# Primary Announced Care Inspection

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| **Name of Establishment:** | **Hawthorns Adult Centre** |
| **Establishment ID No:** | **11251** |
| **Date of Inspection:** | **27 August 2014** |
| **Inspector's Name:** | **Dermott Knox** |
| **Inspection No:** | **17718** |

**The Regulation And Quality Improvement Authority**
**9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT**
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| **Name of centre:** | Hawthorns Adult Centre |
| **Address:** | Ellis Street<br>Carrickfergus<br>BT38 8AZ |
| **Telephone number:** | (028) 9331 5110 |
| **E mail address:** | marc.carey@northerntrust.hscni.net |
| **Registered organisation/ Registered provider:** | Dr Tony Stevens |
| **Registered manager:** | Mr Mark Carey |
| **Person in Charge of the centre at the time of inspection:** | Mr Mark Carey |
| **Categories of care:** | DCS-MAX, MAX, DCS-PH(E), DCS-PH, DCS-LD(E), DCS-LD |
| **Number of registered places:** | 65 |
| **Number of service users accommodated on day of inspection:** | 54 |
| **Date and type of previous inspection:** | 28 June 2013<br>Primary Unannounced Inspection |
| **Date and time of inspection:** | 27 August 2014<br>10:00am–5:15pm |
| **Name of inspector:** | Dermott Knox |

## 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:

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| Service users | 15 |
| Staff | 4 |
| Relatives | 0 |
| Visiting Professionals | 0 |

Questionnaires were provided, prior to the inspection, to staff to find out their views regarding the service. Matters raised from the questionnaires were addressed by the inspector in the course of this inspection.

| Issued To | Number issued | Number returned |
|---|---|---|
| Staff | 22 | 8 |

**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

Hawthorns Adult Centre opened in 1976 and is situated within walking distance of Carrickfergus town centre and within reach of local community facilities. The Northern Health and Social Care Trust is the responsible organisation for the centre and Mr Mark Carey is the Registered Manager with day to day responsibility for managing Hawthorns Adult Centre.

The Centre was refurbished and redecorated in June 2013. Facilities are all on the ground floor level, with disabled access and automatic front opening doors. It is bright, spacious and decorated to a high standard.

Day care is provided for up to sixty five persons aged over nineteen who have been assessed as having a learning disability. Many of the service users also have an associated physical or sensory disability or complex needs. There are a number of service users with complex health or behavioural needs, including individuals with mental ill health, dementia, or autistic spectrum disorders. Some of the members require one to one staff attention and assistance. Procedures such as suction, drug administration and enteral/peg tube feeding are provided by staff as required.

There are five established groups within the centre, each of which provides a varied and structured programme of care for service users attending the centre. There is an intensive support unit for service users with very complex needs and multiple disabilities; a special needs group/communication group for individuals with limited concentration or who have autism; a life skills group; a social skills group and a work skills group, whose members undertake Asdan (Award Scheme Development and Accreditation Network).

Service users are encouraged to develop their social, educational, vocational, recreational and work related skills and strong emphasis is placed on community as well as centre based activities. The principles of person centred planning form the current method of assessment.

Lunch is cooked in the adjacent Ellis Court respite unit and delivered to Hawthorns where it is served by catering staff to service users.

## Summary of Inspection

A primary announced inspection was undertaken in Hawthorns Adult Centre on Wednesday 27 August 2014 from 10:00am until 5:15pm. Prior to the inspection the service provider submitted a self-assessment of the centre's performance in the one standard and two themes forming the focus of the inspection. There were three requirements and five recommendations from the previous inspection and evidence of compliance with all of these was verified.

The inspector was introduced to most of the members attending the centre and met for discussions with eleven people as a group and with five others, individually. Individual discussions were also held with the manager and four staff regarding the standards, team working, management support, supervision and the overall quality of the service provided.

Eight completed questionnaires were returned by staff members, who reported that they had good training and support from senior staff, but several staff expressed concerns about the regular use of agency staff. All respondents confirmed that they had formal supervision at least quarterly. The following are quotes from some of the completed questionnaires:

"Every staff member seeks to provide the highest possible level of care to every service user at the centre, on a daily basis."

