



The **Regulation** and
Quality Improvement
Authority

Unannounced Primary Care Inspection

Name of Establishment: Windsor Day Centre
RQIA Number: 11226
Date of Inspection: 13 November 2014
Inspector's Name: Suzanne Cunningham
Inspection ID: IN20926

The Regulation And Quality Improvement Authority
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1.0 General Information

Name of Centre:	Windsor Day Centre
Address:	2a Rathfriland Road Newry BT34 1JN
Telephone Number:	(028) 3083 5430
E mail Address:	windsor.daycentre@southerntrust.hscni.net
Registered Organisation/ Registered Provider:	Southern HSC Trust Ms Carmel McGrath
Registered Manager:	Ms Carmel McGrath
Person in Charge of the Centre at the time of Inspection:	Ms Carmel McGrath
Number of Registered Places:	60
Number of Service Users Accommodated on Day of Inspection:	33
Date and type of previous inspection:	28 November 2013 Primary Unannounced
Date and time of inspection:	13 November 2014 09:30–17:15
Name of Lead Inspector:	Suzanne Cunningham

2.0 Introduction

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

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

3.0 Purpose of the Inspection

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

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

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

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

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

4.0 Methods/Process

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

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

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

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

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

5.0 Consultation Process

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

Service users	5
Staff	
Relatives	0
Visiting Professionals	1

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	5	0

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

Windsor Day Centre provides day care to adults with learning disabilities with a broad range of associated physical disabilities.

Set in its own grounds this purpose-built centre was opened in September 2010. The centre was of a modern design with broad corridors, accessible toilets and shower / bathrooms, activity areas, sensory rooms, accessible outdoor patio areas and good use of natural light.

8.0 Summary of Inspection

A primary inspection was undertaken in Windsor Day Centre on 13 November 2014 from 09:30 to 17:15. This was a total inspection time of seven hours and forty five minutes. The inspection was unannounced.

Prior to this inspection the provider submitted a self-assessment of the one standard and two themes inspected. The inspection aimed to assess the centre's compliance using a sample of the provider's self-assessment and conclude if the centre is compliant and comment on the quality of care provided. 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; incident and accidents record; evidence of service user consultation, monthly monitoring records; the centres statement of purpose; service users guide and policies & procedures
- Tour of the premises.

The inspector spoke to the manager and assistant manager during the inspection as well as staff throughout the setting on the day of the inspection regarding the standards inspected and their views about working in the centre. This generated positive feedback regarding records and reporting arrangements including using a person centred approach to records, working in the least restrictive way and the management arrangement's in this day care setting. The manager is Carmel McGrath who also manages five other establishments. She ensures her role and responsibilities are undertaken by delegating to two assistant managers who work as part of her management team, further delegation of roles and responsibilities is made to the band five day care staff in the day care setting. Carmel is an experienced manager in this day care setting and has a social work qualification. The assistant manager for this setting is a qualified nurse and the other assistant manager has QCF level 5. The inspection did not reveal any concerns regarding their competence in this role.

The inspector observed fifteen service users and communicated with five service users very generally regarding their experiences in the day care setting. The inspector was not able to gauge their specific thoughts about the standard inspected and the two themes due to their methods of communication which the inspector was not familiar with and their needs which meant some service users were not comfortable with a stranger in their space. Generally the inspector did identify service users enjoyed the activities they were taking part and they were encouraged to take part as much as they can. Service users indicated the staff that was with them helped them and they talked openly in front of staff. The service users did provide the inspector with positive comments regarding attending the centre and what they like to do when they come to the day care setting.

The inspector spoke with a speech and language therapist visiting the setting during the inspection. The professional reported her experience is staff are responsive to managing the complex and challenging behaviours of service users who attend the setting. She reported one service user has required a lot of planning and input from a range of professionals as well as staff. She explained her experience has been staff have responded well to this planning process, offering assessment and observation information which has demonstrated their understanding of complex communication needs. The professional discussed with the inspector her experience of the staff communicating with service users and their representatives, she assured the inspector relatives are kept informed regarding current assessments and plans. The professional described staff as working with a focus on the individual, which is a person centred approach; she also described staff as having empathy for the individual which informs their approach. The professional advised staff are very good at carrying out programmes of care, the staff ensure there is the right number of staff to meet care plans and ensure safe supervision levels in the setting and when they go out of the setting. Overall care was described as needs led.

