



The **Regulation** and
Quality Improvement
Authority

Primary Unannounced Care Inspection

Name of Establishment:	Keady Day Centre
Establishment ID No:	11244
Date of Inspection:	22 September 2014
Inspector's Name:	Maire Marley
Inspection No:	17651

The Regulation And Quality Improvement Authority
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Name of centre:	Keady Day Centre
Address:	Annvale Road Keady BT60 2RP
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Registered organisation/ Registered provider:	Mrs Anne Mairead McAlinden Southern HSC Trust
Registered manager:	Mr Martin Stevenson
Person in Charge of the centre at the time of inspection:	Mr Martin O'Neill
Categories of care:	DCS-MAX, MAX, DCS-PH(E)
Number of registered places:	25
Number of service users accommodated on day of inspection:	24
Date and type of previous inspection:	18 April 2013 Primary Announced Inspection
Date and time of inspection:	22 September 2014 10.00am-3.30pm
Name of inspector:	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	20
Staff	5
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	10 distributed on day of inspection	0

Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Day Care Settings Minimum Standards and theme:

- **Standard 7 - Individual service user records and reporting arrangements:**

Records are kept on each service user's situation, actions taken by staff and reports made to others.

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

- **Theme 2 - Management and control of operations:**

Management systems and arrangements are in place that support and promote the delivery of quality care services.

The registered provider and the inspector have rated the centre's compliance level against each criterion and also against each standard and theme.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance Statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

Profile of Service

Keady Day Centre is a purpose built statutory day care centre situated on the outskirts of the town of Keady, in Co Armagh. The centre is sited within its own grounds with ample car and bus parking spaces. Keady Day Centre (a statutory service) is funded and managed by the Southern Health and Social Care Trust.

The day centre provides a range of services to older people, including some who are functionally mentally ill, persons with a physical disability and others suffering from memory loss. Keady Day Centre provides day care for a maximum of twenty five persons per day. The Staff at Keady Day Centre provide a service which reflects the needs and choices of the members in a warm, homely environment.

Summary of Inspection

This unannounced primary care inspection of Keady Day Centre was undertaken by Maire Marley on 22 September 2014 between the hours of 10.00am and 4.30pm. Day care worker Mr Martin O'Neill was in charge of the centre and was joined by the Registered Manager, Mr Martin Stevenson who was available throughout the inspection.

The two requirements made as a result of the previous inspection undertaken in April 2013 were examined. Observations and discussion demonstrated that the centre had responded positively to the requested improvements. Details of the action taken can be viewed in the section following this summary.

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 were ten questionnaires distributed to staff on the day of inspection. None were returned in time for inclusion in this report. Staff consulted on the day 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 "very happy community here", "I like that I make a difference", "our clients make our work so much more enjoyable".

During the inspection, the inspector was introduced to all of the service users who were in the day care centre. The inspector spoke directly and in private with service users in a group in order to gather evidence for the standard inspected and the two themes.

Service users were content with the service and related if they had any concerns or issues they would speak with the day care workers or the registered manager who visits the centre regularly.

The service users were keen to discuss the benefits of attending the centre and spoke of how they enjoyed the company, activities provided and how social isolation was prevented through attendances. Concern was expressed about the future of day care and issues identified were passed to the registered manager to address. It was obvious service users had developed friendships with each other and there was a relaxed atmosphere with lots of jovial banter between the group.

The walls of the centre are adorned with displays of craft work, pictures and photographs that show the skills and enjoyment of those people attending.

Throughout the day service users presented as being at ease in their environment and staff were observed interacting with them in a respectful manner.

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 SHSST 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.

During the inspection the inspector noted that care records were securely stored and office desks were free of confidential information.

The inspector spoke with five 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. During discussion with staff they competently answered questions in regard to confidentiality, access to records and the storage of records.

The inspector concluded that although services users are involved in the care planning process and participate in their annual reviews, information on how they access care records should be included in the service user's guide. A record is maintained in regard to each service users' attendance at the centre.

Written guidance is available for staff on matters that need to be reported or referred to relevant health or social care professionals.

Discussion with service users and staff along with the review of six service users' individual files provided evidence that appropriate records are maintained and staff are fully aware of matters that need to be reported to professionals involved in the service users' care or family members.

