



The **Regulation** and
Quality Improvement
Authority

Primary Announced Care Inspection

Name of Establishment: Melrose Day Centre
Establishment ID No: 11233
Date of Inspection: 17 June 2014
Inspector's Name: Dermott Knox
Inspection No: 17719

**The Regulation And Quality Improvement Authority
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Name of centre:	Melrose Day Centre
Address:	Rosstowney House Glendermott Road Londonderry BT47 6BG
Telephone number:	(028) 7131 4218
E mail address:	robert.donnely@westerntrust.hscni.net
Registered organisation/ Registered provider:	Ms Elaine Way CBE Western HSC Trust
Registered manager:	Mr Robert Francis Donnelly
Person in Charge of the centre at the time of inspection:	Mr Robert Donnelly
Categories of care:	DCS-MP, DCS-MP(E)
Number of registered places:	25
Number of service users accommodated on day of inspection:	19
Date and type of previous inspection:	18 June 2013 Primary Unannounced Inspection
Date and time of inspection:	17 June 2014 10:30 – 17:15
Name of inspector:	Dermott Knox

Introduction

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

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

Purpose of the Inspection

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

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

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

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

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

Methods/Process

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

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

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

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

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

Consultation Process

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

Service users	7
Staff	3
Relatives	0
Visiting Professionals	0

Questionnaires were provided, prior to the inspection, to staff to find out their views regarding the service. Matters raised from the questionnaires were addressed by the inspector in the course of this inspection.

Issued To	Number issued	Number returned
Staff	3	3

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

Melrose Day Centre is a purpose built Mental Health Resource providing support from Monday to Friday to a maximum of 25 people per day, who are recovering from mental illness. Overall a service is provided to 65 service users who attend two or three days a week. The facility is provided by the Western Health and Social Care Trust.

The centre is located in Rosstown House, which also houses the Community Mental Health Team. There is easy access to public transport and local amenities.

Facilities provided include activity and interview rooms, quiet rooms, a kitchen, shower room, hairdressing room, male and female toilets, offices and store rooms. There is ample off street parking outside the centre.

Summary of Inspection

A primary announced inspection was undertaken in Melrose Centre on Tuesday 17th June 2014 from 10:30 am until 5:15pm. Prior to the inspection the service provider submitted a self-assessment of the day centre's performance in the one standard and two themes forming the focus of the inspection. Both of the recommendations from the previous inspection had been met.

The inspector was introduced to many of the members attending the centre and met for discussions with seven people, four of whom had requested individual meetings. Individual discussions were also held with the manager and three staff regarding the standards, team working, management support, supervision and the overall quality of the service provided.

Three completed questionnaires were returned by staff members, who reported that satisfactory arrangements were in place regarding supervision, staff training and management arrangements, responding to members' behaviour, confidentiality and recording. Positive comments were made regarding the quality of care provided, including, "An excellent service in a safe community environment."

Overall, the discussions with members and with staff contributed a positive view of the service provided in the centre and indicated a commitment by the manager and the staff team to practice in compliance with the minimum standards for day care settings and to ensure the full inclusion and involvement of service users.

Discussions with members elicited positive comments regarding the support experienced and the care provided by the staff. Members were generally complimentary about the quality of the service and its value to them, but expressed concerns with regard to two issues, the future of service provision, and the Trust's policy on smoking. These are discussed under 'Additional Areas Inspected,' toward the end of this report. Members confirmed their approval of records kept in the centre about them and their full involvement in the review process.

The inspector wishes to acknowledge the open and constructive approach of the manager and staff throughout the inspection process. Gratitude is extended to members, who welcomed the inspector to the centre and contributed to the evaluation of the service provided.

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 centre has written policies and procedures regarding confidentiality, recording and reporting, data protection, consent, and storage and destruction of closed files. The policies and procedures are available for staff reference. The registered person had arrangements in place to review policies and procedures in order to ensure that they were up to date and accurate.