Regarding the management arrangements in the setting the professional described the assistant manager and the band five staff take responsibility for any issues on a day to day basis, she described there is good communication between the team and if required can speak to Carmel. Overall she described the whole team as facilitating her speech and language role in the setting which ensures service users' needs are met.

The previous announced inspection carried out on 28 November 2013 had resulted in no recommendations and two requirements regarding management and staffing arrangements in the day care setting. Both of these issues were discussed with RQIA in a meeting called by the trust following this inspection and assurances were made the centre would comply with the requirements. The trust provided a detailed response in the quality improvement plan which was returned to RQIA and the inspector found the management and staffing arrangements were in place as described.

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. Three of the criteria were assessed as substantially compliant and the remaining three were assessed as compliant by the inspector. One requirement is made regarding improving the timescales for reviews and one recommendation is made regarding informing service users and their representatives regarding service users information that is kept about them in the day care setting, how this is kept confidential; consent to records and how service users and their representatives can access records.

Discussions with staff and review of five service users' individual files provided evidence that the centre is generally performing well regarding standard 15. The discussions with service users and observations provided examples of how staff encourages service users to get the most out of their day care experience and guide them to take part in activities. Service users were observed enjoying the social aspect of attending the centre and were complimentary regarding the staff attention and support. The inspector's observations concluded this day care setting is an important source of support and social stimulation for the service users attending.

Based on the evidence reviewed the inspector assessed the centre as substantially compliant in this standard. One requirement and one recommendation have been made regarding the examination of this standard.

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

Two criterion from regulation 14 were inspected which examined compliance with the use of any restrictive practices in this day care setting within the context of human rights. Both criteria were assessed as moving towards compliance. Two recommendations are made, the first is made regarding integrating human rights and deprivation of liberty safeguards consideration into plans where restrictions, restraint or segregation are planned for. The second is made to improve the reporting of restrictive practices and restraint to RQIA.

Discussions with the manager, staff and examination of records provided evidence that the centre was using clear planning and multidisciplinary assessment to promote the needs of the service users who attend the centre and meet those needs within the day care setting.

Staff discussed using good communication, diversion, calming, diffusing techniques and knowing their service users' needs and personalities and they identified this assists them in ensuring service user's behaviour does not escalate in most cases. Where they had used segregation as a behaviour management plan this had calmed behaviour however, staff need to be clear if they are using any restrictions that these are the least restrictive methods available to them to meet the needs identified.

Based on the evidence reviewed the inspector assessed the centre as moving towards compliance in this theme and two recommendations are made.

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 were inspected which provided the evidence to examine this theme. One criterion were assessed as substantially compliant one as moving towards compliance. One recommendation is made regarding staff that act up in the absence of the manager should have a competency assessment completed by the manager to evidence they have the skills, knowledge, training and understanding of the role and responsibility to act up in the managers absence. A second recommendation is made to improve the frequency of staff supervision.

Discussion with the manager and staff provided evidence that the organisation had in place monitoring arrangements; and they had a general approach of promoting quality care.

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

Additional Areas Examined

The inspector undertook a tour of the premises, reviewed the complaints record, examined five service users individual files, validated the registered manager's pre inspection questionnaire, reviewed the staff questionnaire and viewed the environment. This revealed four areas for

improvement. One requirement is made regarding the statement of purpose and three recommendations are made regarding specifying long and short term goals for service users; addressing unmet need; and restrictive practice.

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 those who engaged with her during the inspection. Overall the inspector commends the proactive approach to day care that is delivered in this centre, there is a clear approach of support, socialisation, enabling and empowering service user in this setting which is entirely consistent with the day care settings statement of purpose. In conclusion the care presents as in tune with the needs of the service users for support, stimulation and to meet their social needs.

