

Primary Announced Care Inspection

Name of Establishment:	Lisanally Resource Centre
Establishment ID No:	11242
Date of Inspection:	14 May 2014
Inspector's Name:	Suzanne Cunningham
Inspection No:	17616

The Regulation And Quality Improvement Authority
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Name of centre:	Lisanally Resource Centre
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Registered organisation/ Registered provider:	Southern HSC Trust Mrs Mairead McAlinden
Registered manager:	Mr Martin Stevenson
Person in Charge of the centre at the time of inspection:	Mr Martin Stevenson
Categories of care:	DCS-I, DCS-DE
Number of registered places:	25
Number of service users accommodated on day of inspection:	17
Date and type of previous inspection:	4 November 2013 Primary announced inspection
Date and time of inspection:	14 May 2014 10:00 – 15:30
Name of inspector:	Suzanne Cunningham

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	17 in the day centre 1 interviewed
Staff	2
Relatives	4
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	8	6

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

Lisanally Resource Centre is located on the outskirts of Armagh City. Lisanally Resource Centre is a statutory facility funded and managed by the Southern Health and Social Care Trust. It provides a range of services for older people within a defined catchment area. Referrals for services come from the Older People and Primary Care Directorate and Mental Health and Disability Directorate.

The primary aim of care staff within Lisanally Resource Centre is to create an independent, warm and homely environment. Staff are committed to providing structured and purposeful day care to service users with a range of physical and/or mental health difficulties. It is an important resource which Multi-Disciplinary Teams utilise to compliment services to individuals living in the community. Independence is promoted and support provided in order to encourage service users to be as self-sufficient as is possible.

Lisanally Resource Centre operates on a five day per week basis, Monday to Friday between the hours of 9.30 am and 3.30 pm. On Monday and Friday the centre has 15 places per day for service users who have a diagnosis of dementia. The remainder of the week the service offers twenty five places to older people who have a range of physical or mental health difficulties.

The day centre provides meals, tea and coffee to service users when attending the centre at a minimal cost. Some service users attend the day care service one day per week, while others attend more often depending on individual needs and availability. Each service user must be aged sixty five years or over and their needs must have been assessed in the community by their key worker to determine that they would benefit from receiving day care as part of their overall care package.

Summary of Inspection

A primary inspection was undertaken in Lisanally Resource Day Centre on 14 May 2014 from 10:00 to 15:30. This was a total inspection time of 5 hours and 30 minutes. The inspection was announced.

Prior to this inspection the provider submitted a self-assessment of the one standard and two themes inspected. The focus of the inspection was to assess the centre's compliance with the one standard and two themes chosen from the Day Care Settings minimum standards 2012; The Day Care Settings Regulations (Northern Ireland) 2007 and the providers' statements were verified. During the inspection the inspector used the following evidence sources:

- Analysis of pre-inspection information and questionnaires
- Discussion with the registered manager, staff, service users and representatives
- Examination of a sample of service user individual file records including evidence of behaviour management and support assessments; the complaints record; staff training record; individual staff records; incidents and incident and accidents record; evidence of service user consultation, monthly monitoring records; the centres statement of purpose; service users guide and policies & procedures
- Tour of the premises.

The inspector spoke to the two senior day care workers and informally to the care workers regarding the standards inspected and their views about working in the centre. This generated positive feedback regarding records and reporting arrangements including recording; ensuring care plans and assessments reflect the individual needs of each service user and the management arrangement's in this day care setting. The inspector gauged from these discussions that staff are motivated to plan and deliver care that improves the service users overall experience in the day care setting, improves or maintains cognitive functioning, develops new interests and skills, avoids service users feeling socially isolated in the community and they are focussed on improving outcomes for the service user and family. The staff also discussed innovative and proactive practice examples undertaken by staff such as talking to service users about their rights and recognising when they might need protection and discussing home security and establishing an information board for service users and their families.

Six questionnaires were returned by staff who reported satisfactory arrangements were in place with regard to NISCC codes of practice; supervision; staff training; staffing and management arrangements; responding to service users' behaviour; confidentiality and recording. Positive comments were made regarding the quality of care that was provided; which the staff member described as: "Brilliant quality of care and services", "excellent", the quality of care within the day centre is excellent", the quality of care and day service provision is of excellent quality", "I feel there is a very high standard of care delivered within Lisanally Day Centre".

