

Primary Announced Care Inspection

Name of Establishment:	Edenderry Dementia Day Care
Establishment ID No:	11265
Date of Inspection:	1 May 2014
Inspector's Name:	Suzanne Cunningham
Inspection No:	17610

The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

Name of centre:	Edenderry Dementia Day Care
Address:	18 Gilford Road Portadown BT63 5ED
Telephone number:	028 3839 8333
E mail address:	iona.henry@southerntrust.hscni.net
Registered organisation/ Registered provider:	Southern HSC Trust Mrs Mairead McAlinden
Registered manager:	Iona Henry
Person in Charge of the centre at the time of inspection:	Iona Henry
Categories of care:	DCS - DE
Number of registered places:	20
Number of service users accommodated on day of inspection:	15
Date and type of previous inspection:	16 October 2014 Primary announced inspection
Date and time of inspection:	01 May 2014 09:40 – 16:00
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	15
Staff	3
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	10	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

The day care centre, located in part of a former residential home, provides day care for up to twenty people with a diagnosis of dementia. The centre specialises in meeting the needs of people with more advanced dementia. It is adjacent to Portadown town centre and has a transport service for the clients.

Summary of Inspection

A primary inspection was undertaken in Edenderry Day Centre on 01 May 2014 from 09:40 to 16:00. This was a total inspection time of 6 hours and 20 minutes. The inspection was announced.

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

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

The inspector spoke to the senior day care worker and two day care workers individually and more informally to the remaining staff regarding the standards inspected and their views about working in the centre. This generated positive feedback regarding records and reporting arrangements including recording; ensuring care plans and assessments reflect the individual needs of each service user and the management arrangement's in this day care setting. The inspector gauged from these discussions that staff are motivated to plan and deliver care that improves the service users overall experience in the day care setting and they are focussed on improving outcomes for the service user and family.

Six questionnaires were returned by staff who reported satisfactory arrangements were in place with regard to NISCC codes of practice; supervision; staff training; staffing and management arrangements; responding to service users' behaviour; confidentiality and recording. Positive comments were made regarding the quality of care that was provided; which the staff member described as: "excellent", "very person centred", "very good".

The inspector observed the fifteen service users who were in the day care setting at the time of the inspection and gathered evidence for the standard inspected and the two themes. The inspector spoke with the service users during the observations however this did not generate any feedback regarding compliance because service users in this day care setting have memory loss and difficulty finding words to express their feelings. However observation did reveal service users were at ease in their environment, able to socialise with each other and the staff in the day care setting. Service users took part in activities in small groups, these had been pre planned by staff to ensure the activities were appropriate to the individuals needs and preferences. During the activities service users were encouraged to use their memory, discuss the activity and discuss feelings. The inspector was impressed with the approach taken by

staff and the outcomes achieved. The inspector also noted the appropriate staffing levels and good working relationships between staff ensure when personal care tasks arose staff could cover each other to ensure the activities continued. Most essentially this meant service users did not become distressed regarding an unexpected change and they continued to be engaged in the activity.

One service user representative was contacted by the inspector and she gave a positive view regarding information kept about her relative by the day centre, staff care of her father and the management of the setting. Specifically she commented that she was aware there was information kept about her relative and she was aware she could access this if she wanted to. At meetings she saw assessment and care planning information and has been happy with the content. The representative was impressed with the working together approach of the staff in the setting; she gave an example of when her relative was not getting as much out of day care as he had previously. Staff discussed strategies with her to improve this and after a small period of time, monitoring and change; her relative did start to get more out of the experience again and outcomes were improved. The representative was very complimentary about the communication from staff, and identified staff use information from families to undertake activities and 1 to 1 work with her relative. The relative described how this has proven to be beneficial for her relative. The representative concluded regarding the day care setting: "lovely staff, love it".