As a result of the inspection a total of three requirements have been made regarding annual reviews; reporting of segregation and updating of the settings statement of purpose. Six recommendations have been made regarding improvement of informing service users and their representatives how information is kept confidential regarding service users; and access to records, staff competency assessments, the frequency of staff supervision, specifying long and short term goals, addressing unmet needs and restrictive practice. This was reported to the management team at the conclusion of the inspection and assurances were made these would be addressed as a priority.

9.0 Follow-Up on Previous Issues

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	Regulation 11 (1)	The registered person should review the management arrangements for Windsor Day Centre and seek ways to facilitate increased management presence to ensure that it is managed with sufficient care.	Two	This had been acted on post inspection and improvements were evidenced during this inspection	With immediate effect
2	Regulation 20 (1) (a)	The majority of staff in the centre expressed concerns about the sufficiency of staffing to meet service users' needs at all times. The registered person must ensure that the centre's staffing is maintained at a level assessed as necessary for the provision of safe and effective service delivery. This assessment should take account of the views of staff. (Ref. 17.2)	Three	This had been acted on post inspection and improvements were evidenced during this inspection	With immediate effect

10.0 Inspection Findings

Standard 7 - Individual service user records and reporting arrangements:	
Records are kept on each service user’s situation, actions taken by staff and reports made to others.	
Criterion Assessed:	COMPLIANCE LEVEL
<p>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.</p>	
Provider’s Self-Assessment:	
<p>All staff are aware of their legal and ethical duty of confidentiality in respect of all service users records held, created or used within their work whether paper based or electronic including emails. Staff are required to be aware of the SHSCT Policies and Procedures on records management, confidentiality and I.T. security as well as an awareness of the Data Protection Act 1998, Code of Practice on Protecting the Confidentiality of Service Users Information (DHSSPSNI 2012), Minimum Day Care Standards (DHSSPSNI 2012) and NISCC Code of Practice. Staff must ensure that service user information is only shared on a need to know basis in accordance with policy guidance. Staff store information safely and securely within Windsor Day Centre.</p>	Compliant
Inspection Findings:	COMPLIANCE LEVEL
<p>The inspector inspected five service user individual records which presented as described in schedule 4; and other records to be kept in a day care setting, as described in schedule 5. The service user records are kept in a locked cabinet and staff reported they protect service user confidentiality by recording privately and keeping records secure. Inspection confirmed the provider’s self-assessment.</p>	Compliant

<p>Criterion Assessed:</p> <p>7.2 A service user and, with his or her consent, another person acting on his or her behalf should normally expect to see his or her case records / notes.</p> <p>7.3 A record of all requests for access to individual case records/notes and their outcomes should be maintained.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment:</p> <p>The records that are kept within the centre are completed with the service user who works in partnership with their keyworker to update all information annually or more often if required. Should the service user request full access to their file the centre will liaise directly with the community keyworker and the individual will be asked to place his/her request in writing or email. A service user may request a representative of their own choice to act on their behalf in this process. Staff will ensure appropriate forms are completed on the Trust's 'Consent to Release Personal Information to an Elected Representative' form. All requests for service users records should be actioned without delay in accordance with SHSCT Data Protection Guidance Note Subject Access Request for Social Services Record. A copy of access to records is forwarded to information governance team to monitor the progress of the request under the Data Protection Act 1998. A record of request for access are kept in the individual's file and the outcomes recorded. There have been no recorded requests for access to file within the Windsor to date.</p>	Compliant
<p>Inspection Findings:</p> <p>Information for service users in this setting is produced in an accessible format and the staff were observed communicating in a variety of ways during the inspection to ensure service users responded to the care being given in a positive way and were informed of what was happening. The inspector was satisfied with the arrangements in place to respond to service user requests to see their information however, the inspector did find there was no clear information provided to service users to inform them their information is being kept by the setting and how they can access the records if they wish to. A recommendation is made that this information is made clear to service users for example in the service user's guide and or service user agreement.</p>	COMPLIANCE LEVEL Substantially compliant

