



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

## **Primary Announced Care Inspection**

**Name of Service and ID:** Ravenhill Adult Centre (11246)  
**Date of Inspection:** 2 October 2014  
**Inspector's Name:** Suzanne Cunningham  
**Inspection No:** IN017638

**The Regulation And Quality Improvement Authority**  
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<b>Name of centre:</b>	Ravenhill Adult Centre
<b>Address:</b>	318a Ravenhill Road Belfast BT6 4QY
<b>Telephone number:</b>	(028) 9073 1528
<b>E mail address:</b>	brian.o'reilly@belfasttrust.hscni.net
<b>Registered organisation/ Registered provider:</b>	Belfast Health and Social Care Trust
<b>Registered manager:</b>	Mr Brian O'Reilly
<b>Person in Charge of the centre at the time of inspection:</b>	Mr Brian O'Reilly
<b>Categories of care:</b>	MP, PH, SI
<b>Number of registered places:</b>	75
<b>Number of service users accommodated on day of inspection:</b>	45
<b>Date and type of previous inspection:</b>	22 April 2013 Primary announced inspection
<b>Date and time of inspection:</b>	02 October 2014 09:00 – 14:00
<b>Name of inspector:</b>	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	9
Staff	7
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	14	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:

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

## Profile of Service

Ravenhill Adult Centre is a purpose built day care centre; which is owned and managed by Belfast Health and Social Care Trust. It provides care and therapeutic services to adults spanning two Programmes of Care, Mental Health and Physical Disability on a 50/25 client split. The centre has forged links and partnerships with a number of voluntary agencies within the local area.

## Summary of Inspection

A primary inspection was undertaken in The Ravenhill Adult Centre on 2 October 2014 from 09:00 to 13:30, this was a total inspection time of four hours and thirty 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 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 and service users
- Examination of a sample of service user individual file records including evidence of review and safeguarding information; the complaints record; staff training record; incidents 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 a group of seven staff regarding the standards inspected and their views about working in the centre, this generated sound feedback regarding the management of records and reporting arrangements including recording; ensuring records are accessible for the service users and the management arrangements in this day care setting. Staff described the person centred approach in this day care setting is achieved through the recovery star which service users are introduced to when they start and the assessment is regularly updated with them. This assessment is undertaken by the service user with staff and focuses on their assessment of where they place themselves on the star; with the staff member's assessment. Staff were clear regarding their role and responsibility to keep service users information confidential and secure, the inspector was satisfied with arrangements in this regard. The content of the service user's individual files was varied in quality and presentation, this was addressed with staff and they acknowledged the variance in content and acknowledged they had worked on this and had further work to do. However they did identify the trust had made changes and staff were not confident about what the expectations were currently and would be in the future.

Staff gave an appropriate explanation of the meaning of exceptional circumstances however they were also clear regarding staff do not use restraint or restrictive practice in this setting with any service users and it is not currently part of anyone's care plan. Staff described they focus on good communication, diversion, distraction, clear planning, managing the environment and ensuring all service users have the opportunity to take part in all activities and programmes in the setting that they want to. Finally staff discussed the management arrangements in the setting; they said they were satisfied with the current arrangements which is a registered manager and deputy manager who acts up in the registered manager's

absence. The staff confirmed they were receiving supervision at least once every three months, an annual appraisal and mandatory training.

No questionnaires were returned by staff members however staff did tell the inspector that they felt the service was successful at meeting a wide range of needs presented by service users, they identified they had made good progress and achieved positive outcomes with the young people's groups and they felt their flexible approach to meeting service users' needs made this service successful and person centred.

The inspector talked with a group of nine service users regarding the standards inspected and their views about attending the day centre. The inspector also walked around the setting and spoke informally with all of the service users. The service users told the inspector they were aware of their records being kept by staff and saw these when reviewing the recovery star. They confirmed they would speak to staff if they wanted to access the records. Service users discussed feeling supported by staff and told the inspector staff assist them to find a way forward if they need support or help. The service users identified Brian is the manager and Geraldine acts up in his absence. However, service users would go to the staff they are working with if they needed support as they know them best.