A second service user representative was contacted and was aware of information being kept about her relative, how she could access it and had seen the assessment and care plan during meetings. The representative explained if her relative became upset or unsettled staff use diversion therapy such as focusing on her favourite subjects or memories and she has seen this work well in the day centre. The representative commented "staff are very clued into my mums needs and are excellent". The representative was aware who to talk to if she had any concerns and felt the staff were competent in their roles and responsibilities. Finally the representative said the centre "is a life line for me, mum really enjoys it, lovely staff and they are very welcoming".

The previous announced inspection carried out on 16 October 2013 had resulted in no recommendations and three requirements. These were regarding the frequency of the monthly monitoring arrangements; informing service users and their representatives regarding the monthly monitoring visits and availability of reports and staffing arrangements in the daycare setting. The inspector concluded arrangements had been improved in all of these areas and the centre had achieved compliance. .

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

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

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

The observation of service users provided the inspector with evidence of what service users can achieve in the day care setting and the inspector was pleased to note this was being factually recorded in the service user records. The inspector concluded the centres process of maintaining and updating service users' records presents as well managed, is developing person centred practice and focuses on promoting service user's social needs, stimulating intellectual activity; and meeting need.

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

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

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

Discussions with the manager, staff and examination of records provided evidence that the centre was using clear operational systems and processes which promote the needs of the service users who attend the centre and they do not anticipate using restraint, seclusion or restrictions other than locking the front door to keep service users safe and meet their needs. Staff discussed the MAPA training which had focussed on using diversion therapies, good communication, calming, diffusing techniques and knowing their service users' needs, diagnosis, treatment plan and personalities. They strongly believe this assists them in ensuring service users behaviour does not escalate and ensure they can meet individual need. Staff also identified if a service users behaviour did start to deteriorate they would look at triggers and assess to ensure the service users' needs can still be met in the day care setting with the family, social worker / care manager and the service user. In service users files the inspector viewed examples of reviews and meetings which were called to plan for service users whose needs had changed and they had presented as unsettled in the day care setting. This identified staff are aware of changes in service users presentation and act appropriately to address any concerns and changes to their assessment and care plan.

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

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

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

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

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

Additional Areas Examined

The inspector undertook a tour of the premises, reviewed the complaints record, examined six service users individual files, validated the registered manager's pre inspection questionnaire, reviewed the staff questionnaire and viewed the environment. This did not reveal any further areas of 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 approach to day care that is delivered in this centre, there is a clear approach of support, homeliness and social support to this day care setting which is consistent with the day care settings statement of purpose and presents as improving outcomes for service users and their families.

As a result of the inspection a total of no requirements or recommendations have been made. This was reported to the management team at the conclusion of the inspection.

Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	28 (3)	The registered person must ensure adequate arrangements are in place to ensure the regulation 28 visits are undertaken on a minimum of a monthly basis, unless an alternative arrangement is agreed with RQIA. A report for each visit must be available for inspection to evidence compliance in this regard.	The inspector reviewed the regulation 28 visit reports for the last seven months and evidenced compliance had been achieved in this regard.	Compliant
2	28 (5)	The registered person must ensure adequate arrangements are in place regarding informing the service users or their representatives about the monthly monitoring visits and how they access the reports. This could be integrated into the service user guide and into the policy and procedure regarding the same.	This had been included in the service user guide and a copy of the last report is kept in reception for service users and their representatives to access.	Compliant
3.	20 (1) (a).	The registered person must make adequate arrangements to review the concerns regarding the staffing arrangements to cover staff absence and vacant posts as reported in two of the three returned staff questionnaires. The returned QIP must detail arrangements in place to ensure staffing is sufficient each day to comply with this regulation.	Observation, review of seven monthly monitoring reports, discussion with staff and review of staff questionnaires revealed staffing was sufficient and had been improved since the inspection.	Compliant