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

Inspection Findings:	COMPLIANCE LEVEL
<p>The examination of a sample of five service user individual records evidenced the above records and notes are available and had been maintained by staff.</p> <p>The inspector did reveal some reviews were not taking place within the annual timescale; evidence was available on the service users records that staff in the day care setting had made adequate efforts to make the arrangements for the review to happen. However, this had been delayed by the community team. The inspector is concerned that this lack of engagement by the community team not only means the day care setting are not compliant with standard 15 but also means the service user assessment and care plan has not been formally reviewed by all key individuals to ensure it is still current, relevant and care is responsive to identified need. A requirement is made to the responsible person to ensure this timescale is addressed and supported by the trust as a whole.</p>	Substantially compliant
<p>Criterion Assessed: 7.5 When no recordable events occur, for example as outlined in Standard 7.4, there is an entry at least every five attendances for each service user to confirm that this is the case.</p>	COMPLIANCE LEVEL
Provider's Self-Assessment:	
Where no recordable events occur or if the service user is absent a record is made in the service user's file at least every five days.	Complaint
Inspection Findings:	COMPLIANCE LEVEL
Service user records had been regularly updated	Compliant

<p>Criterion Assessed: 7.6 There is guidance for staff on matters that need to be reported or referrals made to:</p> <ul style="list-style-type: none"> • The registered manager; • The service user’s representative; • The referral agent; and • Other relevant health or social care professionals. 	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p>	
<p>Noted concerns or issues will be reported to the appropriate staff that is Day Care Keyworker, Community Keyworker, relevant Allied Health Professional and the Registered Manager and Deputy Manager as deemed necessary. Changes that require assessment from other disciplines or agencies are made via the Day Care Worker and Community Keyworker. A copy of all such contacts / referrals are held on the individuals file. Formal guidance for staff on matters that need to be reported has been created and is now accessible to all staff.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The inspection of five individual service user’s files, discussion with staff and one visiting professional and sampling of policies and procedures pertaining to communication, confidentiality, consent, management of records, recording and reporting care practices confirmed the provider’s self-assessment for this criterion.</p>	<p>Compliant</p>

<p>Criterion Assessed: 7.7 All records are legible, accurate, up to date, signed and dated by the person making the entry and periodically reviewed and signed-off by the registered manager.</p>	
<p>Provider’s Self-Assessment: All records are written in a factual and legible manner in partnership with the service user and his / her Day Care Key Worker. A summary of these records are reviewed annually at the individual's annual review and should there be changes these will be updated. All service user records are periodically audited and signed by the Registered Manager. Records are also audited during Provider Visits.</p>	Substantially compliant
<p>Inspection Findings:</p>	<p>COMPLIANCE LEVEL</p>
<p>The inspection did not reveal any concerns or improvements in this regard.</p>	Substantially compliant

<p>PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Substantially Compliant</p>

<p>INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Substantially Compliant</p>

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>Our staff are MAPA trained and use the concept 'keep me safe, treat me with respect' in line with individuals overall human rights. MOVA strategy number 8 use of Restrictive Physical Intervention (RPI) seeks to ensure RPI is used as infrequently as possible and in the best interest of the service user. In Windsor we use de-escalation methods as outlined by the Psychologist and the Behaviour Support Team at all times ensuring the human rights of the individual are respected. Any planned use of restrictive practice will only be implemented following consultation with the service user, his / her carer and multi-disciplinary team and notification to RQIA.</p> <p>Registered Managers are currently developing a set of guidelines and protocol for use of Restrictive Practice within Day Care.</p>	Substantially Compliant
Inspection Findings:	
<p>The inspector examined a selection of records including: records of each service user as described in schedule 4; and other records to be kept in a day care setting, as described in schedule 5. The inspector found staff had used a variety of methods including distraction, reassurance, diversion, one to one attention, activities, behaviour management and communication plans which had avoided behaviours escalating.</p> <p>The inspector did identify two service users whom were being segregated as part of their management plan. One service user is in the main building and at times has needed to walk around and be alone for theirs and others safety. The segregation is clearly used as a time out and de-escalation and to date the recording evidenced this had been used successfully. The other service user has a plan which segregates them from the rest of the setting and this is a response to the service user’s history of behaviours and previous management</p>	Moving towards compliance