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 SHSCT had policies and procedures regarding restrictive practice and these are reflective of current national, regional and locally agreed protocols and guidance.

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 discussed with the staff team during meetings and in supervision. Staff were clear on the principles outlined in the document.

The day centre is commented on the information meetings held with service users to inform them of their Human Rights. Staff used the BUZZLE system to ensure the information was in simple language to enable service users to discuss and understand the Human Rights Articles relevant to them. Service users related that they found the sessions very informative.

Evidence available from discussions with service users, staff and a review of the written records, verified that in the event of any additional 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. In the event of a service user becoming restless or disoriented 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 that a person centred approach directed their practice.

Observations of group interactions during the inspection confirmed that service users responded positively to members of the staff team and it was evident a good rapport had developed between staff and service users.

Based on the evidence reviewed the inspector 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.

There was evidence that the registered manager had obtained a range of relevant training including QCF Level 5 Diploma in Health & Social Services (Adult Management) and has several years' experience working in the caring profession. Staff working in the centre has acquired a range of vocational qualifications commensurate with their roles and responsibilities.

The inspector was informed that the registered manager and day care workers are registered with the NISCC.

The organisational structure was clearly set out in the statement of purpose. Staff confirmed their awareness of reporting arrangements within the organisation should any notifiable event arise.

Staff were clear in regard to their roles and responsibilities and there was evidence that although the registered manager is only based in the centre one day and the inspector was informed he is easily contacted and in an emergency can be in the centre within a short time.

There was evidence from discussions with staff to confirm that members of the team work supportively and well with one another.

The registered manager had arrangements in place for the supervision and performance appraisal of the staff team. During discussions with staff they expressed that they felt supported by the management team. A review of staff training resulted in a recommendation to ensure that mandatory training is up to date.

There was evidence of monitoring arrangements that included monthly unannounced monitoring visits.

On this occasion the inspector was satisfied that the management arrangements were suitable with appropriate policies in place for the operation of the day care centre.

The registered manager is commended for the evidence collated to facilitate the inspection for this year. This inspection was unannounced however all required documentation was readily available and the provider's self-assessment had been submitted to the RQIA in a timely manner. This demonstrates a commitment to regulation and the minimum standards and is commended.

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

Additional Areas Examined

During the inspection the inspector examined the complaints record, the files pertaining to six service users, and validated the registered manager's pre-inspection questionnaire and reviewed the environment.

The inspector undertook a tour of the premises and found all areas clean and well organised.

Matters identified during this inspection were discussed with the registered manager and senior day care worker. As a result of this inspection three recommendations have been made. Details can be found in the Quality Improvement Plan attached to this report.

The inspector wishes to acknowledge the work undertaken by the registered manager and staff in preparation for this inspection and their open and constructive approach throughout the inspection process. Gratitude is also extended to the service users who welcomed and engaged with the inspector in the inspection process.

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 provider must ensure adequate arrangements are in place to undertake the monthly monitoring visits at least once per month and they should not all be unannounced.	A review of the previous four monthly monitoring records evidenced that the visits were undertaken on a monthly basis. The visits were both unannounced and announced.	Compliant
2	28 (4)	The registered provider must ensure the content of the monthly monitoring visit reports analyse compliance with regulations and standards and state if the service is compliant with standards and regulations or if improvement is required.	The reports of the monitoring visits provided evidence that the monthly monitoring visit reports on compliance with regulation and the minimum standards.	Compliant

Standard 7 - Individual service user records and reporting arrangements:	
Records are kept on each service user’s situation, actions taken by staff and reports made to others.	
Criterion Assessed:	COMPLIANCE LEVEL
<p>7.1 The legal and an ethical duty of confidentiality in respect of service users’ personal information is maintained, where this does not infringe the rights of other people.</p>	
Provider’s Self-Assessment:	
<p>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.</p> <p>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.</p> <p>Personal data is information about a living person that can identify that individual. And the confidential nature of a service user’s information.</p> <p>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.</p> <p>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.</p> <p>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.</p>	Compliant
Inspection Findings:	COMPLIANCE LEVEL
<p>The Trust has policies in place in regard to confidentiality that are available to the staff team. Discussion with management and staff confirmed that they have adequate knowledge about the duty of confidentiality and their role and responsibility in regard to the management of service users’ personal information. Records requested on the day were stored securely.</p>	Compliant