Standard 7 - Individual service user records and reporting arrangements: Records are kept on each service user's situation, actions taken by staff and reports made to others.	
Criterion Assessed: 7.1 The legal and an ethical duty of confidentiality in respect of service users' personal information is maintained, where this does not infringe the rights of other people.	COMPLIANCE LEVEL
Provider's Self-Assessment: Day Care Staff recognise all Service Users have the legal right to confidentiality under the Data Protection Act 1998 where this does not in anyway infringe on other peoples rights to information. There is clear trust policy guidelines and procedures on how staff act on requests for information under the Data Protection Act of 1998 which came into effect from 1 st March 2000. Under the Data Protection Act 1998, anyone can ask to have access to personal Data held by the SHSCT. There is an Statutory obligation on HSC staff to respect Confidentiality, which can continue to apply posthumously if the service user so requests. Service Users must also be informed (in a manner appropriate to their communication needs) of the information which is necessary to meet their Care Needs. A Personal Confidential File is maintained regarding each service user and their situation, actions taken by staff and reports made to others. Consent of the Service User is always acquired prior to sharing of all confidential information. If the need arises Service Users are given an opportunity to discuss any concerns arising about possible uses of their information. All Services Users are issued with the SHSCT leaflet Tiltled 'Information for service users & patients' on commencement at Day Care. Additionally the SHSCT Poster Titled 'Why We Might Need Information About You' is displayed prominently in the centre detailing the purposes information might be used for eg planning, decision making, research, investigating and ensuring Quality Care and treatment.	Compliant

Inspection Findings:	COMPLIANCE LEVEL
<p>The inspector reviewed a sample of six individual service user records and this revealed they are maintained in compliance with schedule 4; and other records were available for inspection, which were consistent with schedule 5. The 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 reflect this criterion and are available for staff reference.</p> <p>Discussion with staff and review of six service user individual records evidenced recording practices and storage of service user information is reflective of current national, regional and locally agreed protocols re confidentiality.</p> <p>Discussion with management and staff validated they have adequate knowledge about the duty of confidentiality and their role and responsibility regarding recording, ensuring a high quality of recording and their role in the management of service users personal information; commensurate with their role and responsibility.</p> <p>One representative stated they had been informed regarding confidentiality of personal information and recording practices in the day care setting.</p>	Compliant

Criterion Assessed:	COMPLIANCE LEVEL
<p>7.2 A service user and, with his or her consent, another person acting on his or her behalf should normally expect to see his or her case records / notes.</p> <p>7.3 A record of all requests for access to individual case records/notes and their outcomes should be maintained.</p>	
Provider's Self-Assessment:	
<p>Service Users and/or their carers can access their case record, if consent has been given. This is demonstrated through the service user agreement form DCS2 and form DCS9. Day Centre Management follows all trust guidance in relation to requests for information from carers, service users, or their chosen representatives. Operationally the Day Care Service maintains: whenever required, a record of all requests for access to individual records/notes and the outcomes of such requests. .</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 agreements which detail this criterion and are available for staff reference. The inspector examined the service user guide and an information leaflet that explains the trusts approach to processing service user's personal information. Furthermore the staff do inform service users and their representatives what they are recording and show care plans and review reports at meetings for information and consent (signature). If a service user or their representative wish to see the information being kept they are given a form to make the request formally and this is facilitated. To date no requests have been made.</p> <p>Discussion with staff working in the centre revealed they are knowledgeable regarding consent and access to records commensurate with their role and responsibilities. When discussing recording staff were clear they ensure each record is personal to the service user to ensure a person centred approach to their recording.</p> <p>Representatives and service users are made aware that a service user record is kept and how they can access the records in the service user's guide, during induction to the day care setting and in trust leaflets available in reception.</p>	Compliant

