



The **Regulation** and
Quality Improvement
Authority

Primary Announced Care Inspection

Name of Establishment: Killadeas Day Centre
Establishment ID No: 11295
Date of Inspection: 09 March 2015
Inspector's Name: Dermott Knox
Inspection No: IN020065

The Regulation And Quality Improvement Authority
Hilltop, Tyrone & Fermanagh Hospital, Omagh
Tel: 028 8224 5828 Fax: 028 8225 2544

Name of centre:	Killadeas Day Care Centre (11295)
Address:	Block E Unit 47 Enniskillen Business Centre Enniskillen BT74 4RL
Telephone number:	028 6634 2833
E mail address:	patricia.griffith@westerntrust.hscni.net
Registered organisation/ Registered provider:	Western Health and Social Care Trust Ms Elaine Way CBE
Registered manager:	Miss Patricia Griffith
Person in Charge of the centre at the time of inspection:	Miss Patricia Griffith
Categories of care:	DCS-LD, DCS-LD(E)
Number of registered places:	14
Number of service users accommodated on day of inspection:	13
Date and type of previous inspection:	25 March 2014 Primary Unannounced
Date and time of inspection:	09 March 2015: 11:00am – 4:30pm
Name of inspector:	Dermott Knox

Introduction

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

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

Purpose of the Inspection

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

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

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

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

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

Methods/Process

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

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

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

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

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

Consultation Process

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

Service users	5
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	10	9

Inspection Focus

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

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

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

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

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

Profile of Service

The Lackaboy 2 Day Centre, one part of the Killadeas Day Care service, is a Western Health & Social Care Trust Day Centre that provides a service to adults with profound Learning and Physical Disability. The catchment area covers Enniskillen, Tamlaght, Ballinamallard, Irvinestown and Letterbreen. The focus of the centre is to promote independence through programmes of integration and interaction within the local community. Individuals who attend this centre participate in a full and varied programme of activities including leisure, education, crafts and work experience.

The centre is situated about a mile outside of the town of Enniskillen in a purpose-equipped business centre unit. There are adequate car parking spaces, including for people with disabilities, at the front of the building.

The centre provides day care from Monday to Friday each week and is registered to accommodate up to 14 members each day. Service users prefer to be referred to as 'members' of the centre. Staff normally work from 08.45 until 16.15 each day.

The centre closes on public holidays, Easter, two weeks in July, one week in August and Christmas / New Year. Other periodic closures take place for staff training and development.

This modern facility contains a number of therapeutic activity rooms, bathrooms, toilets, a dining room, kitchen, administrative offices, storage and domestic facilities.

Summary of Inspection

A primary announced inspection was undertaken in Killadeas Day Centre on Monday 09 March 2015 from 11:00 am until 4:30pm. In advance of the inspection visit, the registered provider had submitted a detailed self-assessment of the centre's performance in the one standard and two themes forming the focus of the inspection. Nine completed staff questionnaires were returned, all of which presented positive views on the quality of the service.

The inspector was introduced to many of the service users attending the centre and met with five people, in their group, in the course of the day. Individual discussions were held with the manager, one centre member, one relative of a centre member, the day care worker who has day to day responsibility for the centre's operations, and two staff, each of whom has worked in the centre for a number of years. Discussions focussed mainly on the standards, team working, management support, supervision and the overall quality of the service provided.

Discussions with all contributors elicited a positive view of the service provided in the centre and indicated a strong commitment by the manager and the staff team to comply with, or to exceed, the minimum standards for day care settings. There was evidence from discussions and in written records to indicate a high level of consultation with members and their representatives regarding their care plans and the activities in which they participate.

Thanks are due to members who welcomed the inspector to the centre and to the manager and staff for their open and constructive approach throughout the inspection process. The manager provided a helpful written summary of the sources of evidence for the inspection. Overall there was good evidence to confirm that the centre provides a high quality service to those who attend and the management and staff are commended for maintaining these standards. There are no requirements or recommendations arising from this inspection.

Standard 7 - Individual service user records and reporting arrangements:

Service users' files were found to be very well organised and to contain all of the information required by this standard. A record of each service user's involvement and progress was kept in good detail and the frequency of record keeping exceeded the requirement of the minimum standards. Day Care Workers each held keyworker responsibility for a number of service users' placements and maintained the records for those people. Records were regularly audited by the manager and were sampled by the monitoring officer during bi-monthly visits.