Criterion Assessed:	COMPLIANCE LEVEL
<p>7.2 A service user and, with his or her consent, another person acting on his or her behalf should normally expect to see his or her case records / notes.</p> <p>7.3 A record of all requests for access to individual case records/notes and their outcomes should be maintained.</p>	
Provider's Self-Assessment:	
<p>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>Staff working in the centre revealed they were knowledgeable regarding consent and access to records commensurate with their role and responsibilities. There were examples in care plans examined of service users signing the record to indicate their involvement and agreement with the content. During discussion with service users some were unsure whether they had seen their care records. It is recommended that information on how to access records is included in the service user guide.</p>	Compliant

<p>Criterion Assessed:</p> <p>7.4 Individual case records/notes (from referral to closure) related to activity within the day service are maintained for each service user, to include:</p> <ul style="list-style-type: none"> • Assessments of need (Standards 2 & 4); care plans (Standard 5) and care reviews (Standard 15); • All personal care and support provided; • Changes in the service user’s needs or behaviour and any action taken by staff; • Changes in objectives, expected outcomes and associated timeframes where relevant; • Changes in the service user’s usual programme; • Unusual or changed circumstances that affect the service user and any action taken by staff; • Contact with the service user’s representative about matters or concerns regarding the health and well-being of the service user; • Contact between the staff and primary health and social care services regarding the service user; • Records of medicines; • Incidents, accidents, or near misses occurring and action taken; and • The information, documents and other records set out in Appendix 1. 	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p> <p>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>	<p>Compliant</p>
<p>Inspection Findings:</p> <p>There was evidence in the random sample of 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 record changes in the service user’s needs or behaviour and detail the action taken by staff.</p>	<p>COMPLIANCE LEVEL</p> <p>Compliant</p>

<p>Criterion Assessed: 7.5 When no recordable events occur, for example as outlined in Standard 7.4, there is an entry at least every five attendances for each service user to confirm that this is the case.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment:</p>	
<p>This would not be an established practice within the centre but has been introduced from 1st April 2014 this will now be recorded every five attendances or on a monthly basis.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	<p>COMPLIANCE LEVEL</p>
<p>The information detailed in the provider's self- assessment was confirmed during the review of a sample of service user care records. This review provided evidence that progress records are now maintained for each service user. No issues were identified on this occasion.</p>	<p>Compliant</p>

<p>Criterion Assessed:</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"> • The registered manager; • The service user’s representative; • The referral agent; and • Other relevant health or social care professionals. 	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p>	
<p>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 afore mentioned 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 afore mentioned areas and are aware of the persons to contact there is a record of contact numbers designated personson matters that require staff to report.The southern trust retain policy guidance and pcedures in these areas also for staff and in recoqniton of social care governance standards and DHSSP guidelines.</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p>	
<p>The review of policies and procedures and discussion with the registered manager and staff team enabled the inspector to validate the provider’s self-assessment.</p>	<p>Substantially compliant</p>

<p>Criterion Assessed: 7.7 All records are legible, accurate, up to date, signed and dated by the person making the entry and periodically reviewed and signed-off by the registered manager.</p>	
<p>Provider’s Self-Assessment: All day care staff know the standard required for the need to complete legible, accurate, and up to date records. records signed as part of good practice signed by the registered manager are review meetings, careplans, risk assessments, initial assessments. These can be evidenced in service user records.</p>	Compliant
<p>Inspection Findings: 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 those who completed inspection questionnaires confirmed that procedures are in place to achieve this criterion.</p>	<p>COMPLIANCE LEVEL Compliant</p>

