. The service users communicated positive feedback regarding attending the centre, the activities they participate in and the care provided by staff. The service users meeting with the inspector stated they are aware there are records kept in the day care setting about them and that they can access the information by asking staff. These 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 is and if they had a problem or wanted to discuss something about the day care setting they said they would approach staff or the manager in the centre. Service users stated they enjoy coming to the centre and the following comments were made:

- *“I love it here, it’s a big place, I didn’t realise how much goes on in the centre until I started. It’s been very good for me, particularly the art and horticulture. I’ve made friends too. My day care worker did my care plan with me and explained I have a file that I can ask to see.”*
- *“I feel the staff are excellent and I enjoy the groups and classes. I love coming here.”*
- *“This place is just great, it has helped me to talk about things because I felt lonely and isolated before I came to the centre. The staff are great, particularly my day care worker, he listens to me and gives me good support.”*

No concerns were raised.

The previous announced inspection carried out on 28 January 2015 had resulted in two recommendations regarding the centre’s staff training record and care plans. Review of the returned quality improvement plan for this inspection and discussions with management concluded compliance in both of these 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 criterion criteria within this standard were reviewed during this inspection. Based on the evidence reviewed by the inspector, all six criteria were assessed as compliant by the inspector. One recommendation was made which concerns 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 to ensure a copy of the speech and language re-referral is retained in the identified service user’s care file. The manager must also ensure staff retrospectively date the recently received service user’s speech and language therapy assessment.

Discussions with three service users, four 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 centre was assessed overall as compliant with regards 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 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 showed an awareness of Human Rights and the Deprivation of Liberty Safeguard (DoLS) and 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. Two criteria were assessed as substantially compliant and one as compliant. One requirement and two recommendations were made as a result of this theme. These regard:

- (a) the need for agency care staff to receive formal supervision by management or staff in Armour Day Centre;
- (b) based on the numbers of service users attending the centre (approximately 100 over the week) the designated registered person carrying out monthly monitoring visits is advised to record the qualitative views and opinions concerning the quality of the day service of a proportionate number of service users on each visit (i.e. more than two service users); and ensure systems are in place to obtain the views and opinions of carers/representatives e.g. telephone calls and
- (c) ensure competency assessments are completed on all staff assuming responsibility for the centre in the absence of the manager. A copy of these assessments should be retained in the respective staff member's file.

Review of selected management records, monthly monitoring reports and discussions with the manager, four staff and one relative provided evidence that the centre has in place monitoring arrangements and effective communication systems. 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 centre was assessed overall as substantially compliant with regards to this theme.

Additional Areas Examined

The inspector undertook a tour of the premises, reviewed the complaints record, examined three service users individual files and validated the manager's post inspection questionnaire.

The inspector was accompanied by the manager on a tour of the environment, the areas used service users were found to be warm, well ventilated and in good decorative order. Service users presented as being at ease in the environment of the centre and could access facilities which they needed.

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. 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 formal supervision; care information; competency assessments, complaints record and the records of monthly monitoring visits.

Progress in these areas will be monitored via completion of the returned quality improvement plan.

Follow-Up on Previous Issues

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Standard 21.8	The registered manager should ensure that a summary of the course content and the qualifications of the trainer are included in the records for all future training events.	The centre's staff training record now contains this information.	Compliant
2	Standard 5.2	The manager and staff should attempt to include some care plan objectives which are specifically focused, so that achievable goals relating to each individual's assessed needs may be seen to be reached.	Three service user's care plans were reviewed by the inspector during this inspection. These contained measurable objectives and achievable goals.	Compliant

