

Unannounced Care Inspection Report 20 May 2019



Bannvale Social Education Centre

Type of Service: Day Care Service
Address: 10 Moyallen Road, Gilford, BT63 5JX
Tel No: 028 3883 1545
Inspector: Marie McCann and Una Hagan

www.rqia.org.uk

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

Bannvale Social Education Centre is a day care setting that is registered to provide care and day time activities for up to 90 service users with a learning disability who may also have additional needs arising from physical disability and/or mental health diagnosis.

The day care setting is open Monday to Friday and is managed by the Southern Health and Social Care Trust (SHSCT).

3.0 Service details

Organisation/Registered Provider: Southern Health and Social Care Trust Responsible Individual: Mr Shane Devlin – registration pending	Registered Manager: Darren Campbell - application received 14 September 2018 - registration pending
Person in charge at the time of inspection: Day Care Worker	Date manager registered: As above
Number of registered places: 90	

4.0 Inspection summary

An unannounced inspection took place on 20 May 2019 from 09.25 to 18.10.

This inspection was underpinned by the Health and Personal Social Services (Quality Improvement and Regulation) (Northern Ireland) Order 2003, the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the establishment was delivering safe, effective and compassionate care and if the service was well led.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of day care settings, we are committed to ensuring that the rights of people who receive services are protected. This means we will be seeking assurances from providers that they take all reasonable steps to promote people's rights. Users of day care settings have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. All day care settings should safeguard and promote service user choices and freedoms as they relate to the range of services being provided.

Evidence of good practice was found in relation to staff induction, knowledge of adult safeguarding procedures, risk management and infection prevention and control practices. Further areas of good practice were also noted in relation to care records, communication between service users, staff and other key stakeholders, the culture and ethos of the day care setting, listening to and valuing service users and taking account of the views of service users. In addition, good practice was also noted in regard to governance arrangements, management of complaints and maintaining good working relationships.

Two areas for improvement were identified in regards to statutory notifications to RQIA and recording and review of restrictive practice interventions.

There was evidence identified throughout the inspection process that the day centre promotes service users’ human rights; this was evident in relation to the areas of consent, autonomy, equality, decision making, confidentiality and service user involvement.

Service users commented:

- “I like it here; I like my wee jobs and my friends.”
- “Staff are very nice.”
- “I’d talk to the staff if I was concerned about anything.”
- “I love it here.”
- “Staff are all brilliant.”
- “I really do feel safe here.”
- “I like coming here because of all the activities.”
- “Staff are kind; I can talk to staff if I am worried.”
- “Staff ask what you would like to.”
- “I love the choir; its great fun.”
- “I’m on the committee group, we talk about what things we would like to do; it’s coming up to summer now so talking about that.”
- “Art is fun; I love all the staff.”

The findings of this report will provide the establishment with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users’ experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	2

Details of the Quality Improvement Plan (QIP) were discussed with the manager and two deputy managers, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 30 April 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 30 April 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- the registration details of the day centre
- information and correspondence received by RQIA since the last inspection

- incident notifications which highlighted that five incidents had been reported to RQIA since the last care inspection on 30 April 2018
- unannounced care inspection report and QIP dated 30 April 2018

During the inspection, the inspectors met with the manager, two deputy managers, two day care workers and three day care support workers. Introductions were made to service users during the course of a walk around the setting; with individual interaction with eight service users.

Ten service user and/or relatives' questionnaires were provided for distribution; four service users/relatives' questionnaires were returned to RQIA within the timeframe for inclusion in this report.

All respondents indicated that they were very satisfied that care provided to service users was safe, effective and compassionate and that the day care setting was well led. One relative commented: "Staff are very helpful and pleasant and I am happy that my daughter attends Bannvale."

At the request of the inspector, the day care worker was asked to display a poster within the day centre. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; four responses were received.

The majority of feedback from returned questionnaires ranged from satisfied to very satisfied when respondents were asked to indicate if they considered care to be safe, effective, compassionate and well led. One respondent was undecided as to whether care was effective.

The inspector requested that the day care worker place a 'Have we missed you' card in a prominent position in the day centre to allow service users, relatives and staff who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received.

An RQIA information leaflet 'How can I raise a concern about an independent health and social care service' was also provided to be displayed in the day care setting.

A range of documents policies and procedures relating, to the service were reviewed during the inspection and are referred to within the body of the report.

The inspector would like to thank the manager, deputy managers, service users, their relatives and staff for their support and co-operation throughout the inspection process.