The previous announced inspection carried out on 23 April 2013 had resulted in two requirements; the first regarding regulation 28 visits which had not been fully improved and is restated and one regarding the activity room which had been improved. Five recommendations were made regarding transport assessments; pre review discussions; the review procedure; service user consultation; and training for drivers. These had been improved.

**Standard 7 - Individual service user records and reporting arrangements: Records are kept on each service user's situation, actions taken by staff and reports made to others.**

The six criteria within this standard were reviewed during this inspection. Three of the criteria were assessed as moving towards compliance and three criteria were assessed as compliant. One requirement is made regarding improving the service user guide to include a service user agreement. Two recommendations are made regarding service user individual records and recording in service user records at least once every five attendances.

Discussions with service users and staff and review of six service users' individual files provided evidence that the centre need to improve their compliance with the records in the individual files and recording. Staff need to work on being consistent in their approach as the inspector observed some very good examples of practice and some examples of practice that was not consistent. This was where the quality of information would not allow for clear recording of progress and identifying where outcomes have improved.

The discussions with service users confirmed service users are aware a record is kept about them and they see this record when they work on their recovery star. Service users said they were satisfied they are accessing their information and if they wanted to see other documents they would ask staff.

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

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

Two criterion from regulation 14 were inspected which examined compliance with the use of any restrictive practices in this day care setting within the context of human rights. One criterion was assessed as compliant and one criterion was assessed as not applicable because the setting does not use restraint or restrictions to manage behaviour in this setting. No requirements or recommendations are made.

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 without using restraint and restrictions. The staff reported they were knowledgeable regarding exceptional circumstances and they use clear communication, diversion, calming, diffusing techniques and knowing their service users' needs and personalities when responding to service user behaviours to calm and support service users and ensure behaviour does not escalate.

Based on the evidence reviewed the inspector assessed the centre as compliant in this theme, no requirements or recommendations are made regarding 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.**

Two criteria from regulation 20 and one criterion from regulation 21 were inspected which provided the evidence to examine this theme. One of the criterion was assessed as moving towards compliance and the remaining criteria were assessed as compliant. No requirements and one recommendation is made regarding completing a competency assessment with the deputy manager regarding acting up in the managers absence.

Discussion with the manager and staff provided evidence that the organisation had in place monitoring arrangements; and overall the arrangements in this setting regarding management cover were satisfactory and support the delivery of care is consistent with the services statement of purpose.

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

### **Additional Areas Examined**

The inspector undertook a tour of the premises, reviewed the complaints record and examined seven service users individual files, validated the registered manager's pre inspection questionnaire and reviewed monthly monitoring reports. This revealed areas for improvement regarding the service user's individual records which are identified through the main body of this report and the monthly monitoring record.

The inspector wishes to acknowledge the work undertaken by the manager and staff in preparation for this inspection and their open and constructive approach throughout the inspection process. Gratitude is also extended to the service users who welcomed the inspector to their centre and engaged with her during the inspection. Overall the inspector commends the person centred approach to day care that is delivered in this centre. There is a clear focus of seeking to improve outcomes for all service users. Improving the recording will ensure future compliance in the areas identified.



As a result of the inspection a total of three requirements have been made regarding improving the frequency of the regulation 28 visits; the quality of the regulation 28 reporting and the service user agreement. Three recommendations are made regarding the quality of recording in service users records, the frequency of recording in service user records and a competency assessment should be undertaken with the deputy manager. This was reported to the acting manager at the conclusion of the inspection and assurances were made these would be addressed as a priority.

### Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	28 (3) & (4)	<p>The registered person must ensure arrangements for the regulation 28 visits and reports are improved. Revisions should be made to ensure the visits and reports incorporate areas for improvement, for example: information recorded could have been more analytical and should report was the service compliant with standards and regulations, or is improvement required. Feedback from staff should also be incorporated.</p> <p>The registered manager should also ensure the staff are made aware of the monthly monitoring visits and the outcome of each visit.</p>	<p>The inspector sampled the reports completed since the last inspection and concluded the reports lack information regarding the conduct of the day care setting furthermore there was no monitoring visits completed for June; July; March 2014 &amp; November 2013.</p> <p>Staff feedback had been incorporated into the reports.</p> <p>This requirement is restated.</p>	Moving towards compliance
2.	26 (2) (b)	The registered manager must ensure the activity room which is being changed into a gym and one of the smaller activity rooms is repainted to ensure the rooms present as in good state of repair.	This room was viewed during this inspection and presented as in good state of repair.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	12.1	The registered manager should make arrangements for all service users to have a transport assessment on file, which incorporates the issues identified in this standard.	There had been an inclusion on the service user's information sheet.	Substantially compliant
2.	15.1	The registered manager should review arrangements in place regarding pre review discussions with service users and planning, particularly documentation of the same. For example the preparation for the review with the service user, recording of who the service user feels should attend the review, the service user's independent evaluation of their placement and progress.	The inspector sampled records and found improvement in this regard however, the quality was varied. The recovery star is regularly reviewed and staff need to focus after this with the service users on setting their aim and objectives in day care which must be clearly recorded.	Substantially compliant
3.	15.3	The registered manager must review the procedure for the first review and what is documented in the statement of purpose regarding the same. Timescales and arrangements for the first review should be fully and accurately described. The timescale should be added to ensure staff are aware the first review must take place within 4 weeks of the commencement of the placement.	This had been achieved.	Compliant
4.	15.4	The registered manager should consider the development of questionnaires / consultation forms to complete with service users which will capture service user views about the care provided in the centre as well as their views about their progress and goals whilst attending the centre.	This had been achieved.	Compliant

<b>No.</b>	<b>Minimum Standard Ref.</b>	<b>Recommendations</b>	<b>Action Taken - As Confirmed During This Inspection</b>	<b>Inspector's Validation Of Compliance</b>
5.	13.4 & 12.7	The registered manager must ensure the drivers are provided with vulnerable adult training and with basic information regarding each service user they transport.	This had been achieved.	Compliant

<b>Standard 7 - Individual service user records and reporting arrangements:</b>	
<b>Records are kept on each service user's situation, actions taken by staff and reports made to others.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
7.1 The legal and an ethical duty of confidentiality in respect of service users' personal information is maintained, where this does not infringe the rights of other people.	
<b>Provider's Self-Assessment:</b>	<b>COMPLIANCE LEVEL</b>
Confidentiality is always adhered to in line with both mandatory and organisational Policies and Procedures (Data Protection and Operational Policy). All Service User's can access their records through the proper procedures as per BHSCT Policies and Procedures.  Through Day Services Recovery Star Review process staff will remind Service User's about the importance of confidentiality and it's limitations. If concerns are identified multidisciplinary team working will always be in place and all relevant information shared.  All Service User files are stored in locked filing cabinets in a safe environment.	Substantially compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
The inspector reviewed six service users' individual records which presented generally as described in schedule 4; and other records to be kept in a day care setting, as described in schedule 5. The inspection and discussion with staff and service users confirmed measures are taken to ensure confidentiality and there are 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 which are available for staff reference. Staff also recognised their role and responsibility to report information on where there is a clear risk identified to the service user if information is not shared.	Compliant

<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
<p>7.2 A service user and, with his or her consent, another person acting on his or her behalf should normally expect to see his or her case records / notes.</p> <p>7.3 A record of all requests for access to individual case records/notes and their outcomes should be maintained.</p>	
<b>Provider's Self-Assessment:</b>	
<p>Service User casenotes are recorded on PARIS information System, only those staff involved with the Individual will have access to this personal information.</p>	Substantially compliant
<p>Staff within Mental Health Day Services work under the guidance of the BHSCT Data Protection Policy</p>	
<p>All Service Users are involved in the Recovery Star assessment and review with their key worker and they are offered a copy of their review outcome. All forms are signed by the Service User, Key Eorker and Centre management team.</p>	
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
<p>The inspector reviewed the practice in regard to the availability and accessibility of records. Staff reported they introduce the record during the induction phase and openly complete recording with the service user. The service user accesses information written and signs agreements. If they wish to see their whole file they would apply to see this in writing in compliance with trust policy. The inspector did note there is nothing in writing given to the service users regarding the records they keep, how their kept and how they can be accessed. The inspector also noted there is not a service user agreement in place. A requirement is made in this regard.</p> <p>Discussion with service users confirmed they are aware that a service user record is kept and are aware they can ask staff regarding how they can access the records.</p>	Moving towards compliance