plan. The placements both have clear assessment and plans in place that evidence the staff are using a planned response to exceptional circumstances. Each plan has a section detailing human rights and Deprivation of Liberty safeguards however the information recorded is generic and not service user specific. The record should reference that any plan in place to respond to service user’s behaviour which could be regarded as a restraint or restriction is the least restrictive measure available to staff to meet the need identified. A recommendation is made to review recording in this regard.

The inspector reviewed the records of segregation and discussed with staff the definition of restraint which is a restrictive physical intervention as defined by Human rights working group on restraint and seclusion, guidance on restraint and seclusion in Health and personal social services; August 2005: page 13; 2.2. The use of segregation is also defined as a physical intervention and therefore these incidents should have been reported to RQIA in accordance with regulation 14 (5) and RQIA records do not evidence this had been done.

Examination of service user’s individual records and discussion with staff evidenced staff interventions are individually planned according to the identified needs of service users and management techniques are planned by the professionals involved in each individuals care. Plans were in most cases recorded in service users individual behaviour management plan however the inspector did note in cases where staff were still assessing behaviour staff had not clearly recorded what they were assessing and what the objectives of the assessment was. In turn this meant the recording of service user’s behaviour and responses to care was not detailed enough to inform future planning. The formats in place and currently used by staff do allow for this to be recorded and advice was given in this regard. This is further discussed in additional areas examined.

Staff receive MAPA training and discussion with staff assured the inspector of their competence, knowledge and skill to respond to service users behaviour in a deescalating and safe way that is proportionate to the behaviour being presented.

The staff have access to policies and procedures pertaining to: the assessment, care planning and review; managing aggression and challenging behaviours; recording and reporting care practices; reporting adverse incidents; responding to service users behaviour; restraint and seclusion.

<p>Regulation 14 (5) which states:</p> <p>On any occasions on which a service user is subject to restraint, the registered person shall record the circumstances, including the nature of the restraint. These details should also be reported to the Regulation and Quality Improvement Authority as soon as is practicable.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p> <p>There are no recorded occasions where a service user has been subject to restraint within Windsor. Staff are aware of the need to report any such incidences to RQIA, other relevant staff and recorded in the individual service user file. The use of straps on wheelchairs has been assessed by Physiotherapist and Occupational Therapist in consultation with the service user and have been agreed as being necessary for the individual's safety.</p> <p>If restraint were required in the event of an emergency staff would apply their MAPA training and Trust MOVA Policies and Procedures using the concept 'keep me safe, treat me with respect'.</p>	<p>Not applicable</p>
<p>Inspection Findings:</p> <p>The inspector reviewed the records of segregation. The inspector discussed these incidents with the staff and the definition of restraint; which is a restrictive physical intervention as defined by Human rights working group on restraint and seclusion, guidance on restraint and seclusion in Health and personal social services; August 2005: page 13; 2.2. The use of segregation is also defined as a physical intervention, therefore these incidents should have been reported to RQIA in accordance with regulation 14 (5). RQIA records do not evidence this had been done and a requirement is made in this regard.</p> <p>Discussion with staff and review of service users information did evidence staff and professionals do discuss action plans to ensure plans written remain necessary, proportionate to the behaviours and risk being managed however the plans do not detail if the least restrictive measure is being used and impact of their care on the service users human rights.</p> <p>Staff have access to: <i>Guidance on Restraint and Seclusion in Health and Personal Social Services</i>, Department of Health, Social Services and Public Safety, Human Rights Working Group, August 2005</p> <p>Discussion with a group of staff validated their knowledge commensurate with their role and responsibilities</p>	<p>COMPLIANCE LEVEL</p> <p>Moving towards compliance</p>

