



The **Regulation** and  
**Quality Improvement**  
Authority

## **Primary Announced Care Inspection**

<b>Name of Establishment:</b>	<b>Meadows Rehabilitation Centre</b>
<b>Establishment ID No:</b>	<b>11240</b>
<b>Date of Inspection:</b>	<b>26 August 2014</b>
<b>Inspector's Name:</b>	<b>Maire Marley</b>
<b>Inspection No:</b>	<b>20154</b>

**The Regulation And Quality Improvement Authority**  
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<b>Name of centre:</b>	Meadows Rehabilitation Centre
<b>Address:</b>	293 Bridge Street Portadown BT63 5AR
<b>Telephone number:</b>	(028) 3833 8145
<b>E mail address:</b>	iona.henry@southerntrust.hscni.net
<b>Registered organisation/ Registered provider:</b>	Mrs Anne Mairead McAlinden Southern HSC Trust
<b>Registered manager:</b>	Ms Iona Henry
<b>Person in Charge of the centre at the time of inspection:</b>	Ms Iona Henry
<b>Categories of care:</b>	DCS-MAX, MAX, DCS-MP(E), DCS-DE, DCS-I
<b>Number of registered places:</b>	40
<b>Number of service users accommodated on day of inspection:</b>	26
<b>Date and type of previous inspection:</b>	14 February 2014 Primary Unannounced Inspection
<b>Date and time of inspection:</b>	26 August 2014 10.00am – 4.00pm
<b>Name of inspector:</b>	Maire Marley

## 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	14
Staff	4
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	11	1

### 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:

<b>Guidance - Compliance Statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>2 - Not compliant</b>	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
<b>3 - Moving towards compliance</b>	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
<b>4 - Substantially Compliant</b>	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
<b>5 - Compliant</b>	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**

The Meadows Rehabilitation Centre is a statutory facility located on the outskirts of Portadown and is provided by the Southern Health and Social Care Trust. The centre operates Monday to Friday and has a designated number of places for each day.

Monday and Friday care is provided for a maximum of 40 people who have either a diagnosis of dementia, post rehabilitation or mental health needs. Tuesday and Thursday, 25 places are designated for those persons requiring rehabilitation and on Wednesday, 25 places are offered for post rehabilitation maintenance with a small number for people in category DE or MP.

A team of professionals complement the services provided and include physiotherapy, occupational therapy, speech and language therapy, dietary advice, health promotion and counselling. The aim of the centre is to enable individuals to regain or maintain optimal levels of functioning through programmes of integration and interaction within the local community.

There is parking available for visitors.

## **Summary of Inspection**

This announced primary care inspection of the Meadow's Rehabilitation Centre was undertaken by Maire Marley on 26 August 2014 between the hours of 10.00am and 4.00pm. The Registered Manager, Ms Iona Henry and Mrs Gillian Stevenson, Senior Day Care Worker was available throughout the inspection.

The focus of the inspection was to assess the centre's compliance with the one standard and two themes chosen from the Day Care Settings Minimum Standards 2012 and The Day Care Settings Regulations (Northern Ireland) 2007. During the inspection the inspector used the following evidence sources;

- Discussion with staff
- Discussion with service users
- Observation of practice
- Examination of a sample of service user individual file records including evidence of behaviour management and support assessments, complaint record, staff training record, individual staff records, incident and accidents records, evidence of service user consultation, monthly monitoring records; statement of purpose; service users guide and policies & procedures
- Tour of the premises

Prior to the inspection the provider submitted a self-assessment of the one standard and two themes inspected. The registered provider's responses were examined and were not altered in any way by the RQIA.

There was one questionnaire returned in time for inclusion in this report. Staff reported satisfactory arrangements were in place with regard to NISCC codes of practice, supervision, staff training, staffing and management arrangements. Satisfaction was also reported in regard to responding to service users' behaviour; confidentiality and recording. Staff commented positively in regard to the quality of care provided which was described as, "excellent".