<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
<p>7.4 Individual case records/notes (from referral to closure) related to activity within the day service are maintained for each service user, to include:</p> <ul style="list-style-type: none"> <li>• Assessments of need (Standards 2 &amp; 4); care plans (Standard 5) and care reviews (Standard 15);</li> <li>• All personal care and support provided;</li> <li>• Changes in the service user’s needs or behaviour and any action taken by staff;</li> <li>• Changes in objectives, expected outcomes and associated timeframes where relevant;</li> <li>• Changes in the service user’s usual programme;</li> <li>• Unusual or changed circumstances that affect the service user and any action taken by staff;</li> <li>• Contact with the service user’s representative about matters or concerns regarding the health and well-being of the service user;</li> <li>• Contact between the staff and primary health and social care services regarding the service user;</li> <li>• Records of medicines;</li> <li>• Incidents, accidents, or near misses occurring and action taken; and</li> <li>• The information, documents and other records set out in Appendix 1.</li> </ul>	
<b>Provider’s Self-Assessment:</b>	
<p>Referrals to day services are completed with the Individuals by their Community Professional. The referral form will be screened by the referral co ordinator to ensure it is appropriate and it contains the relevant personal information. Care Plan and Risk assessment is included with the referral.</p> <p>All service user's complete and review their personal Recovery Star with their Keyworker on an ongoing basis and have regular multidisciplinary review.</p> <p>The Recovery Star review develops initially from the referral form which includes service user identified activities, Care Plan, Risk Assessment and travel arrangements.</p> <p>Individuals needs are recorded on Care Plan and includes, transport arrangements, medication and programme of activities.</p>	<p>Substantially compliant</p>

<p>Any risks or behavioural issues will be discussed and reported with their community professional and recorded appropriately.</p> <p>The outcomes of any reviews are agreed and recorded with the individual and an action date for further review is set.</p> <p>All Service User's can bring a family member, advocate or carer into their review sessions.</p> <p>All incidents or accidents are recorded and reported to the appropriate community professionals ( electronically on Datixweb) RQIA Notification of Events form is completed when appropriate and forwarded to RQIA.</p> <p>All Service Users have their own personal file which is stored appropriately. Staff record casenotes on the internal ICT Paris system which is confidential.</p>	
<p><b>Inspection Findings:</b></p>	<p><b>COMPLIANCE LEVEL</b></p>
<p>The examination of a sample of six service user's individual records evidenced the above records and notes are generally available in service users' files but the quality of information was varied and there was a lack of consistent approach to how assessments and reports are used. Furthermore, there was no evidence working practices are systematically audited in this regard. A recommendation is made in this regard.</p>	<p>Moving towards compliance</p>
<p><b>Criterion Assessed:</b> 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><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider's Self-Assessment:</b></p>	
<p>All service user's are recorded on a minimum of every five attendances as outlined by RQIA Day Care Standards and Mental Health Day Services Operational Policy.</p>	<p>Substantially compliant</p>



<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
The inspector reviewed six records in this regard and did not note compliance was being achieved; a recommendation is made in this regard.	Moving towards compliance
<b>Criterion Assessed:</b> 7.6 There is guidance for staff on matters that need to be reported or referrals made to:  <ul style="list-style-type: none"> <li>• The registered manager;</li> <li>• The service user’s representative;</li> <li>• The referral agent; and</li> <li>• Other relevant health or social care professionals.</li> </ul>	<b>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment:</b>	
<p>Day Services Operational Policy and Day Services Monthly Monitoring report outlines the responsibilities of the Registered Manager.</p> <p>Service User's can if they choose invite family members or carers to their reviews.</p> <p>The referring agent (community mental health professionals) are invited to attend the review. If they are unable to attend they are informed of the outcomes and any changes or developments involving the service user.</p> <p>We work within a multi-disciplinary team and we attend community and acute care reviews.</p>	Substantially compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
Discussion with staff and review of service users confirmed staff are aware of their role and responsibility to report and refer information and record the outcomes achieved. Staff discussed with service users if information was reported or referred on, staff were aware of consent issues as well as ensuring needs are met, risk is diminished and care is appropriate.	Compliant

