



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

## **Primary Announced Care Inspection**

<b>Name of Establishment:</b>	<b>Bannvale Social Education Centre</b>
<b>Establishment ID No:</b>	<b>11287</b>
<b>Date of Inspection:</b>	<b>12 August 2014</b>
<b>Inspector's Name:</b>	<b>Maire Marley</b>
<b>Inspection No:</b>	<b>20146</b>

**The Regulation And Quality Improvement Authority**  
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<b>Name of centre:</b>	Bannvale Social Education Centre
<b>Address:</b>	10 Moyallen Road Gilford BT63 5JX
<b>Telephone number:</b>	(028) 3883 1545
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<b>Registered organisation/ Registered provider:</b>	Mrs Ann Mairead McAlinden Southern HSC Trust
<b>Registered manager:</b>	Mrs Mairead Murphy
<b>Person in Charge of the centre at the time of inspection:</b>	Mrs Mairead Murphy
<b>Categories of care:</b>	DCS-MAX, MAX
<b>Number of registered places:</b>	90
<b>Number of service users accommodated on day of inspection:</b>	64
<b>Date and type of previous inspection:</b>	7 October 2013 Primary Announced Inspection
<b>Date and time of inspection:</b>	12 August 2014 9.30am - 4.45pm
<b>Name of inspector:</b>	Maire Marley

## Introduction

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

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

## Purpose of the Inspection

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

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

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

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

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

## Methods/Process

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

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

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

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

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

### Consultation Process

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

Service users	8
Staff	9
Relatives	1
Visiting Professionals	2

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	25	1

### Inspection Focus

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

- **Standard 7 - Individual service user records and reporting arrangements:**  
**Records are kept on each service user's situation, actions taken by staff and reports made to others.**
- **Theme 1 - The use of restrictive practice within the context of protecting service user's human rights**
- **Theme 2 - Management and control of operations:**  
**Management systems and arrangements are in place that support and promote the delivery of quality care services.**

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

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

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

## **Profile of Service**

Bannvale Social Education Centre is a statutory day care centre managed by the Southern Health & Social Care Trust and registered under article 8(i) of the HPSS (Quality Improvement & Regulation) (Northern Ireland) Order 2003 with RQIA to accommodate 90 places with varying degrees of learning and physical disabilities and sensory impairment.

The centre is situated on the outskirts of the town of Gilford within a well landscaped trust development area. There are adequate car parking spaces, including designated spaces for disabled drivers, to the front of the building and spacious patio areas to the rear.

Bannvale SEC has 69 service users who attend the centre. The centre provides day care Monday to Friday each week, opening at 9.00am and closing at 4.30pm. The centre closes on public holidays, Easter and July breaks and for Christmas/New Year. Other closures take place for staff training and development.

Service users can attend the centre on a range of days from one day to five days with the majority of service users availing of a five day placement.

The facility has provision for various therapeutic activity areas, including designated rooms for six groups of service users. Other facilities provided include, for example, bathrooms, toilets, sensory room, large dining room, kitchen, offices and domestic facility and administrative offices. A wide range of equipment to enhance user independence and care is provided.

Pictorial and sensory formats are in place to enhance communication with service users who cannot read or who have sensory communication needs. Information boards were displayed in various locations of the centre. A wide variety of colourful art and craft work produced by service users was also on display.

The centre has an assistant manager, six day care workers, one who is part time. The DCWs are responsible for programme planning, time-tabling of the core activities of the centre and the day to day responsibility of the centre in the absence of the management team.

## **Summary of Inspection**

This announced primary care inspection of Bannvale Social Education Day Centre was undertaken by Maire Marley an inspector from the RQIA on 12 August 2014 between the hours of 10.00am and 5.00pm. A poster was displayed at the entrance to the centre to inform service users, representatives and professionals of the date and time for this inspection.

Mrs Mairead Murphy, Registered Manager was available during the inspection and was joined at varying times throughout the day by the assistant manager and a day care worker.

The four requirements and seven recommendations made as a result of the previous inspection in August 2013 were examined. Observations and discussion demonstrated that the centre had in the main responded positively. One requirement in regard to the monthly monitoring visits is restated in this report. Details of the actions taken can be viewed in the section following this summary.