During the inspection, the inspector was introduced to all of the service users who were in the day care centre. In total the inspector spoke directly with fourteen service users to gather evidence for the standard inspected and the two themes. Service users presented at ease in their environment and spoke highly of the staff team, opportunities provided and the support and encouragement gained from attending the centre. Service users were aware that if they had any concerns or issues they could approach any of the staff or the registered manager who is based in the centre.

**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 Southern Health and Social Care Trust had written policies and procedures pertaining to the management of records, recording and reporting, data protection, access to records and confidentiality. The policies and procedures were available for staff reference and were deemed satisfactory.

The inspector spoke with a total of four members of staff regarding the standards inspected, their views about working in the centre and the quality of service provided. Positive comments were made in regard to the maintenance of records and the recording and reporting arrangement's in this day care setting. Staff consulted were able to competently answer questions in regard to confidentiality, management of records and access to records process.

The inspector concluded that staff record as and when required and there was evidence that services users are involved in the process when possible. There were examples in care plans when possible of service users having signed the record to indicate their involvement and agreement with the content.

Discussion was held with the management team in regard to the referral procedure for speech and language services. The operation policy clearly sets out the referral procedure which states that the senior day care worker can complete a referral form and forward it directly to the Speech Therapist. However during discussions the inspector was informed that the process was dependant on the area that the service user resided in and referrals had to be made via the service user's General Practitioner (G.P). Management must ensure that senior staff are familiar with the referral process for speech and language services. Referrals to speech and language services should be made in a timely manner to ensure a safe system is implemented for any service user experiencing difficulties with eating or drinking.

Observations of service users, discussion with staff and the review of six service users' individual files provided evidence that the centre is performing well regarding storage of service user's information, recording procedures and reporting information on to professionals involved in the service users care.

Based on the evidence reviewed the inspector assessed the centre as compliant in this standard.

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

The Trust's policies and procedures regarding restrictive practice are in place and are reflective of current national, regional and locally agreed protocols and guidance.

A copy of the Deprivation of Liberty Safeguards (DOLS), document was discussed with the management team and staff who all demonstrated awareness of the guidance. The inspector was informed that the guidance had been included in the training provided on the Human Rights Act 1998.

Evidence available from discussions with service users, staff and a review of the written records, verified that in the event of any restrictive practices staff were fully aware of the procedures and protocols to follow. Systems were in place to ensure risk assessments were up to date and reviewed regularly.

Staff presented as committed to responding to behaviour in the least restrictive manner and demonstrated knowledge of service users assessed needs and reported that behaviour would rarely present any difficulties in the centre. In the event of a service user becoming restless staff found that diversional techniques usually calmed the service user. It was evident in discussion with staff that they recognised the importance of approaching service users in a sensitive, supportive manner and were aware of individual signs that would indicate a service user was not feeling their usual self.

This day care setting are commended on the workshop recently held to inform service users of their Human Rights and the information obtained to assist service users understand the Human Rights Articles.

The centre is close to a busy main road and the entrance door is locked during the day to prevent unauthorised persons from accessing the centre without staff knowledge. This information was detailed in the operational policy however it should also be detailed in the statement of purpose and the service user guide.

Observations of group interactions during the inspection confirmed that service users had developed friendships with one another and that they identified strongly with the centre, its ethos and its staff.

Based on the evidence reviewed the inspector agreed with the provider's self-assessment and has assessed the centre as compliant in 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.**

The organisational structure and reporting arrangements were clearly set out in the day care setting statement of purpose. Staff confirmed their awareness of reporting arrangements within the organisation, should any notifiable event arise. There was evidence from discussions with staff to confirm that members of the team work supportively and well with one another.

The registered manager is based in the Meadows Rehabilitation centre two –three days a week and has responsibility for a further two centres namely Crozier Lodge and Edenderry Specialist Dementia Unit. The hours the registered manager works in the Meadows Rehabilitation centre should be included in the statement of purpose. In the absence of the registered manager a senior day care worker assumes responsibility for the centre. Copies of the competency and capability training for the senior care workers was provided for inspection and indicated staff had received the required training to be deemed competent.



The organisation has systems in place for supervision and performance appraisal and staff expressed that they felt supported by the management team. Requested records required by regulations were in place.

There was evidence of the monitoring arrangements that included monthly unannounced monitoring visits and a yearly quality review.

