



The **Regulation** and
Quality Improvement
Authority

Primary Announced Care Inspection

Name of Establishment: Anna House
Establishment ID No: 11294
Date of Inspection: 29 April 2014
Inspector's Name: Suzanne Cunningham
Inspection No: 17611

The Regulation And Quality Improvement Authority
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Name of centre:	Anna House
Address:	Dunmurry Office Park 37a Upper Dunmurry Lane Belfast BT17 0AJ
Telephone number:	028 9060 1177
E mail address:	gillian.thompson@ageni.org
Registered organisation/ Registered provider:	Age NI Linda Robinson (Acting)
Registered manager:	Ms Gillian Thompson
Person in Charge of the centre at the time of inspection:	Ms Gillian Thompson
Categories of care:	DCS-I
Number of registered places:	15
Number of service users accommodated on day of inspection:	14
Date and type of previous inspection:	10 October 2013 Primary announced care inspection
Date and time of inspection:	29 April 2014 09:30 – 15:45
Name of inspector:	Suzanne Cunningham

Introduction

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

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

Purpose of the Inspection

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

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

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

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

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

Methods/Process

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

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

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

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

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

Consultation Process

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

Service users	14
Staff	3
Relatives	1
Visiting Professionals	0

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

Issued To	Number issued	Number returned
Staff	2	2

Inspection Focus

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

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

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

- **Theme 1 - The use of restrictive practice within the context of protecting service user's human rights**
- **Theme 2 - Management and control of operations:**

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

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

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

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

Profile of Service

Age NI Anna House is a day care facility situated in an office park complex, close to the centre of Dunmurry.

The organisation in control is Age NI and the registered manager is Gillian Thompson. The registered manager is assisted by a day care worker and there is also a volunteer who has been with the organisation for several years.

The centre provides a service for 100 persons over sixty five years of age and is open Monday, to Friday 9.00 am to 5.00 pm; on average fifteen service users attend the centre daily. The criteria for the centre is that service users are over sixty five, socially isolated and independent and the person must be living in the community. All referrals and allocation of days are in accordance with the health and social services trust procedures.

A hot meal is provided along with hot drinks and snacks. The accommodation is leased from a landlord and includes a lounge / dining area, office, a shower room and a bathroom along with designated male and female toilets. Storage area is also available.

Summary of Inspection

A primary inspection was undertaken in Anna House (Age NI) Day Centre on 29 April 2014 from 09:30 to 15:45. This was a total inspection time of six hours and 15 minutes. The inspection was announced.

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

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

One service user representative contacted the day centre to speak to the inspector whose relative attends Anna House. He explained his relative has dementia and Anna House gives him respite from his caring role. He identified his relative is happy and delighted every time she arrives at Anna House for day care. His relative had tried other places but was happy the moment they came to Anna House, the representative explained there is a warm welcome for everyone in Anna House, it is a lovely environment, there is a great feeling of homeliness, affection from the care staff, it's a great place for fun, social contact and moments of joy. The representative was aware information is kept about his relative by staff and staff provide the representative with information about their relative's weight, wellbeing and health on an on-going basis. The representative explained they are aware of all of the staff that work in the day care setting and would approach them if the manager is not in the day care setting. The representative described Gillian as a superb manager, who is warm, genuine and makes everyone feel welcome. The representative also described Gillian as an efficient manager,

skilled, drives for consistency in her staff and a good leader. The representative described they had observed staff have a team approach, and make everyone feel at home. The representative commented regarding the concrete exterior to the building which could appear cold, he said this has no relationship to the inside of the day centre which is warm, stimulating and a quality experience. The caller concluded in terms of competency of the manager and staff they always make contact with the representative if their relative is presenting as not well and they are happy to collect her. They also call in unannounced at times and have consistently found when they go in everyone is happy, care is being consistently delivered and they have observed Gillian as a good leader who clearly inspires her staff.

The inspector spoke to one staff member individually and more informally to the two staff and manager regarding the standards inspected and their views about working in the centre. This generated positive feedback regarding records and reporting arrangements including recording; ensuring care plans and assessments reflect the individual needs of each service user and the management arrangement's in this day care setting.