The focus of the inspection was to assess the centre's compliance with the one standard and two themes chosen from the Day Care Settings Minimum Standards 2012 and The Day Care

Settings Regulations (Northern Ireland) 2007. During the inspection the inspector used the following evidence sources:

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

The provider submitted a self-assessment of the one standard and two themes inspected. The responses were examined and were not altered in any way by the RQIA.

One questionnaire was returned within the time scale for inclusion in this report. The staff member reported satisfactory arrangements were in place with regard to NISCC codes of practice, supervision, staff training, staffing and management arrangements. The staff member reported “the centre provides a high quality of care at all times.”

Satisfaction was also reported in regard to responding to service users’ behaviour; confidentiality and recording. On the day of inspection staff also commented positively in regard to the quality of care provided stating “Staff work hard to meet identified needs.”

The inspector was introduced to all of the service users who were in the day care setting at the time of the inspection and spoke privately with six service users to gather evidence for the standard inspected and the two themes.

Service users presented at ease in their environment and there was a range of activities being delivered. Service users commented positively on all aspects of care and confirmed they were content in the centre and commented “I really like it here” “the staff are good they like everyone.”

It was evident that service users have developed strong friendships with each other and enjoy a good relationship with the staff team. Service users that were able confirmed that if they had any concerns or issues they could approach any staff member or any of the management team.

The parent of a service user took the time to speak to the inspector and spoke highly of the care provided to her relative, the commitment of staff and reported that the family were always informed of changes to the care plan or any event effecting the service user.

During the course of the inspection the inspector had the opportunity to speak with a consultant psychiatrist who was visiting the centre. The consultant spoke highly of the staff team, their commitment to improving outcomes for service users and provided examples of how they had worked successfully to improve behaviours. A speech therapist also took time to speak with the inspector and related staff refer service users in a timely and appropriate manner. Both professionals spoke of the team’s commitment and eagerness to embrace new initiatives.

**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 SHSCT has written policies and procedures pertaining to the management of records, recording and reporting, data protection, access to records and confidentiality. The policies and procedures were available for staff reference.

During the course of the inspection the inspector spoke with the assistant manager, day care workers and eight care staff regarding the standards inspected and their views about working in the centre and the quality of service provided. Positive comments were made in regard to the maintenance of records and the recording and reporting arrangement's in this day care setting. The inspector concluded that staff record as and when required and there was evidence that services users are involved in the process when possible.

There were examples in care plans of service users were possible having signed the record to indicate their involvement and agreement with the content. Information was available in draft form for service users to inform them how they can access their records.

Discussion centred on a care plan for one service user and a recommendation is made to review the current programme to ascertain if it is in the best interests of the service user. Additionally it is recommended that a care management review is convened for two identified service users.

The content of daily records should be improved to ensure the records provide sufficient information on the service user's circumstances.

Observations of service users, discussion with staff, and the review of six service users' individual files provided evidence that the centre is performing well regarding storage of service user's information, recording procedures and reporting information on to professionals involved in the service users' care.

Based on the evidence reviewed the inspector agreed with the provider's self-assessment that the centre was substantially compliant in this standard. Three 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**

The Trust has clear policies and procedures in regard to the Management of Violence and Aggression and has implemented the DHSSPS guidance on the use of Restraint and Seclusion. A copy of the Deprivation of Liberty Safeguards (DOLS), and the Human Rights Act 1998 was maintained in the policy manual that was available to the staff team. Awareness training should be provided for the staff team on the Deprivation of Liberty Safeguards (DOLS) guidance.

Evidence available from discussions with service users, staff and a review of the written records, verified that there had not been any instances of practices such as restraint or seclusion in the centre.



Observations of group interactions during the inspection confirmed that service users were very supportive of one another and identified strongly with the centre, its ethos and the staff team.

Staff presented as committed to responding to behaviour in the least restrictive manner and demonstrated knowledge of service users assessed needs and spoke of the use of diversional and diffusing interventions to de-escalate behaviours.

The inspector met with a total of nine staff who were knowledgeable in regard to each person's needs and preferences. They recognised the importance of approaching service users in a sensitive, supportive manner and were aware of individual signs that would indicate a service user was not feeling their usual self.

Staff discussed training provided which included using diversion therapies, good communication, calming, diffusing techniques and knowing their service users' needs, care plan and personalities.