The inspector concludes the arrangements in place for the registered manager to manage this day care setting and delegate tasks to the support care workers were suitable on this occasion.

Based on the evidence reviewed the inspector agreed with the provider's self- assessment and has assessed the centre as compliant in this theme.

### **Additional Areas Examined**

The inspector undertook a tour of the premises, reviewed the complaints record, examined ten service users individual files, validated the registered manager's pre inspection questionnaire, reviewed the staff questionnaires and viewed the environment. This did not reveal any further areas of improvement.

The inspector wishes to acknowledge the registered manager and staff's open and constructive approach throughout the inspection process. Gratitude is also extended to the service users who welcomed and engaged with the inspector during the inspection.

As a result of this inspection three recommendations have been made. Details can be found in the Quality Improvement Plan attached to this report.

<b>Standard 7 - Individual service user records and reporting arrangements:</b>	
<b>Records are kept on each service user’s situation, actions taken by staff and reports made to others.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
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.	
<b>Provider’s Self-Assessment:</b>	
Day Care Staff recognise all Service Users have the legal right to confidentiality under the Data Protection Act 1998 where this does not in anyway infringe on other peoples rights to information. There is clear trust policy guidelines and procedures on how staff act on requests for information under the Data Protection Act of 1998 which came into effect from 1st March 2000. Under the Data Protection Act 1998, anyone can ask to have access to personal Data held by the SHSCT. There is an Statutory obligation on HSC staff to respect Confidentiality, which can continue to apply posthumously if the service user so requests. Service Users must also be informed (in a manner appropriate to their communication needs) of the information which is necessary to meet their Care Needs. A Personal Confidential File is maintained regarding each service user and their situation, actions taken by staff and reports made to others. Consent of the Service User is always acquired prior to sharing of all confidential information. If the need arises Service Users are given an opportunity to discuss any concerns arising about possible uses of their information. All Services Users are issued with the SHSCT leaflet Tiltled 'How the Trust processes your personal information' and a copy of the service user's guideon commencement at Day Care. Additionally the SHSCT Poster Titled 'Why We Might Need Information About You' is displayed prominently in the centre detailing the purposes information might be used for eg planning, decision making, research, investigating and ensuring Quality Care and treatment.	Compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
The SHSCT had a range of policies in regard to protecting the confidentiality of service user’s information that included electronic and paper records. The procedures were available to the staff team. Discussion with staff and review of nine service user individual records evidenced recording practices and storage of service user information was reflective of current national, regional and locally agreed protocols. Discussion with management and staff revealed that files are kept in a locked cabinet and only brought out when staff need to record or refer to information. This was evident on the day of inspection.	Compliant

<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
<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>	
<b>Provider's Self-Assessment:</b>	
<p>Service Users and/or their carers can access their case record, if consent has been given. Day care staff would share information with the service user or representative in relation to their careplan, goalplan and review assessment and written consent is given in agreement to same. Staff adhere to the SHSCT policy no 2 on 'Access to H&amp;SS Records' and each service user would receive a copy of the Trust's leaflet on 'How the Trust Processess your personal information' which outlines how they can access their information. Day Centre Management follows all trust guidance in relation to requests for information from carers, service users, or their chosen representatives. Operationally the Day Care Service maintains: whenever required, a record of all requests for access to individual records/notes and the outcomes of such requests.</p>	Compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
<p>The inspector reviewed a sample of six individual service user records and the findings indicated that the records are maintained in compliance with Regulation 19 Schedule 4.</p> <p>The day care setting had policies and procedures pertaining to access to records, communication, confidentiality, consent, management of records, monitoring of records, recording and reporting care practices. Staff consulted confirmed that the policies are readily available and accessible to them for reference.</p> <p>Staff consulted were knowledgeable regarding consent and access to records commensurate with their role and responsibilities. The registered manager reported that information in regard to assessments, care plans, daily records and reviews reports are discussed with the service users on a regular basis and staff reported that they promote person centred practice in all aspects of their work. Where possible service users' records were signed and dated by the service user. The registered manager reported there had never been a request for access to an individual service user personal care records/notes.</p>	Compliant