6.0 The inspection

6.1 Review of areas for improvement from the last unannounced care inspection dated 30 April 2018

Areas for improvement from the last unannounced care inspection		
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 3.2 Stated: Second time To be completed by: 11 June 2018	The registered person shall ensure service users' agreements should be signed by relevant parties. Where a service user is unable or chooses not to sign the document, this should be recorded and the basis of his or her agreement to participate noted.	Met
	Action taken as confirmed during the inspection: A review of a sample of records on the day of inspection identified that this had been addressed within some of the records viewed. Subsequent to the inspection, the manager provided additional assurances to RQIA that the remaining records had been completed in respect of all service users' agreements.	
Area for improvement 2 Ref: Standard 4.3 and 5.3 Stated: Second time To be completed by: 11 June 2018	The registered person shall ensure that a review of care plans and needs assessments is undertaken to identify those which are unsigned and take appropriate action to ensure signatures are recorded. Where a service user is unable or chooses not to sign any document, this should be recorded and the basis of his or her agreement to participate noted.	Met
	Action taken as confirmed during the inspection: A review of a sample of records on the day of inspection identified that this had been addressed within some of the records viewed. Subsequent to the inspection, the manager provided additional assurances to RQIA that this had now been completed for all service users' assessments and care plans.	

<p>Area for improvement 3</p> <p>Ref: Standard 28</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure fire precautions are in place, specifically no doors should be wedged open.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of the day centre environment on the day of inspection confirmed that no fire doors were wedged open.</p>	Met
<p>Area for improvement 4</p> <p>Ref: Standard 21.3</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that mandatory training requirements are met within specified timescales as per the day care minimum standards.</p> <hr/> <p>Action taken as confirmed during the inspection: The inspector reviewed the day care setting's training audit which was completed in March 2019. This identified that the majority of staff had completed mandatory training within required timescales. The inspector was provided with assurances post inspection that arrangements in respect of any outstanding mandatory training for staff had been scheduled or was in the process of being scheduled.</p>	Met
<p>Area for improvement 5</p> <p>Ref: Standard 18.5</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the settings policies and procedures are subject to a systematic three yearly review, and the registered person ratifies any revision to/introduction of new policies and procedures.</p> <hr/> <p>Action taken as confirmed during the inspection: Information provided during and following inspection confirmed that the service had completed a review of all day care policies and procedures and these were clearly indexed and available to staff. A number of trust wide policies had also been subject to review including the complaints policy, working draft incidents policy and the whistleblowing policy.</p>	Met

Area for improvement 6 Ref: Standard 22.2 Stated: First time To be completed by: With immediate effect	The registered person shall ensure that staff have recorded individual, formal supervision sessions according to the day care setting's procedures and no less than every three months.	Met
	Action taken as confirmed during the inspection: A review of a sample of supervision records during the inspection and additional information provided following the inspection confirmed that staff had access to three monthly supervision sessions. Discussions with staff during the inspection verified this. Compliance with this is now being monitored centrally by the manager following implementation of a staff supervision matrix.	

6.2 Inspection findings

6.3 Is care safe?
Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The inspector reviewed the day care setting's systems in place to avoid and prevent harm to service users which included a review of staffing arrangements in place within the day centre.

The day care worker described the staffing levels which have been assessed as necessary to provide a safe service in the setting. Assurances were provided to the inspector by the day care worker that sufficiently qualified, competent and experienced persons are working at all times to meet the assessed needs of the service users, taking into account the size and layout of the premises, the number of service users accommodated, fire safety requirements and the statement of purpose. A review of a sample of the staffing roster evidenced that the planned staffing levels were adhered to.

Discussions with staff, service users and observations during the inspection verified that staffing levels were sufficient to meet the assessed needs of service users.

The inspectors reviewed the induction programme for new staff which included information identified as necessary to support service users and ensure new staff are familiarised with the environment. Relevant policies and procedures are also reviewed and staff are supported to work through the Northern Ireland Social Care Council (NISCC) induction standards workbook. A review of the induction of a recently recruited staff member noted it included areas such as safeguarding, risk management, confidentiality, whistleblowing and courtesy and attitude and the trust values.

As referenced in section 6.1, staff are required to complete mandatory training. The manager advised that in addition to mandatory training, staff also receive additional training to ensure they can meet the assessed needs of service users. This included training in areas such as autism, swallow awareness and implementation of new terminology for modified diets and human rights training. The manager advised that equality and diversity training is now being identified as mandatory training and staff are in the process of completing this.