"Quality of care very good. Lovely place to work."

"Sometimes staff levels are quite low and we are relying heavily on agency staff which is not ideal."

"We use a lot of agency staff. We could have a lot more permanent staff."

"Very high quality of care in centre."

Overall, discussions with service users and with staff contributed a positive view of the service provided in the centre and indicated a high level of commitment by the manager and the staff team to practice in compliance with the minimum standards for day care settings. There was evidence from discussions with service users and in written records to indicate a good level of involvement of service users in decision making with regard to the care provided. Service users spoke highly of the support they experienced and of their very positive relationships with staff. There are two recommendations arising from this inspection.

Gratitude is extended to the members, who welcomed the inspector and contributed constructively to the evaluation of the service provided. Thanks are due also to the manager and staff members who were welcoming, open and positive throughout the inspection process.

**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 centre has copies in place of the Northern Health and Social Care Trust policies and procedures regarding confidentiality, recording and reporting, data protection, consent, and storage and destruction of closed files. The policies and procedures are available for staff reference. The registered person had arrangements in place to review policies and procedures in order to ensure that they were up to date and accurate.

In the sample of five service user care records examined, there were many examples of members, or their representatives, having signed to indicate their involvement and agreement with the content. A recently introduced procedure for the organisation of service users' records was partially implemented, with the new "working files" containing only the most up to date, essential information and a back-up file being used for archiving the sometimes bulky, older documents. This system was reported by staff to be working effectively.

Good quality progress notes for service users were being kept, as were records of individual care plans and reviews. Each file contained a copy of the Action Plan for the individual, presented in an attractive and colourful format. Up to date records of notifiable events were available for inspection. The records of complaints should be extended to include the outcomes of each investigation and the levels of satisfaction of complainants.

Hawthorns Adult Centre was judged to be substantially compliant with this standard.

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

The NH&SCT has a written policy and guidelines on the use of restrictive interventions, which was available to members of staff. There was evidence from written records and from discussions with staff to verify that there was a well-coordinated approach to the use of any

restrictive practices with service users. There was multi-disciplinary planning for such interventions and a good level of monitoring by staff to ensure that agreed care plans were followed accurately. Records were examined for two service users who are provided with one to one staff support, in order to ensure the safety and well-being of the individual and of other service users attending the centre. Staff explained the use of segregation in working with two service users and the planned development of increased integration.

Staff discussed the use of calming techniques and the importance of developing good communication and relationship with each individual. Training had been provided to staff with regard to restrictive practices, deprivation of liberty and human rights and staff who met with the inspector were confident of their practice within those aspects of the work.

The centre was judged to be operating in compliance with 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.**

Staff records showed that the registered manager and the senior day care worker are appropriately qualified and experienced to take charge of the centre. Training for key aspects of this role had been provided, including for the responsibilities of supervision and appraisal.

There was evidence from discussions with staff to confirm that members of the staff team work supportively and well with one another. Systems were in place for formal, individual supervision and for the annual appraisal of each staff member's performance and development. Records of staff supervision were up to date and well-detailed.

The staffing structure and reporting arrangements were clearly set out in writing in the statement of purpose, for reference by all stakeholders. Several of the staff team had worked in the Hawthorns Adult Centre for many years and had an intimate knowledge of the service users who attended. All of the staff who met with the inspector presented as being competent and confident in their roles and responsibilities and enthusiastic in ensuring the provision of a high quality service.

Monitoring arrangements are standardised across the NH&SCT day care services and the four monitoring reports examined, addressed all of the required matters. Monitoring was being carried out by an area manager and monitoring reports were well detailed and addressed all of the matters required by regulation.

.The centre was judged to be operating in compliance with this theme.