The inspector observed the seventeen service users who were in the day care setting at the time of the inspection and spoke with one service user individually. This enabled the inspector to gather evidence for the standard inspected and the two themes. The inspector spoke with the service users during activities and this provided information and confirmed they were aware of records kept about them in the day care setting, they understood and were content with measures taken in the day care setting to protect them; and they were aware who the manager of the day care setting is and who they can speak to if the manager is not in the day care setting.

Observation did reveal service users were at ease in their environment, able to socialise with each other and the staff in the day care setting. Service users took part in activities in small groups and as a larger group. During the activities service users were encouraged to use their memory, develop creative skills and socialise. The inspector also noted the appropriate staffing levels and good working relationships between staff which ensure the atmosphere is relaxed and fun.

Four service user representatives met with the inspector during the inspection and they all provided a positive view regarding their relative's experience of attending in the day care setting. Representatives were aware that information is kept about their relative by the day centre and they can access this by request. At meetings they confirmed they see the assessment and care planning information and to date had been happy with the content. The representatives gave a range of comments that described how important the day centre is to their relative such as: "there is a lovely group of staff, (relative's name) is made to feel good when she arrives, staff have a bit of craic with you, it's easy to walk in to, homely, staff are approachable and she feels at home"; "the way staff look after (relative) is exemplary, they know (relative), (relative) pointed out the staff and said those girls are very good to me". One relative also identified she had observed care in the day care setting and noted the good level of attention, she said; "wild horses wouldn't keep him back from here, he knows other people here, he laughs, it helps him"; "when (relative) is at the day centre she is a different person, staff are very friendly, very good, all help, cant praise staff enough".

The previous announced inspection carried out on 4 November 2013 had resulted in no recommendations and one requirement regarding the frequency of the monthly monitoring arrangements. The inspector concluded arrangements had been improved in this regard and at the time of this inspection the centre had achieved compliance. .

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.

Six criteria were inspected which examined the standard achieved in this centre with regard to individual service user records and reporting arrangements. The criteria inspected comprised of the seven areas within standard 7. All of the criteria inspected were assessed as compliant; and no recommendations or requirements are made.

Observations of service users; discussion with staff; and review of six service users' individual files provided evidence that the centre is performing well regarding standard 7. Policies and procedures were in place and do describe how service user's information should be kept, they specify recording procedures and describe access. The service user guide and a leaflet regarding service user information also explain the records are kept securely and are accessible on request.

The discussions with service users and their representatives provided the inspector with evidence that service users are aware information is kept about them and the inspector concluded the centres process of maintaining and updating service users' records presents as well managed and planning focuses on promoting service user's social needs, stimulating intellectual activity; and meeting need.

Based on the evidence reviewed the inspector assessed the centre as compliant in this standard. No requirements or recommendations are made with regard to this standard.

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

Two criterion from regulation 14 were inspected which examined compliance with the use of any restrictive practices in this day care setting within the context of human rights. One criterion was assessed as compliant and one criterion was assessed as not applicable because the setting has not undertaken any restraint of service users and restraint is not part of anyone's care plan. Therefore no incidents have been or would be reported through to RQIA under current arrangements.

Discussions with the manager, staff and examination of records provided evidence that the centre was using clear operational systems and processes which promote the needs of the service users who attend the centre and they do not anticipate using restraint, seclusion or restrictions other than managing the front door access to keep service users safe and meet their needs. Staff discussed the MAPA training which focusses on using diversion therapies, good communication, calming, diffusing techniques and knowing their service users' needs, diagnosis, treatment plan and personalities. They strongly believe this assists them in ensuring service users behaviour does not escalate and ensure they can meet individual need. In service users files the inspector viewed examples of reviews and meetings which monitor how needs are met and if plans continue to be effective at improving outcomes.

Based on the evidence reviewed the inspector assessed the centre as compliant in this theme and this is commendable.

Theme 2 - Management and control of operations: Management systems and arrangements are in place that support and promote the delivery of quality care services.

Two criteria from regulation 20 and one criterion from regulation 21 were inspected which provided the evidence to examine this theme. All of the criteria were assessed as compliant.

No requirements or recommendations are made with regard to this theme. The inspector concludes the arrangements in place for the registered manager to manage this day care setting and delegate tasks to the senior day care worker have been well assessed, planned for and are subject to on-going monitoring.