Criterion Assessed:	COMPLIANCE LEVEL
<p>7.4 Individual case records/notes (from referral to closure) related to activity within the day service are maintained for each service user, to include:</p> <ul style="list-style-type: none"> • Assessments of need (Standards 2 & 4); care plans (Standard 5) and care reviews (Standard 15); • All personal care and support provided; • Changes in the service user's needs or behaviour and any action taken by staff; • Changes in objectives, expected outcomes and associated timeframes where relevant; • Changes in the service user's usual programme; • Unusual or changed circumstances that affect the service user and any action taken by staff; • Contact with the service user's representative about matters or concerns regarding the health and well-being of the service user; • Contact between the staff and primary health and social care services regarding the service user; • Records of medicines; • Incidents, accidents, or near misses occurring and action taken; and • The information, documents and other records set out in Appendix 1. 	
Provider's Self-Assessment:	
<p>Service User individual case records/ notes are maintained within the Day Centre in a format that meets the required standard reference 7:4 and in line with The Minimum Standards January 2012</p> <p>Assessment of need as captured through Functional Rating Assessment in form DCS 3</p> <p>Care Plans which include personal care and support needs in form DCS8 which is a live document continuously reviewed and updated capturing changes in service user needs or behaviour, including changes in circumstances and any action taken. .</p> <p>Case Reviews which include changes in objectives, expected outcomes and associated time frames are detailed in form DCS5</p> <p>Clinical notes DCS records changes in the service users usual programme.</p> <p>Contact Sheet records all contact with service users representatives, staff and primary health and social care services.</p> <p>All records regarding medication management is held in medicines file, i.e MARS form, stock control, administration records.</p> <p>Incidents Accidents near misses and action taken are all documented via Datix system.</p> <p>Information documents and all other records set out in Appendix 1.of the Day Care Minimum Standards 2012 are all maintained in Service User Personal File</p>	Compliant

Inspection Findings:	COMPLIANCE LEVEL
<p>The examination of a sample of six service user individual records evidenced the above records and notes are available and maintained by staff for each individual service user. Relevant policies and procedures such as: 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. Examination of a sample of monitoring records (e.g. file audits and regulation 28 reports) demonstrate working practices are audited in this regard by the senior day care worker, periodically by the manager and during regulation 28 visits by the monitoring officer.</p> <p>The case records and notes had been updated as required, they presented as current, person centred, incorporate service user recording when possible, present as contemporaneous, when required and are analytical if there is a need; for example if there is an incident or behaviour has deteriorated. Care reviews had taken place as described in standard 15 criterion 3.</p>	Compliant
Criterion Assessed: 7.5 When no recordable events occur, for example as outlined in Standard 7.4, there is an entry at least every five attendances for each service user to confirm that this is the case.	COMPLIANCE LEVEL
Provider's Self-Assessment:	
<p>All recordable events as outlined in Standard 7.4, are currently recorded, and held on individual file. In the event of no recordable events occurring as outlined in standard 7.4 the practice at Edenderry Dementia Centre is to maintain a Daily Clinical Report DCS on each service user in attendance. This is when staff would be alerted to any missing documentation in the recording procedures. As daily attendance records are kept this does meet standard 7.5 as there is an entry at least every five attendances.</p>	Compliant
Inspection Findings:	COMPLIANCE LEVEL
<p>A sample of six service user care records were examined and evidenced individual care records have a written entry at least once every five attendances for each individual service user, the quality of recording was considered by the inspector as good and the inspector can see how this information will be used later to inform a review report or updates to assessment.</p>	Compliant