The day care setting's governance arrangements in place to highlight and promote the identification of and management of risk were inspected. All incidents and accidents were recorded on an electronic system which are reviewed and audited by the deputy manager, manager, senior manager and the SHSCT governance department. There was evidence that a monthly audit of incidents and accidents was undertaken to ensure follow up of any outstanding actions. Discussion with the deputy manager and review of sample of records evidenced that there is a robust and transparent system for recording, reporting and investigating any incidents and accidents in a timely manner. As applicable, this information had also been shared with service users' next of kin and SHSCT community representatives. However, it was noted that a number of incidents should have been reported to RQIA as per statutory guidelines. An area for improvement has been made in this regard.

Observation of and discussion with staff evidenced that staff were very knowledgeable regarding each service user and the support they required in order to ensure their safety. In addition, discussions with staff, the manager and deputy manager evidenced that they had an understanding of the management of risk, and an ability to balance assessed risks with the wishes and human rights of individual service users.

The deputy manager identified how staff help to redirect and support a service user if their behaviour indicated that they were at risk of self-harm. Staff have received training in the Management of Actual or Potential Aggression (MAPA). Staff are aware of the need to use the least restrictive measures for each individual. The inspection confirmed that staff responses to behaviour remain focused on de-escalation of behaviour or risk and on protecting service users' personal safety. The inspector noted that a record of all such staff interventions are maintained on the day centre's electronic system which is reviewed and audited by management and the governance team. However, the inspector advised that such incidents should be reviewed further to include a more detailed record of the behaviour prior to and following the incident and include a post incident analysis. An area for improvement is made in this regard.

Discussion with the staff and deputy manager confirmed that there was a clear pathway for staff to follow in relation to referring any safeguarding concerns to the appropriate professionals. The inspector reviewed records relating to adult safeguarding referrals since January 2019 which evidenced that suspected or alleged incidents of abuse were promptly referred to the relevant SHSCT professional. These referrals were subsequently screened out under existing adult safeguarding procedures. This reflected staff awareness of their safeguarding roles and responsibilities and how they are supported to report concerns through existing management arrangements. This helps to ensure that appropriate and timely action is taken if service users' rights are at risk of being breached.

In addition, staff confirmed that they were aware of their obligations in relation to raising concerns with respect to service users' wellbeing and poor practice, and were confident of an appropriate management response.

On the day of the inspection, discussion with staff and observations of the staff supporting service users did not highlight any areas for improvement regarding their practice.

Observations of the environment concluded that it was clean and tidy. Discussion with the day care worker and observation of the environment confirmed that furniture; aids and appliances were fit for purpose and effectively met the needs of the service users. Infection prevention and control measures were in place, which included seven step hand hygiene notices positioned at wash hand basins, supplies of liquid soap and hand towels mounted on the wall and foot pedal operated bins. No health and safety hazards were identified and fire exits were clear and free from obstruction.

Records examined identified that a number of fire safety precaution checks had been undertaken. It was noted that the last full evacuation drill was undertaken on 10 October 2018, with follow up action taken as required. A fire risk assessment was completed on 16 January 2018 with a review date set for September 2019. Staff had received fire safety training and this training is updated annually.

Discussion with service users and staff evidenced that they felt the care was safe. Staff comments included:

- “If I had a child with needs I would want them to come here.”
- “Service users are well looked after.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff induction, knowledge of adult safeguarding procedures, risk management and infection prevention and control.

Areas for improvement

Two areas for improvement were identified in regards to statutory notifications to RQIA and further improving recording and review of restrictive practice interventions.

	Regulations	Standards
Total number of areas for improvement	0	2

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

The inspectors reviewed the day care setting’s arrangements for appropriately responding to and meeting the needs of people who use the service.

Information relating to the nature and range of services provided was outlined in the Statement of Purpose. Observations throughout the inspection confirmed that the day care setting was providing care in accordance with their Statement of Purpose.

The inspectors reviewed elements of four service users' care files. Review of the care records found they were maintained in line with the legislation; the assessments of need, risk assessments, care plans and records of health and well-being of the service users were current and had been reviewed in a timely manner. It was good to note that the assessment and care planning records were comprehensive and holistic. In addition to the summary of service users' needs and risks, the records also focused on the service users' strengths, short term and long term goals. Each record was individualised and goals identified were specific to each service user.