**Follow-Up on Previous Issues**

| No. | Minimum Standard Ref. | Recommendations | Action Taken - As Confirmed During This Inspection | Inspector's Validation Of Compliance |
|---|---|---|---|---|
| 1 | 5.2 and 5.6 | **Review of Identified Care Plan**<br><br>The registered manager must ensure the identified service user's care plan is updated to fully reflect his/her current needs and the outcome of a recent safeguarding strategy discussion (standard 13 and additional information section refers). | The identified care plan had been amended. | Compliant |
| 2 | 13.7 | **Safeguarding Vulnerable Adults**<br><br>The registered manager must ensure the Trust's safeguarding vulnerable adult referral form is completed regarding any future allegations or disclosures made to staff about service users. A copy of this must be retained in the restricted section of the service user's care file (criterion 13.7 refers). | The manager confirmed that this recommendation had been actioned. There were examples on file to show that VA1 forms had been completed. | Compliant |
| 3 | 15.3 | **Service Users' Initial Review**<br><br>It is recommended the registered manager reviews and amends the centre's service user induction procedures to reflect standard 15.3 to ensure the timing of the initial reviews is linked to the numbers of days per week service user's attend the centre (standard 15.3 refers). | The timing of the initial review had been calculated to be in keeping with standard 15.3. | Compliant |

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| 4 | 17.10 | **Monthly Monitoring Visits and Reports**<br><br>It is recommended the designated person's monthly monitoring visits and reports are shared with the staff team and that records are made of this e.g. via the minutes of staff meetings (standard 17.10 refers). | Monthly monitoring reports are now a standing agenda item for staff meetings. | Compliant |

| **Standard 7 - Individual service user records and reporting arrangements:**<br><br>**Records are kept on each service user's situation, actions taken by staff and reports made to others.** | |
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| **Criterion Assessed:**<br>7.1 The legal and an ethical duty of confidentiality in respect of service users' personal information is maintained, where this does not infringe the rights of other people. | **COMPLIANCE LEVEL** |
| **Provider's Self-Assessment:** | |
| The Trust has policies and procedures in place in relation to confidentiality and any records held by the organisation. These include; Records Management Policy and Processing of Personal Information (POPI). The purpose of these policies are to support staff and enable them to work within the law and within good practice guidelines.<br>The policy covers detaining personal information, Records and Record keeping, Safe Storage of personal information, Access and Sharing of information and Retention and Disposal of Confidential Information. | Compliant |
| **Inspection Findings:** | **COMPLIANCE LEVEL** |
| The provider's self-assessment was verified through examination of selected policies and procedures, minutes of staff meetings, service users' records and from discussions with staff members. Two service users confirmed their confidence that their personal information was kept safely and that staff respected confidentiality of this information. | Compliant |
| **Criterion Assessed:**<br>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.<br><br>7.3 A record of all requests for access to individual case records/notes and their outcomes should be maintained. | **COMPLIANCE LEVEL** |
| **Provider's Self-Assessment:** | |
| Service users and their representitives are permitted to have access to their own personal records/case notes. Requests for information are processed in line with Trust Procedure/Policy and documents maintained where this takes place.<br>Within the Adult Centre, service users are actively involved in their care planning/review process and, where appropriate/when possible, will also contribute to completing records for this process. | Compliant |

| **Inspection Findings:** | **COMPLIANCE LEVEL** |
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| Service users confirmed, in discussions, that they were helped by their keyworkers to access and understand the records that were kept about them. One person identified the timetable, which is presented in colourful pictorial format, as a record with which he was familiar. | Compliant |
| **Criterion Assessed:**<br>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:<br><br>• Assessments of need (Standards 2 & 4); care plans (Standard 5) and care reviews (Standard 15);<br>• All personal care and support provided;<br>• Changes in the service user's needs or behaviour and any action taken by staff;<br>• Changes in objectives, expected outcomes and associated timeframes where relevant;<br>• Changes in the service user's usual programme;<br>• Unusual or changed circumstances that affect the service user and any action taken by staff;<br>• Contact with the service user's representative about matters or concerns regarding the health and well-being of the service user;<br>• Contact between the staff and primary health and social care services regarding the service user;<br>• Records of medicines;<br>• Incidents, accidents, or near misses occurring and action taken; and<br>• The information, documents and other records set out in Appendix 1. | **COMPLIANCE LEVEL** |
| **Provider's Self-Assessment:** | |
| Each service user has an individual case record. These are completed and maintained in line with Trust/RQIA requirements.<br>These records include; referral information, carer/multi-disciplinary contacts, assessment and review, care plans, contacts and details of activities.<br>Any changes to circumstances, significant incidents/near misses are recorded along with details of actions taken/further work to be done.<br>All records are stored securely in line with Information Governance requirements. | Compliant |