Based on the evidence reviewed the inspector agreed with the provider's self-assessment that the centre was substantially compliant in this standard.

**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 manager reported that she is a qualified social worker and has several years' experience working in the caring profession. Staff working in the centre has acquired a range of professional and vocational qualifications commensurate with their roles and responsibilities. The inspector was informed that the management team and staff members are registered with NISCC.

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

Staff were clear in regard to their roles and responsibilities and there was evidence that the management arrangements are suitable with appropriate policies in place for the operation of the day care centre.

There was evidence from discussions with staff to confirm that members of the team work supportively and well with one another. "All staff work well together;" "We all know the service users' needs and you get to know service users as individuals."

The registered manager had systems in place for supervision and performance appraisal and staff expressed that they felt supported by the management team. A review of staff training revealed that mandatory training was up to date.

There was evidence of the monitoring arrangements that included monthly unannounced monitoring visits and the organisation complete an annual review of the service. A requirement is restated from the previous inspection in regard to the content of the monthly report.

Based on the evidence reviewed the inspector agrees with the provider's self-assessment and has assessed the centre as substantially compliant in this theme.

### **Additional Areas Examined**

The inspector undertook a tour of the premises, reviewed the complaints record, examined nine service users individual files, validated the registered manager's pre inspection questionnaire, reviewed staff returned questionnaires and viewed the environment. Areas for improvement were identified in regard to the carpet in the corridor.

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

As a result of this inspection one requirement and four recommendations have been made and one requirement is restated from the previous report. Details can be found in the Quality Improvement Plan attached to this report.

Matters identified during this inspection were discussed with the registered manager and senior staff, assurances were given these would be addressed within an agreed timescale as highlighted in the appended Quality Improvement Plan.

### Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Regulation 20(1)(c)	The registered person should ensure that two outstanding staff members receive a performance appraisal.	The registered manager provided evidence that all staff members had received a performance appraisal.	Complaint
2	20 (1) (c)	All staff must be provided with first Aid training.	Records viewed on the day confirmed that all staff were in receipt of first aid training and dates were organised for refresher training.	Compliant
3	Reg. 28 (4) (5)	<p>The person when carrying out the visit shall ensure the views of representatives for services users are sought. The registered person shall ensure:</p> <ul style="list-style-type: none"> <li>• service users representatives are aware of quality monitoring visits are undertaken</li> <li>• a copy of the report is made available to the service user or their representative as appropriate</li> </ul>	<p>The monthly reports for the period January 2014 until June 2014 were examined. Each report stated there were no representatives available. Arrangements should be in place for the designated person carrying out the monthly monitoring visits to contact service user's representatives/carers to obtain their views and opinions of the quality of the service.</p> <p><b>This requirement is restated in this report.</b></p>	Not compliant

4	18 (1)	The Statement of Purpose for Bannvale should clarify management arrangements in terms of days/hours provided to the centre and by whom.	A revised Statement of Purpose for Bannvale was presented for inspection. The document included the management arrangements in regard to the days/hours worked in the centre.	Compliant
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No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	22.1	The registered person should ensure that supervisors' training is updated as necessary, as the KSF framework becomes fully operational. The trust is asked to continue to pursue this matter.	The registered manager provided evidence that training for supervisors had been updated. The inspector was informed that the KSF framework had also been revised and is now easier to follow and implement.	Compliant
2	15.3	Service users admitted into the Bannvale SEC should have a care review undertaken after four weeks or 20 days attendance and annually thereafter.	The inspector was informed there had been no admissions since the last inspection. The registered manager reported on the arrangements implemented to ensure service users admitted into the centre have a care review undertaken four weeks following admission or 20 days attendance and annually thereafter. The arrangements were deemed satisfactory.	Compliant
3	15.5	<p>Review preparation report should include all elements as listed below progress in attaining any personal outcomes sought by the service user:</p> <ul style="list-style-type: none"> <li>• the service user's views about their care and support</li> <li>• any changes in the service user's carer's situation</li> <li>• details of important events including incidents or accidents occurring since the previous review, and</li> </ul>	The three review reports examined were found to be satisfactory and detailed the information outlined in 15.5.	Compliant