Criterion Assessed: 7.6 There is guidance for staff on matters that need to be reported or referrals made to: <ul style="list-style-type: none"> • The registered manager; • The service user's representative; • The referral agent; and • Other relevant health or social care professionals. 	COMPLIANCE LEVEL
Provider's Self-Assessment: All staff attend Corporate Induction, Departmental Induction, and Safeguarding Vulnerable Adults Training which highlights matters that need to be reported or referrals which need to be made to Registered Manager, service user's representative, referral agent, or other health or social care professional. Mandatory Training and refreshers covering all areas relating to the trust policies and procedures are regularly updated. Each staff member is familiar with the Trust and Departmental Policies and Procedures Files and their location at the Daycare workstation for easy access. The service user representatives attend regular reviews with their referral agent, service user and relevant health or social care professionals. Other relevant information eg incidents/accidents or matters of concern are communicated immediately via appropriate means of communication eg Datix On-going and regular supervision and staff appraisal within the team further reinforces all matters that need to be reported and the reporting structure. This ensures that all staff have support and guidance throughout the reporting and recording procedures. Daily Team Brief and Monthly Team Meetings provide regular support and guidance. All staff are aware of the 'Open Door Policy' and Senior Staff are always available for consultation. All the above systems provide guidance for staff on all matters which need to be reported as outlined in 7.6	Compliant
Inspection Findings: Policies and procedures pertaining to communication, confidentiality, consent, management of records, monitoring of records, recording and reporting care practices and service user agreement are in place, are consistent with this criterion and are available for staff reference. Staff confirmed their role and responsibility to report and refer information and record the outcomes achieved. Service users and or representatives are informed regarding information that may be reported or referred. Staff confirmed they were aware of consent issues and ensure information is only reported to the right people and outcomes are recorded which focus on how needs are met, risk is diminished and care is appropriate.	Compliant

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.	
Provider's Self-Assessment: All day care staff adhere to the standard needed to complete legible, accurate, and up to date records. Staff currently are being guided by "The guidance on Record Keeping for Nurses and Midwives" from NMC -Nursing & Midwifery Council which detail high quality Record Keeping Standards may be applied across all HSC staff. The Recording standards required and reporting arrangements are continually on the agenda as part of Induction and individual supervision sessions both formal and adhoc (as necessary) on a day to day basis. Records are signed as part of good practice by the registered manager eg. review meetings, careplans, risk assessments, initial assessments. These can be evidenced in Service Users Personal Files.	Compliant
Inspection Findings: The inspector examined a sample of six service user individual records which were all compliant with this criterion. Consultation with a sample of staff working in the centre confirmed they understand the importance of this criterion when recording service user information and the manager confirmed the senior day care worker, registered manager and monitoring officer review records in this regard. Staff had received reporting and recording training and use supervision or team meeting records to discuss their practice and any improvements. Staff spoken with and who completed the inspection questionnaires confirmed procedures and practice are in place to achieve this criterion.	COMPLIANCE LEVEL Compliant

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
	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:	COMPLIANCE LEVEL
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.	
Provider's Self-Assessment:	
<p>Staff are aware of the Trusts Policies and Procedures in relation to the Management of Aggression ie. Policies 30; 46; 47.</p> <p>Management of Actual or Potential Aggression Training is Mandatory :: details of this training can be accessed in staff training file & specifically (participant workbook).</p> <p>This training provides staff with the skills and knowledge to manage and respond appropriately to challenging behaviour. Staff are monitored informally on a daily bases by observation and formally by regular supervision. No form of restraint of any kind has been required to date.</p> <p>Staff demonstrate their knowledge and skill through Diversional Therapies and defusing of situations to promote positive outcomes. Relevant information is shared in a timely manner in the Mutli Disciplinary Review and an updated Action Plan would include a new assessment of need and behavioural management system, which continues to be subject to regular review to ensure safety of the service user and others.</p> <p>Staff demonstrate their competence by responding sensitively and providing reassurance and then reporting to the Person in Charge. Restraint would only be used to protect other persons and only after all other lesser restrictive measures have been unsuccessful and used only in proportion to the risk of harm. Physical Intervention Techniques when used will take account of individuals privacy, be respectful and adhere to cultural needs. Staff integrate DOLS (Deprivation Of Liberty Safeguards) being mindful of the service users level of capacity when reporting and recording.</p>	Compliant

