



The **Regulation** and
Quality Improvement
Authority

Primary Announced Care Inspection

Name of Service and ID: Fortwilliam Centre (11248)
Date of Inspection: 30 September 2014
Inspector's Name: Suzanne Cunningham
Inspection No: IN017641

The Regulation And Quality Improvement Authority
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Name of centre:	Fortwilliam Centre
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Registered organisation/ Registered provider:	Belfast Health and Social Care Trust
Registered manager:	Mr Mark Johnston
Person in Charge of the centre at the time of inspection:	Sheena McGovern & Drew Smiley (Assistant Manager's)
Categories of care:	LD, MP, PH
Number of registered places:	50
Number of service users accommodated on day of inspection:	35
Date and type of previous inspection:	21 May 2013 Primary inspection
Date and time of inspection:	30 September 2014 09:45 – 16:30
Name of inspector:	Suzanne Cunningham

Introduction

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

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

Purpose of the Inspection

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

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

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

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

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

Methods / Process

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

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

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

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

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

Consultation Process

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

Service users	5
Staff	4
Relatives	2
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	15	6

Inspection Focus

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

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

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

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

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

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

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

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

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

Profile of Service

Fortwilliam Day Centre is a large three storey building, which at one time was a private dwelling. The centre is situated in a quiet residential street, off the Antrim Road.

The centre is operated by the Belfast HSCT and provides day care for service users who have a learning difficulty.

The centre is registered for a maximum of 50 service users each day. The centre operates two community schemes independent from the main centre which are currently considered to be day opportunities and do not require registration with RQIA under The Day Care Setting Regulations (NI) 2007.

Summary of Inspection

A primary inspection was undertaken in Fortwilliam Day Centre on 30 September 2014 from 09:45 to 16:30. This was a total inspection time of six hours and forty five 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, service users and representatives
- 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 total of four staff regarding the standards inspected and their views about working in the centre. This generated positive 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. The manager was not in the setting during this inspection and two assistant managers facilitated the inspection.

Staff described clear arrangements for confidentiality and working together with service users to update assessment, care plan and create review documentation; working cooperatively with service users and person centred practice was central to improving outcomes for service users and staff used a variety of methods including of communication to ensure inclusion of service users at all levels. Day care was presented as led by service user choice and interests as well as meeting identified needs. Staff described using talking mats, working with speech and language therapists; communication passports and the use of Makaton ensured communication remained needs led and person centred. Staff set objectives with service users and there is a clear focus on working with service users at their pace so they get the most out of the planning and objective setting stages.

Staff knowledge regarding restrictive practices and restraint was appropriate for the service and consistent with the statement of purpose, staff described they use the least restrictive methods to respond to behaviour and ensure responses are proportionate. Staff described their approach is to recognise triggers to escalating behaviour at an early stage; and use de-escalation techniques to promote positive outcomes. All staff are trained in SCIP.

Management arrangements in this setting were described positively by staff, the support provided by the management team was identified as a mix of formal or informal. Cover arrangements in place in the absence of the manager are shared between the assistant managers as are management tasks such as duty rotas, medication, supervision etc. The assistant managers are developing their knowledge and skills through further training; Drew is currently undertaking the QCF level 5 and Sheena is commencing the same course in January 2015.

Six questionnaires were returned by staff members and reported satisfactory arrangements were in place with regard to NISCC codes of practice; supervision; staff training; staffing and management arrangements; responding to service user's behaviour; confidentiality and recording. The staff praised the quality of care provided within the returned questionnaires and the following comments were made: "Excellent and always striving to meet changing needs of service users"; "Excellent care is given to our service users"; "An excellent quality of care meeting the need of the service users"; "The centre provides a safe environment for service users of all ages and abilities, to have their needs met. The centre offers a range of courses and activities within the centre and out in the community. Staff within the centre are trained to work with service users in a fun friendly and professional manner"; "It is a high standard with a varied activity programme to meet all service users' needs and a staff team that provide a high level of care and support reflecting the varied needs of the service users"; "I feel we provide a very high standard of care and we are adapting well to the increasing needs of some of our aging service users". Observation of staff provided evidence staff do strive to provide quality care and service users receive this positively.