In the sample of three service user care records examined, there were many examples of members having signed to indicate their involvement and agreement with the content. Where a member had declined to have their photograph included in their file this had been recorded and signed by both staff and the member. The manager and staff were advised on the potential value of making the physical file more appealing to and accessible by members, for example by reducing the "medical model" format.

Excellent progress notes for members were being kept and the risk of increasing office time for keyworkers was discussed, particularly with regard to the recently introduced requirement for records to be kept on the Trust's computer system. This had led to some duplication of record keeping and the manager undertook to explore an approach that would minimise this.

The Melrose Centre was judged to be operating in compliance with this standard.

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

The WH&SCT has a written policy and guidelines on the use of restrictive practices, which was available to members of staff. Both the written records and discussions with staff and members, verified that there had not been any instances of such practices in the centre. Staff discussed the use of good communication, the use of diffusing techniques and the importance of developing good understanding of the members' needs and preferences. They expressed the view that the development of trusting working relationships with members and between members has led to a positive working climate in which any member requiring help and support can access this easily. The Western Health and Social Care Trust also has a written policy and procedures for 'Dealing with Violence at Work,' and staff confirmed their approach to working with any individual who present aggressive behaviour. There had not been any recorded events of this nature since the previous inspection.

The centre was judged to be operating in compliance with 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.

Staff records showed that the registered manager and the day care workers are appropriately qualified and experienced to take charge of the centre. Training for key aspects of this role had been provided. Melrose Centre is supporting experienced staff to undertake QCF Level 5, before they are in a position of full management responsibility for the service and this is commendable.

There was evidence from discussions with staff to confirm that members of the staff team work supportively and well with one another. The manager demonstrated a good understanding of the developmental needs of each staff member and had systems in place for supervision, appraisal and promoting staffs' learning. Records of staff training and supervision were well-presented and up to date, with formal supervision sessions being provided quarterly. One recent supervision session had been carried out with the staff as a group and it is recommended that formal, individual supervision should be provided at least quarterly.

The staffing structure and reporting arrangements were clearly set out in writing in the statement of purpose, for reference by all stakeholders. Staff presented as being knowledgeable, competent and confident in their roles and responsibilities. Monitoring arrangements are standardised across the WH&SCT day care services and the four monitoring reports examined addressed all of the required matters.

The Trust has been conducting a review of Day Care Services since November 2013 and meetings with a Trust manager and service users and with staff have been held. Service users spoke of their awareness that changes to the service were likely, but, at this stage, they felt uninformed and anxious about the nature of those changes. Similarly, staff members were concerned about these uncertainties and the lack of information or proposals from the Trust that might facilitate a more transparent consultation. A requirement in this regard is included in the Quality Improvement Plan, which accompanies this report.

The evidence indicates that the provider is operating in compliance with the criteria in this theme. (See also "Care and welfare of service users," under the section Additional Areas Inspected).

Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	20(1)(a)	<p><u>Review Staffing Levels</u></p> <p>Based on the needs and numbers of service users attending Melrose Day Centre, the size and layout of the environment and the statement of purpose; the registered persons must:</p> <p>(a) review staffing levels to ensure there are sufficient numbers of staff on duty each day appropriate for the care and supervision of service users.</p> <p>(b) Review the current catering situation where an experienced mental health worker is undertaking considerable catering duties on a daily basis which is detracting from their work with service users.</p> <p>(c) Continue to monitor the numbers of service users attending Melrose on a daily basis to ensure the numbers do not exceed a maximum of 25 at any one time in the day. Otherwise a variation of application form must be made to RQIA's registration team specifying the increase of the daily numbers of service users (additional information section refers).</p> <p>(d)</p>	<p>Staffing levels were being maintained by the manager, while the WH&SCT undertakes a review of day care services.</p> <p>The catering provision has been reviewed and remains as it was. Several service users are regularly involved in helping with kitchen duties and require suitably qualified staff to supervise these.</p> <p>The manager confirmed that efforts are made to ensure that numbers do not exceed the agreed maximum. Attendance averaged 22 per day members over the past year.</p>	<p>Compliant</p> <p>Compliant</p> <p>Compliant</p>
2	14(1)(d) and 20(1)(c)	<p><u>Mandatory Staff Training</u></p> <p>The registered persons must ensure mandatory first aid training is provided to staff. This must not lapse in the future (additional information section refers).</p>	<p>Suitable training in First Aid has still not been sourced by the Trust. It is a matter of some urgency that the registered person should ensure provision of this training.</p>	<p>Not compliant</p>