| **Inspection Findings:** | **COMPLIANCE LEVEL** |
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| Individual service user's files were found to be well organised and to contain all of the required information. Suitable arrangements were in place for the safe storage of confidential, personal information. | Compliant |
| **Criterion Assessed:**<br>7.5 When no recordable events occur, for example as outlined in Standard 7.4, there is an entry at least every five attendances for each service user to confirm that this is the case. | **COMPLIANCE LEVEL** |
| **Provider's Self-Assessment:** | |
| Staff ensure that records are maintained/updated with an entry regarding service users, at least every five attendances. This is done in line with Trust requirements. these records are signed and dated. | Compliant |
| **Inspection Findings:** | **COMPLIANCE LEVEL** |
| There was evidence on file to show that records for each service user were being kept in compliance with this standard. Staff members explained their various roles in either writing or contributing to the records. One service user said that he often talked to the keyworker about what she should write in his notes. | Compliant |

| **Criterion Assessed:**<br>7.6 There is guidance for staff on matters that need to be reported or referrals made to:<br><br>• The registered manager;<br>• The service user's representative;<br>• The referral agent; and<br>• Other relevant health or social care professionals. | **COMPLIANCE LEVEL** |
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| **Provider's Self-Assessment:** | |
| The Northern Health and Social Care Trust has a comprehensive package of policies and procedures directing staff on matters pertaining to service user care and reporting procedures. Specific training is also provided on areas such as Safeguarding, Recording, Storage and Sharing of Records.<br>A policy library is available to all staff, either via "hard copy", or via the Trust Intranet.<br>Advice and direction is also available at all times from Line Managers and Multi Disciplinary Team. | Compliant |
| **Inspection Findings:** | **COMPLIANCE LEVEL** |
| Written policies and procedures regarding the reporting of events were available in the centre and accessible by staff members. Records of notifiable events showed that these had been reported appropriately to relevant professionals and that service users' representatives had been informed at the earliest suitable time. Staff members in the centre were confident in their discussions of procedures for reporting incidents and accidents. | Compliant |
| **Criterion Assessed:**<br>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. | |
| **Provider's Self-Assessment:** | |
| Records are maintained in line with Trust requirements. They should be legible. These are signed and dated by the person making the entry and periodically reviewed by management, within supervision and when monitoring review records/audits. | Compliant |

| Inspection Findings: | COMPLIANCE LEVEL |
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| Five service users' records were examined and all were found to be legible, accurate and up to date. In two day centre records there were shortcomings requiring attention and improvement. The record of complaints should be extended to include the outcomes of investigations and the satisfaction levels of the complainants. Incident and accident records are initially written in a book that has a top copy and two carbon copies. In several examples of these, the carbon copies were not clearly legible and this record keeping format should be improved. Recommendations for these matters are included in the Quality Improvement Plan, accompanying this report. | Moving toward compliance |

| PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED | COMPLIANCE LEVEL |
|---|---|
| | Compliant |

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

| **Theme 1: The use of restrictive practice within the context of protecting service user's human rights**<br><br>**Theme of "overall human rights" assessment to include:** | |
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| **Regulation 14 (4) which states:**<br><br>**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:** | |
| In line with Trust Policy, restraint is only used when no other option is available to ensure the safety of service users. This is a practice standard emphasised in RESPECT training. Staff endeavour to ensure that prevention and early intervention measures are employed before restraint is considered.<br>If physical intervention measures are not part of a service users plan then the Positve Behaviour Support team/RQIA will be notified and the situation will be considered and assessed. It may be then appropraiate to include additional measures for potential future incidents.<br>Incidents are recorded and reported in line with requirements of the Northern Trust and RQIA. | Compliant |
| **Inspection Findings:** | **COMPLIANCE LEVEL** |
| The manager identified those service users (two) for whom segregation from others, as a method of intervention, was currently in use. Assessments, care plans, activity plans, review reports and progress notes for these service users were well-detailed and provided good evidence of the intensive one-to-one work by experienced staff. The manager acknowledged the need for frequent reviews of the methods of intervention and of the degree of segregation that was considered essential to the person's ability to engage in the daily programmes of activities. The longer term aim for each person was to be able to participate enjoyably in activities in the company of others. | Compliant |