Inspection Findings:	COMPLIANCE LEVEL
<p>The inspector examined a selection of records including: records of each service user as described in schedule 4; and other records to be kept in a day care setting, as described in schedule 5. There were no records of restraint, restriction or seclusion and no one had a behaviour management plan that detailed the use of restraint as a behaviour management technique. Furthermore, no behaviours had escalated to the level where this intervention was required.</p> <p>Staff use professional assessments, and assess service users' needs to complete a comprehensive plan of how the needs will be met, which includes diversionary therapies such as communication, different staff, getting to know you information and key memories, change of environment, space to walk, activities and music therapy. These are detailed in each service users care plan and about me information.</p> <p>Staff in this day care setting was trained in MAPA behaviour management which focuses on de-escalation rather than using restraint. Restraint is only seen as a last resort in this care setting and discussion with staff revealed they do not anticipate an occasion when this would need to be used with the current service user group. The inspector did not reveal any concerns regarding staff competence, knowledge and skill in this regard.</p> <p>The day centre 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>Discussion with staff regarding service user's human rights revealed staff are cognisant of service users rights, aware of DOLs guidance, focus on routine, they focus on protecting service users dignity, giving service users opportunity to talk and share information with them.</p> <p>All care plans which were inspected and include management of behaviour techniques had been reviewed at least annually and some more often in response to changes of behaviour and presentation of the service user in the day care setting. Revisions of action plans / care plans were viewed and evidence that interventions remain necessary, proportionate. The inspector did note staff could improve the plans and detail how actions taken do not infringe service user's human rights.</p> <p>Discussion with staff validated their knowledge about when and why restraint is used including their understanding of exceptional circumstances and this did not reveal any concerns.</p>	Compliant

Service user's records evidenced service users and or their representatives are kept informed regarding the use of any behaviour management plans and their views are sought as part of the assessment and planning process.	
Regulation 14 (5) which states: 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
Provider's Self-Assessment: If restraint is required it would only be used to protect the individual or other persons and only after all other lesser restrictive measures have been unsuccessful and used only in proportion to the risk of harm. In the event of restraint needing to be used the circumstances would be recorded including the nature of the restraint. The incident would later be analysed for any learning needs to be identified. Physical Intervention Techniques, when used will take account of individuals Privacy, also to ensure Respect is shown at all times and that individual Cultural needs are met. Staff would integrate the Required Deprivation of Liberty Safeguards(DOLS) by being mindful of the service users level of Capacity and Human Rights when reporting and recording. RQIA would be informed via Notification of Incidents form 1A within 24 hours. DATIX form would be completed immediately. The day centre staff would seek professional guidance/support in reviewing the Service Users Behavioural Needs. All staff would be appraised of updated behavioural management programme if relevant and follow accordingly.	Compliant
Inspection Findings: No service users had been restrained in this setting and no care plans detail this as a management of behaviour plan. Staff do not anticipate using restraint and this presented as consistent with the settings ethos, statement of purpose and aims of the service. <i>Guidance on Restraint and Seclusion in Health and Personal Social Services</i> , Department of Health, Social Services and Public Safety, Human Rights Working Group, August 2005 is available for staff information.	COMPLIANCE LEVEL Not applicable