		<p>how they were addressed</p> <ul style="list-style-type: none"> <li>• any matters regarding the current care plan, revision of objectives, expected outcomes and associated time frames where relevant, and management of risks</li> <li>• the need for any rehabilitation or specialist services</li> <li>• current transport arrangements and any changes required</li> <li>• the need or wish to move on from the service and</li> <li>• any other relevant matters regarding services and facilities provided by the day care service, or others</li> </ul>		
4	15.6	<p>Amendments to care plans should be completed following the service user's review.</p> <p>Amendments should be dated and signed by the person making the amendment, the service user, their representative as appropriate and the manager of the centre.</p>	The inspector viewed two care records and can confirm that care plans were updated following a care review.	Compliant
5	13.9	The inspector would recommend that where a safeguarding incident has been investigated, learning lessons if any should be identified and discussed with staff.	The inspector was informed of the action taken following the last safeguarding incident. This included discussion at team meetings and reinforcing with the staff team the importance of reporting any concerns.	Compliant
6	17.10	The centre should have written procedures in place regarding assessing and monitoring the quality of service provision with reference to regulation 28 visits.	Written guidance was in place. The document referred to the regulations and provided guidance in regard to the monitoring visit.	Compliant
7	17.10	To ensure that the organisation is being managed in	There was evidence that the	Substantially

		<p>accordance with minimum standards. The monitoring visit and report should be more qualitative based, see comments made in the relevant section under this theme in the attached report.</p>	<p>content of the report had improved. Further work is required as detailed in Requirement 3.</p>	<p>Compliant</p>
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<b>Standard 7 - Individual service user records and reporting arrangements:</b>	
<b>Records are kept on each service user's situation, actions taken by staff and reports made to others.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
7.1 The legal and an ethical duty of confidentiality in respect of service users' personal information is maintained, where this does not infringe the rights of other people.	
<b>Provider's Self-Assessment:</b>	
All staff working in Bannvale SEC are aware of their legal and ethical responsibility for service user records created or used within their centre whether paper based or electronic including e-mails . Staff are required to be aware of SH&SC Trust policies and procedures on records management, confidentiality and IT Security, as well as an awareness of the Data Protection Act 1998, Code of Practice on protecting the confidentiality of service users information (DHSSPSNI 2012), Minimum Day Care Standards, (DHSSPSNI, 2012) and NISCC code of practice. Staff received training on 09.07.2014 regarding their responsibilities/requirements to maintain confidentiality and Data protection in line with legislation and Trust policy from the SH&SC Trust Head of Information Governance. Confidentiality is also discussed in supervision, at KSF PDP review meetings and staff meetings. Staff must ensure that service user information is only shared on a need to know basis. Staff store information safely and securely within Bannvale SEC.	Substantially compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
The SHSCT had a Code of Practice on protecting the Confidentiality of Service User Information dated January 2012. The policy was available to the staff team. Discussion with staff and review of ten service user individual records evidenced recording practices and storage of service user information was reflective of current national, regional and locally agreed protocols. Records requested on the day were stored securely.	Substantially compliant



<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
<p>7.2 A service user and, with his or her consent, another person acting on his or her behalf should normally expect to see his or her case records / notes.</p> <p>7.3 A record of all requests for access to individual case records/notes and their outcomes should be maintained.</p>	
<b>Provider's Self-Assessment:</b>	
<p>Service users and/or their representatives [a family member] are involved and contribute to their Day care Assessment, Care plan, Multi-disciplinary Review and this is evidenced by their and/or their representative's signature. All requests for service user records would be actioned in accordance with SHSCT Data Protection Guidance Note 'Subject Access Requests for Social Services Records' . A copy of Access to Records Form is forwarded to Information Governance team, to monitor progress of request under the Data Protection Act 1998. A record of all requests for access to individual service user records and their outcomes would be maintained. To date, no requests have been received in Bannvale SEC.</p>	Substantially compliant
<b>Inspection Findings:</b>	
<p>The inspector reviewed a sample of eight individual service user records and the findings indicated that the records are maintained in compliance with Regulation 19 Schedule 4.</p> <p>The day care setting had policies and procedures pertaining to access to records, communication, confidentiality, consent, management of records, monitoring of records, recording and reporting care practices. Staff consulted confirmed that the policies are readily available and accessible to them for reference.</p> <p>The inspector spoke with a parent of a service user who reported that staff communicate effectively and stated she was extremely content with the care provided to her relative.</p> <p>Staff consulted were knowledgeable regarding consent and access to records commensurate with their role and responsibilities. The registered manager reported that information in regard to assessments, care plans, daily records and reviews reports are discussed with the service users on a regular basis. Where possible service users' records were signed and dated by the service user. The registered manager reported there had never been a request for access to an individual service user personal care records/notes.</p>	Substantially compliant