There is a competency assessment in place regarding management and acting up arrangements and discussion with the manager and staff provided evidence that the organisation had in place monitoring arrangements; and they had a general approach of promoting quality care. Based on the evidence reviewed the inspector has assessed the centre as compliant in this theme; no requirements or recommendations are made.

Additional Areas Examined

The inspector undertook a tour of the premises, reviewed the complaints record, examined four service users individual files, validated the registered manager's pre inspection questionnaire, reviewed the staff questionnaire, viewed the regulation 28 reports and the incident reporting. This did not reveal any further areas of improvement however the inspector did note one incident of a vulnerable adult had not been reported to RQIA, this should be done retrospectively. A requirement is made in this regard.

The inspector wishes to acknowledge the work undertaken by the manager and staff in preparation for this inspection and their open and constructive approach throughout the inspection process. Gratitude is also extended to the service users and representatives who welcomed the inspector to their centre and engaged with her during the inspection. Overall the inspector commends the proactive approach to day care that is delivered in this centre, there is a clear approach of support, homeliness and social support to this day care setting which is consistent with the day care settings statement of purpose and presents as improving outcomes for service users and their families.

As a result of this inspection one requirement regarding a regulation 29 notification and no recommendations have been made. This was reported to the management team at the conclusion of the inspection.

Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	28 (3)	The registered person must ensure the regulation 28 visits are undertaken every month and a report is written unless alternative arrangements are agreed with RQIA.	Samples of the regulation 28 visits were viewed and the monthly frequency had been highlighted in the reporting.	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:**

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

COMPLIANCE LEVEL**Provider's Self-Assessment:**

Day care staff of the southern health and social services trust oppc recognise all service users have the right to confidentiality. Health service staff are duty bound under the Data protection act 1998. 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 southern trust.

Personal data is information about a living person that can identify that individual. And the confidential nature of a service user's information.

There is an obligation on health and social care staff to respect that confidentiality, which can continue to apply even after their death if the service user requests that confidence to be upheld Service users must also be informed in a manner appropriate to their communication needs of what information is necessary to share to meet their care needs and the likely extent of the sharing for as long as the care needs continue for that person.

Review of care carried out by members of the care team and those supporting them have sufficant connection for the sharing of information to be justified on the basis of implied consent,providing the individual has been informed.

Service users would be given an opportunity to discuss any concerns they may have about possible uses of their information if the situation are need arises.

Compliant

Inspection Findings:	COMPLIANCE LEVEL
<p>Inspection of four individual records in respect of each service user evidenced they contain detailed information, as described in schedule 4 and schedule 5: inspection of other records to be kept in a day care setting. Arrangements for confidentiality were described in the settings policies and procedures pertaining to the access to records, communication, confidentiality, consent, management of records, monitoring of records, recording and reporting care practices and service user agreement. The documents were available for staff reference. The service users also have access to a leaflet “how the trust processes your personal information” which also clearly describes the trust responsibility when keeping any information regarding service users. Examination of the four service user files evidenced recording practices and storage of service user information is reflective of current national, regional and locally agreed protocols re confidentiality.</p> <p>Discussion with staff confirmed their knowledge about the duty of confidentiality and their role and responsibility regarding the need to record, the quality of recording and management of service user’s personal information and was commensurate with their role and responsibility. Discussion with one service user and four representatives confirmed they had been informed regarding confidentiality of personal information and recording practices in the day care setting.</p>	Compliant