<p><b>Criterion Assessed:</b> 7.7 All records are legible, accurate, up to date, signed and dated by the person making the entry and periodically reviewed and signed-off by the registered manager.</p>	
<p><b>Provider’s Self-Assessment:</b> All service user recordings are completed electronically on the internal Paris ICT system (in line with data protection). Paris records are signed and dated.  Reviews are signed and dated by the Service User, Key Worker and Manager team.  Service User files are audited during formal staff supervision sessions.  RQIA inspects recording and reporting systems at annual Inspections.</p>	<p>Substantially compliant</p>
<p><b>Inspection Findings:</b></p>	<p><b>COMPLIANCE LEVEL</b></p>
<p>The inspector examined a sample of six service user individual records and was satisfied they met this criterion and consultation with a sample of staff working in the centre confirmed their understanding of this criterion.</p>	<p>Compliant</p>

<p><b>PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b> Substantially compliant</p>
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<p><b>INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b> Substantially compliant</p>
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<b>Theme 1: The use of restrictive practice within the context of protecting service user’s human rights</b>	
<b>Theme of “overall human rights” assessment to include:</b>	
<p><b>Regulation 14 (4) which states:</b></p> <p><b>The registered person shall ensure that no service user is subject to restraint unless restraint of the kind employed is the only practicable means of securing the welfare of that or any other service user and there are exceptional circumstances.</b></p>	<b>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment:</b>	
<p>Not Applicable - Day Centre staff don’t use restraining practice. If an Individual becomes unwell we will offer comfort, reassurance and support, contact their Community Professionl, report and record what had happened. We would complete an Incident Report and if necessary a Notification Of Events Report for RQIA.</p>	Not applicable
<b>Inspection Findings:</b>	
<p>The inspector examined a selection of records including six individual service user records and other records to be kept in a day care setting, as described in schedule 5. The inspector also consulted with staff and concluded restraint; restrictions or seclusion is not used as a planned or reactive response to service users challenging behaviour in this day care setting. Staff use their knowledge of the service user, use good communication skills, use diversion, planning, distraction and redirection to support service users to manage their behaviour. Staff also consult with other professionals working with service users to assist service users in gaining control of their emotions and behaviour.</p> <p>Staff can access 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.</p> <p>Discuss with staff validated management and staff knowledge about when and why restraint is used including their understanding of exceptional circumstances and staff confirmed restraint is not used in this day care setting.</p>	<b>COMPLIANCE LEVEL</b> Compliant

<p><b>Regulation 14 (5) which states:</b></p> <p><b>On any occasions on which a service user is subject to restraint, the registered person shall record the circumstances, including the nature of the restraint. These details should also be reported to the Regulation and Quality Improvement Authority as soon as is practicable.</b></p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment:</b></p> <p>Not Applicable - Not Applicable - Day Centre staff don’t use restraining practice. If an Individual becomes unwell we will offer comfort, reassurance and support, contact their Community Professionanl, report and record what had happened. We would complete an Incident Report and if necessary a Notification Of Events Report for RQIA.</p>	<p>Not applicable</p>
<p><b>Inspection Findings:</b></p> <p>No service users had been subject to restraint therefore no reports had been made to RQIA. <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.</p>	<p><b>COMPLIANCE LEVEL</b></p> <p>Not applicable</p>