<p><b>Criterion Assessed:</b></p> <p>7.4 Individual case records/notes (from referral to closure) related to activity within the day service are maintained for each service user, to include:</p> <ul style="list-style-type: none"> <li>• Assessments of need (Standards 2 &amp; 4); care plans (Standard 5) and care reviews (Standard 15);</li> <li>• All personal care and support provided;</li> <li>• Changes in the service user’s needs or behaviour and any action taken by staff;</li> <li>• Changes in objectives, expected outcomes and associated timeframes where relevant;</li> <li>• Changes in the service user’s usual programme;</li> <li>• Unusual or changed circumstances that affect the service user and any action taken by staff;</li> <li>• Contact with the service user’s representative about matters or concerns regarding the health and well-being of the service user;</li> <li>• Contact between the staff and primary health and social care services regarding the service user;</li> <li>• Records of medicines;</li> <li>• Incidents, accidents, or near misses occurring and action taken; and</li> <li>• The information, documents and other records set out in Appendix 1.</li> </ul>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment:</b></p>	
<p>Individual personal files are maintained for and with each service user including detailed information as outlined in the list above (7.4)</p>	<p>Substantially compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>There was evidence in the random sample of eight care files examined that each service user had a care record in accordance with this criterion. Records viewed were up to date and it was noted that staff recorded changes in the service user’s needs or behaviour and detailed the action taken by staff. It was recommended that a care plan for an identified service user and the risks associated with the service user’s ongoing condition is reviewed to ensure the care provided is in the best interests of the service user. The risk assessment must be subject to regular review. A record was maintained of the contact with family members or representatives. Accidents and incidents were recorded and detailed the action taken. The registered manager reported that medication was administered in the day care and appropriate records maintained. Records viewed confirmed that a formal care review takes place once a year and is attended by the service user and their representative. It was recommended that a care management review is held for two identified residents.</p>	<p><b>COMPLIANCE LEVEL</b></p> <p>Substantially compliant</p>

<p><b>Criterion Assessed:</b> 7.5 When no recordable events occur, for example as outlined in Standard 7.4, there is an entry at least every five attendances for each service user to confirm that this is the case.</p>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment:</b>	
Day Care Support Workers complete daily records which are kept in their personal file and are shared with the service user's Day Care Worker and this information is used at the service user's annual Multi-disciplinary Review.	Substantially compliant
<b>Inspection Findings:</b>	
A review of a sample of eight service user care records evidenced that individual care records have a written entry on each attendance. Information in some daily notes was limited, management are requested to review the content of daily records to ensure the records provide sufficient information on the service user's circumstances.	Substantially compliant
<b>Criterion Assessed:</b>	
<p>7.6 There is guidance for staff on matters that need to be reported or referrals made to:</p> <ul style="list-style-type: none"> <li>• The registered manager;</li> <li>• The service user's representative;</li> <li>• The referral agent; and</li> <li>• Other relevant health or social care professionals.</li> </ul>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment:</b>	
There is guidance for staff on matters that need reported or referrals made using Trust policies i.e. SH&SCT Recording and Reporting Practices and SH&SCT Referrals to Health and Social Care Professionals. Each service user in Bannvale SEC has a named Community key worker from a Community Disability Team who acts as commissioner and coordinates services and referrals on behalf of their service user. Day Care Worker key worker staff liaise with community staff on matters that need to be reporting or referrals to be made. Day care staff liaise with service user representative by telephone and by letter on matters needing reported. The registered manager is contactable using her Trust mobile phone for matters which need immediate guidance or action.	Substantially compliant