<p>such as: managing service users behaviour; responding to service users behaviour; protecting the human rights of service users when delivering care; and how they ensure service users are responded to in the most appropriate and least restrictive way.</p>	
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<p>PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Substantially compliant</p>

<p>INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Moving towards compliance</p>

<p align="center">Theme 2 – Management and Control of Operations</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>Management systems and arrangements are in place that support and promote the delivery of quality care services.</p> <p>Theme covers the level of competence of any person designated as being in charge in the absence of the registered manager.</p>	
<p>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 Registered Manager ensures that at all times there is a suitable qualified, competent and experienced Day Care Worker Band 5 assuming responsibility in the absence of the Assistant Manager and Registered Manager at all times. The Registered Manager and / or Assistant Manager visit the centre on a weekly basis and are contactable at all times. The Assistant Manager is based in the Laurels providing a managerial presence of approximately 7- 10 hours per week and, additional hours if placed on the rota to cover for annual leave, sickness absence, training etc. There is a defined Managerial / Organisational Structure in place which is outlined in Windsor's Statement of Purpose.</p> <p>A draft SHSCT Disability Division Day Care 'Procedure for Assessing the Competency and Capability of Staff Assuming Responsibility in the Absence of the Registered Manager' is in place and will be presented to the Director at the Managers Meeting in July 2014.</p>	<p align="center">Substantially compliant</p>

<p>Inspection Findings:</p>	<p>COMPLIANCE LEVEL</p>
<p>The registered manager is social work qualified and one assistant manager is nurse qualified and one assistant manager has the QCF level 5. Therefore the inspector was satisfied the management cover in this setting have appropriate qualifications to undertake their roles and responsibilities.</p> <p>There are a number of day care workers who will take on delegated management tasks as part of their development and they may be left in charge of the day care setting in the absence of the registered manager and the assistant managers. A competency assessment had not been completed with this group of staff to assure the staff that they were fully informed of their role and responsibility or were adequately informed to undertake these roles and responsibilities in the manager’s absence. A recommendation is made in this regard.</p> <p>The setting has policies and procedures pertaining to the management and control of operations available for staff reference, for example: absence of the manager; inspections of the day care setting; management, control and monitoring of the setting; operational policy; staff meetings; staff records; staff supervision and appraisal; staff training and development; staffing arrangements and the settings statement of purpose.</p> <p>Discussion with staff working in the centre provided feedback that they felt supported by the management arrangements and monitoring arrangements in the setting.</p>	<p>Substantially compliant</p>
<p>Regulation 20 (2) which states:</p> <ul style="list-style-type: none"> The registered person shall ensure that persons working in the day care setting are appropriately supervised 	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p>	
<p>Staff within Windsor receive regular supervision in line with the Trust's Supervision Policy Standards and Criteria for Social Care Workers and RQIA Day Care Settings Minimum Standards (2012). Supervision records are maintained on individual staff member files and regularly audited through the Trust Governance Department.</p>	<p>Compliant</p>

Inspection Findings:	COMPLIANCE LEVEL
The inspector sampled four staff records which provided evidence staff were not receiving supervision in compliance with this standard and a recommendation is made in this regard.	Moving towards compliance
Regulation 21 (3) (b) which states:	COMPLIANCE LEVEL
<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 	
Provider’s Self-Assessment:	
All staff are in receipt of Trust induction and Trust mandatory training which the centre facilitates through 4-5 training days each year. The centre also offers service specific training within the identified training days. Individual staff training needs are identified through supervision, KSF and PDP Reviews. Staffs' qualifications are outlined in the centre's Statement of Purpose.	Compliant
Inspection Findings:	COMPLIANCE LEVEL
Not inspected	Not applicable

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

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

11.0 Additional Areas Examined

11.1 Complaints

The complaints record was reviewed as part of this inspection. The annual complaints return for 2013 identified one complaint was recorded. The inspector reviewed the complaints record which confirmed the return to RQIA and revealed the issue was of a minor nature and had been resolved locally in accordance with the organisations policy and procedure. This did not reveal any concerns regarding the record or management of complaints.