Two questionnaires were returned by staff who reported satisfactory arrangements were in place with regard to NISCC codes of practice; supervision; staff training; staffing and management arrangements; responding to service users' behaviour; confidentiality and recording. Positive comments were made regarding the quality of care that was provided; which the staff member described as: "we adhere to providing a safe and happy environment for our service users, we aim to make their day as good as possible; and the quality of care at the day centre is very good". Overall the discussion with staff and the questionnaires provided a positive view of the way the day centre is managed, how care is delivered and the organisational structures in place which support the delivery of day care in this day centre. There was a clear commitment by the manager who leads staff to develop practice in compliance with the day care setting standards.

The inspector spoke with fourteen service users specifically regarding the standard inspected and the two themes. This resulted in positive comments regarding attending the centre, the activities they had taken part in; and the care provided by the staff. Service users discussed they are aware records are kept in the day care setting about them, they had seen information such as the care plan and said they could ask to see information but did not feel this was something they wanted to do at this time. Service users confirmed they were aware on-going recording was completed by staff to ensure there was records of their likes, dislikes, health and wellbeing which were kept current to inform future planning and were content these were kept individually for each service user, confidentially and securely. Service users told the inspector they knew Gillian is in charge of the day centre and if they had a problem or wanted to discuss something about the day care setting they said they could talk to Gillian or any other staff in the day care setting. Service users identified staff listen to complaints, notice if anybody is presenting as down, they are observant and very helpful. Service users described the caring, thoughtful approach taken by staff which they felt avoids any frustration or potential upset escalating and staff will take any worries on that they have. Service users made specific comments during the discussion such as "staff are kind, respect individuals, take into account needs, listen to us" which are reasons they feel this day care setting meets their needs and is a good place for them to come to. Service users also said "we just love coming to the centre"; "it's like a family here"; "we can't get back quick enough after a holiday", "we are one big happy family", "we like a good chat", this is a bit of independence, our own life". In conclusion the discussion with service users provided the inspector with service users' views about why this day centre is important for them and why they like to come to the day care setting. It did identify the service has a strong social and supportive focus for these service users who were clear they could not imagine not coming to this centre.

The previous announced inspection carried out on 10 October 2013 had resulted in no requirements or recommendations.

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

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

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

The discussions with service users provided clear examples of how service users value their time in the day care setting as well as the care provided by staff. The inspector concluded the centres process of maintaining and updating service users' records is well managed, is developing person centred practice and focuses on promoting service user's social needs, stimulating intellectual activity; and meeting need.

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

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

Two criterion from regulation 14 were inspected which examined compliance with the use of any restrictive practices in this day care setting within the context of human rights. One criterion was assessed as compliant and one criterion was assessed as not applicable because the setting has a no restraint policy and therefore no incidents have been or would be reported through to RQIA.

Discussions with the manager, staff and examination of records provided evidence that the centre was using clear operational systems and processes which promote the needs of the service users who attend the centre and they do not accept referrals for a service user who may need a behaviour management plan as part of their care. Staff discussed using good communication, diversion, calming, diffusing techniques and knowing their service users' needs and personalities. They strongly believe this assists them in ensuring service users behaviour does not escalate. Staff also identified if a service users behaviour did start to deteriorate they would look at triggers and assess to ensure the service users' needs can still be met in the day care setting with the family, social worker / care manager and the service user. Service users identified staff are aware of their changes in mood and recognised staff will talk to them directly to address any concerns or upset they have to alleviate any stress or concerns they have.

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

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

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

No requirements and one recommendation have been made with regard to this theme to ensure staff who act on behalf of the manager in her absence have a competency assessment in place.

Discussion with the manager and staff provided evidence that the organisation had in place monitoring arrangements; and they had a general approach of promoting quality care. Overall the improvement identified is to strengthen the management arrangements in place and assure staff are confident and competent if and when left in charge of the day care setting, in the managers absence.

Based on the evidence reviewed the inspector has assessed the centre as compliant in this theme; no requirements and one recommendation are made.

Additional Areas Examined

The inspector undertook a tour of the premises, reviewed the complaints record, examined three service users individual files, validated the registered manager's pre inspection questionnaire, reviewed the staff questionnaire and viewed the environment. This did not reveal any further areas of improvement.

The inspector wishes to acknowledge the work undertaken by the manager and staff in preparation for this inspection and their open and constructive approach throughout the inspection process. Gratitude is also extended to the service users who welcomed the inspector to their centre and engaged with her during the inspection. Overall the inspector commends the proactive approach to day care that is delivered in this centre, there is a clear approach of support, homeliness and social support to this day care setting which is entirely consistent with the day care settings statement of purpose. In conclusion the care inspected presents as in tune with the needs of the service users for support, stimulation and to meet their social needs.