<p><b>PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b></p> <p>Not applicable</p>
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<p><b>INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b></p> <p>Compliant</p>
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<p align="center"><b>Theme 2 – Management and Control of Operations</b></p> <p><b>Management systems and arrangements are in place that support and promote the delivery of quality care services.</b></p> <p><b>Theme covers the level of competence of any person designated as being in charge in the absence of the registered manager.</b></p>	<p align="center"><b>COMPLIANCE LEVEL</b></p>
<p><b>Regulation 20 (1) which states:</b></p> <p><b>The registered person shall, having regard to the size of the day care setting, the statement of purpose and the number and needs of service users -</b></p> <p><b>(a) ensure that at all times suitably qualified, competent and experienced persons are working in the day care setting in such numbers as are appropriate for the care of service users;</b></p> <p><b>Standard 17.1 which states:</b></p> <p><b>There is a defined management structure that clearly identifies lines of accountability, specifies roles and details responsibilities for areas of activity.</b></p>	
<p><b>Provider’s Self Assessment:</b></p> <p>Mental Health Service management within the BHSCT structures are identified and displayed.</p> <p>There is a clear structured management and staff structure in place within mental health day services as outlined in the Operational Policy and Statement of Purpose.</p> <p>Staff in the centre work within a Multidisciplinary Team</p> <p>All service user's who attend, will have been referred by their community mental health professional. The community mental health professional will continue to remain involved whilst they attend the centre.</p>	<p align="center">Substantially compliant</p>

<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
<p>The manager is qualified to QCF level 5 and has the required experience of working in this setting for registration as manager; Geraldine is the deputy manager and acts up in his absence. Discussion with staff and service users and review of the settings statement of purpose confirmed these arrangements are in place. The discussion with staff and service users' confirmed this arrangement works well. The service users stated they would discuss any concerns or complaints with the staff that were working with them and were satisfied these arrangements were supportive for them. The inspector did identify there is no competency assessment in place for the deputy manager to ensure when she acts up in the managers absence that she is aware of her roles and responsibilities and is competent regarding the same. A recommendation is made in this regard.</p> <p>The staff have access to policies and procedures pertaining to the management and control of operations, 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 validated their knowledge commensurate with their role and responsibilities regarding management arrangements of the day care setting. For example they were clear who they report to; who should they seek support or guidance from; who supervises them and the effectiveness of the same. The staffing structure of the day care setting is clearly described in the settings statement of purpose.</p>	<p>Moving towards compliance</p>
<p><b>Regulation 20 (2) which states:</b></p> <ul style="list-style-type: none"> <li><b>The registered person shall ensure that persons working in the day care setting are appropriately supervised</b></li> </ul>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider's Self-Assessment:</b></p> <p>Health and social care staff working within mental health day services have formal three monthly supervision with their line manager.</p>	<p>Substantially compliant</p>
<p><b>Inspection Findings:</b></p> <p>The discussion with staff and records provided confirmed the provider's self-assessment.</p>	<p><b>COMPLIANCE LEVEL</b></p> <p>Compliant</p>

<p><b>Regulation 21 (3) (b) which states:</b></p> <ul style="list-style-type: none"> <li>• <b>(3) For the purposes of paragraphs (1) and (2), a person is not fit to work at a day care setting unless –</b></li> <li>• <b>(b) he has qualifications or training suitable to the work that he is to perform, and the skills and experience necessary for such work</b></li> </ul>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment:</b></p> <p>The staff team receive mandatory training to ensure they have the appropriate knowledge and skills to work in a day care setting. Trust Policies and Procedures are in place which must be adhered too. these Policies and Procedures are updated with Trust requirements.</p> <p>Through formal staff supervision any training in line with personal and professional development can be identified and requested.</p> <p>Staff are registered with the NISCC and adhere to their Professional Codes of Practice.</p>	<p>Substantially compliant</p>
<p><b>Inspection Findings:</b></p>	<p><b>COMPLIANCE LEVEL</b></p>
<p>The discussion with staff and records provided confirmed the provider’s self-assessment.</p>	<p>Compliant</p>

<p><b>PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b> Substantially compliant</p>
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<p><b>INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b> Substantially compliant</p>
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## **Additional Areas Examined**

### **Complaints**

The complaints record was reviewed as part of this inspection. The annual complaints return for 2013 identified no complaints had been recorded. The inspector reviewed the complaints record which confirmed the return to RQIA and did not reveal any concerns regarding the content of the record. Furthermore in 2014 no complaints or issues of dissatisfaction had been recorded.