3	28	<p><u>Designated Persons Monthly Monitoring Visits and Reports</u></p> <p>The registered person must ensure a designated person undertakes monitoring visits of Melrose Day Centre. These must:</p> <ul style="list-style-type: none"> (a) Consistently occur on a monthly basis and be forwarded to RQIA until further notice; (b) Be a mix of unannounced and announced visits; (c) Include the views and opinions of service user's representatives about the quality of the day service. If there are none available in the centre during the visit, then a system should be devised (with consent from service users) for their relative, representative or advocate to be contacted by telephone etc. (d) Progress made regarding the in the identified areas for improvement in the environment must be shared with the registered manager and stated in subsequent follow up monthly monitoring reports (inspection findings theme refers). 	<p>Four monthly monitoring reports were examined during this inspection and were found to address all of the required issues.</p>	<p>Compliant</p>
4	<p>26(2)(a), (b), (c) and (i)</p>	<p><u>Environment</u></p> <p>With regards to the Melrose Day Centre environment, the registered person must:</p> <ul style="list-style-type: none"> (a) address and make good the damp patches on identified sections of wall in the dining room (initially reported to the Trust's Estates Department on 4 March 2013 with a subsequent 	<p>The Trust's senior management had asked facility managers to prioritise minor capital works requirements and the manager of Melrose Centre had responded in writing, through his line manager, on 27 May 2014. The centre's dishwasher has been replaced and three of the four other matters, (a),</p>	<p>Substantially compliant.</p>

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		<p>minor capital works form completed);</p> <p>(b) ensure appropriate push button/accessible disability access is fitted to the front door of the centre (reported to the Trust's Estates Department on 24 October 2012);</p> <p>(c) repair or replace the centre's current dishwasher (requested on 9 August 2012)</p> <p>(d) outside lighting needed at the front door (specified in the designated person's monitoring report of 27 June 2013)</p> <p>(e) mops must not be stored in WCs. Appropriate storage must be located (Regulation 28 and additional information section refers).</p>	<p>(b), and (d), have been identified for priority attention.</p>	
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No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	4	<p><u>Service Users Assessments</u></p> <p>The registered manager must ensure:</p> <ul style="list-style-type: none"> (a) each service user has a written up to date general assessment of their needs retained in their care file; (b) All assessments are signed and dated by the service user; the staff responsible for completing it and the registered manager (additional information section refers). (c) 	<p>The manager confirmed that all service users now have up to date assessments completed. Three of these were examined in files selected randomly by the inspector.</p>	<p>Compliant</p>
2	5.2 and 5.6	<p><u>Service Users Care Plans</u></p> <p>With regards to care plans, the registered manager must ensure:</p> <ul style="list-style-type: none"> (a) the identified service user's care plan is reviewed and updated to fully and accurately reflect their current needs and the management of any identified risks; (b) all service users care plans are signed by the manager (additional information section refers). 	<p>There was evidence in service users' files to verify compliance with this recommendation.</p>	<p>Compliant</p>
3	10.2	<p><u>Lunch Meal</u></p> <p>In accordance with standard 10.2, it is recommended the registered manager should ensure the lunch menu offers a choice of meal to service users, including those on therapeutic or specific diets (additional information</p>	<p>Service users attending Melrose Centre are encouraged to explore a variety of options for their lunch provision, including bringing a packed lunch or buying lunch locally. As stated by the provider,</p>	<p>Compliant</p>