<p>PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Substantially compliant</p>
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<p>INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Compliant</p>
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Theme 1: The use of restrictive practice within the context of protecting service user’s human rights	
Theme of “overall human rights” assessment to include:	
<p>Regulation 14 (4) which states:</p> <p>The registered person shall ensure that no service user is subject to restraint unless restraint of the kind employed is the only practicable means of securing the welfare of that or any other service user and there are exceptional circumstances.</p>	COMPLIANCE LEVEL
Provider’s Self-Assessment:	
<p>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 polices 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</p> <p>Keady day centre is a shared facility the day centre categories of care incorporate elderly memory service clients. If a service user has become unsettled and attempts to leave the centre staff will try to divert the service user from the front entrance by engaging in conversation, suggest a cup of day etc if this does not work they may have to lock the door for Safety and security of vulnerable adults to ensure their Health and wellbeing.</p> <p>Contact family to arrange to come and collect the service user .</p>	Compliant
Inspection Findings:	
<p>The SHSST had policies and procedures to direct and guide staff in regard to restrictive practices as detailed in the provider’s self -assessment. In addition the day centre has policies and procedures pertaining to assessment, care planning and review and managing aggression and challenging behaviours which are available for staff reference.</p>	Compliant

<p>The registered manager and staff reported that restraint, restriction or seclusion had never been used in the centre and there were no records of such practices. Discussion with staff revealed they did not anticipate any occasion when restraint would need to be used with the current service user group.</p> <p>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 discussed with the staff team during meetings and in supervision. A copy of the document was available to the staff team for reference. In addition the centre had held information meetings with service users to inform them of their Human Rights. Staff used the BUZZLE system to ensure the information was in simple language to enable service users to discuss and understand the Human Rights Articles relevant to them. This initiative is commended..</p> <p>Service users consulted confirmed they can move freely around the centre and reported that they had never witnessed any restrictive practice.</p>	
<p>Regulation 14 (5) which states:</p> <p>On any occasions on which a service user is subject to restraint, the registered person shall record the circumstances, including the nature of the restraint. These details should also be reported to the Regulation and Quality Improvement Authority as soon as is practicable.</p>	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment:</p>	
<p>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</p>	Compliant

Inspection Findings:	COMPLIANCE LEVEL
There have been no reported incidents of restraint or seclusion from this centre. The information provided in discussion with the manager and staff was confirmed in discussions with service users, review of incidents and examination of care records. The registered manager and staff team were fully aware of their responsibility in regard to the reporting and recording arrangements in the event restraint was used.	Compliant

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

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

<p align="center">Theme 2 – Management and Control of Operations</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>Management systems and arrangements are in place that support and promote the delivery of quality care services.</p> <p>Theme covers the level of competence of any person designated as being in charge in the absence of the registered manager.</p>	
<p>Regulation 20 (1) which states:</p> <p>The registered person shall, having regard to the size of the day care setting, the statement of purpose and the number and needs of service users -</p> <p>(a) ensure that at all times suitably qualified, competent and experienced persons are working in the day care setting in such numbers as are appropriate for the care of service users;</p> <p>Standard 17.1 which states:</p> <p>There is a defined management structure that clearly identifies lines of accountability, specifies roles and details responsibilities for areas of activity.</p>	
<p>Provider’s Self Assessment:</p>	
<p>There is an established 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>	<p align="center">Compliant</p>

Inspection Findings:	COMPLIANCE LEVEL
<p>The registered manager is based in the Keady centre one day a week and also has responsibility for a further two centres namely Clogher and Lisanally Day Centres. The day the registered manager is based in the Keady 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 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>Many of the staff have worked for in the centre for some years and during discussion they 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. There was evidence that audits of working practices are undertaken to ensure they are consistent with the day care settings documented policies and procedures.</p> <p>The inspector was satisfied on this occasion that suitable management arrangements were in place for this day centre.</p>	<p>Compliant</p>

<p>Regulation 20 (2) which states:</p> <ul style="list-style-type: none"> The registered person shall ensure that persons working in the day care setting are appropriately supervised 	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment:</p>	
<p>There is an established programme of individual and group supervision of all staff within the day centre which is appropriate to designation/ grade , seniority. 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>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>A record of the dates of supervision showed that formal supervision was being provided quarterly and this was confirmed in discussions with staff. The inspector was informed that informal day to day supervision was readily available and there was evidence of regular staff meetings. The SHSCT had undertaken an audit of compliance with supervision policy, standards and criteria for social workers and social care staff in the Older Programme and Primary Care Division. This is commended. Staff expressed that the management team were very approachable and supportive and were aware of how to contact the registered manager when he is off site.</p>	<p>Compliant</p>