As a result of the inspection a total of no requirements one recommendation have been made regarding evidencing the competency of staff who may be left in charge. This was reported to the management team at the conclusion of the inspection and assurances were made these would be addressed as a priority.

Follow-Up on Previous Issues

No requirements or recommendations resulted from the primary announced inspection of Anna House which was undertaken on 10 October 2013

Standard 7 - Individual service user records and reporting arrangements:	
Records are kept on each service user's situation, actions taken by staff and reports made to others.	
Criterion Assessed:	COMPLIANCE LEVEL
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.	
Provider's Self-Assessment:	
Confidentiality is very important at Anna House. Each Service user has an individual working file and the contents of these are personal information and treated as very confidential. A confidentiality Policy is in place at Anna House and all staff have read same. All personal files are locked away when not in use and at the end of the working day.	Compliant
Inspection Findings:	COMPLIANCE LEVEL
<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 and service user agreement; which describe the confidentiality of personal information and reflect this criterion. The policies and procedures are available for staff reference and the recording practices and storage of service user information is consistent with protocols regarding confidentiality. Staffs also have access to current DHSSPS guidance regarding the same.</p> <p>Discussion with staff validated management and staff knowledge about the duty of confidentiality. They described their role and responsibility regarding the need to record, ensure the quality of recording and management of service user's personal information which was commensurate with their role and responsibility.</p> <p>Discussion with service users revealed they were aware some information is kept about them and they were aware this is kept confidentially. Service users are aware of recording practices in the day care setting and that they can ask to see their record.</p>	Compliant

<p>Criterion Assessed:</p> <p>7.2 A service user and, with his or her consent, another person acting on his or her behalf should normally expect to see his or her case records / notes.</p> <p>7.3 A record of all requests for access to individual case records/notes and their outcomes should be maintained.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p> <p>Care records/notes can be seen by the service user when required.A representative can also see the service users case records/notes with the consent of the service user or when appropriate..All records kept at Anna House are restricted to a high standard to protect privacy and confidentiality. If a service user/Representative requests to see their records/notes this would be recorded and dated with the attendance of the Daycentre Manager at all times.</p>	<p>Compliant</p>
<p>Inspection Findings:</p> <p>The setting has policies and procedures pertaining to: the access to records; consent; management of records and service user agreement. The policies and procedures detail this criterion and are available for staff reference.</p> <p>In terms of putting these criterion into practice the inspector did note information about records maintained and access is now included in the service user guide, staff also discuss this when the service user is introduced to the day care setting.</p> <p>The setting had not had any requests for information at the time of this inspection however, the manager was aware of the need to keep a record which details date, who applied for access and outcome of request.</p> <p>The discussion with staff and manager and review of policies and procedures confirmed arrangements are in place regarding queries of freedom of information, confidentiality, consent, access to records. Discussion with staff identified they are aware of the need to record using a person centred approach and the importance of ensuring records reflects the individual.</p>	<p>COMPLIANCE LEVEL</p> <p>Compliant</p>

Criterion Assessed:	COMPLIANCE LEVEL
<p>7.4 Individual case records/notes (from referral to closure) related to activity within the day service are maintained for each service user, to include:</p> <ul style="list-style-type: none"> • Assessments of need (Standards 2 & 4); care plans (Standard 5) and care reviews (Standard 15); • All personal care and support provided; • Changes in the service user’s needs or behaviour and any action taken by staff; • Changes in objectives, expected outcomes and associated timeframes where relevant; • Changes in the service user’s usual programme; • Unusual or changed circumstances that affect the service user and any action taken by staff; • Contact with the service user’s representative about matters or concerns regarding the health and well-being of the service user; • Contact between the staff and primary health and social care services regarding the service user; • Records of medicines; • Incidents, accidents, or near misses occurring and action taken; and • The information, documents and other records set out in Appendix 1. 	
Provider’s Self-Assessment:	
<p>At Anna House Individual files are compiled to suit their individual needs. These Assessments/ careplans etc are regularly reviewed and changed to suit needs of the Service user. The staff at Anna House use the care plans to deliver the care and support required and to meet the service users needs.</p> <p>If staff at Anna House notice any changes to the service users needs or behaviour this will be reported to the Day Centre Manager immediately to enable me to assess the circumstances and involve primary Health/ Care Management if required.</p> <p>Medication is not dispensed at Anna House and those who attend administrate their own independantly.</p> <p>If an accident/incident was to occur at Anna House both the R.Q.I.A. and Age ni Head office would be notified immediately</p> <p>Regular Reviews are carried out with the Service Users to seek out any needs or possible objectives they may have.A new Annual Review is also been introduced and is in operation at Anna House</p> <p>Staff use our Policies as guidance at Anna House and are fully aware that all information is confidential.</p>	<p>Compliant</p>