### **Service User Records**

Six service user files were inspected as part of this inspection and this identified areas for improvement in the content and quality of information recorded. This is further discussed in the examination of standard seven.

### **Registered Manager Questionnaire**

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

### **Statement of Purpose & Service Users Guide**

These documents were submitted for this inspection and the inspector made reference to them during the inspection. Examination of these documents did not reveal any concerns.

### **Monthly Monitoring Reports**

The provider supplied two regulation 28 reports for this inspection and the inspector reviewed the reports written since the last inspection. The reports were identified for improvement at the last inspection and this inspection revealed some improvements had been made but they were still not compliant. Namely the frequency of visits must be at least monthly and the reports must comment on the conduct of the day care setting. A requirement is made in this regard.

### **Statement of Purpose & Service Users Guide**

These documents were submitted for this inspection and the inspector made reference to them during the inspection. Examination of these documents did not reveal any concerns.



## **Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Mr Brian O'Reilly, 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

#### Ravenhill Adult Centre

2 October 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 Brian O'Reilly (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.

<b>Statutory Requirements</b>					
<b>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</b>					
<b>No.</b>	<b>Regulation Reference</b>	<b>Requirements</b>	<b>Number Of Times Stated</b>	<b>Details Of Action Taken By Registered Person(S)</b>	<b>Timescale</b>
1.	28 (3) & (4)	The registered person must ensure arrangements for the regulation 28 visits and reports are improved. Revisions should be made to ensure the visits and reports incorporate areas for improvement, for example: information recorded could have been more analytical and should report was the service compliant with standards and regulations, or is improvement required.	Second	Senior management will review and update documentation to ensure compliance with regulations.	27 November 2014
2.	28 (3) & (5) (b)	The registered person must ensure this day care setting has a monthly monitoring visit undertaken once per month and a report must be written for each monthly visit, this must be sent to the day care setting.	First	An Operations Manager has recently been appointed and will take up post in January 2015. They will facilitate monthly monitoring visits with subsequent reports from same as part of their duties.	27 November 2014
3.	5 (1)	The registered manager must ensure the service users are appropriately informed regarding records that will be kept about them in the day care setting, how they will be kept and how they can access them. The inspector also suggests the service user agreement could also contain the information regarding service user records and evidence consent.	First	Client records will now be included as an agenda item in the Service User Evaluation Meetings as per Inspector's requirements. The Service User Agreement Information is currently being reviewed and updated to include information as per the Inspector's suggestion.	27 November 2014

**Recommendations**

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

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details of Action Taken By Registered Person(S)	Timescale
1.	7.4	The registered manager must make appropriate arrangements for service user's individual records to be improved with regard to the quality of information recorded; there must be a consistent approach to how assessments and reports are used. There should be evidence of working practices being systematically audited for compliance with this criterion.	First	Record keeping has been addressed with staff by the Registered Manager. Audits will take place with regards reviews, casenotes and client information to ensure that this meets required standards.	27 November 2014
2.	7.5	The registered manager must make appropriate arrangements to improve the recording for each individual service user to ensure there is a record made at least once every five attendances and this must describe information that is relevant to the service user and should be relevant to objectives being worked on.	First	This issue has been addressed with staff by the Registered Manager and will be reviewed as part of the audit process to ensure notes made meet minimum standards.	27 November 2014
3.	7.1	The registered manager should undertake a competency assessment with the deputy manager to ensure that when she acts up in the manager's absence she is aware of her roles and responsibilities and is competent regarding the same.	First	A Competency Knowledge and Skills assessment has been completed to ensure the Deputy Manager has the relevant knowledge and skills to manage the service in the absence of the manager.	27 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:

<b>Name of Registered Manager Completing QIP</b>	Brian O' Reilly
<b>Name of Responsible Person / Identified Responsible Person Approving QIP</b>	Martin Dillon, Acting Chief Executive

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	Yes	Suzanne Cunningham	17/12/14
Further information requested from provider			