The inspector spoke with five service users in a group during the inspection about their experiences in the day care setting and the focus of the inspection. The inspector also spoke with all of the service users informally during the inspection. The service users did provide the inspector with positive comments regarding the focus of the inspection, they recalled seeing their assessment / care plan / review records (person centred plan). The service users were aware there was records kept about them and they were satisfied they were kept securely. Service users they are encouraged to give their views and if they want to see their file they said they could ask a staff member.

Service users described enjoying attending the centre, the activities they had taken part in; and described the support and care provided by the staff positively. The service users described staff as helping them out by helping them to write on the computer; they get out; they represent the setting in events and competitions; the staff listen and help the service users to feel good about themselves; they help service users tackle problems. Coming to the centre was identified as good for them, they like to see friends and the staff were described as good to them.

The service users confirmed they know Mark is the manager of the day centre and when he is not here Sheena and Drew do his job. Service users talked about the staff helping them to keep a good routine and if they have a problem they talk about it. One service user told the inspector if he hadn't of been referred to this centre he didn't feel he could have achieved what he has now.

The inspector spoke with two visiting relatives in the day care setting during the inspection regarding the standard and themes inspected and spoke with one representative over the phone after the inspection. This gathered positive feedback regarding the settings management of records; the relatives described being aware of the records kept and had seen review reports at the review meeting. They described they can question the content and it can be surprising how differently their relative can present in the day care setting; relatives said there can be opportunity for them to achieve more in this setting than observed at home. Relatives identified the parents group facilitated by the team is very supportive and staff are always on the end of the phone. All of the relatives complimented the staff communication with them and examples were given how important it is for the relatives to get time out from their caring responsibilities and through the day centre, they have also been able to access professional assessments from speech and language, occupational therapy and dentist appointments that they had not been able to access previously.

The previous unannounced follow up inspection carried out on 21 May 2013 had resulted in one recommendation regarding the availability of regulation 28 reports. The manager provided evidence of improvement after the last inspection.

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 criterion criteria within this standard were reviewed during this inspection. All of the criteria were assessed as compliant. No requirements or recommendations are made.

Discussions with service users and staff and review of six service users' individual files provided evidence that the centre is performing well regarding standard 15. 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 plans such as the PCP review. Staff described clear focus on person centred practice and sound approaches to communication with all service users in the setting. The inspector was impressed with the work done by staff in this regard such as use of talking mats; use of communication passports; communicating using symbols and Makaton and working at the service users pace which had produced positive outcomes as reported in service users files and reported by service users and their representatives.

Based on the evidence reviewed the inspector assessed the centre as compliant in this standard. No requirements or 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. The two criteria were assessed as compliant and no requirements or recommendations are made.

Discussions with the 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. Restraint and restrictive practice had been used infrequently in exceptional circumstances, however staff were clear they mostly use clear communication, diversion, calming, diffusing techniques and knowing their service users' needs and personalities which usually deescalates behaviour.

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

Discussion with the assistant managers and staff provided evidence that the organisation had in place monitoring arrangements; and they had a general approach of promoting quality care. Overall the arrangements in this setting regarding management cover were satisfactory and compliant with this theme.

Based on the evidence reviewed the inspector has assessed the centre as compliant in this theme; no requirements or recommendations were made.

Additional Areas Examined

The inspector undertook a tour of the premises, reviewed the complaints record and examined six service users individual files, validated the registered manager's pre inspection questionnaire reviewed the staff questionnaire and monthly monitoring reports. This did not reveal any additional areas for improvement.