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

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

Theme 2 – Management and Control of Operations	COMPLIANCE LEVEL
<p>Management systems and arrangements are in place that support and promote the delivery of quality care services.</p> <p>Theme covers the level of competence of any person designated as being in charge in the absence of the registered manager.</p>	
<p>Regulation 20 (1) which states:</p> <p>The registered person shall, having regard to the size of the day care setting, the statement of purpose and the number and needs of service users -</p> <p>(a) ensure that at all times suitably qualified, competent and experienced persons are working in the day care setting in such numbers as are appropriate for the care of service users;</p> <p>Standard 17.1 which states:</p> <p>There is a defined management structure that clearly identifies lines of accountability, specifies roles and details responsibilities for areas of activity.</p>	
Provider's Self Assessment:	
<p>There is a defined Management Structure and arrangements are in place that clearly identifies lines of accountability, specifies roles and details responsibilities for areas of activity. There is an appropriate skill mix to support staff and promote quality of care services. This is displayed on the wall within workstation 'Management and Control of Operations Chart'. All Staff are registered by NISCC and supported in meeting the relevant Codes of Practice. They are all aware of their duties and responsibilities from their Job Descriptions, Induction and further Training. When the Registered Locality Manager is not available a Senior Day Care Worker at Band 5 is always on site, Band 2 and 3 are accountable to Band 5. There is always Management support from the Registered Locality Manager or another Locality Manager. See Point 5 of Statement of Purpose. A Management Competency Assessment Framework has been introduced since January 2014. This is completed for staff who take charge in the absence of the Manager. The Framework details practical assessments, a training record of achievement and courses attended e.g Mandatory Training and Qualifications. Issues arising are reported to the Registered Person. Appropriate action is taken when staff do not meet expected Standards of Conduct.</p>	Compliant

Inspection Findings:	COMPLIANCE LEVEL
<p>The registered manager is Iona Henry who also manages two other services; she registered with NISCC; is a qualified social worker (CQSW), has a management qualification, 34 years' experience as a social worker and seven years as manager of day care services.</p> <p>The day to day manager of the centre is Joy Walker who is the senior day care worker. A competency assessment had been undertaken with the Senior Day Care worker by the registered manager as well as training, supervision, and appraisal which revealed the staff member left in charge of the day care setting is competent and fully cognisant of her role and responsibility.</p> <p>Examination of the staffing arrangements and observation during the inspection evidenced adequate staffing numbers and distribution of staff across the day care setting.</p> <p>The trust 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, which are available for staff reference and staff are aware of content. There are also flow charts for who is in charge and who to contact if staff need a senior member of staff for advice or discussion.</p> <p>General 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 who do they report to; who should they seek support or guidance from; who supervises them and the effectiveness of the same.</p> <p>Information regarding the staffing structure of the day care setting is described in the settings statement of purpose and the inspector was able to see this had been updated following changes in staffing.</p> <p>There is a competency assessment specifically for staff that manage or are left in charge of the day care setting which adequately prepares them to undertake their roles and responsibilities and identifies gaps in knowledge or training required.</p> <p>The regulation 28 reports evidence the staffing arrangements in place for the month is being inspected and the monitoring officer does form a view regarding: the effectiveness of staffing arrangements; and compliance with regulations and standards regarding the same. Examination of this did not reveal any concerns regarding staffing.</p>	Compliant