<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
A copy of the Trust guidance on the matters that need to be reported and the referral process to health care professionals was provided for examination and confirmed the information detailed in the provider's self- assessment. Staff consulted were familiar with the procedures in place. The inspector had the opportunity to speak with a consultant psychiatrist who was visiting the centre. The consultant spoke highly of the staff team, their commitment to improving outcomes for service users and provided examples of how they had worked successfully to improve behaviours. A speech therapist also took time to speak with the inspector and related staff refer service users in a timely and appropriate manner. The speech therapist commended staff for their commitment and professional approach to service users.	Substantially compliant
<b>Criterion Assessed:</b> 7.7 All records are legible, accurate, up to date, signed and dated by the person making the entry and periodically reviewed and signed-off by the registered manager.	
<b>Provider's Self-Assessment:</b>	
Service User records are legible, accurate, up to date, signed and dated by the person making the entry in line with Minimum Day Care Standard 7 and SH&SCT Records Management Policy (Health Care Records 2.7.2). Service User records are audited by assistant manager and periodically reviewed and signed-off by the registered manager.	Substantially compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
A review of a sample of nine service user care records evidenced that individual care records have a written entry on each attendance and were maintained as detailed in the provider's self-assessment.	Substantially compliant

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

<b>INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Substantially compliant

<b>Theme 1: The use of restrictive practice within the context of protecting service user’s human rights</b>	
<b>Theme of “overall human rights” assessment to include:</b>	
<b>Regulation 14 (4) which states:</b>	<b>COMPLIANCE LEVEL</b>
<b>The registered person shall ensure that no service user is subject to restraint unless restraint of the kind employed is the only practicable means of securing the welfare of that or any other service user and there are exceptional circumstances.</b>	
<b>Provider’s Self-Assessment:</b>	
<p>Staff team are aware of Guidance issued in 2005 by the DHSSPS on the use of Restraint and Seclusion and the SH&amp;SCT Management of Violence and Agression Procedure (March 2011) [currently being updated March 2014]. They receive annual Level 3 MAPA training and 9 staff who work in the behavioural support team have level 4 MAPA training. We have 4 service users identified as potentially requiring MAPA intervention and have a Patient Quality Care - Comprehensive Risk Assessment and Management Tool for Learning Disability Services.</p> <p>These multi-disciplinary PQC documents outline the reason for MAPA intervention. MAPA may be used in exceptional / unpredictable circumstances to protect the service user, other service users or staff from imminent danger. This would be recorded as an incident and a multi-disciplinary review would be arranged as soon as possible.</p> <p>Occupational Therapist, Wheelchair specialist OT and Physiotherapist have assessed and recommended the use of Preston chest straps for five service users and four point body harnesses for seven other service users for use whilst using their wheelchairs. These are required to maintain service users postural position supporting them to sit in a safe upright position, to eat and drink or when travelling. Eleven service users use footstraps. Details of these safety adaptations to reduce risk of injury is recorded on service users risk assessments / care plans, safe systems and are discussed at multi-disciplinary reviews.</p>	Substantially compliant
<b>Inspection Findings:</b>	
The SHSCT have policies and procedures to direct and guide staff in regard to restrictive practices. The policies were reflective of the DHPSSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). A copy of the Deprivation of Liberty Safeguards (DOLS) guidance was available to management and the staff team. It is recommended that awareness training is provided on the guidance for the staff team.	Substantially compliant

<p>The management team and staff were fully aware of the restrictions placed on some service users and appropriate assessments and relevant documentation was in place.</p>	
<p><b>Regulation 14 (5) which states:</b></p> <p><b>On any occasions on which a service user is subject to restraint, the registered person shall record the circumstances, including the nature of the restraint. These details should also be reported to the Regulation and Quality Improvement Authority as soon as is practicable.</b></p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment:</b></p>	
<p>On both occasions when service users were subjected to MAPA intervention a SH&amp;SCT datix incident report was recorded and these details will be forwarded to RQIA.</p>	<p>Moving towards complian</p>
<p><b>Inspection Findings:</b></p>	<p><b>COMPLIANCE LEVEL</b></p>
<p>The review of records confirmed the information detailed in the provider’s self -assessment. The Trust had in place the appropriate documentation and a review of records found they were up to date and satisfactory.</p>	<p>Substantially compliant</p>