Inspection Findings:	COMPLIANCE LEVEL
As stated in 7.1 relevant policies and procedures such as: access to records, communication, confidentiality, consent, management of records, monitoring of records, recording and reporting care practices and service user agreement are in place for staff reference. The examination of three files that were randomly selected on the day of the inspection evidenced the above records had been maintained for each service user.	Compliant
Criterion Assessed: 7.5 When no recordable events occur, for example as outlined in Standard 7.4, there is an entry at least every five attendances for each service user to confirm that this is the case.	COMPLIANCE LEVEL
Provider's Self-Assessment:	
Daily Evaluations are carried out on our Service Users every day that they attend and those who are absent a reason for this is placed onto their Daily Evaluation as to why they have not attended. These Evaluations are written by the Day Care staff and overseen by the Day Centre Manager. Once reviewed the Day Centre Manager will sign same.	Compliant
Inspection Findings:	COMPLIANCE LEVEL
Three individual service user care records were examined which evidenced individual care records have a written entry at least once every five attendances for each individual service user. The recording was service user specific and commented on what had gone well for the service user while at the day centre and any issues that might impact on their assessment or care plan.	Compliant

<p>Criterion Assessed: 7.6 There is guidance for staff on matters that need to be reported or referrals made to:</p> <ul style="list-style-type: none"> • The registered manager; • The service user’s representative; • The referral agent; and • Other relevant health or social care professionals. 	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p>	
<p>The staff at Anna House are fully aware of the importance of reporting all matters and referrals to the Day Centre Manager. If other professional bodies need to be involved with the service user I would involve the Service Users/ Representative at all times.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The setting has policies and procedures pertaining to communication, confidentiality, consent, management of records, monitoring of records, recording and reporting care practices and service user agreement in place which are consistent with this criterion and available for staff reference. Discussion with staff confirmed they are aware of their role and responsibility to report and refer information and record the outcomes achieved.</p>	<p>Compliant</p>

<p>Criterion Assessed: 7.7 All records are legible, accurate, up to date, signed and dated by the person making the entry and periodically reviewed and signed-off by the registered manager.</p>	
<p>Provider's Self-Assessment:</p>	
<p>All records are legible, accurate and up to date. We constantly monitor our Service users and Care plans etc are reviewed on a monthly basis or when required if changes occur. All records are signed by the Day Centre Manager.</p>	Compliant
<p>Inspection Findings:</p>	COMPLIANCE LEVEL
<p>The inspector examined a sample of three service user individual records which met this criterion. Consultation with two staff working in the centre confirms their understanding of this criterion and the staff who completed the inspection questionnaire confirmed procedures and practice are in place to achieve this criterion.</p>	Compliant

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

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

Theme 1: The use of restrictive practice within the context of protecting service user’s human rights	
Theme of “overall human rights” assessment to include:	
<p>Regulation 14 (4) which states:</p> <p>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.</p>	COMPLIANCE LEVEL
Provider’s Self-Assessment:	
<p>At Anna House restraint will never be used on any of our Service Users. Staff are fully trained on Vulnerable Adults and Challenging Behaviour and work using our Policies and procedures as their guide.</p>	Compliant
Inspection Findings:	
<p>The inspector discussed this theme with staff, examined three individual service user records, reviewed the draft restraint policy which confirms staff had not used restraint in their day centre and examined a selection of records as described in schedule 5: other records to be kept in a day care setting. This confirmed the staff do not and have not used restraint; there are no service users are looked after in this day care setting whose behaviour requires a plan for restraint and staff are trained to identify behaviour that may escalate, use diversion and diffuse any behaviours that have the potential to escalate into an aggressive or angry outburst.</p>	Compliant