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 proactive and person centred approach to day care that is delivered in this centre; there is a clear focus of social support in this day care setting which is entirely consistent with the day care settings statement of purpose. The setting is also striving to be innovative in its approach to compliance with the day care settings standards which was evident in the examination of records and observation of practice throughout this inspection. The inspector left with examples of how the setting had communicated with the service users; for example regarding the inspection that were innovative and focussed on the needs of the service users for clear communication. As a result of this the service users knew the inspector was coming and were able to communicate with the inspector if they wanted to speak to me or not.

As a result of the inspection a total of no requirements or recommendations have been made, this was reported to the manager at the conclusion of the inspection and the management team were complimented regarding their preparation for this inspection and their approach to meeting the service users' needs in this day care setting.

Follow-Up on Previous Issues

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	Appendix 2	The registered person should make arrangements for a policy and / or procedure which outline the purpose, content and process of the Regulation 28 unannounced and announced visits to be developed. This should be stored in the settings policies and procedures file.	This was completed after the last inspection and forwarded to the inspector as evidence.	Compliant

Inspection Findings

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>Practice is informed by BHSCT Data Protection Policy and local guidelines, of which all staff are aware. Confidentiality is addressed during the induction of new staff and training in Data Protection is provided. Information governance posters are displayed in office areas and this is also discussed at team meetings.</p> <p>Client files are stored in locked cabinets with an associated risk assessment. Tracer cards are used when files are removed from the office area.</p> <p>Consent is sought from Service Users to share information with all centre staff. (ie. PCPs, risk assessments and support plans), and with others who they invite to their review. A record is kept of any copies of information that the Service user keeps, or gives permission for others to keep.</p> <p>Information is only shared on a 'need to know' basis. Where information needs to be shared with other departments within the Trust, Service Users are anonymous in the recording of the incident. Where information needs to be shared outside of the Trust, eg with the governing body, Service Users are assigned codes numbers. Referrals (where personal information is shared) are made with the consent of the Service user, and/or representatives as appropriate.</p> <p>Service Users are informed about upcoming inspections and consent is sought from individuals prior to inspection of their records as good practice.</p> <p>Consent is sought from service users when capturing images for display and promotion purposes. There is a sign-in/sign out book for the camera, and images are removed from the camera after use.</p>	<p>Substantially compliant</p>

Inspection Findings:	COMPLIANCE LEVEL
<p>The inspector reviewed six individual service user records and they presented as consistent with schedule 4; and examined other records to be kept in a day care setting, as described in schedule 5. The setting provided the inspector with 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 reflect this criterion and are available for staff reference. Service users records and other records containing service user information are kept in a locked cabinet and accessed by staff as required and necessary.</p> <p>Discussion with staff validated the provider's self-assessment and evidenced management and staff knowledge about the duty of confidentiality and their role and responsibility regarding the need to record, the quality of recording and management of service users personal information which was consistent with this standard. Staff also clearly described their role and responsibility in this regard.</p> <p>Discussion with service users and or representatives evidenced they had been informed regarding confidentiality of personal information and recording practices in the day care setting.</p>	Compliant
<p>Criterion Assessed:</p> <p>7.2 A service user and, with his or her consent, another person acting on his or her behalf should normally expect to see his or her case records / notes.</p> <p>7.3 A record of all requests for access to individual case records/notes and their outcomes should be maintained.</p>	COMPLIANCE LEVEL
Provider's Self-Assessment:	
<p>Service Users are involved in all aspects of their Person Centred Plan (including Risk assessments and support plans).</p> <p>If a service User wishes to gain access to personal records held, there are guidelines in place, informed by Data Protection, Freedom of information legislation and Trust policy.</p> <p>A record is kept of any such requests and staff are aware of guidelines.</p>	Compliant