Staff confirmed they use these records to guide their practice and therefore recognised the importance of keeping records current and relevant. Care records also reflected the multi-professional input into the service users' health and social care needs. This included speech and language therapy assessments, physiotherapy assessments and behavioural support plans. There was evidence that staff signed individual behaviour support plans to confirm that they are competent to carry out the plan and give assistance to the service users as required.

It was positive to note that staff were proactive in making a referral to the speech and language therapy service and following up on any recommendations which they provided. This helps to ensure that the communication needs of service users have been assessed and appropriate communication support plans are put in place. The assessment and support plans in place reflected the Royal College of Speech and Language Therapists Five Good Communication Standards (2013); this is a practical resource that can support service providers with recognising what good communication looks like and whether good communication is happening.

There was evidence of the best interests of service users being considered when a bespoke support arrangement was required for those attending the day centre. Records were maintained of a multi-disciplinary best interests meeting including the service user's next of kin; this had been recently reviewed to confirm that arrangements remained appropriate for the needs of the service user.

Care records also reflected that a record was kept of each service users' involvement and progress at the centre and entries were made in proportion to the frequency of attendance of the individual.

The inspectors were advised that service users typically had access to a care review on an annual basis or more frequently if required; these reviews involved their SHSCT representatives and records viewed verified this. It was positive to note that service users' annual review records were maintained as an easy read document. These included a holistic review of the service users' needs and level of awareness and decision making skills and reflected consideration given to promoting service users' human rights.

Observations of staff and service users during the inspection found that staff communicated respectfully with service users. Service users were observed freely approaching staff to ask for assistance and for a chat. Staff were confident and effective in their communication with service users and were observed using a variety of communication techniques in accordance with the service users' communication needs and emotional state. For service users with minimal or non-verbal communication, staff record updates in service users' communication books which are shared between the day centre and their home.

Discussions with staff concluded that effective communication systems were in use within the staff team to ensure that staff receive information relevant to the care and support of service users.

Discussion with service users and staff evidenced that they felt the care was effective. Staff comments included:

- “Progress can be very small but service users are happy to be here.”
- “We notice changes (in regard to service users’ wellbeing) quickly.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, and communication between service users, staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

On the day of inspection the inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was reflected by the expression of staff attitudes towards service users and service delivery.

It was good to note that staff promoted the autonomy of service users. Staff were observed seeking consent from service users regarding participation in activities. In addition, some service users had access to pictorial timetables and a number of service users were supported to use the TEACCH (Teaching, Expanding, Appreciating, Collaborating, Cooperating and Holistic) programme.

Service users were enabled and supported by staff to engage and participate in meaningful activities. They discussed the range of activities they could take part in ranging from art/craft, to fitness activities and sensory therapy. Service users had recently been visited by the Northern Ireland Fire and Rescue Service and the Police Service of Northern Ireland to promote safety. On the day of inspection it was positive to observe service users’ enthusiastic participation in a fitness programme and a show provided by the day centre’s Makaton choir.

A number of service users were keen to share with the inspector how much they enjoyed attending the day centre and the positive relationships they have with staff.

Discussion with a day care worker and service users reflected a variety of formal and informal systems to ensure service users' views and opinions were taken into account in all matters affecting them. For example, day to day discussions with service users result, on occasion, in adaptations to activity programmes if requested by service users. In addition, service users have access to annual reviews and a service user committee group meet once a month and is comprised of representatives from among the service users. A review of minutes from these committee meetings evidenced service users' involvement in developing the activity programme and how they had contributed to decision making regarding the purchase of new equipment.

An annual service users' and carers' satisfaction survey completed in January 2019 provided positive feedback regarding how safe the day centre was and the level of care provided to staff. The inspector recommended that satisfaction surveys should also include an action plan to further develop quality improvement measures within the service.

Service users are advised of what they can do if they are not happy with the service within the Statement of Purpose and Service User Guide.

The inspectors noted a number of easy read documents, which included care plans, service user agreements and review documentation. In addition, service users had access to a notice board in the foyer of the day centre which contained easy read information leaflets in regard to HSCT values and a guide to Human Rights Act for people with a Learning Disability.

Discussion with service users and staff evidenced that they felt the care was compassionate. Staff comments included:

- "I miss service users if I'm off for week; I worry about them, especially if someone is sick."
- "There is lots of fun and banter in our rooms, they (service users) love it and enjoy coming."
- "It's a very happy place to work."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the day care setting, listening to and valuing service users and taking account of the views of service users.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The inspector sought to assess the day centre's leadership, management and governance arrangements to meet the assessed needs of service users.