<p>Regulation 14 (5) which states:</p> <p>On any occasions on which a service user is subject to restraint, the registered person shall record the circumstances, including the nature of the restraint. These details should also be reported to the Regulation and Quality Improvement Authority as soon as is practicable.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p> <p>The registered manager at Anna House is fully aware of the importance of reporting any restraint incidents to the R.Q.I.A as soon as possible.</p>	<p>Compliant</p>
<p>Inspection Findings:</p> <p>No service users had been subject to restraint and this setting has a draft no restraint policy which is consistent with the settings ethos, statement of purpose and aims of the service.</p> <p><i>Guidance on Restraint and Seclusion in Health and Personal Social Services, Department of Health, Social Services and Public Safety, Human Rights Working Group, August 2005 is available for staff information.</i></p>	<p>COMPLIANCE LEVEL</p> <p>Not applicable</p>

<p>PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p> <p>Compliant</p>
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<p>INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p> <p>Compliant</p>
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<p align="center">Theme 2 – Management and Control of Operations</p> <p>Management systems and arrangements are in place that support and promote the delivery of quality care services. Theme covers the level of competence of any person designated as being in charge in the absence of the registered manager.</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>Regulation 20 (1) which states:</p> <p>The registered person shall, having regard to the size of the day care setting, the statement of purpose and the number and needs of service users - (a) ensure that at all times suitably qualified, competent and experienced persons are working in the day care setting in such numbers as are appropriate for the care of service users;</p> <p>Standard 17.1 which states: There is a defined management structure that clearly identifies lines of accountability, specifies roles and details responsibilities for areas of activity.</p>	
<p>Provider’s Self Assessment:</p>	
<p>All staff at Anna House are fully trained, competent, and experienced. when the registered manager is away from the Day Centre there are two full time members of staff on duty. My permanent full time member of staff will be in charge on days that the Day Centre Manager is away and give a full hand over report on her return. The numbers and ratio of staff is calculated using a method that is determined by the R.Q.I.A.</p>	<p align="center">Compliant</p>
<p>Inspection Findings:</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>The manager of Anna House was in post prior to the implementation of the day care setting standards 2012. The manager has 20 years’ experience in caring for this service user group and is registered with NISCC. The manager had completed NVQ qualifications and the inspector is aware the manager is going to study for the QCF level 5 in September 2014 to ensure compliance with the day care settings standard 2012 – fitness of manager. In the managers absence there is one full time staff member who manages the day care setting and who has worked in the day care setting since it opened. If left in charge she is supported by the part time member of staff who will increase her hours to full time hours and additional support is provided by the regional manager. Examination of staff training, supervision, appraisal and staff records of the manager and staff member left in charge of the day care setting did not reveal any concerns.</p>	<p align="center">Compliant</p>

The examination of the staffing rota, staff questionnaires and discussion with staff did not evidence any concerns regarding staffing numbers and the quality of care provided by staff.

Examination of policies and procedures pertaining to the management and control of operations, for example: absence of the manager; inspections of the day care setting; management, control and monitoring of the setting; operational policy; staff meetings; staff records; staff supervision and appraisal; staff training and development; staffing arrangements and the settings statement of purpose were available for staff reference and staff discussed their awareness of the content.

Discussion with staff working in the centre validated their knowledge commensurate with their role and responsibilities regarding management arrangements of the day care setting, they were aware of processes in place and who they report to; who will provide support or guidance, who supervises them and had no concerns regarding the effectiveness of the same.

Discussion with one representative and 14 service users revealed Gillian was not only viewed as the manager of the day care setting but also as a strong leader and advocate for the service and service users. The staffing structure of the day care setting is clearly described in the settings statement of purpose including the time worked in this day care setting.

Discussion with the manager revealed there is no specific training plan for staff left in charge of the day care setting however, this is discussed in supervision and all staff receive the same training. For example vulnerable adults, responding to challenging behaviour and there is a handover meeting prior to the managers absence to ensure roles and responsibilities and senior management support is clearly planned for. A handover meeting is held on the managers return to ensure the manager is fully appraised regarding changes, any issues which arose and anything that requires a follow up by the manager on her return. These arrangements, in this day care setting had ensured to date management and control of operations tasks in the day care setting had been adequately completed.

The inspector sampled four regulation 28 reports from 2013 and 2014 and is satisfied these evidenced the staffing arrangements in place for the month being inspected and formed a view regarding: the effectiveness of staffing arrangements.