Regulation 20 (2) which states: <ul style="list-style-type: none"> The registered person shall ensure that persons working in the day care setting are appropriately supervised 	COMPLIANCE LEVEL
Provider's Self-Assessment: <p>There is an established planned programme of individual supervision for all staff appropriate to designation / grade all supervision meetings are recorded and signed by both parties. Dedicated time is agreed and set aside for the supervision session and occurs not less than 3 monthly, and supervisory staff can report any serious issues arising. All staff receive a planned yearly staff appraisal in line with day care Standard 22. Staff are supervised and their performance appraised and reviewed against individual job description to agree personal development plans. The Registered Manager and the Band 5 Senior Day Care Staff have received their training in the SHSCT Adult Supervision Policy.</p> <p>Senior staff have also been trained to undertake KSF and appraisal with staff whom they have direct line management responsibility for in the day centre.</p>	Compliant
Inspection Findings: <p>Examination of the training, supervision arrangements, policies and procedures pertaining to the Management and control of operations, for example: absence of the manager; staff records; staff supervision and appraisal; staffing arrangements are available for staff reference and reflect day to day practice; did not reveal any concerns in this regard.</p> <p>Discussion with the senior day care worker did not reveal any concerns regarding her supervision and support arrangements in terms of frequency and quality. She detailed the manager has an open door policy so she can access guidance, advice and support as and when needed and if required before planned supervision.</p> <p>Overall the manager and staff do see their role as clearly improving outcomes for the service users who attend the day care setting and evidenced the changes in the environment, the quality of assessment, care planning, record keeping as ways they can ensure they are meeting need and giving each individual service user the best experience in the day care setting.</p>	COMPLIANCE LEVEL 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
<p>Provider's Self-Assessment:</p> <p>Staff have access to SHSCT Policies and Procedures, and receive Corporate Induction e.g Fire Safety, Vulnerable Adults, Infection Control, Manual Handling and COSHH Training.</p> <p>All staff receive an established programme of H&S and Mandatory Training (necessary for the day care setting) and attend refresher Training as required. Staff are required to undertake Qualifications in accordance with their designated job role, NISCC Registration guidelines in order to retain registration requirements. All supervisory staff are required to be appropriately qualified as per Job Specification and suitably trained in order to supervise HSC staff. This is defined by their grade, job role, experience and qualifications. The Supervisor must also have undertaken the formal Supervision Training organised and delivered by the SHSCT. Day care staff BAND 3 are required to hold QCF / NVQ level 2 qualifications. The registered manager holds CQSW, MIHSM,(member institute health service management) and has completed Beeches Management Course plus Trust Management Training.</p>	Compliant
<p>Inspection Findings:</p> <p>As described in the previous criterion; discussion with staff, examination of the competency assessment of management staff, training records, supervision and appraisal arrangements and policies and procedures did not reveal any concerns regarding the fitness of the management team to undertake their roles and responsibilities and they presented as fully understanding of their role and responsibilities in this regard. A training plan was in place to ensure any gaps were addressed in this regard. For example it is planned the senior day care worker will undertake QCF level 5, as specified for a registered manager in the day care settings standards and the inspector advocates for this to happen in view of the level of delegation of day to day management tasks for this senior day care manager.</p>	COMPLIANCE LEVEL 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

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

Service User Records

Six service user files were reviewed as part of this inspection, three in detail and three were sampled in terms of behaviour management planning. This did not reveal any areas for improvement and the files presented as consistent with schedule 4.

The inspector is aware all service users referred to this setting are in need of a secure environment due to their diagnosis of dementia and this is clear in their initial assessment however service users in the setting can walk around gardens and rooms freely once in the front door. The new porch at the entrance and sun room gives another open area for service users and family to sit and can be used as an environment for calming and diversion.

Registered Manager Questionnaire

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

Staff Questionnaires

Six staff questionnaires had been returned by staff who reported satisfactory arrangements were in place with regard to NISCC codes of practice; supervision; staff training; staffing and management arrangements; responding to service users' behaviour; confidentiality and recording. Positive comments were made regarding the quality of care that was provided.

Statement of Purpose & Service Users Guide

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

Environment

This day care setting has received funding for additional space at the front of the building to construct an entrance to the day centre with an office and reception area which has been completed. There was also funding for a sun room to lead off the dining area which has also been completed. The difference this makes to the day care setting is immediate when you walk around the setting for example there is much easier and obvious access to the day care setting, there is more room to assist service users and their families to feel welcome and relaxed. The addition of rooms means staff can offer more activities and quiet space for service users who do not want to take part. Overall the inspector commends the changes made in this centre which are centred on improving the delivery of day care for the service users who attend this setting.

Quality Improvement Plan

As no requirements or recommendations were made following the inspection a Quality Improvement Plan has not been appended on this occasion. The registered manager/provider is asked to please complete and return a copy of the signature page at the end of the report for our records by **9 June 2014**.

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 Edenderry Dementia Day Care which was undertaken on 1 May 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	Mrs Iona Henry
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING	Mrs Angela McVeigh Director Older people and Primary Care

Approved by:	Date
Suzanne Cunningham	11 June 2014