Inspection Findings:	COMPLIANCE LEVEL
<p>The setting has policies and procedures pertaining to: the access to records; consent; management of records and service user agreement available for staff reference. The setting also has clear contracts in place with service users and information displayed regarding consent to information being shared, photos being used and access to information written about them. The inspector was satisfied this criterion was met above the minimum standard.</p> <p>Discussion with staff working in the centre validated their knowledge commensurate with their role and responsibilities regarding ensuring staff have a person centred approach to their recording. Staff were aware service users can see their records and how they should respond to requests from service users and or their representative to access service user records.</p> <p>Discussion with service users and their representatives confirmed they are aware that a service user record is kept and have been informed they can access the records and would discuss this with staff if they wished to.</p>	<p>Compliant</p>
Criterion Assessed:	COMPLIANCE LEVEL
<p>7.4 Individual case records/notes (from referral to closure) related to activity within the day service are maintained for each service user, to include:</p> <ul style="list-style-type: none"> • Assessments of need (Standards 2 & 4); care plans (Standard 5) and care reviews (Standard 15); • All personal care and support provided; • Changes in the service user’s needs or behaviour and any action taken by staff; • Changes in objectives, expected outcomes and associated timeframes where relevant; • Changes in the service user’s usual programme; • Unusual or changed circumstances that affect the service user and any action taken by staff; • Contact with the service user’s representative about matters or concerns regarding the health and well-being of the service user; • Contact between the staff and primary health and social care services regarding the service user; • Records of medicines; • Incidents, accidents, or near misses occurring and action taken; and • The information, documents and other records set out in Appendix 1. 	

Provider's Self-Assessment:	
<p>All Service Users have a structured file maintained.</p> <p>In preparation for the placement, each Service User has an assessment of need, and information is reviewed in the introductory phase.</p> <p>Where personal care and other supports are required, there are support plans in place including support plans to aid communication. These are reviewed at least yearly.</p> <p>Changes in behaviour, needs, and/or circumstances are recorded, along with follow up action.</p> <p>A PCP is prepared with the service user and representative if appropriate. As part of this process, objectives are identified with associated action plan and timescales. A record is made of any changes or developments.</p> <p>All service users have a timetable which is reviewed at regular intervals. A record will be made of any changes to the usual programme.</p> <p>Information in relation to health & wellbeing is shared with the Service Users representative and the MDT, as appropriate.</p> <p>Where medications are administered in Day care, the medical section in the file includes a cardex and administration record. Any healthcare plans that are in place are also filed in this section.</p> <p>Incidents, accidents and near misses are recorded in a BHSCT form, which includes details of the event, immediate action, follow-up action, and measures to prevent reoccurrence. This is referenced in the service users file. Any restraint or seclusion used is recorded and shared.</p> <p>The information required in apendex1 is contained on service users files.</p>	<p>Compliant</p>

Inspection Findings:	COMPLIANCE LEVEL
<p>The examination of a sample of six service users' individual records evidenced the above records and notes are available and maintained on the service users' files. Relevant policies and procedures which describe access to records, communication, confidentiality, consent, management of records, monitoring of records, recording and reporting care practices and service user agreement are in place for staff reference. There was also clear evidence on each record of systematic audit in this regard.</p> <p>Samples of the case records and notes evidenced they are updated as required, are they are current, person centred, they incorporate service user voice and when required are analytical in approach. Care reviews are also evidenced as taking place as described in standard 15.</p>	Compliant
<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>	COMPLIANCE LEVEL
Provider's Self-Assessment:	
Where there have been no recordable events, an entries is made in Service User files every five attendances	Substantially compliant
Inspection Findings:	COMPLIANCE LEVEL
The inspector examined a sample of six service user care records which evidenced individual care records have a written entry once every five attendances for each individual service user, the quality of information recorded was succinctly recorded, noting important detail and cross referenced other documents as relevant.	Compliant