<p>Regulation 20 (2) which states:</p> <ul style="list-style-type: none"> The registered person shall ensure that persons working in the day care setting are appropriately supervised 	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p> <p>The staff at Anna House have supervision on a monthly basis. This enables me as their manager to ensure that their needs, objectives and possible outcomes are met. Staff at Anna House have all Manditory training enabling them to have the knowledge and tools to deliver a high standard of care. Staff have annual appraisals. This enables us to review their perfomance against their job description and agree on personal development plans and needs.</p> <p>At Anna House the Day Centre manager will be approachable at all times and strive to ensure that the staff have the ability and requirements to deliver a high standard of care.</p>	<p>Compliant</p>
<p>Inspection Findings:</p> <p>The inspector examined the training, supervision, appraisal records for the manager and staff, this did not reveal any concerns regarding supervision.</p> <p>Policies and procedures pertaining to the Management and control of operations, for example: absence of the manager; staff records; staff supervision and appraisal; staffing arrangements were available for staff reference and reflect day to day practice.</p> <p>Discussion with staff working in the centre clarified who holds the management role in the setting, who will take responsibility for the manager in her absence for leave, that they are supervised, receive annual appraisal, are clear regarding their roles and responsibilities in line with the day care setting standards.</p>	<p>COMPLIANCE LEVEL</p> <p>Compliant</p>

<p>Regulation 21 (3) (b) which states:</p> <ul style="list-style-type: none"> • (3) For the purposes of paragraphs (1) and (2), a person is not fit to work at a day care setting unless – • (b) he has qualifications or training suitable to the work that he is to perform, and the skills and experience necessary for such work 	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p> <p>At Anna House there is a competent person in charge at all times. The staff are fully trained, experienced and very capable.</p>	<p>Compliant</p>
<p>Inspection Findings:</p> <p>The inspector examined the qualifications, experience and discussed competence of the registered manager and the staff member who manages the day care setting in their absence; this did not reveal any concerns regarding arrangements in this day care setting. The inspector did identify a competency assessment could be undertaken with staff to check cover staff are fully appraised of the role they take in the absence of the manager and ensure they feel fully trained and competent regarding the same. Any gaps identified should be addressed through the staff members training plan. A recommendation is made in this regard.</p> <p>Discussion with staff validated their knowledge commensurate with their role and responsibilities and they regard themselves as suitably qualified, experienced, supervised and supported as well as in receipt of suitable training to undertake their role and responsibility. In this day care setting there is a strong sense the manager has a good leadership and competent management style.</p>	<p>COMPLIANCE LEVEL</p> <p>Substantially compliant</p>

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

Complaints

The complaints record was reviewed as part of this inspection. The annual complaints return for 2013 identified one complaint had been recorded. The inspector reviewed the complaints record which confirmed the return to RQIA and revealed the issue was of a minor nature and had been resolved locally in accordance with the organisations policy and procedure. This did not reveal any concerns regarding the record. Furthermore two minor issues of dissatisfaction had been recorded for 2014, which had been recorded; addressed straight away and a resolution was in place. This is consistent with the settings policy and procedure and did not reveal any concerns regarding the recording, management and resolution of complaints or issues of dissatisfaction.

Service User Records

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

Registered Manager Questionnaire

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

Staff Questionnaires

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

Statement of Purpose & Service Users Guide

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

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Ms Gillian Thompson, 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:

Suzanne Cunningham
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



Quality Improvement Plan

Primary Announced Care Inspection

Anna House

29 April 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 Ms Gillian Thompson (registered manager/ person receiving feedback) either during or after the inspection visit.

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

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

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

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

Recommendations

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

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details of Action Taken By Registered Person(S)	Timescale
1.	17.1	The registered manager should complete a competency assessment with staff that covers her post in her absence; to ensure the staff member can competently and confidently undertake their role and responsibility in the manager's absence. Any gaps identified should be addressed through training, supervision, appraisal etc.	First	A competency assessment is at present being drawn up for Anna House to ensure that staff with responsibility in the absence of the Manager have the training etc required to carry out this role. Staff will sign this document on completion.	24 June 2014

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

Name of Registered Manager Completing Qip	Gillian Thompson
Name of Responsible Person / Identified Responsible Person Approving Qip	Linda Robinson

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Suzanne Cunningham	23/05/14
Further information requested from provider			