Standard 7 - Individual service user records and reporting arrangements:	
Records are kept on each service user's situation, actions taken by staff and reports made to others.	
Criterion Assessed:	COMPLIANCE LEVEL
7.1 The legal and an ethical duty of confidentiality in respect of service users' personal information is maintained, where this does not infringe the rights of other people.	
Provider's Self-Assessment:	
<p>All personal information pertaining to Service Users is stored in accordance with the Data Protection Act 1998 and its principles.</p> <p>Confidentiality and Record Keeping Policies in place.</p> <p>The importance of confidentiality in respect to Service Users personal information is explained to staff at their induction, furthermore when it is appropriate to share personal information in order for a Service User to gain access to various services eg. Social Worker, Doctor.</p> <p>P.O.P.I. details how freedom of information requests can be made in order to gain access to information kept.</p> <p>Records kept in a locked filing cabinet in an office and archived records also in a locked filing cabinet in a locked room.</p>	Compliant
Inspection Findings:	COMPLIANCE LEVEL
<p>Records show the manager of Armour Day Centre attended Processing of Personal Information (POPI) training in September 2013 and has attended Information Governance training with staff in January 2013.</p> <p>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 Armour 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 for example 'Accessing your personal information', 'Subject Access Request Form' etc. 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.</p>	Compliant

Criterion Assessed:	COMPLIANCE LEVEL
<p>7.2 A service user and, with his or her consent, another person acting on his or her behalf should normally expect to see his or her case records / notes.</p> <p>7.3 A record of all requests for access to individual case records/notes and their outcomes should be maintained.</p>	
Provider's Self-Assessment:	
<p>Service User's on their initial visit are furnished with a pack containing information on how the Trust manages personal information, also how the Day Centre manages their personal information and how their personal information is shared, furthermore the process required to access third party information held.</p> <p>Access to third party information is a Trust procedure using the correct form as detailed in Pack.</p> <p>To date there has been no requests for third party information, but if this happens the Trust Procedure will be employed and a record of the event written up.</p>	Compliant
Inspection Findings:	
<p>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.</p> <p>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. The Trust's service user's agreement form states: "You can access personal information in your file in accordance with procedures." Discussions with service users conclude they are aware a service user record is kept and have been informed how they can access the records.</p> <p>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.</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 what they would do if a service user or their representative requested access to care 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 of the above records pertaining to each individual Service User are kept in accordance with the Data Protection Act 1998 and its principles.</p>	<p>Compliant</p>
<p>Inspection Findings:</p> <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 maintained according to relevant policies and procedures. Discussions with the manager concluded service user’s care files are audited on a regular and systematic basis. A discussion took place with the manager advising copies of the audits of service user’s files should be retained in their respective care file. The 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 and concerned the review and amending of the date of an identified service user’s care plan.</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:	
Each Service User attending the Day Centre has an entry into their Diary of Events on each fifth day of attendance, however should a recordable event happen within the five attendances this is recorded.	Compliant
Inspection Findings:	COMPLIANCE LEVEL
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.	Compliant

Criterion Assessed:	COMPLIANCE LEVEL
<p>7.6 There is guidance for staff on matters that need to be reported or referrals made to:</p> <ul style="list-style-type: none"> • The registered manager; • The service user's representative; • The referral agent; and • Other relevant health or social care professionals. 	
Provider's Self-Assessment:	
<p>There is guidance for staff on matters that need to be reported or referrals made to:-</p> <ol style="list-style-type: none"> 1. All concerns are reported to the Registered Manager/Person in Charge who takes the appropriate action. Furthermore staff on commencement of employment, receive induction which includes advice on Abuse, WhistleBlowing and Complaints Polices which details the procedure for reporting concerns. Staff are also made aware of consent issues and the need for the appropriate people to be informed and the need for concise recording. 2. In the event of an accident/incident involving a Service User or something that causes concern, the Registered Manager, Person in Charge or Keyworker with the Service Users consent will contact a family Representative, also Named Worker contacted and the appropriate response to address matter. 3.R.Q.I.A. using the Notification of Event, relevant referral form for any other professional services, Physiotherapist, Speech and Language Therapist, Occupational Therapist,etc. 	Compliant
Inspection Findings:	COMPLIANCE LEVEL
<p>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.</p> <p>The inspector's discussions with four 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 management and themselves is effective and no concerns were raised.</p> <p>A recommendation is made in the quality improvement plan for the manager to ensure a copy of the speech and language re-referral is retained in the identified service user's care file and a date is retrospectively recorded on the recently received speech and language therapy assessment.</p>	Compliant