<p>Criterion Assessed: 7.6 There is guidance for staff on matters that need to be reported or referrals made to:</p> <ul style="list-style-type: none"> • The registered manager; • The service user’s representative; • The referral agent; and • Other relevant health or social care professionals. 	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p> <p>Permanent items on the agenda of staff meetings ensure that important information is being passed on to the registered manager, and guides staff as to what information is pertinent to share. This includes:</p> <ul style="list-style-type: none"> Adverse incidents Vulnerable Adults issues Service User issues Health and Safety <p>There are local procedures in place to guide staff re: referrals to other professionals, communication with parents & carers, vulnerable adults and incident reporting.</p> <p>Important information is shared during supervision, and guidance is provided</p> <p>All staff receive training in Vulnerable Adults Awareness and Adult Safeguarding Procedures which increases awareness of circumstances under which information should be shared, and with whom.</p> <p>There is a Vulnerable Adult policy and Whistle Blowing policy on file which all staff are aware of.</p> <p>Incident Reporting training is provided. This guides staff on completion of reports and follow up action/referrals to be made as a consequence of the incident.</p> <p>Dysphagia training is provided and includes guidance on circumstances which may require a referral.</p> <p>Risk assessment training is provided to Band 5 staff. This helps them to identify risks and who they should include in the assessment process.</p> <p>Individual Risk Assessments also guide staff as to information that should be shared and to whom.</p>	<p>Compliant</p>

Inspection Findings:	COMPLIANCE LEVEL
<p>The inspector reviewed six individual service users records, sampled policies and procedures pertaining to communication, confidentiality, consent, management of records, monitoring of records, recording and reporting care practices and service user agreement, discussed this with service users representatives and staff. This confirmed there is a clear focus on achieving this criterion in day to day practice. Staff were clear regarding their role and responsibility to report and refer information and record the outcomes achieved. Records and discussion with staff and representatives also evidenced they are informed regarding information that may be reported or referred and consent is sought. When consent had not been given (not a high risk situation) this was respected and the issues were dealt with through further discussion and taking a different approach. In all examples inspected information was reported to the right people and outcomes recorded, risk was diminished and care presented as appropriate</p>	Compliant
<p>Criterion Assessed: 7.7 All records are legible, accurate, up to date, signed and dated by the person making the entry and periodically reviewed and signed-off by the registered manager.</p>	
<p>Provider's Self-Assessment:</p> <p>Files follow a set stucture and there are local procedures in place to guide this.</p> <p>Staff make and date regular legible recordings.</p> <p>The registered Manager periodically reviews and signs records</p> <p>There is training available in Recording skills.</p> <p>Other training provides guidance on recording in different contexts eg. Vulnerable adults awareness, Incident reporting, Risk assessment, Care of medicines, Care pathways.</p>	Compliant
Inspection Findings:	COMPLIANCE LEVEL
<p>The inspector examined a sample of six service user individual records and evidenced they met this criterion. Consultation with a sample of staff working in the centre confirmed their understanding of this criterion.</p>	Compliant

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

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

Theme 1: The use of restrictive practice within the context of protecting service user’s human rights	
Theme of “overall human rights” assessment to include:	
Regulation 14 (4) which states: The registered person shall ensure that no service user is subject to restraint unless restraint of the kind employed is the only practicable means of securing the welfare of that or any other service user and there are exceptional circumstances.	COMPLIANCE LEVEL
Provider’s Self-Assessment:	
<p>Staff follow guidance in line with the BHSCT use of physical intervention from mental health and learning disability services in conjunction with RQIA minimum standards, human rights working group on restraint and seclusion (Aug 2005), and the April 2014 DOH documentation "Positive and Proactive Care".</p> <p>The BHSCT subscribe to Proact-SCIP™ (Strategies for Crisis Intervention & Prevention). This method of working with challenging behaviour is based on the belief that “all individuals with challenging behaviours should be supported positively to lead a fulfilling life” It provides staff with the skills to use an early intervention approach rather than physical intervention techniques.</p> <p>SCIP involves prevention, de-escalation and physical intervention where necessary. SCIP is a mandatory training course for all staff in the centre. It is provided by trainers from the BHSCT Behaviour Support service. The initial training is a 3 day course with a mandatory 1 day refresher yearly.</p> <p>SCIP techniques are practiced and staff are refreshed on the grounds for intervention, this has also been facilitated by trained staff from the Trust.</p> <p>SCIP physical interventions are only used in exceptional circumstances to prevent harm to staff / service users in line with the human rights legislation and there is consultation with the service user/carer if a behaviour support plan is required.</p> <p>Staff are proactive in promoting positive behaviour management through prevention and de-escalation techniques. This is reflected in the low number of challenging behaviour incidents in the centre</p> <p>.</p>	<p>Compliant</p>