		section refers).	over 90% of service users were satisfied with arrangements.	
4	17.8	<p><u>Further Review of Service Users Guide</u></p> <p>The registered manager must further review Melrose Day Centre’s service users’ guide so that it includes all of the information in standard 1.2 including:</p> <ul style="list-style-type: none"> (a) a summary of the centre’s statement of purpose; (b) the name of the registered person; (c) structure of the service; (d) the cost of lunch and approximate cost of activities (follow up on previous issues section refers). 	The service user guide had been revised and addressed all of the required issues. The manager was advised to consider the presentation of the guide and its content, in terms of appeal, warmth of tone and density of text, when it was next due for review.	Substantially compliant.
5	17.9	<p><u>Internal Audit of Service User’s Care Files</u></p> <p>It is recommended the registered manager devise system/s and a recording format regarding the internal peer and management audit of information contained in service user’s care files e.g. assessments, care plans; annual review; care notes etc to ensure that the relevant minimum standards are met. A copy of the completed audit templates should be retained in the service user’s care file for the purposes of the line manager’s audit of care files as part of the monthly monitoring visits and for RQIA inspections (follow up on previous issues and additional information sections refers).</p>	The manager had introduced a good system of file audits within the centre and the use of this was on-going.	Compliant

Standard 7 - Individual service user records and reporting arrangements:	
Records are kept on each service user’s situation, actions taken by staff and reports made to others.	
Criterion Assessed:	COMPLIANCE LEVEL
7.1 The legal and an ethical duty of confidentiality in respect of service users’ personal information is maintained, where this does not infringe the rights of other people.	
Provider’s Self-Assessment:	
All personal information in respect of the service user is maintained by following the DHSSPS code of practice on protecting the confidentiality of the service user.	Compliant
Inspection Findings:	COMPLIANCE LEVEL
<p>Written policies and procedures were sampled, including those on Assessment Care Planning and Review, Records Management and Confidentiality. The centre also had policies and procedures in place for Accident and Incident Reporting and a code of practice on Protecting the confidentiality of service user information. Three staff members confirmed that the policies and procedures were available to them for reference.</p> <p>Staff members demonstrated their understanding of their roles and responsibilities regarding the care of personal information and recording practices in the day care setting.</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>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p>	
<p>No requests for access to individual case records have been received to date. If such a request was made then this would initially be dealt with centrally by the 'Information and Governance Office' based in the Tyrone and Fermanagh Hospital Omagh, until being approved. All records of requests and outcomes would be maintained. (Data protection and Confidentiality Policy).</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>While there had not been any formal requests for access to care records, it was evident from discussions with some service users that they were quite familiar with their assessment, care planning and review documents and, in most cases, had signed these to indicate their agreement with the content.</p>	<p>Compliant</p>

<p>Criterion Assessed:</p> <p>7.4 Individual case records/notes (from referral to closure) related to activity within the day service are maintained for each service user, to include:</p> <ul style="list-style-type: none"> • Assessments of need (Standards 2 & 4); care plans (Standard 5) and care reviews (Standard 15); • All personal care and support provided; • Changes in the service user’s needs or behaviour and any action taken by staff; • Changes in objectives, expected outcomes and associated timeframes where relevant; • Changes in the service user’s usual programme; • Unusual or changed circumstances that affect the service user and any action taken by staff; • Contact with the service user’s representative about matters or concerns regarding the health and well- 	<p>COMPLIANCE LEVEL</p>
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<ul style="list-style-type: none"> • 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:	
Individual case records/notes are maintained and include all required and relevant information.	Compliant
Inspection Findings:	
Three service users’ files were selected randomly from the file cabinet and were found to contain all of the required information. The format for care records was a “medical model” folder, which included several sections not in use, or required by the day centre. The manager was advised that a more user-friendly format might be adopted.	COMPLIANCE LEVEL Compliant
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.	
Provider’s Self-Assessment:	
Records are kept up to date with an entry at least every five attendances.	Compliant
Inspection Findings:	
Progress notes for service users were being kept to a high standard and in keeping with this criterion.	COMPLIANCE LEVEL 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. 	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment:</p>	
<p>There is a staff reporting arrangements guidance within the centre.</p>	Compliant
<p>Inspection Findings:</p>	COMPLIANCE LEVEL
<p>The written guidance for staff was available for inspection and was satisfactory.</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:</p>	
<p>The centre has recently devised a system to periodically review and sign off all care records.</p>	Compliant
<p>Inspection Findings:</p>	COMPLIANCE LEVEL
<p>The file audit system, introduced by the manager in recent months, was seen to have been effective in ensuring that all files were well maintained, up to date and signed appropriately.</p>	Compliant