<p>Criterion Assessed: 7.7 All records are legible, accurate, up to date, signed and dated by the person making the entry and periodically reviewed and signed-off by the registered manager.</p>	
<p>Provider’s Self-Assessment: All records are legible, accurate, up to date, signed and dated by the person making the entry and periodically reviewed and signed off by the registered Manager.</p>	Compliant
<p>Inspection Findings: The inspector examined a sample of three service user individual records which met this criterion. Consultation with four 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 ten completed staff questionnaires which confirmed policies and procedures are in place and available in the centre.</p>	<p>COMPLIANCE LEVEL Compliant</p>

<p>PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Compliant</p>
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<p>INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Compliant</p>
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Theme 1: The use of restrictive practice within the context of protecting service user’s human rights	
Theme of “overall human rights” assessment to include:	
<p>Regulation 14 (4) which states:</p> <p>The registered person shall ensure that no service user is subject to restraint unless restraint of the kind employed is the only practicable means of securing the welfare of that or any other service user and there are exceptional circumstances.</p>	COMPLIANCE LEVEL
Provider’s Self-Assessment:	
<p>No restraint methods are used within this service.</p>	Compliant
Inspection Findings:	
<p>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.</p> <p>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.</p> <p>Staff attend Respect refresher training once a year as part of the mandatory training programme, this had taken place in October 2014. Consultation with staff revealed their knowledge, skill and competence concerning this which is commensurate with their role and responsibilities.</p> <p>Staff access policies and procedures pertaining to: the assessment, care planning and review; managing aggression and challenging behaviours; recording and reporting care practices; reporting adverse incidents; responding to service users behaviour; restraint and seclusion; and untoward incidents which provide guidance for staff.</p>	COMPLIANCE LEVEL Compliant

<p>Discussions with staff validate management and staff member’s knowledge about when and why restraint is used including their understanding of exceptional circumstances. Staff working in the centre are aware of the exceptional circumstances when restraint or seclusion should be used, including how service users human rights are protected if restraint or seclusion is planned for or when it is used reactively. Staff are also aware of the Deprivation of Liberty Safeguards (DOLS) – Interim Guidance.</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>No restraints methods are used within this service.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	<p>COMPLIANCE LEVEL</p>
<p>Refer to the inspection findings above for information.</p> <p>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.</p> <p>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.</p>	<p>Not applicable</p>

PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

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

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>A detailed management structure is defined in the Statement of Purpose which identifies lines of accountability, specific roles and details responsibilities. Furthermore identified persons to be left in charge of the Day Centre in the absence of Facility Lead are currently undergoing competency assessments.</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p>	<p>COMPLIANCE LEVEL</p>
<p>The manager has been working in Armour Day Centre for twenty three years and is registered with the Northern Ireland Social Care Council (NISCC) from September 2011.</p> <p>There is a full time manager in Armour Day Centre, three day care workers; six care assistants (two with driving duties); two domestic assistants and a part time clerical officer employed in the centre. The service’s statement of purpose accurately reflects this and the staffing arrangements is displayed in a flow chart diagram. Two day care workers are qualified with a Diploma in Social Work and a National Vocational Qualification (NVQ) Level 3 Award. Three care staff have an NVQ Level 2 Award.</p>	<p>Substantially compliant</p>

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.

In the absence of the manager, the day care workers take turns to assume responsibility of the centre. Discussions with care staff validated this. With regards to competency assessments completed with the identified three day care workers, the manager explained these are due to be completed. This matter had been raised and discussed during a previous inspection of the centre and a recommendation is now made in the quality improvement plan. A copy of the competency assessment should be retained in the respective staff member's file.

Discussions with four 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. 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 also have contact mobile phone numbers of their manager and her line manager should the need arise.

Several Regulation 28/monthly monitoring reports of Armour Day Centre were reviewed by the inspector, these evidence the staffing arrangements in place for the month being inspected and form a view regarding: the effectiveness of these arrangements and compliance with regulations and standards. The reports are qualitative and positive comments were shared with the visiting locality manager with regards to him focusing on a minimum standard each month. A recommendation is however made in the quality improvement plan for the designated person to record the qualitative views and opinions of the quality of the day service from a proportionate number of service users on each visit (i.e. more than two service users as there are currently approximately 100 service users attending Armour Day Centre each week) and ensure systems are in place to obtain the views and opinions of carers/representatives e.g. telephone calls (as there are generally no visiting carers or representatives in the centre during monthly monitoring visits).