Inspection Findings:	COMPLIANCE LEVEL
<p>The inspector examined a selection of six individual service users records and two of those described use of restraint and potential restriction. Where this was recorded the responses to behaviour and need had been recorded as had been anticipated and the responses were planned responses.</p> <p>Staff had accessed professional guidance regarding all aspects of meeting service users’ needs in the setting from professionals such as psychology, occupational therapy, physiotherapy, the social worker. All professional advice had been integrated in to the planning documents with clear guidance for staff regarding how to meet need. This guidance also incorporated protecting service user’s rights and access to services.</p> <p>Staff receive SCIP as part of the mandatory training programme, this training includes a quiz to assure staff competence, knowledge and skill. A post training evaluation is also completed by the staff member which is kept as part of their training evidence.</p> <p>The setting has policies and procedures pertaining to: the assessment, care planning and review; managing aggression and challenging behaviours; recording and reporting care practices; reporting adverse incidents; responding to service users behaviour; restraint and seclusion; and untoward incidents which are available for staff reference.</p> <p>Where restraint was used the service completed all required documentation including post incident reporting and recording, they also utilised staff knowledge and professional guidance to assess the needs of the service users and ensure the overall plan was meeting the service user’s needs. A period of assessment followed and the service user is now in the setting and there has not been a need for restraint. This demonstrated staff are using it in exceptional circumstances and are committed to preventing reoccurrence whilst focussing on meeting needs and improving outcomes for the service user in day care. The inspector was satisfied behaviour techniques were reviewed and action plans / care plans had been discussed to ensure interventions remain necessary, proportionate and do not infringe service users human rights.</p> <p>Discussion with staff validated management and staff knowledge about when and why restraint is used including their understanding of exceptional circumstances. Discussion with staff working in the centre; review of documentation and discussion with staff and with service users evidenced there was clear knowledge regarding the use of restraint or seclusion including protecting service users human rights and the Deprivation of Liberty Safeguards. (DOLS) – Interim Guidance had been integrated into practice by ensuring service users were clear</p>	<p>Compliant</p>

<p>regarding their right to leave the day care setting or they could decide not to attend.</p> <p>Discussion with service users and representatives ensured they are informed regarding support for service user’s behaviour and their views are sought.</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>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p>	
<p>Since the last inspection, 2 incidents of physical intervention have occurred. Both occasions were an emergency response to prevent harm to the service user or staff.</p> <p>There are clear reporting systems in place which are followed in these instances and the following are completed:</p> <ul style="list-style-type: none"> • Recording on care file • BHSCT Incident report • BHSCT Physical Intervention report (To Behaviour Support services detailing the nature of the intervention) • RQIA 1a notification of events form <p>Following completion of the above paperwork, multi disciplinary working is used to understand the reason for the need for intervention and to discuss ways to prevent any further incidents. This can involve contact with the service user and family, day centre key worker, social work, care management, Behaviour Support Service and other professionals.</p> <p>When a service user’s support needs change, staff will create or ammend support plans which are discussed with the service user and shared with staff. This ensures that appropriate support is provided to avoid triggers to potential challenging behaviours.</p>	<p>Compliant</p>