<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
<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"> <li>• Assessments of need (Standards 2 &amp; 4); care plans (Standard 5) and care reviews (Standard 15);</li> <li>• All personal care and support provided;</li> <li>• Changes in the service user’s needs or behaviour and any action taken by staff;</li> <li>• Changes in objectives, expected outcomes and associated timeframes where relevant;</li> <li>• Changes in the service user’s usual programme;</li> <li>• Unusual or changed circumstances that affect the service user and any action taken by staff;</li> <li>• Contact with the service user’s representative about matters or concerns regarding the health and well-being of the service user;</li> <li>• Contact between the staff and primary health and social care services regarding the service user;</li> <li>• Records of medicines;</li> <li>• Incidents, accidents, or near misses occurring and action taken; and</li> <li>• The information, documents and other records set out in Appendix 1.</li> </ul>	
<b>Provider’s Self-Assessment:</b>	
<p>Service User individual case records/ notes are maintained within the Day Centre in a format that meets the required standard reference 7:4 and in line with The Minimum Standards January 2012 There is an activity programme sheet( rehabilitation/ maintenance/ dementia) in each individual service user's file which captures their willingness to join the group, memory, interation, participation and their enjoyment of the group activity ands this is relected in the the service user's review. Assessment of need as captured throught Functional Rating Assessment in form DCS 3a Care Plans which include personal care and support needs in form DCS8 which is a live document continuously reviewed and updated capturing changes in service user needs or behaviour, including changes in circumstances and any action taken. .Case Reviews which include service user's views about their care and support,important events including incidents or accidents since the last review and how they were addressed, any changes in service users situation, risk and how it is managed and any specfic action to be taken. changes in objectives, expected outcomes and associated time frames are detailed in form DCS5 Clinical notes DCS records changes in the service users usual programme. Contact Sheet records all contact with service users representatives, staff and primary health and social care services. All records regarding medication management is held in medicines file, i.e MARS form, stock control, administration records. Incidents Accidents near misses and action taken are all documented via Datixsystem.</p>	<p>Compliant</p>

<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
<p>There was evidence in the random sample of six care files examined that each service user had a care record in accordance with this criterion. Records viewed were up to date and it was noted that staff recorded changes in the service user's needs or behaviour and detailed the action taken by staff.</p> <p>A record was maintained of the contact with family members or representatives. Accidents and incidents were recorded and detailed the action taken by staff. Records viewed confirmed that a formal care review takes place once a year and is attended by the service user and their representative.</p> <p>A record relating to an identified service user was discussed with the management team as staff had recorded that on one occasion difficulties had been observed in regard to the service user swallow. The inspector was informed that the service user is currently not attending the centre. Management must ensure that senior staff are familiar with the referral process for Speech and Language services as the inspector was advised that the process was dependant on the area of the Trust that the service user resided. The operation policy clearly sets out the referral procedure which states the senior day care worker can complete a referral form and forward it directly to the Speech Therapist. Referral to a speech therapist should be made in a timely manner to ensure a safe system is implemented for any service user experiencing difficulties with eating or drinking.</p>	Substantially compliant
<p><b>Criterion Assessed:</b></p> <p>7.5 When no recordable events occur, for example as outlined in Standard 7.4, there is an entry at least every five attendances for each service user to confirm that this is the case.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment:</b></p> <p>All recordable events as outlined in Standard 7.4, are currently recorded, and held on individual file. In the event of no recordable events occurring as outlined in standard 7.4 the practice at Meadows Resource Centre is to maintain a daily activity programme sheet on each service user in attendance and any concerns regarding service user's are reported back to the senior day care worker and appropriate action taken. . As daily attendance records/ programme activity sheets are kept this meets standard 7.5 as there is an entry at least every five attendances.</p>	Compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
<p>A review of a sample of six service user care records evidenced that individual care records have a written entry on each attendance as detailed in the provider's self -assessment.</p>	Compliant