Criterion Assessed: 7.2 A service user and, with his or her consent, another person acting on his or her behalf should normally expect to see his or her case records / notes. 7.3 A record of all requests for access to individual case records/notes and their outcomes should be maintained.	COMPLIANCE LEVEL
Provider's Self-Assessment:	
<p>The trust in reference to 7:2 adheres to the principles of the data protection act 1998. service users can access their information and their information is shared with them or their carers this is demonstrated through review meetings, care planning assessment, Keyworking. Day centre management follows all trust guidance in relation to requests for information from carers, service users, or their chosen representatives the southern trust recognise the public rights but are also mindful of service user rights to confidentiality see reference 7:1 this refers to individual rights and the sharing of specific information in relation to meeting specific needs and outcomes. The trust recognise the public rights to make a subject access request for information, rights to request the ceasing of information, right to compensation, and the right to see rationale behind automated decisions, right to prevent processing used for direct marketing. written requests can be made for a fee and be responded to within 40 working days.</p>	Compliant
Inspection Findings:	COMPLIANCE LEVEL
<p>The day care setting provides information for service users regarding information that is kept about them, how it is stored and access through verbal discussion, information leaflets and the service user's guide; this is also discussed in review meetings.</p> <p>The trust have an information governance department who take responsibility for issues and queries of freedom of information, confidentiality, consent, access to records, staff and the manager are also able to assist at a local level regarding giving advice and information regarding the same to service users and their representatives.</p> <p>Discussion with staff working in the centre validated their knowledge commensurate with their role and responsibilities regarding ensuring recording is accessible for service users and their representatives, if a service user wants to see a record being written this would be shared with them and a request from a service user or representative to access service user records would be responded to in accordance to the settings procedure.</p> <p>Discussion with service users representatives confirmed service users and or their representatives are aware that a service user record is kept and said they had been informed they can access the records and would ask a staff member or manager.</p>	Compliant

Criterion Assessed:	COMPLIANCE LEVEL
<p>7.4 Individual case records/notes (from referral to closure) related to activity within the day service are maintained for each service user, to include:</p> <ul style="list-style-type: none"> • Assessments of need (Standards 2 & 4); care plans (Standard 5) and care reviews (Standard 15); • All personal care and support provided; • Changes in the service user's needs or behaviour and any action taken by staff; • Changes in objectives, expected outcomes and associated timeframes where relevant; • Changes in the service user's usual programme; • Unusual or changed circumstances that affect the service user and any action taken by staff; • Contact with the service user's representative about matters or concerns regarding the health and well-being of the service user; • Contact between the staff and primary health and social care services regarding the service user; • Records of medicines; • Incidents, accidents, or near misses occurring and action taken; and • The information, documents and other records set out in Appendix 1. 	
Provider's Self-Assessment:	
<p>service user individual case records/ notes or 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 Standard 18: There are policies and procedures in place that direct the quality and of care and services.</p>	Compliant
Inspection Findings:	COMPLIANCE LEVEL
<p>The examination of a sample of four service user individual records evidenced the above records and notes are available and maintained. Examination of the individual files and two months monitoring records demonstrated working practices are audited in this regard.</p> <p>Care reviews were taking place in the four files inspected as described in standard 15.</p>	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.	COMPLIANCE LEVEL
Provider's Self-Assessment: This would not be an established practice within the centre but has been introduced from 1 st April 2014 this will now be recorded every five attendances or on a monthly basis.	Moving towards compliance
Inspection Findings: A sample of service user care records were examined and evidenced individual care records have a written entry at least once every five attendances for each individual service user, the quality of information recorded enabled the staff to use this information for assessment and review purposes.	COMPLIANCE LEVEL Compliant
Criterion Assessed: 7.6 There is guidance for staff on matters that need to be reported or referrals made to: <ul style="list-style-type: none"> • The registered manager; • The service user's representative; • The referral agent; and • Other relevant health or social care professionals. 	COMPLIANCE LEVEL
Provider's Self-Assessment: There is a management competency assessment introduced January 2014 that designated staff are capable of being in charge in the absence of the registered manager which accounts for their competency in discharging the aforementioned responsibilities should the need arise as part of health and safety reporting of incidents/ accidents, complaints reporting complaints dealing with complaints, vulnerable adults. There is guidance on Management contacts should the registered manager be unavailable, whom to report to and were to contact them if advice or guidance is required or sought. All staff receive mandatory training in the reporting of the aforementioned areas and are aware of the persons to contact there is a record of contact numbers designated persons on matters that require staff to report. The southern trust retain policy guidance and procedures in these areas also for staff and in recognition of social care governance standards and DHSSPS guidelines.	Substantially compliant