Inspection Findings:	COMPLIANCE LEVEL
<p>The inspector examined a selection of records in respect of service users as described in schedule 4 and other records to be kept in a day care setting as described in schedule 5 such as service user meetings, complaints, incident forms, 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>The inspector was satisfied restraint had been recorded and there was clear evidence the staff did a post incident evaluation and sought professional advice to prevent reoccurrence. The incidents had also been reported through to RQIA.</p> <p>Discussion with staff working in the centre validated their knowledge commensurate with their role and responsibilities such as: managing service users’ behaviour; responding to service users behaviour; protecting the human rights of service users when delivering care; and how they ensure service users are responded to in the most appropriate and least restrictive way. Discussion with staff also provided examples of how they strive to maintain a person centred approach to their practice, this had been accurately reflected in their recording.</p>	<p>Compliant</p>

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

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

Theme 2 – Management and Control of Operations	COMPLIANCE LEVEL
<p>Management systems and arrangements are in place that support and promote the delivery of quality care services.</p> <p>Theme covers the level of competence of any person designated as being in charge in the absence of the registered manager.</p>	
<p>Regulation 20 (1) which states:</p> <p>The registered person shall, having regard to the size of the day care setting, the statement of purpose and the number and needs of service users -</p> <p>(a) ensure that at all times suitably qualified, competent and experienced persons are working in the day care setting in such numbers as are appropriate for the care of service users;</p> <p>Standard 17.1 which states:</p> <p>There is a defined management structure that clearly identifies lines of accountability, specifies roles and details responsibilities for areas of activity.</p>	
<p>Provider’s Self Assessment:</p>	
<p>Through the recruitment process, staff have met the appropriate specifications of the post. New staff gain knowledge and experience of meeting the values and standard set by NISCC through completion of an induction programme.</p> <p>Ongoing training and supervision guides and develops the competency of staff to provide a safe high quality service. There is training available in a wide variety of areas to supplement statutory/Mandatory training.</p> <p>The staffing outlined in the statement of purpose demonstrates a range of experience: 2 - 35 years. Qualifications held include both vocational and professional.</p> <p>Staffing levels are planned in advance using weekly duty sheets. A weekly planner is compiled along with daily cover sheets which detail supervision of groups and activities.</p>	<p>Compliant</p>

<p>There is a defined management structure in relation to the BHSCT Learning Disability programme, identifying senior management and areas of responsibility. In addition there is a clear internal staffing structure in operation in the centre.</p> <p>Within the management team, there is an allocation of supervision and tasks, providing clear accountability and identifying responsibility for specific areas of activity. Tasks are also allocated throughout the rest of the staff team with each member having responsibility for their individual areas.</p>	
<p>Inspection Findings:</p>	<p>COMPLIANCE LEVEL</p>
<p>The management structure is described in the settings statement of purpose. The manager is a qualified social worker and registered with NISCC. There are three assistant managers, one is currently doing QCF level 5, one will commence the course in January 2015 and then the third assistant manager will commence the course after. The assistant managers who act up in absence of manager and were doing so on the day of the inspection. This arrangement did not reveal any concerns regarding compliance with this criterion.</p> <p>During the inspection the inspector viewed the staffing and discussed the same with staff. Arrangements in this regard presented there was adequate staffing numbers and distribution of staff across the day care setting to meet the statement of purpose and needs of the service users.</p> <p>The setting has 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, these were available for staff reference and staff discussed they were aware of content.</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 they should seek support or guidance from; who supervises them and were positive regarding the effectiveness of the same.</p> <p>Discussion with service users and representatives confirmed they were aware of the management structure in place and described staff are supportive and good communicators at all levels.</p>	<p>Compliant</p>