<p><b>Criterion Assessed:</b></p> <p>7.6 There is guidance for staff on matters that need to be reported or referrals made to:</p> <ul style="list-style-type: none"> <li>• The registered manager;</li> <li>• The service user’s representative;</li> <li>• The referral agent; and</li> <li>• Other relevant health or social care professionals.</li> </ul>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment:</b></p> <p>All staff attend Corporate Induction, Departmental Induction, and Safeguarding Vulnerable Adults Training which highlights matters that need to be reported or referrals which need to be made to Registered Manager, service use'rs representative, referral agent, or other health or social care professional. Mandatory Training and refreshers covering all areas relating to the trust policies and procedures are regularly updated. Each staff member is familiar with the Trust and Departmental Policies and Procedures Files and their location at the Daycare workstation for easy access. The service user representatives attend regular reviews with their referral agent, service user and relevant health or social care professionals. Other relevant information eg incidents/accidents or matters of concern are communicated immediately via appropriate means of communication eg Datix On-going and regular supervision and staff appraisal within the team further reinforces all matters that need to be reported and the reporting structure. This ensures that all staff have support and guidance throughout the reporting and recording procedures. Daily Team Brief and 3 Monthly Team Meetings provide regular support and guidance. All staff are aware of the 'Open Door Policy' and Senior Staff are always available for consultation. All the above systems provide guidance for staff on all matters which need to be reported as outlined in 7.6</p>	<p>Compliant</p>

<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
<p>A copy of the Trust's guidance on the matters that need to be reported and the referral process to health care professionals was provided for examination and confirmed the information detailed in the provider's self- assessment. The reader is referred to the comments detailed in criterion 7.4 in regard to speech and language referrals. Staff consulted on the day were in the main familiar with the reporting procedures in place.</p>	Compliant
<p><b>Criterion Assessed:</b> 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><b>Provider's Self-Assessment:</b> All day care staff adhere to the standard needed to complete legible, accurate, and up to date records. Staff currently are being guided by the policy no 51 on Recording and reporting care practices which detail high quality record keeping.. The Recording standards required and reporting arrangements are continually on the agenda as part of Induction and individual supervision sessions both formal and adhoc (as necessary) on a day to day basis. Records are signed as part of good practice by the registered manager eg. review meetings, careplans, risk assessments, initial assessments. These can be evidenced in Service Users Personal Files</p>	Compliant
<p><b>Inspection Findings:</b></p>	<b>COMPLIANCE LEVEL</b>
<p>A sample of service user individual records were reviewed and found to be legible, accurate, up to date, signed and dated by the person making the entry. Staff consulted were aware of their responsibility in relation to maintaining accurate records and the purpose of such records. Staff spoken with and the staff member who completed an inspection questionnaire confirmed that procedures are in place to achieve this criterion. There was evidence that care records are audited. It is recommended that evidence of the audits undertaken by the registered manager in regard to daily notes is maintained in individual care records.</p>	Compliant

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

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



<b>Theme 1: The use of restrictive practice within the context of protecting service user’s human rights</b>	
<b>Theme of “overall human rights” assessment to include:</b>	
<b>Regulation 14 (4) which states:</b>	<b>COMPLIANCE LEVEL</b>
<b>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.</b>	
<b>Provider’s Self-Assessment:</b>	
<p>Staff are aware of the Trusts Policies and Procedures in relation to the Management of Aggression ie. Policies 38; 56; . Management of Actual or Potential Aggression Training is Mandatory ;: details of this training can be accessed in staff training file..</p> <p>This training provides staff with the skills and knowledge to manage and respond appropriately to challenging behaviour. Staff are monitored informally on a daily basis by observation and formally by regular supervision. No form of restraint of any kind has been required to date.</p> <p>Staff demonstrate their knowledge and skill through Diversional Therapies and defusing of situations to promote positive outcomes. Relevant information is shared in a timely manner in the Mutli Disciplinary Review and an updated Action Plan would include a new assessment of need and behavioural management system, which continues to be subject to regular review to ensure safety of the service user and others.</p> <p>Staff demonstrate their competence by responding sensitively and providing reassurance and then reporting to the Person in Charge. Restraint would only be used to protect other persons and only after all other lesser restrictive measures have been unsuccessful and used only in proportion to the risk of harm. Physical Intervention Techniques when used will take account of individuals privacy, be respectful and adhere to cultural needs. Staff integrate DOLS (Deprivation Of Liberty Safeguards ) being mindful of the service users level of capacity when reporting and recording.</p>	Compliant
<b>Inspection Findings:</b>	
The Southern Health and Social Care Trust have policies and procedures to direct and guide staff in regard to restrictive practices. The policies were reflective of the DHPSSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). A copy of the Deprivation of Liberty Safeguards (DOLS) was available to management and the staff team. The management team and staff were fully aware of the	Compliant