<p><b>PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b> Substantially compliant</p>
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<p><b>INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b> Substantially compliant</p>
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<p align="center"><b>Theme 2 – Management and Control of Operations</b></p>	<p align="center"><b>COMPLIANCE LEVEL</b></p>
<p><b>Management systems and arrangements are in place that support and promote the delivery of quality care services.</b></p> <p><b>Theme covers the level of competence of any person designated as being in charge in the absence of the registered manager.</b></p>	
<p><b>Regulation 20 (1) which states:</b></p> <p><b>The registered person shall, having regard to the size of the day care setting, the statement of purpose and the number and needs of service users -</b></p> <p><b>(a) ensure that at all times suitably qualified, competent and experienced persons are working in the day care setting in such numbers as are appropriate for the care of service users;</b></p> <p><b>Standard 17.1 which states:</b></p> <p><b>There is a defined management structure that clearly identifies lines of accountability, specifies roles and details responsibilities for areas of activity.</b></p>	
<p><b>Provider’s Self Assessment:</b></p>	
<p>The registered manager ensures that at all times there is a suitably qualified, competent and experienced person working in Bannvale SEC. There is a defined management / organisational structure in place as outlined in Bannvale SEC Statement of Purpose.</p> <p>A draft SH&amp;SCT, Disability Division Day Care 'Procedure for assessing the Competency and Capability of staff assuming responsibility in the absence of the Registered Manager' [February 2014] is awaiting Senior Management approval and will then be introduced.</p> <p>In the interim staff have been assessed as competent using 'Mandatory Training required to determine competency to be left responsible for day care facility in absence of the Manager' assessment form.</p>	<p align="center">Substantially compliant</p>

<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
<p>The information outlined in the provider’s self- assessment was validated during the review of records and discussion with staff and service users. The management structure is clearly set out in the centre’s statement of purpose. The registered manager is based in Bannvale two –three days a week and also has responsibility for a further two centres namely Eden Social Education Centre and Manor Centre. The assistant manager is also based across two centres and spends approximately two days in Bannvale Social Education Centre. In the absence of the management team a senior day care worker assumes responsibility for the centre. Copies of the competency and capability training for the senior care workers was provided. Examination of the staffing rota, provided evidence that adequate staffing numbers were maintained in the day care setting. The management team and staff consulted reported that the staffing levels are sufficient to meet the needs of the service users.</p> <p>Discussion with staff working in the centre demonstrated that they were fully familiar with their role and responsibilities regarding the management arrangements of the day care setting. Staff expressed that they were supported in their roles through regular supervision, appraisal and staff meetings.</p> <p>Service users who were able to communicate with the inspector were aware of the management structure and were able to identify who they would approach if they had any concerns. A designated officer undertakes the unannounced monthly monitoring visits to the centre on behalf of the registered provider. As stated in the previous inspection report representative’s views should be obtained during monitoring visits. Arrangements should be implemented for the designated person carrying out the monthly monitoring visits to contact service user’s representatives/carers to obtain their views and opinions of the quality of the service. There was evidence that audits of working practices are completed to ensure they are consistent with the day care settings documented policies and procedures. The audits identify deficits and the action to be that taken when necessary.</p>	<p>Substantially compliant</p>
<p><b>Regulation 20 (2) which states:</b></p> <ul style="list-style-type: none"> <li><b>The registered person shall ensure that persons working in the day care setting are appropriately supervised</b></li> </ul>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment:</b></p> <p>Staff working in Bannvale SEC are supervised in line with the Southern Trust Supervision Policy, Standards and Criteria for Social Care Workers and Minimum Day Care Standards [DHSSPSNI Jan 2012].</p>	<p>Substantially compliant</p>