| **Regulation 14 (5) which states:**<br><br>**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.** | **COMPLIANCE LEVEL** |
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| **Provider's Self-Assessment:** | |
| Whatever the situation, all uses of restraint are recorded on the appropriate documentation and sent to the Positive Behaviour Support team/RQIA.<br>Incidents, reports and records are also completed in line with requirements and recorded in the persons care notes and personal file. | Compliant |
| **Inspection Findings:** | **COMPLIANCE LEVEL** |
| Staff members discussed the methods they use to maintain a person centred approach to their practice and reflect this accurately in their records. There was a detailed record kept of any restrictive practices that were used and these were short term responses to specific behaviours that were likely to be harmful to the individual service user or to others in the immediate vicinity. There were written records showing the involvement of the Positive Behaviour Team in assessing and reviewing the support needs of service users who were referred to them. | Compliant |

| **PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED** | **COMPLIANCE LEVEL** |
|---|---|
| | Compliant |

| **INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED** | **COMPLIANCE LEVEL** |
|---|---|
| | Compliant |

| Theme 2 – Management and Control of Operations<br><br>**Management systems and arrangements are in place that support and promote the delivery of quality care services.**<br><br>**Theme covers the level of competence of any person designated as being in charge in the absence of the registered manager.** | **COMPLIANCE LEVEL** |
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| **Regulation 20 (1) which states:**<br><br>**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 -**<br>**(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;**<br><br>**Standard 17.1 which states:**<br><br>**There is a defined management structure that clearly identifies lines of accountability, specifies roles and details responsibilities for areas of activity.** | |
| **Provider's Self Assessment:** | |
| The Northern Trust have developed a dependancy tool to assess client need and calculate the number of staff required to meet service user needs, and this tool has been endorsed by the Northern Board.<br>Where vacancies arise, or cover is required eg. for maternity leave, requests to ensure that appropriate staffing needs are met are submitted promptly to minimise any potential shortfall in provision of care. Where needed, suitably experienced "as and when" or agency staff are utilised to uplift staffing levels. There are staff used on a consistant basisand are familiar with service users, their needs and programmes of care.<br>A flow chart outlining staff roles and lines of accountability is available in the unit. All staff have clear job descriptions, outlining roles, responsabilities and areas of accountability. | Compliant |

| **Inspection Findings:** | **COMPLIANCE LEVEL** |
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| Staffing records showed that the Hawthorns Adult Centre was consistently staffed with numbers appropriate to the needs of service users. This required the regular employment of agency staff, some of whom had been working in the centre for many months. The staffing structure is clearly set out in the statement of purpose and individual staff demonstrated a good understanding of the lines of accountability and reporting. | Compliant |
| **Regulation 20 (2) which states:**<br><br>• **The registered person shall ensure that persons working in the day care setting are appropriately supervised** | **COMPLIANCE LEVEL** |
| **Provider's Self-Assessment:** | |
| Supervision is undertaken on a cascading framework through grades of staff.<br>Day Care Locality Manager to Registered Manager to Senior Day Care Worker and Band 5 Day Care Workers, who in turn supervise Support Workers (Band 3).<br>Day care Locality Manager, Registered Manager and three Day Care Workers (Band 5) hold professional Social Work qualifications and have many years experience in Day Care settings. All Band 5 staff are well experienced and provide support staff with daily direction and guidance to ensure service users receive an effective and quality service.<br>Group team supervision is carried out on a weekly basis. These weekly meetings ensure that good communication is maintained and staff have a forum to voice feelings, ideas and concerns with managers and team. Occassionally these meetings will separate for Band 3 and Band 5 staff dependant on the need/agenda/discussion items.<br>Staff also receive annual appraisals and complete personal development plans to enable to further develop their skills and knowledge.<br>Staff are aware that they have daily access to line managers for any concerns or advice. Hawthorns operates an "Open Door Policy" whenever possible. | Compliant |
| **Inspection Findings:** | **COMPLIANCE LEVEL** |
| The provider's self-assessment was verified through examination of a sample of the records of formal, individual supervision and from discussions with staff members about their experiences of formal and informal supervision. It was good to note that several staff spoke of seeking guidance from their supervisor when they were uncertain of practice methods or procedures. Staff at all levels in the centre confirmed that supervision was a positive, supportive and developmental process. The constructive teamwork and support was evident in the many examples of creative | Compliant |