Inspection Findings:	COMPLIANCE LEVEL
<p>Policies and procedures pertaining to communication, confidentiality, consent, management of records, monitoring of records, recording and reporting care practices and service user agreement are in place and are consistent with this criterion. The policies and procedures are available for staff reference and staff are aware of their role and responsibility to report and refer information and record the outcomes achieved. Service users and or representatives would be informed regarding information that may be reported or referred and staff discussed their awareness of consent issues to ensure service users and or their relatives are aware if information is going to be reported; assured that it is reported to the right people and outcomes are recorded. Any shortcomings following reporting or referring information would be recorded and managed to ensure needs are met, risk is diminished and care is appropriate.</p>	Compliant
<p>Criterion Assessed:</p> <p>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>Record-keeping is an integral part of communication and information sharing and as such is essential to the provision of safe and effective care. The registered manager periodically reviews guidelines for good record keeping with all staff to ensure that All day care staff know the acceptable standard requirements for legible, accurate, and up to date records. The registered manager undertakes reviews of records and addresses common problems which arise from time to time. The records signed as part of good practice by the registered manager include review meetings, careplans, risk assessments, initial assessments. These can be evidenced in service user records.</p>	Compliant
<p>Inspection Findings:</p>	COMPLIANCE LEVEL
<p>The inspector examined a sample of four service user individual records which presented as compliant with this criterion. Consultation with a sample of staff working in the centre confirmed their understanding of this criterion. The manager has undertaken training in data protection and record management which he has discussed with staff in supervision and team meetings. Team meeting minutes also evidenced recording issues are periodically discussed and that staff all understand their role and responsibility in this regard.</p> <p>Staff spoken with and who completed the inspection questionnaires confirmed procedures and practice are in place to achieve this criterion.</p>	Compliant

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

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

Theme 1: The use of restrictive practice within the context of protecting service user's human rights	
Theme of "overall human rights" assessment to include:	
Regulation 14 (4) which states: The registered person shall ensure that no service user is subject to restraint unless restraint of the kind employed is the only practicable means of securing the welfare of that or any other service user and there are exceptional circumstances.	COMPLIANCE LEVEL
Provider's Self-Assessment:	
<p>The Management of aggression, MAPPA, training is mandatory for day care staff. This training provides staff with the skills and knowledge to manage and respond appropriately to challenging behaviour if required. This training is at level 2 which is deemed low to minimal risk.</p> <p>Staff have received this training and are required to undertake 3 yearly refresher training. This training programme is supported by a range of work place policies and staff are required to be familiar with. These include Policy 30 Management of violence and aggression/ managing behaviour that is challenging. Policy 46 Managing aggression. Policy 47 Managing restraint.</p> <p>The above policies and procedures clarify the roles and responsibilities of all staff in relation to understanding and responding to behaviour which is challenging and supporting staff to consider what arrangements which may be required to be put in place to ensure timely and appropriate reaction to incidents. There are no service users currently attending with behavioural concerns which require restrictive strategy intervention. Lisanally day centre has a fobbed access at the entrance doors externally and main corridor internally as the day centre operates a memory service two days Monday and Friday. The fobbed doors are not used as a restraint mechanism but for the protection, Safety and security of vulnerable adults to ensure their Health and wellbeing this information has been shared with service users who understand and respect the need for these mechanisms which are in place in the day centre.</p>	Compliant

Inspection Findings:	COMPLIANCE LEVEL
<p>In this setting no service users have restraint written in their care plan and restraint had not been used in this setting of a physical nature. However a service user does have a wheelchair with lap belt (potential mechanical restraint) which could be viewed as restricting this service user's movement. Staff discussed measures taken to ensure this is in place for the service users safety, confidence and staff have assessed this is the least restrictive measure that can be put in place to meet this service user's needs such as professional assessment, discussion with the service user about how they feel the lap belt should be used and options available, staff generally discussed with all service users measures in place that could be viewed as restrictive such as the access to the day centre (potential environmental restraint); human rights; and protection of their needs. Evidence examined in this regard revealed staff had taken time to inform service users regarding their rights and there are no measures in place which unnecessarily restrict service user's liberty or movement.</p> <p>Staff had completed MAPA training which also advocates for use of the least restrictive measures in place to respond to service users' behaviour as well as use of preventative measures to avoid escalation of behaviours. This approach is consistent with this criterion.</p> <p>The setting has policies and procedures pertaining to: the assessment, care planning and review; managing aggression and challenging behaviours; recording and reporting care practices; reporting adverse incidents; responding to service users behaviour; restraint and seclusion; and untoward incidents available for staff reference.</p> <p>Discussion with staff validated management and staff knowledge about when and why restraint is used including their understanding of exceptional circumstances. Discussion with staff working in the centre validated their knowledge regarding the use of restraint or seclusion including how service users' human rights are protected in the day care setting; staff were also aware of the Deprivation of Liberty Safeguards. (DOLS) – Interim Guidance.</p> <p>Discussion with service users confirmed they have discussed with staff restrictions in place in this day care setting and they confirmed arrangements in place such as the restricted access to the day care setting enables them to feel safe and assured the environment is being appropriately managed. Service users also confirmed their views are regularly sought regarding a range of issues in the day care setting which assures them they are well informed and have opportunity to freely express their views to staff or the manager.</p>	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:	
The Service User would be reviewed in relation to a specific behavioural management programme by a multidisciplinary team involved in their care. The day centre staff would seek professional guidance/support in reviewing the Service Users behavioural needs. Through this review process the care plan would include any assessments, guidance, support mechanisms. All staff would be appraised of behavioural management programme and follow accordingly. Currently there are no service users attending the centre who have behavioural management programmes implemented. All service user representatives, carers and other professionals/agencies providing support would be informed of this	Compliant
Inspection Findings:	COMPLIANCE LEVEL
No service users had been restrained in this setting and no care plans detail this as a management of behaviour plan. Staff do not anticipate using restraint and this presented as consistent with the settings ethos, statement of purpose and aims of the service. <i>Guidance on Restraint and Seclusion in Health and Personal Social Services</i> , Department of Health, Social Services and Public Safety, Human Rights Working Group, August 2005 is available for staff information.	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