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

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

Theme 1: The use of restrictive practice within the context of protecting service user’s human rights	
Theme of “overall human rights” assessment to include:	
Regulation 14 (4) which states:	COMPLIANCE LEVEL
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.	
Provider’s Self-Assessment:	
No restraint methods are used within this service.	Compliant
Inspection Findings:	COMPLIANCE LEVEL
There was a range of evidence to indicate that restraint was never used within the Melrose Centre. This included discussions with service users, including a representative spokesperson and with three staff members.	Compliant
Regulation 14 (5) which states:	COMPLIANCE LEVEL
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.	
Provider’s Self-Assessment:	
No restraint methods are used within this service.	Compliant
Inspection Findings:	COMPLIANCE LEVEL
Not applicable.	Not applicable

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

<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 number of staff working in the day care centre is deemed appropriate in proportion to the number of daily service user attendance. Systems are in place to deal with inadequate staffing numbers if such arises. There is also defined management structure in place.</p>	<p align="center">Compliant</p>
<p>Inspection Findings:</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>The management structure is set out in the statement of purpose and is available to both staff and service users. Very experienced staff members presented as being capable and competent in their roles.</p>	<p align="center">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 the centre are appropriately supervised, supported and listened to. Individual or group supervision also takes place up to four times per year.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The small staff team works closely with one another and informal supervision is available on a daily basis. Staff confirmed that they were well supported by their manager. One day care worker's application to undertake QCF Level 5 in Leadership and Management was being supported by the Trust.</p>	<p>Compliant</p>

<p>Regulation 21 (3) (b) which states:</p> <ul style="list-style-type: none"> • (3) For the purposes of paragraphs (1) and (2), a person is not fit to work at a day care setting unless – • (b) he has qualifications or training suitable to the work that he is to perform, and the skills and experience necessary for such work 	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p>	
<p>All staff have been employed through the selection and recruitment process of the WHSCT.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	<p>COMPLIANCE LEVEL</p>
<p>WH&SCT recruitment and selection procedures apply to any staff appointments and cover the qualifications, training, skills and experience required for the relevant post.</p>	<p>Compliant</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

Additional Areas Examined

Complaints

Care and Welfare of Service Users

The Trust has been conducting a review of Day Care Services since November 2013 and related meetings with a Trust manager and service users and with staff have been held. Service users spoke about their awareness that changes to the service were likely, but, at this stage, they felt uninformed and anxious about the nature of those changes. Similarly, staff members were concerned about these uncertainties and the lack of information or proposals from the Trust that might facilitate a more transparent consultation.

The registered person shall so far as practicable enable service users or their representatives to make decisions with respect to the care they are to receive. (Ref. Regulation 13(2)).

The registered person shall, for the purpose of providing care to service users, so far as practicable, ascertain and take into account their wishes and feelings. (Ref. Regulation 13(3)).

WH&SCT's Smoke-Free Policy

Several service users spoke strongly about their objection to the Trust's prohibition of smoking on Trust property. Service users who smoke do so now in the demeaning position of standing at the gate, on a public road, feeling that all passers-by can identify them with the mental health centre. In winter months there will be further safety risks of a more physical nature. Only last year, the Trust improved the out-door smoking shelter in the grounds of the Melrose Centre, which is well away from the building and out of sight of the public road. The Trust should review the policy in light of the needs and feelings of these service users.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mr Robert Donnelly, Registered Manager, as part of the inspection process.

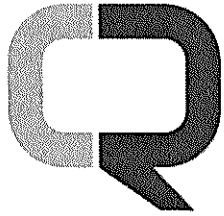
The timescales for completion commence from the date of inspection.