11.2 Service User Records

Five service user records were inspected as part of this inspection; this revealed the following improvements are required:

In the summary of needs and risks the short term goals described were too broad, in this document staff need to specify something measurable e.g. what outcome can be achieved if the service user uses the soft play room, it might be the service user will be more settled, emotionally calm, will it provide a restful space and therefore will be more likely to use other parts of the centre. The long term goal also need to be specified for example if attendance is 5 days a week what do you hope to achieve for the service user; is it social experience, is it offering opportunity to do things they wouldn't otherwise? A recommendation is made in this regard.

The care plan / assessment identifies unmet needs and when these are identified the assessment care plan needs to describe why they are unmet, can they be met and what the most likely outcome of them is continuing to be unmet so risk can be measured, a recommendation is made in this regard.

In some cases the community team had not responded to enable the annual review to happen. This day care setting does rely on the social worker or care manager attending the review and therefore it is essential the community teams support the arrangements for service user review preparation and meetings. This is further described and addressed in the examination of standard 7.

Risk management measures in place did not consistently identify how restriction may interfere with service user's human rights for example lap belts; wheelchairs; restricting the space available to the service user; the use of segregation as a response to behaviour. The inspector suggested in the physical section staff could describe what professional has assessed the measure that is required and why this is assessed as the least restrictive and safest measure thus necessary. Any measures that can be taken to minimise the restriction should also be described. The assessment / care plan document does reference Deprivation of Liberty safeguards and human rights however this had been done in a general way with a standard statement approach. This must be improved to ensure each individual service users rights are assessed in a person centred way and not generally. A recommendation is made in this regard.

One service user has a bespoke placement in the day care setting and the inspector reviewed the service user's information. The improvements identified above were also relevant to this service user's documentation however in addition there is a particular need to balance the service user's rights with staff responsibility to protect and manage environment. Staff need to clearly identify who they are protecting in their planning. Furthermore staff need to review management plans and staff responses regularly to ensure this plan does not include seclusion

of this service user and any restrictions or restraints are appropriately reported to RQIA. As identified in theme 1 and above these matter are addressed in the quality improvement plan.

11.3 Registered Manager Questionnaire

The registered manager submitted a questionnaire to RQIA prior to this inspection. The information returned confirmed satisfactory arrangements were in place regarding governance and management arrangements, the manager's registration with NISCC, staffing arrangements and support for staff, policies and procedures, responding to service user's behaviour and reporting of accidents and incidents. The information was validated during the inspection and this did not raise any concerns that required further discussion or analysis. The inspector did note the staff supervision was not consistently delivered to all staff individually once every three months and the competency assessment for staff acting up in the management team's absence had not been completed and this is further discussed in the examination of theme 2

11.4 Statement of Purpose & Service Users Guide

These documents were submitted for this inspection and the inspector made reference to them during the inspection. Examination of the statement of purpose did reveal the arrangements for the most recent placement had not been described in the statement of purpose. For example the changes in the use of the environment; the bespoke staffing arrangements; staff training; restrictions in terms of the use of the environment for the whole setting; the bespoke entrance arrangements for the service user. A requirement is made that the statement of purpose is reviewed and revised in this regard.

12.0 Quality Improvement Plan

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

The timescales for completion commence from the date of inspection.

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

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

Enquiries relating to this report should be addressed to:

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



Quality Improvement Plan

Unannounced Primary Care Inspection

Windsor Day Centre

13 November 2014

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

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

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

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

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

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

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.	16 (2)	The responsible person must ensure all staff respond to requests for annual review meetings to ensure the day care setting are compliant with standard 15; to ensure the service user assessment and care plan is formally reviewed by all key individuals to ensure it is still current, relevant and care is responsive to identified need.	First	A formal request has been forwarded to the Community Team Leader requesting that outstanding review meetings are scheduled as soon as possible and future reviews are held within the required timescales.	8 January 2015
2.	14 (5)	The registered manager must review the records of segregation which fall within the definition of restraint and the definition of a physical intervention and report them to RQIA.	First	Records have been reviewed. Incidents of seclusion being reported to RQIA on a reporting template supplied by RQIA Inspector and forwarded on a monthly basis.	8 January 2015
3.	7	The registered manager must ensure the statement of purpose is reviewed and revised to ensure the arrangements for the most recent placement are described in the statement of purpose. For example the changes in the use of the environment; the bespoke staffing arrangements; staff training; restrictions in terms of the use of the environment for the whole setting; the bespoke entrance arrangements for the service user.	First	The Statement of Purpose has been reviewed and amended on 22 nd December 2014 to include arrangements currently in place to meet the identified needs of a particular service user. A copy of the amended Statement of Purpose has been forwarded with this QIP.	8 January 2015

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.	7.2	The registered manager should make appropriate arrangements to provide service users with clear information to inform them their information is being kept by the setting and how they can access the records if they wish to. For example in the service users guide and or service user agreement.	First	The Service User Guide has been amended 23 rd December to include details of information relating to service users currently held/maintained by the day care setting. A copy of the revised Service User Guide is being forwarded with this QIP.	8 January 2015
2.	17.1	The registered manager should complete a competency assessment with the group of staff who take on delegated management tasks as part of their development and they may be left in charge of the day care setting in the absence of the registered manager and the assistant managers. This must evidence they have been fully informed of their role and responsibility and competency is assessed.	First	A revised Competency Assessment has been developed and forwarded to Trust Management for consultation and approval. Whilst awaiting formal approval this is currently being piloted with staff who assume responsibility for the day to day management of the Centre in the absence of the manager and assistant manager.	8 January 2015
3.	22.2	The registered manager should ensure appropriate arrangements are in place to deliver individual staff supervision at least once every three months and in compliance	First	Supervision had been completed in line with the Trust Supervision Policy and Procedures which are not	8 January 2015

		with this standard.		compliant with RQIA Standards. This has been addressed with supervisory staff and frequency of supervision is now increased to at least once every three months on a formal one-to-one basis. A review of the Trust Supervisio Policy is also being requested by Head of Service to reflect Day Care Standards requirement.	
4.	5.2	The registered manager should ensure staff record in the care plan the following: In the summary of needs and risks the short term goals must specify measurable goals The long term goals must be specified	First	This has been addressed with all key work staff who are currently revising care plans to include short term objectives with measurable goals. This will be monitored via file audit and monthly registered provider inspections. Updated assessment and care planning training for staff is being planned as part of this years training schedule.	8 January 2015
5.	5.2	The registered manger should ensure if staff are identifying unmet needs that the assessment & care plan describes why they are unmet, can they be met and what the most likely outcome of them is continuing to be unmet so risk can be measured.	First	This has been addressed and reinforced with key work staff. and will be monitored via file audit, monthly registered provider inspections, direct observational practice and in individual staff supervision.	8 January 2015

6.	5.7	<p>The registered manager should make adequate arrangements for any identified restrictions for service users to be considered in terms of how a restriction may interfere with service user's human rights. This should be clearly recorded in the service users documentation including the details of the professional assessment; the measure that is required and why this is assessed as the least restrictive and safest measure.</p> <p>Reference to Deprivation of Liberty safeguards and human rights for each individual service user should be improved to ensure each individual service users rights are assessed in a person centred way and not generally.</p>	First	<p>A full review of Human Rights considerations and any consequent impact on service users is currently being undertaken within Windsor Day Centre whilst balancing the Trust's Duty of Care for the safety and protection of all service users and staff. Care plans and professional assessments will be reviewed over the next 3 months on an individual basis as part of this process to ensure the rationale for measures taken are fully reflected and document that these are the least restrictive and safest measures.</p>	8 January 2015
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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	Maureen Carvill
Name of Responsible Person / Identified Responsible Person Approving QIP	Miceal Crilly on behalf of Mairead McAlinden

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Suzanne Cunningham	28.01.2015
Further information requested from provider			