Theme 2 – Management and Control of Operations	COMPLIANCE LEVEL
<p>Management systems and arrangements are in place that support and promote the delivery of quality care services.</p> <p>Theme covers the level of competence of any person designated as being in charge in the absence of the registered manager.</p>	
<p>Regulation 20 (1) which states:</p> <p>The registered person shall, having regard to the size of the day care setting, the statement of purpose and the number and needs of service users -</p> <p>(a) ensure that at all times suitably qualified, competent and experienced persons are working in the day care setting in such numbers as are appropriate for the care of service users;</p> <p>Standard 17.1 which states:</p> <p>There is a defined management structure that clearly identifies lines of accountability, specifies roles and details responsibilities for areas of activity.</p>	
<p>Provider's Self Assessment:</p>	
<p>There is an established line management structure and arrangements in place with an appropriate skill mix to support service users. Staff are aware of their duties and responsibilities. There is a registered manager. When the manager is not available a Senior Day Care Worker at Band 5 is on site and there is management support from the Registered Locality Manager or another Locality Manager on the same manager structure. The statement of purpose refers to this see point 5 of statement of purpose. There is also now a management competency assessment introduced January 2014 completed for staff who take charge in the absence of the manager this accounts for practical assessment and also a training record of achievement and course attended e.g mandatory training, qualifications. In reference to 17:1 there is an established management structure within the day centre.</p>	Compliant

Inspection Findings:	COMPLIANCE LEVEL
<p>The manager is registered with NISCC and he has the QCF level five qualification as stated in the standards for day care settings. The manager is not always in this centre as he manages two other day care settings therefore there is two senior staff who will act up in his absence. The inspector would advocate for staff left in charge to have opportunities to develop their skills, knowledge and qualifications in leadership and management such as the QCF level 5. Discussion with the two senior staff did reveal they have a good level of experience and the manager provided evidence of competence via individual assessments and discussion in supervision and training plans. Examination of the training record for staff and particularly those staff left in charge of the day care setting did not reveal any concerns or gaps in knowledge.</p> <p>The setting has policies and procedures pertaining to the management and control of operations available for staff reference, for example: absence of the manager; inspections of the day care setting; management, control and monitoring of the setting; operational policy; staff meetings; staff records; staff supervision and appraisal; staff training and development; staffing arrangements and the settings statement of purpose.</p> <p>Discussion with staff working in the centre, service users and representatives confirmed who is the manager and who is left in charge of the setting, staff were clear who they report to.</p> <p>The staffing structure of the day care setting clearly described in the settings statement of purpose and the regulation 28 reports evidence the staffing arrangements in place for the month being inspected.</p>	Compliant