Armour Day Centre's Annual Quality Review report for the year 2014 is in place and reflects all of the matters monitored by the designated registered person and complies with Regulation 17(1), Schedule 3 (points 1-15). Staff meetings take place every three months involving all staff, these usually occur on centre closure days, the minutes of these are circulated to all staff. There are daily day care worker meetings in Armour Day Centre to discuss the activities, groups or outings for service users and prioritise staffing arrangements for same. This information is shared with care assistants when they have completed bus escort duties. Discussions with staff conclude they are satisfied with the current effective communication arrangements in the centre.

<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>All Trust staff in the Day Centre are appropriately supervised. The supervision of Agency staff working in the Day Centre is currently being addressed.</p>	Substantially compliant
<p>Inspection Findings:</p>	COMPLIANCE LEVEL
<p>There was evidence that formal supervision is taking place with all employed care staff in Armour Day Centre, however there are three consistently used agency care staff working in the centre who are not receiving formal supervision from the manager or staff. A requirement is made in the quality improvement plan for agency care staff to receive formal supervision. The inspector sampled three staff files to review staff training, supervision and appraisal records. With the exception of one staff on long term sick leave, all three staff files validated formal supervision and annual performance appraisals are taking place. One of the staff files showed some gaps in formal supervision and was discussed with the Locality Manager. The other two staff files validated formal supervision is in accordance with minimum 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>	Substantially 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:	
All staff have been employed through the selection and recruitment process of the N.H.S.C.T. All staff left in charge of the Day Centre have completed their Mandantory Training. Competency Assessments of these staff is currently in progress.	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
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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 and did not reveal any concerns.

Discussions with the relative of a service user during this inspection concluded she had raised an area of concern a number of months ago with the manager and expressed her satisfaction about how this had been received, sensitively managed and stated she was happy with the outcome/s. This matter had not been recorded in the centre's complaints record and was discussed with the manager.

A recommendation is made in the quality improvement plan for the manager to record in the centre's Complaints Record all areas of dissatisfaction, concern or complaints expressed by service users, carers or members of the public and this should be documented in the respective service user's care notes.

Compliments

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

Incidents/Accidents

The inspector randomly sampled the centre's accident and incident records. These meet minimum standards.

Discussions with Carers

The inspector met with the relative of one service user during this inspection. The relative stated she is very happy with the quality of care provision in Armour Day Centre. She said it provides a quality social outlet for her mother, that she looks forward to attending and how good and observant the staff are with her.

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.

A recommendation is made in the quality improvement plan with regards to two identified care files, the manager must:

- (a) Review and amend the date on the identified service user's care plan;
- (b) Ensure a copy of the speech and language re-referral is retained in the identified service user's care file and the date retrospectively recorded on the recently received speech and language therapy assessment.

Registered Manager Questionnaire

The manager submitted a questionnaire to RQIA following 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 via written records and from discussions with the manager and staff members.

Environment

On a tour of the premises, the areas used by service users were found to be warm, well ventilated and in mostly good decorative order. Service users presented as being at ease in the environment of the centre and could access facilities which they needed.

Positive comments were shared with the manager and staff regarding the colourful murals, artwork and many photographs of service users participating in activities, outings or events.

Since the previous inspection new tables which are accessible to wheelchair users, chairs and new curtains have been purchased for the dining room. These are easily cleaned and maintained from an infection, prevention and control viewpoint.

New fire doors and fire coding work has also been completed in Armour Day Centre since their last inspection.