<p>Regulation 21 (3) (b) which states:</p> <ul style="list-style-type: none"> • (3) For the purposes of paragraphs (1) and (2), a person is not fit to work at a day care setting unless – • (b) he has qualifications or training suitable to the work that he is to perform, and the skills and experience necessary for such work 	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p>	
<p>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 under take 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>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The records relating to staff confirmed the information detailed in the provider’s self- assessment. Records viewed on the day confirmed that the registered manager and staff were registered with NISCC. It is recommended that the registered manager confirms mandatory training is up to date for all staff.</p>	<p>COMPLIANCE LEVEL Substantially compliant</p>

<p>PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Provider to complete</p>
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<p>INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Compliant</p>
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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 four complaints for the year 2013. On the day of inspection the complaint record maintained in the centre was reviewed and confirmed that the complainants were satisfied with the action taken.

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. Service users consulted during the inspection confirmed if they had any concerns they would discuss them with the registered manager or any member of staff and were confident their issues would be addressed. A record of compliments is maintained.

Registered Manager Questionnaire

The registered manager submitted the completed questionnaire prior to the inspection. A review of the information found all questions had been addressed and were validated during this inspection.

Statement of Purpose

A review of the statement of purpose resulted in a request for the document to be amended in regard to the hours the registered manager is in the centre.

Service Users Guide

During the inspection it was recommended that information to inform service users about the review process should be included in the service user guide as specified in the previous inspection report.

Service user's views

The inspector greeted all service users accommodated in the centre informally and consulted more formally with the group in the afternoon. Service users expressed complete satisfaction with the service provided and were keen for the inspector to hear how much they enjoyed their days in the centre. It was obvious the group enjoyed positive relationships with each other and the staff team. Service users knew who to report any concerns and were satisfied that they would be addressed by the registered manager. Comments made on the day by individual service users are detailed below;

"It gets you out of the house"

"Great place I have met three of my neighbours who I hadn't seen for years"

"Everyone gets on and it is good to talk to people of your own age group"

"I get a good dinner here and that's important"

"The staff are just brilliant"

"Excellent place"

"First class would be lost without it"

"I have seen my care records my keyworker went through it"

"Doors are open and you can come and go as you please"

Service users asked for information on dental services and podiatry services available and requested the number of the care commissioner. This information was provided to the group by the registered manager before the end of the inspection. Service users also highlighted their concern that the days the centre was open would be further reduced and their concerns were also passed to the registered manager.

Staff Views

The inspector had the opportunity to meet with four members of staff. It was evident that staff enjoyed their work and were committed to providing a high standard of care. Several of the staff has worked in the centre for many years and all reported satisfaction with training and development opportunities. Staff expressed that the team all worked well together and there were no issues identified. During discussion staff competently answered questions in relation to the standard and themes inspected. Staff comments on the day are detailed below;

“Very happy community here”,

“I like that I make a difference”

“Our clients make our work so much more enjoyable”

“It’s a joy to come to work”

“The training I have has helped me develop in my role”

Environment

The inspector viewed the day centre environment. All areas were found to clean and fresh smelling. No issues were identified on this occasion.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mr Martin Stevenson, 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 Unannounced Care Inspection

Keady Day Centre

22 September 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 Martin Stevenson, Registered Manager and Martin O Neill, 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.

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	7.2	The registered manager should ensure that information on how service users can access their care records is included in the service user's guide.	One	The service user guide was reviewed and updated on the 08/10/2014 and now reflects the stated requirements	No later than 30 November 2014
2	17.1	The day the registered manager is based in the centre should be detailed in the statement of purpose.	One	The Statement of Purpose has been reviewed and updated on the 08/10/2014 to reflect the stated requirements	No later than 30 November 2014
3	21.3	The registered manager should confirm that all mandatory training is up to date.	One	All staff have updated their personal training records and the manager can confirm that mandatory training requirements for for 2014 are uptodate following training on the 08/10/2014 which included manual handling & MAPPA and on 30/05/2014 Designated Fire Officer Training additionally Safeguarding Adults & Children training was Undertaken in May 2013 update due May 2015.	No later than 30 November 2014

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

Name of Registered Manager Completing Qip	Mr Martin Stevenson
Name of Responsible Person / Identified Responsible Person Approving Qip	Mrs Angela McVeigh Director Older People & Primary Care

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	M. Marley	9/1/15
Further information requested from provider			