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| and diverse work with service users. The management and staff are commended for their commitment to this developmental ethos. | |
| **Regulation 21 (3) (b) which states:**<br><br>• **(3) For the purposes of paragraphs (1) and (2), a person is not fit to work at a day care setting unless –**<br>• **(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:** | |
| Prior to appointment all staff must demonstraite, via interview and evidence of qualification/experience, that they are suitable for the work that they will be asked to undertake.<br>The Trust expects staff to be suitably qualified to undertake training and qualifications approppriate to their grade. A regular programme of mandatory and vocational training is provided to enable staff to continually develop their skills and knowledge. | Compliant |
| **Inspection Findings:** | **COMPLIANCE LEVEL** |
| The Northern H&SCTrust has well established selection procedures and the manager confirmed that these were implemented rigorously. This ensures that staff are suitably qualified for the posts to which they are appointed.<br>A sample of staff files provided written records of staffs' induction. | Compliant |

| **PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED** | **COMPLIANCE LEVEL** |
|---|---|
| | Compliant |

| **INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED** | **COMPLIANCE LEVEL** |
|---|---|
| | Compliant |

# Additional Areas Examined

## Complaints

An issue regarding the records of complaints was identified in the first standard section of this report and a recommendation has been made to address this. In other respects, the records showed that the small number of complaints had been handled in compliance with the Trust's procedures.

## Monthly Monitoring Reports

A selection of monthly monitoring reports was examined and all were found to address the matters required by regulations. Staff and service users confirmed that they could discuss any issues of concern with the person making the monitoring visit, who, generally, was well known to them.

## Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mr Mark Carey, 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:

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

# Quality Improvement Plan

# Primary Announced Care Inspection

## Hawthorns Adult Centre

## 27 August 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mr Mark Carey, Registered Manager, 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.

**Recommendations**

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

| No. | Minimum Standard Reference | Recommendations | Number Of Times Stated | Details of Action Taken By Registered Person(S) | Timescale |
|---|---|---|---|---|---|
| 1 | Standard 14.10 | The record of complaints should be extended to include the outcomes of investigations and the satisfaction levels of the complainants. | One | Registered manager has reviewed and updated current complaint recording format. This will include a section to clearly outline outcomes and satasfaction levels for each individual complaint. This format will be shared with the team to ensure they are all aware of the process in place. | 31 October 2014 |
| 2 | Standard 7.7 | Incident and accident records are initially written in a book that has a top copy and two carbon copies. In several examples of these, the carbon copies were not clearly legible and this record keeping format should be improved. | One | The incident book in place uses a carbon paper replication system. Unfortunately, these copies can be difficult to read if staff have not used the correct levels of pressure on the paper. This issue has been noted in monitoring visits as well as this inspection. Registered manager will raise the issue with senior managers. Staff have been requested to check their own work, to make sure copies are legible and clear before signing off. Manager will also set | 31 October 2014 |

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|---|---|---|---|---|---|
| | | | | up a file which will contain photocopies of the top sheet from the incident reports. This will be done on an interim basis to ensure that all material is available and legible. | |

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

| | |
|---|---|
| **Name of Registered Manager Completing Qip** | Mark Carey |
| **Name of Responsible Person / Identified Responsible Person Approving Qip** | Anthony Stevens |

| **QIP Position Based on Comments from Registered Persons** | **Yes** | **Inspector** | **Date** |
|---|---|---|---|
| Response assessed by inspector as acceptable | Yes | D Knox | 18/11/14 |
| Further information requested from provider | No | | |