<p>restrictions placed on some service users who use lap belts in wheelchairs and appropriate assessments and relevant documentation was in place. The centre are commended on the workshop recently held to inform service users of their Human Rights and the information obtained to assist service users understand the Human Rights Articles.</p>	
<p><b>Regulation 14 (5) which states:</b></p> <p><b>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.</b></p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider’s Self-Assessment:</b></p> <p>If restraint is required it would only be used to protect the individual or other persons and only after all other lesser restrictive measures have been unsuccessful and used only in proportion to the risk of harm. In the event of restraint needing to be used the circumstances would be recorded including the nature of the restraint. The incident would later be analysed for any learning needs to be identified. Physical Intervention Techniques, when used will take account of individuals Privacy, also to ensure Respect is shown at all times and that individual Cultural needs are met. Staff would integrate the Required Deprivation of Liberty Safeguards( DOLS) by being mindful of the service users level of Capacity and Human Rights when reporting and recording. RQIA would be informed via Notification of Incidents form 1A within 24 hours. DATIX form would be completed immediately.</p> <p>The day centre staff would seek professional guidance/support in reviewing the Service Users Behavioural Needs. All staff would be appraised of updated behavioural management programme if relevant and follow accordingly</p>	Compliant
<p><b>Inspection Findings:</b></p> <p>Management and staff confirmed that to date restraint had not been used in the day centre however everyone was fully familiar with the Trust’s guidance. The centre is close to a busy main road and the entrance door is locked during the day to prevent unauthorised persons from accessing the centre without staff knowledge. This information is detailed in the operational policy however it should also be detailed in the statement of purpose and the service user guide.</p>	<b>COMPLIANCE LEVEL</b> Substantially compliant

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

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

<p align="center"><b>Theme 2 – Management and Control of Operations</b></p> <p><b>Management systems and arrangements are in place that support and promote the delivery of quality care services.</b></p> <p><b>Theme covers the level of competence of any person designated as being in charge in the absence of the registered manager.</b></p>	<p align="center"><b>COMPLIANCE LEVEL</b></p>
<p><b>Regulation 20 (1) which states:</b></p> <p><b>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 -</b></p> <p><b>(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;</b></p> <p><b>Standard 17.1 which states:</b></p> <p><b>There is a defined management structure that clearly identifies lines of accountability, specifies roles and details responsibilities for areas of activity.</b></p>	
<p><b>Provider’s Self Assessment:</b></p>	
<p>There is a defined Management Structure and arrangements are in place that clearly identifies lines of accountability, specifies roles and details responsibilities for areas of activity. There is an appropriate skill mix to support staff and promote quality of care services. This is displayed on the wall within workstation 'Management and Control of Operations Chart'. All Staff are registered by NISCC and supported in meeting the relevant Codes of Practice. They are all aware of their duties and responsibilities from their Job Descriptions, Induction and further Training. When the Registered Locality Manager is not available a Senior Day Care Worker at Band 5 is always on site, Band 2 and 3 are accountable to Band 5. There is always Management support from the Registered Locality Manager or another Locality Manager. See Point 5 of Statement of Purpose. A Management Competency Assessment Framework has been introduced since January 2014. This is completed for staff who take charge in the absence of the Manager. The Framework details practical assessments, a training record of achievement and courses attended e.g Mandatory Training and Qualifications. Issues arising are reported to the Registered Person. Appropriate action is taken when staff do not meet expected Standards of Conduct.</p>	<p align="center">Compliant</p>