<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
Records showed that formal supervision was being provided quarterly either as group or individually. Staff confirmed that informal day to day supervision was readily available and there was evidence of regular staff meetings. Staff expressed that the management team were very approachable and supportive.	Substantially compliant
<b>Regulation 21 (3) (b) which states:</b>	<b>COMPLIANCE LEVEL</b>
<ul style="list-style-type: none"> <li>• (3) For the purposes of paragraphs (1) and (2), a person is not fit to work at a day care setting unless –</li> <li>• (b) he has qualifications or training suitable to the work that he is to perform, and the skills and experience necessary for such work</li> </ul>	
<b>Provider’s Self-Assessment:</b>	
Staff have qualifications, training, skills and experience necessary for their work in Bannvale SEC. This is evidenced in Bannvale SEC Statement of Purpose and the staff training files Training needs are identified through supervision and KSF PDP reviews.	Substantially compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
The registered manager is a qualified social worker and has managed day care settings since 1984. There was evidence that other staff held either a professional or vocational qualification and had a range of experience working in care settings. Records viewed on the day confirmed staff were registered with NISCC. Mandatory training was found to be up to date. In addition, staff had attended the following training, Behaviour Management, MAPA Level 4, MAPA Level 3, Human Rights, Autism and Sensory Awareness.	Substantially compliant
<b>PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Substantially compliant
<b>INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Substantially compliant

## **Additional Areas Examined**

### **Complaints**

The information on complaints submitted by the registered provider prior to the inspection was examined and indicated that the centre had received one complaint for the year 2013. The registered manager and staff were fully aware of the complaints procedure and the action to take should a service user express dis-satisfaction with any aspect of the service. Service users consulted expressed they would discuss any concerns with their day care worker.

### **Registered Manager Questionnaire**

The registered manager submitted the questionnaire prior to the inspection. A review of the information found the questionnaire had been fully completed and no issues were identified.

### **Statement of Purpose**

A review of the statement of purpose found that the information contained in the document was in keeping with the regulations.

### **Environment**

An inspection of the day centre was undertaken. All areas were found to clean and fresh smelling. It was noted that the carpet in the hallway is badly worn and stained and in need of replacement. The floor covering in the dining room is also badly damaged and should be replaced.

## **Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Mairead Murphy, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

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



**Quality Improvement Plan**

**Primary Announced Care Inspection**

**Bannvale Social Education Centre**

**12 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 Mrs Mairead Murphy and Mrs Maureen Killen during the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

**Statutory Requirements**

**This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Day Care Settings Regulations (NI) 2007**

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Reg. 28 (4) (5)	The designated person when carrying out the visit shall ensure the views of representatives for services users are sought.	Two	Registered Manager met with new Monitoring person on 15.09.14 and he has commenced contacting carers from September 2014. and will continue to seek the views of service user representatives.	No later than 30 October 2014
2	Reg. 26 (2) (b)	The registered person must ensure the carpet in the hallway is replaced. The damaged floor covering in the dining room should be replaced.	One	Manager has completed Minor Works forms for replacement of floor covering in hallway/dining room, forwarded to Head of Service and will follow up with Estates Department.	No later than 30 November 2014

**Recommendations**

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

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details of Action Taken By Registered Person(S)	Timescale
1	7.4 and 6.5	<p>The registered manager must confirm that;</p> <p>(a) The care plan for an identified service user has been reviewed.</p> <p>(b) The risks associated with the service user's ongoing condition should also be reviewed to ensure the care provided is in the best interests of the service user.</p> <p>(c) The risk assessment must be subject to regular review.</p>	One	At Multidisciplinary Review meeting on 18.09.2014 the identified service user's Care Plan and Risk Assessment were discussed and reviewed to ensure that the care provided is in the best interests of the service user. The community Key worker agreed to update her Comprehensive Risk Assessment and Care Plan before 30.10.2014	No later than 30 October 2014
2	7.4	The registered manager must confirm that the care management review have been held for two identified service users.	One	The Registered Manager can confirm that Multidisciplinary Reviews have been held for the two identified service users on 01.09.2014 and 18.09.2014	No later than 30 October 2014
3	7.5	The registered manager must review the content of daily records to ensure the records provide sufficient information on the service user's circumstances.	One	Assistant manager and DCWs have reviewed and updated the Daily Progress proforma and these will be monitored at monthly audits by Assistant manager/Manager	No later than 30 October 2014

4	21.4	Awareness training should be provided for the staff team on the Deprivation of Liberty Safeguards (DOLS) guidance.	One	Manager has liaised with the SH&SCT Training Team to provide training on the DOLS guidance.	No later than 30 October 2014
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**Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:**

<b>Name of Registered Manager Completing Qip</b>	Mairead Murphy
<b>Name of Responsible Person / Identified Responsible Person Approving Qip</b>	Micéal Crilly

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	Yes	M.Marley	29/9/14
Further information requested from provider			