The day centre is managed on a day to day basis by the manager with the support of two deputy managers, the management team also manage two other day centres. Discussions with the manager and staff confirmed that there is effective access to management support as needed, if the senior management team are not available on site. The manager has submitted his application to RQIA in regard to the position of registered manager and this is currently being processed.

A review of registered places in the day care setting is underway taking into account the capacity of the day centre, staffing levels and service users' needs. It has been agreed in consultation with the manager and RQIA that the number of service users attending the day centre on any given day would not exceed 60.

The Statement of Purpose for the day care service clearly described the nature and range of the services to be provided. The inspector recommended a number of minor amendments to the Statement of Purpose, which included details of the Patient and Client Council. This was forwarded to RQIA post inspection and noted to be satisfactory.

There was a clear organisational structure and this information was outlined in the day care settings Statement of Purpose. Staff demonstrated awareness of their roles, responsibilities and accountability. Discussion with the manager and deputy managers confirmed that they had a good understanding of their role and responsibilities under the legislation.

A complaints and compliments audit record is maintained in the day centre for monitoring of any trends or learning; this highlighted that five complaints had been recorded since the previous care inspection. Review of a sample of the complaints records evidenced that they were managed appropriately in conjunction with the SHSCT complaints policy. Discussion with service users confirmed they would speak to the staff or the manager if they were dissatisfied or were concerned about their day care experience.

Discussions with the management and staff confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. This included the availability of continuous update training alongside supervision/appraisal processes, team meetings and an open door policy for discussions with the management team and observation of staff practice.

The regulation 28 monthly quality monitoring visits were available to be examined since the last inspection. Three quality monitoring reports were sampled from February 2019 to April 2019. The reports evidenced a review of the conduct of the agency, engagement with service users, relatives and service user's representatives and the development of action plans for follow up at subsequent visits. However, the inspector noted that an issue raised by a service user's relative during the consultation process in the February visit had been identified as an action

requiring follow up. Subsequent reports did not confirm that this action had been actioned. This was discussed on the day of inspection and the manager provided RQIA with an update post inspection that this had now been addressed. The inspector reiterated the need for the manager to be assured that all matters identified in the monthly monitoring visit reports are followed up and actioned accordingly.

The day centre had the annual report available for 2017/2018, the manager advised that the current annual report is in the process of being finalised and this will be forwarded to RQIA when completed.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The manager confirmed that this was addressed with staff through their training, supervision and appraisal process. In addition, it was confirmed that the day centre had not received any complaints with respect to equality issues from service users and/or their representatives.

The inspector noted that day centre collects equality information in relation to service users, during the referral and assessment process. The data is used effectively when a person centred care and support plan is developed.

Some of the areas of equality awareness identified during the inspection include:

- effective communication
- service user involvement
- adult safeguarding
- equity of care and support
- individualised person centred care
- individualised risk assessment
- disability awareness

Discussion with service users and staff evidenced that they felt the service was well led. Staff comments included:

- “I get on well with all the managers.”
- “There is a staff meeting every month.”
- “Staff are well trained, you know your team; it works well.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with the manager and two deputy managers, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP 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 the day care setting. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012	
<p>Area for improvement 1</p> <p>Ref: Standard 17.14</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure all accidents and incidents are reported to RQIA in accordance with statutory notification guidelines.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: APP1 which was screened out has been forwarded to RQIA as advised. All accidents and incidents will be reported to RQIA in accordance with statutory notification guidelines.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 6.8</p> <p>Stated: First time</p> <p>To be completed by: 1 July 2019</p>	<p>The registered person shall ensure that a comprehensive tool is developed to record details of instances when a physical intervention has been used to maintain the safety of service users. This will include details of the service user's behaviour prior to and following the incident and include a post incident analysis. All such incidents should be monitored and audited routinely as part of the day care setting's review of restrictive practices.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: The designated person will liase with other Day Service Managers in SHSCT and Head of Service in order to develop a comprehensive tool which incorporates appendix 5 / 6 / 7 of the 'SHSCT Guidelines for Restrictive Interventions and Practices' as well as RQIA's Restrictive Intervention template this will be in draft form from 01/07/2019.</p>

Please ensure this document is completed in full and returned via Web Portal



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

Twitter @RQIANews