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

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

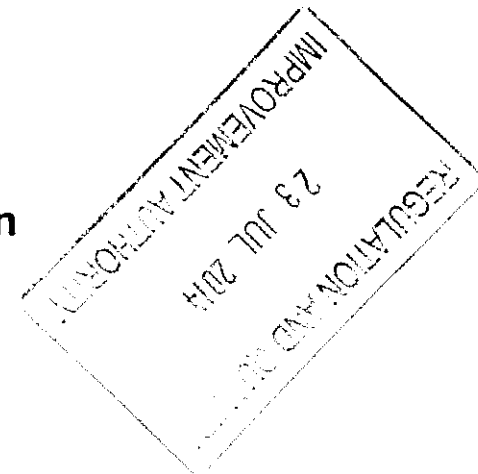
Enquiries relating to this report should be addressed to:

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



The Regulation and
Quality Improvement
Authority

Quality Improvement Plan
Primary Announced Care Inspection
Melrose Centre
17 June 2014



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

The specific actions set out in the Quality Improvement Plan were discussed with Mr Robert Donnelly, Registered Manager, 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	Regulation 13(2)	Service users spoke about their awareness that changes to the service were likely, but, at this stage, they felt uninformed and anxious about the nature of those changes. The registered person shall so far as practicable enable service users or their representatives to make decisions with respect to the care they are to receive.	One	<p>In October 2013 a project group was formed to carry through the WHSCT Day Care Review (DCR) in regard to mental health day care and this group has been meeting regularly since. A service user from the Melrose centre was invited to attend these meetings as a representative of all the service user's of the Melrose centre. The service user's representative continues to attend these meetings and has the opportunity to highlight any concerns and/or suggestions from the service user's as and when necessary and offer feedback to them when required.</p> <p>All service users from the Melrose centre were invited to a DCR Workshop at the centre on the 8th April 2014, 35/60 attended this day. This day was set up to give the service user an overview of the DCR and to gather their thoughts</p>	31 July 2014

				<p>and suggestions.</p> <p>Staff will continue to inform, update and include service users so far as practicable in regard to any possible changes to the current service we provide.</p> <p>A designated notice board with an overview of the DCR along with updated information will also be provided within the centre.</p> <p>Service users will also be updated during individual reviews on any possible changes that may affect the current care they receive.</p> <p>Also with the approval of the service users, a carers group is to be formed and this carers group will be updated regularly on all aspects of the service.</p>	
2	Regulation 13(3)	The registered person shall, for the purpose of providing care to service users, so far as practicable, ascertain and take into account their wishes and feelings.	One	Service users views, wishes and feelings are taken into account in many formats within the centre and as far as practicable, these are used to make positive changes to the service we currently offer.	31 July 2014
3	Regulation 13(2)	Several service users spoke strongly about	One	Service user's views in regard	29 August

		<p>their objection to the Trust's prohibition of smoking on Trust property. Service users who smoke do so in the demeaning position of standing at the gate, on a public road. In winter months there will be further safety risks. The Trust should review the policy in light of the needs and feelings of these service users.</p>	<p>to the Trust Smoke Free policy have been forwarded to senior management along with an assessment of possible risk to the service user having to carry out this policy. Senior management have also been advised of this requirement.</p>	<p>2014</p>
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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	Standard 22.2	One recent supervision session had been carried out with the staff as a group and it is recommended that formal, individual supervision should be provided at least quarterly.	One	Recommendation noted. Individual supervision only will take place from now on within the centre and this will be completed at least quarterly.	1 August 2014
2	Standard 20(1)(c)	Although recommended at the previous inspection, in 2013, suitable training in First Aid has still not been sourced by the Trust. It is a matter of some urgency that the registered person should ensure its provision.	Two	First Aid training providers have been identified and training has been approved.	29 August 2014

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

Name of Registered Manager Completing Qip	Robert Donnelly
Name of Responsible Person / Identified Responsible Person Approving Qip	<i>Carie Hay</i>

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	✓	<i>[Signature]</i>	<i>24/07/14</i>
Further information requested from provider			