<p>Discussion with the two assistant managers in charge of the day care setting during the inspection and other staff confirmed they were clear regarding their roles and responsibilities, staff confirmed they are receiving supervision and appraisal in line with the day care setting standards.</p> <p>Overall the inspection did evidence the registered manager, those left in charge and the staff team work together to improve outcomes for the service users who attend the day care setting. Examples of innovative and creative approaches to meeting the regulations and standards were viewed throughout this inspection and bring the compliance level of this setting above compliant to leading improvement in the day care setting field of care.</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 	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment:</p>	
<p>Staff are supervised in line with the Belfast Health and Social Care Trust supervision policy and local guidelines.</p> <p>A supervision contract is completed between supervisor and supervisee, which specifies that the sessions will be held a minimum of every 3 months. The contract also details information on the supervision content, recording mechanisms, conflict, confidentiality, and the rights and responsibilities of both. A supervision schedule is in place demonstrating sessions are planned within recommended timeframes. If sessions need to be postponed, they are re-scheduled at the earliest convenience.</p> <p>In addition to supervision sessions, staff also receive supervision through induction, completion of personal contribution plans, return to work interviews, individual risk assessments and through completion of the “Social Care Governance and you” booklet.</p> <p>Fortwilliam has a staffing structure in place which outlines the line management and supervisory arrangements. The management team with supervisory responsibilities complete appropriate training to develop and enhance relevant skills.</p>	Compliant

Inspection Findings:	COMPLIANCE LEVEL
<p>The inspector examined the training, supervision, appraisal and staff record of the registered manager and those staff left in charge of the day care setting in the registered manager’s absence, viewed the staff questionnaires and discussed this criterion with the staff in the day care setting; this confirmed the provider’s self-assessment.</p>	Compliant
<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 	COMPLIANCE LEVEL
Provider’s Self-Assessment:	
<p>Staff working within the day care setting have been subject to a recruitment process to ensure they meet the criteria for the banding and position applied for within the BHSCT.</p> <p>New staff complete a day care induction programme with supervision and guidance from an identified line manager. The process supports staff to gain knowledge and familiarise themselves with their role and the day care setting. During the induction phase knowledge and skills are developed through written guidance, peer learning and shadowing with experienced team members. Training requirements are also identified at this stage and are booked accordingly.</p> <p>Fortwilliam has an established training programme which maintains and enhances the skills within the staff team. In addition to mandatory training, courses are sourced through the learning and development portfolio, and the BHSCT training team. Through this training, staff are supported to gain knowledge and competency in a wide range of areas that benefit the service.</p> <p>The Fortwilliam management team have between 10 -35 years experience of working within the Learning Disability programme. In addition to this, the registered manager and assistant managers hold relevant individual qualifications and undertake appropriate training on an on-going basis.</p>	Compliant

Inspection Findings:	COMPLIANCE LEVEL
<p>The inspector examined the training, supervision, appraisal and staff record of the registered manager and those staff left in charge of the day care setting in the registered manager’s absence, viewed the staff questionnaires and discussed this criterion with the staff in the day care setting, and this confirmed the provider’s self-assessment.</p>	<p>Compliant</p>

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

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

Additional Areas Examined

Complaints

The complaints record was reviewed as part of this inspection. The annual complaints return for 2013 identified seven 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. In 2014 one complaint / issue of dissatisfaction had been recorded and review of the record evidenced this had been responded to in a timely manner and resolved to the complainants satisfaction.

Service User Records

Six service user files were inspected as part of this inspection and this did not reveal any areas for improvement and they presented as consistent with schedule 4.

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 this did not reveal any concerns.

Quality Improvement Plan

The findings of this inspection were discussed with Sheena McGovern & Drew Smiley (Assistant Managers) as part of the inspection process.

This inspection resulted in no requirements or recommendations being made. The registered provider/manager is asked to sign the appropriate page confirming they are assured about the factual accuracy of the content of the report.

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



No requirements or recommendations resulted from the primary announced inspection of Fortwilliam Centre which was undertaken on 30 September 2014 and I agree with the content of the report.

Please provide any additional comments or observations you may wish to make below:

NAME OF REGISTERED MANAGER COMPLETING	Mark A Johnston
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING	Martin Dillon, Acting Chief Executive

Approved by:	Date
Suzanne Cunningham	23 October 2014