Regulation 20 (2) which states: <ul style="list-style-type: none"> The registered person shall ensure that persons working in the day care setting are appropriately supervised 	COMPLIANCE LEVEL
Provider's Self-Assessment: <p>There is an established programme of individual and group supervision of all staff within the day centre which is appropriate to designation/ grade , seniority.</p> <p>All staff receive a yearly staff appraisal in line with day care standard 22 Staff are supervised and their performance appraised to promote the delivery of quality care and services. The Registered Manager and the Band 5 Senior Day Care staff have received their training in the Southern Trust Adult supervision Policy. 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>	Compliant
Inspection Findings: <p>The examination of the staff training and evidence regarding the supervision arrangements for staff confirmed the provider's self-assessment.</p> <p>Discussion with staff working in the setting confirmed the frequency was consistent with the day care setting standards and the quality met staff expectations for and quality.</p>	COMPLIANCE LEVEL Compliant

Regulation 21 (3) (b) which states: <ul style="list-style-type: none"> • (3) For the purposes of paragraphs (1) and (2), a person is not fit to work at a day care setting unless – • (b) he has qualifications or training suitable to the work that he is to perform, and the skills and experience necessary for such work 	COMPLIANCE LEVEL
Provider's Self-Assessment:	
<p>Staff receive corporate induction for all new staff e.g fire safety vulnerable adults, infection control, manual handling, coshh all staff receive an established programme of Mandatory training, staff are encouraged to undertake vocational qualifications in accordance with their designated job role, NISCC registration guidelines in order to retain registration requirements. All staff who supervise staff are appropriately qualified and experienced to supervise social care staff in Day Centres. This is defined by their grade, job role, experience and qualifications in the organisation The Supervisor must also have undertaken the formal Supervision Training organised and delivered by the Trust Training registration requirements. Day care staff are qcf level 3 or 2 qualified in their roles. The registered manager holds the qcf level 5 dip in Health and social care management (Adult services)</p>	Compliant
Inspection Findings:	COMPLIANCE LEVEL
<p>Examination of records and discussion with staff confirmed the provider's self-assessment in this regard and did not reveal any concerns.</p> <p>Discussion with staff validated their knowledge commensurate with their role and responsibilities, they confirmed they feel suitably experienced and in receipt of suitable training to undertake their role and responsibility and are clear regarding their role and responsibilities.</p>	Compliant

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

Additional Areas Examined

Complaints

The complaints record was reviewed as part of this inspection. The annual complaints return for 2013 identified three complaints had been recorded. The inspector reviewed the complaints record which confirmed the return to RQIA and did not reveal any concerns regarding the management of the issues of dissatisfaction raised which had been locally resolved or outcomes recorded. No complaints had been recorded for 2014.

Service User Records

Four service user files were reviewed as part of this inspection, this did not reveal any areas for improvement and the files presented as consistent with schedule 4.

The inspector is aware some service users referred to this setting are in need of a secure environment due to their diagnosis of dementia and this is clear in their initial assessment. All service users in the setting can walk around gardens and rooms freely once in the front door. The entrance to the day care setting is kept secure due to this centre being part of a larger building used by various southern trust staff and visitors.

Registered Manager Questionnaire

The registered manager submitted a questionnaire to RQIA prior to this inspection. The information returned confirmed satisfactory arrangements were in place regarding governance and management arrangements, the manager's registration, staffing arrangements and support for staff, policies and procedures, responding to service user's behaviour and reporting of accidents and incidents. The information was validated during the inspection and this did not raise any concerns that required further discussion or analysis.

Monthly Monitoring Reports

The inspector viewed a sample of monitoring reports and this did not reveal any concerns.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Martin Stevenson, 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:

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



Quality Improvement Plan
Primary Announced Care Inspection
Lisanally Day Centre
14 May 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 Martin Stevenson (registered manager/ person receiving feedback) either during or after the inspection visit.

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

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

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

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

Statutory Requirements

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Day Care Settings Regulations (NI) 2007

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	29 (1) (d)	The registered manager must ensure the identified incident detailing a vulnerable adult must be reported to RQIA under this regulation.	First	The notification regarding the identified incident detailing a vulnerable adult was sent to incidentnotification@rqia.org.uk on the 13/05/14. Subsequently, this incident has been followed up by the community social worker and has been screened out of the safeguarding process.	11 June 2013

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	Mr Martin Stevenson
Name of Responsible Person / Identified Responsible Person Approving Qip	Mrs Angela McVeigh Director Older People & Primary Care Southern HSC Trust

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Suzanne Cunningham	26/06/14
Further information requested from provider			