<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
<p>The registered manager is based in The Meadows two –three days a week and also has responsibility for a further two centres namely Crozier Lodge and Edenderry Specialist Dementia Unit. Although the registered manager is not based in the centre daily it was evident that the management arrangements were satisfactory on this occasion. The hours the registered manager work in the day centre should be included in the statement of purpose for this day care setting. In the absence of the registered manager a senior day care worker assumes responsibility for the centre. Copies of the competency and capability training for the senior care workers was provided and indicated staff had received the required training to be deemed competent.</p> <p>Examination of the staffing information, provided evidence that adequate staffing numbers were maintained in the day care setting. The management team and staff consulted reported that the staffing levels are sufficient to meet the needs of the service users.</p> <p>Discussion with staff working in the centre demonstrated that they were fully familiar with their role and responsibilities regarding the management arrangements of the day care setting. Staff expressed that they were supported in their roles through regular supervision, appraisal and staff meetings. Records viewed confirmed that staff briefings are held daily and staff meetings are held quarterly.</p> <p>Service users consulted were aware of the management structure and were able to identify who they would approach if they had any concerns. A designated officer undertakes the unannounced monthly monitoring visits to the centre on behalf of the registered provider. A review of the reports for the previous four months did not identify any issues. There was evidence that audits of working practices is completed to ensure they are consistent with the day care settings documented policies and procedures. It is recommended that the audit of care files is maintained on the service user’s care file.</p>	<p>Substantially compliant</p>

<p><b>Regulation 20 (2) which states:</b></p> <ul style="list-style-type: none"> <li><b>The registered person shall ensure that persons working in the day care setting are appropriately supervised</b></li> </ul>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider's Self-Assessment:</b></p>	
<p>There is an established planned programme of individual supervision for all staff appropriate to designation / grade all supervision meetings are recorded and signed by both parties. Dedicated time is agreed and set aside for the supervision session and occurs not less than 3 monthly, and supervisory staff can report any serious issues arising. All staff receive a planned yearly staff appraisal in line with day care Standard 22. Staff are supervised and their performance appraised and reviewed against individual job description to agree personal development plans. The Registered Manager has received training in the SHSCT Adult Supervision Policy and the Band 5 SDCW staff have completed their QCF5 unit 511 in supervision.. Senior staff have also been trained to undertake KSF and appraisal with staff whom they have direct line management responsibility for in the day centre.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>Records examined indicated that formal supervision was being provided quarterly as detailed in the provider's self assessment. Staff confirmed that informal day to day supervision was readily available and there was evidence of daily briefing sessions and regular staff meetings. Staff expressed that the management team were very approachable and supportive and all confirmed that annual appraisals were up to date.</p> <p>Records examined confirmed that the registered manager is a trained social worker and is suitably experienced in managing day care settings. There was evidence that senior support workers held NVQ level 3 or 2 and all had a range of experience working in care settings. Records viewed on the day confirmed that staff were either registered or in the process of registering with NISCC. Mandatory training was found to be up to date and additional training was provided in regard to dementia awareness and dealing with mobility in dementia.</p>	<p>Compliant</p>