The Trust has recently completed a Regional Health Care Hygiene and Cleanliness Audit of Armour Day Centre which contains an action plan. Assurances were given to the inspector the matters on this would be prioritised and addressed in a timely manner.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Mary McIlroy, 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

Primary Unannounced Care Inspection

Armour Day Centre

4 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 Mary McIlroy (pending 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	20(1)(c)	<p><u>Formal Supervision</u></p> <p>The manager must ensure all agency care staff receive formal supervision in accordance with minimum standard 22.2 (Theme 2 refers).</p>	Once	Facility Lead nominated the 3 Day Care Workers to commence Formal Supervision with the Agency Staff. Intital Formal Supervision and Supervision Contract completed.	Immediate and on-going

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	7	<p><u>Care Information</u></p> <p>With regards to the two identified care files, the manager must:</p> <ul style="list-style-type: none"> (a) Review and amend the date on the identified service user's care plan (section 7.4 refers); (b) Ensure a copy of the speech and language re-referral is retained in the identified service user's care file and the recently received speech and language assessment is retrospectively dated (section 7.6 refers). 	Once	<p>(a) Date amended on Service User's Care plan.</p> <p>(b) Copy of Speech and Language Re-referral has been retained in Service User's File, and Speech and Language Assessment dated the day it was received in Day Centre.</p>	Immediate and on-going

2	14.10	<p><u>Complaints/Concerns/Areas of Dissatisfaction Record</u></p> <p>The manager must record in the centre's Complaints Record all areas of dissatisfaction, concern or complaints raised by service users, carers or members of the public and ensure this is documented in the respective service user's care notes (Additional information section refers).</p>	Once	All areas identified will be documented.	Immediate and on-going
3	17.1	<p><u>Absence of Manager</u></p> <p>The registered person must ensure competency assessments are completed on all staff assuming responsibility for the centre in the absence of the manager. A copy of these should be retained in the respective staff member's file (Theme 2 refers).</p>	Once	Competency Assessments completed and a copy in Staff members file.	By 10 March 2015
4	17.10	<p><u>Monthly Monitoring Reports</u></p> <p>Based on the total number of service users attending Armour Day Centre, the designated registered person carrying out monthly monitoring visits is advised to:</p> <p>(a) record a summary of the qualitative views and opinions of the day service from a proportionate number of service users on each visit i.e. more than two service users as there are approximately 100 service users attending the centre each week;</p>	Once	<p>(a) The Monitoring Officer acknowledges the advice of the Inspecting Officer and forthwith will interview 3 Service User's on a monthly basis. It has to be acknowledged that many Service User's donot feel comfortable being placed in this informal interviewing position.</p> <p>(b)Due to the nature of the Service User's who attend the Armour Day Centre there are very few Carers/Representatives.</p>	Immediate and on-going

		<p>(b) ensure systems are in place to obtain the views and opinions of carers/representatives e.g. telephone calls on each monthly monitoring visit (Theme 2 refers).</p>		<p>A further email was forwarded to RQIA on 27 May 2015 from the Northern HSC Trust containing the following information:</p> <p>“On the recommendation of the Inspecting Officer a Paper Trail covering the following has now been documented and held on file:</p> <ul style="list-style-type: none"> • Service Users were consulted about giving their consent for their Carer/Representative to be contacted to share their views on care provided at Armour Day Centre. • Letter sent to identified Carers/Representatives asking if they wished to be contacted dated 9th April 2015. • Permission slips collated. • List of Carers/Representatives complied to be contacted monthly by Telephone/Invitation.” 	
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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	Mary Mc Ilroy
Name of Responsible Person / Identified Responsible Person Approving Qip	Dr Tony Stevens

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	With the exception of recommendation 4, the response is acceptable.	Louise McCabe	1 April 2015
Further information requested from provider	<p>Further information is requested from the manager and designated registered person about recommendation 4.</p> <p>In consultation with service users; the number of their carers/representatives who consent to periodically being contacted by telephone, email etc by the designated registered person for their views and opinions of the quality of service in Armour Day Centre. Evidence must be retained of the process used to obtain this information.</p> <p>Confirmation that monthly monitoring reports from 1 April 2015 where possible reflect the views and opinions of service user's carers/representatives.</p>	Louise McCabe	<p>By 15 June 2015</p> <p>By 15 June 2015</p>

Name of Registered Manager Completing Qip	Mary McIlroy
Name of Responsible Person / Identified Responsible Person Approving Qip	Dr Tony Stevens

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Second response assessed by inspector as acceptable	Yes	Louise McCabe	14 July 2015
Further information requested from provider	No		