<p><b>Regulation 21 (3) (b) which states:</b></p> <ul style="list-style-type: none"> <li>• <b>(3) For the purposes of paragraphs (1) and (2), a person is not fit to work at a day care setting unless –</b></li> <li>• <b>(b) he has qualifications or training suitable to the work that he is to perform, and the skills and experience necessary for such work</b></li> </ul>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment:</b></p> <p>Staff have access to SHSCT Policies and Procedures, and receive Corporate Induction e.g Fire Safety, Vulnerable Adults, Infection Control, Manual Handling and COSHH Training.</p> <p>All staff receive an established programme of H&amp;S and Mandatory Training (necessary for the day care setting) and attend refresher Training as required. All day care staff also have access to e learning training programme within the Trust. Staff are required to undertake Qualifications in accordance with their designated job role, NISCC Registration guidelines in order to retain registration requirements. All supervisory staff are required to be appropriately qualified as per Job Specification and suitably trained in order to supervise HSC staff. This is defined by their grade, job role, experience and qualifications. The Band 5 day Care Staff hold NVQ 2 &amp; 3 and QCF 5 in supervision. 1 Band 5 has completed their ILM level 3 in management training. Day care staff BAND 3 are required to hold QCF / NVQ level 2 qualifications. The registered manager holds CQSW, MIHSM,( member institute health service management) and has completed Beeches Management Course plus Trust Management Training</p>	Compliant
<p><b>Inspection Findings:</b></p> <p>Records examined confirmed that the registered manager is a trained social worker and is suitably experienced in managing day care settings. There was evidence in records examined that senior support workers held NVQ level 3 and QCF 5 as outlined in the provider's self -assessment. Staff had a range of experience working in care settings. Records viewed on the day confirmed that staff were either registered or in the process of registering with NISCC. Mandatory training was found to be up to date and additional training was provided in regard to dementia awareness and dealing with mobility in dementia. Staff had received MAPPA (Management of Actual or Potential Aggression) or MOVA (Strategies for the management of incidents of violence or aggression) which focuses on de-escalation skills. Staff informed the inspector that they found the training beneficial and provided examples of how the training had assisted them in their day to day work.</p>	<b>COMPLIANCE LEVEL</b> Compliant

<b>PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

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



## **Additional Areas Examined**

### **Complaints**

The information on complaints submitted by the registered provider prior to the inspection was examined and indicated that the centre had received no complaints for the year ending December 2013. The registered manager and staff were fully aware of the complaints procedure and the action to take should a service user express dis-satisfaction with any aspect of the service. Information was available throughout the centre for service users on how to make a complaint and service users consulted stated they would approach any member of staff if they had any concerns and were confident their concerns would be addressed. The inspector viewed the many compliment cards received and it was obvious from the written comments in the cards that the staff team are held in very high regard.

### **Registered Manager Questionnaire**

The registered manager submitted the questionnaire prior to the inspection. A review of the information found the questionnaire had been fully completed and no issues were identified. The information was verified during the inspection of records, discussion with management, staff and service users.

### **Statement of Purpose**

A review of the statement of purpose found that the information contained in the document was in keeping with the regulations. As stated in the main body of the report the hours the registered manager spends in the day centre should be detailed in the statement of purpose.

### **Environment**

An inspection of the day centre was undertaken. All areas were found to clean and fresh smelling.

## **Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Ms Iona Henry, 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:

**Maire Marley**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**



## Quality Improvement Plan

### Primary Announced Care Inspection

#### Meadows Rehabilitation Centre

26 August 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 Ms Iona Henry registered manager and Mrs Gillian Stevenson senior day care worker during the inspection visit.

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

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

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

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

**Recommendations**

These recommendations are based on The Day Care Settings Minimum Standards January 2012. This quality improvement plan may reiterate recommendations which were based on The Day Care Settings Minimum Standards (draft) and for information and continuity purposes, the draft standard reference is referred to in brackets. These recommendations are also based on research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details of Action Taken By Registered Person(S)	Timescale
1	Standard 1.2	<p>The registered manager should confirm that;</p> <p>(a) The statement of purpose and service user guide has been amended to include the days/hours the registered manager works within the centre.</p> <p>(b)The locking of the entrance door must also be detailed in both documents.</p>	One	(a)The Registered Manager has amended the Statement of Purpose and service user guide to include the days she works within the Centre. (b)The locking of the entrance door has been included in both documents. (a copy of both documents are attached).	No later than 31 October 2014
2	Standard 17.9	The registered manager should ensure that evidence of the audit of care files is maintained on the file.	One	An audit tool has been developed and a copy of the audit form has been placed in all service users files.	No later than 31 October 2014
3	Standard 7.4	The registered manager must ensure that senior day care workers are familiar with the referral process for Speech and Language services.	One	The Speech and language Policy has been shared with the SDCWs and a copy has been placed in the Policy & Procedures System.	Immediate and ongoing

**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:**

<b>Name of Registered Manager Completing Qip</b>	Iona Henry
<b>Name of Responsible Person / Identified Responsible Person Approving Qip</b>	Mrs Angela McVeigh Director O.P.P.C.

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	Yes	M Marley	27/10/14
Further information requested from provider			