The Trust's written policies and procedures for recording and for reporting events were available to staff in the centre. Notifiable events and the reporting of these are included in the staff training programme and staff members confirmed their confidence in following procedures accurately. Staff also reported that they had ready access to senior staff should they need to seek guidance. A sample of the notifications of significant events was found to be satisfactory.

The Trust's written policy and procedures for reporting events were available in the centre and accessible by staff. Staff also reported that they had ready access to senior staff when they felt it necessary to seek guidance.

Killadeas Day Centre was judged to be operating in compliance with this standard.

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

There was no evidence to indicate the use of restraint or seclusion practices in Killadeas Day Centre. Staff were knowledgeable of the Trust's policy and procedures regarding such practices and confirmed that there were no members at the centre who presented behaviours that might require the use of such restrictive practice. When devising or reviewing a member's individual care plan, the manager and staff discuss proposed action plans with the member and his or her representative/s to ensure that interventions are necessary and proportionate and do not infringe the person's human rights.

Staff discussed the use of restraint or seclusion, including how members' human rights are protected and they demonstrated an understanding of the Deprivation of Liberty Safeguards. (DOLS) – Interim Guidance. One member, who spoke to the inspector, expressed complete satisfaction with the care, support and work opportunities experienced in Killadeas Day Centre. Observations of staff's interactions with members, throughout the day, confirmed that work was carried out in keeping with care plans and with respect for the individual member's rights and dignity.

Killadeas Day Centre was judged to be compliant with the criteria in this theme.

Theme 2 – Management and Control of Operations

The registered manager has management responsibility for several facilities, leaving much of the day to day leadership in the centre to the Band 5 Day Care Worker. There was evidence to show that this staff member was a capable leader and competent in her designated role.

Monitoring arrangements put in place by the Trust were satisfactory in terms of their regularity, as agreed with RQIA, and the numbers of service users, relatives/carers and staff members who were asked for their views. Three monitoring reports were examined and all were found to address the required range of issues in excellent detail. Each monitoring report identified

improvement actions that needed to be taken and progress on these matters was checked and recorded at the subsequent monitoring visit.

Staffing of the centre was satisfactory, allowing a range of group and individual activities to be scheduled so that members' participation was, in most cases, timetabled. Formal supervision of staff and annual appraisals were completed in accordance with the Trust's procedures and in compliance with the minimum standards. Staff reported a high level of satisfaction and confidence in these arrangements. Staff training records confirmed that mandatory training requirements were met and that staff were afforded a number of additional development opportunities.

Killadeas Day Centre was judged to be operating in compliance with the criteria in this theme.

Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
		No requirements were made as a result of this inspection.		

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
		No recommendations were made as a result of this inspection.		

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.

<p>Criterion Assessed: 7.1 The legal and an ethical duty of confidentiality in respect of service users' personal information is maintained, where this does not infringe the rights of other people.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment:</p>	
<p>All service user information is stored securely and shared on a need to know basis only and in line with WHSCT Data Protection and Confidentiality Policy (Nov 2013). Service user agreement is sought, where possible, before sharing any information.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>Service users' records were kept securely in the centre and staff demonstrated a good understanding of the duty of confidentiality. The Data Protection and Confidentiality Policy was available to staff. One relative, who met with the inspector, expressed his confidence in the centre's handling of personal information.</p>	<p>Compliant</p>
<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>Service users are encouraged to review their personal files and to seek clarification on any information contained, if they desire. Service users have been encouraged to review their files, by the manager through their 'Members Council Meetings'. Findings of assessments carried out, are shared with service users and those who support them at annual review or as and when circumstances change . Any such request will be responded to, in writing, and accommodated, where possible in line with WHSCT policies and procedures in relation to Data Protection and Confidentiality Policy Nov 13 & Records Management Policy Nov 13.</p>	<p>Compliant</p>

Inspection Findings:	COMPLIANCE LEVEL
Records of service users' meetings verified that they were encouraged to access their personal files. One service user, who regularly carries out reception and clerical duties, confirmed that he had access to personal information that is kept in his file. Activity timetables for service users were produced in an attractive, colourful, pictorial format to ensure the greatest possible level of understanding by each service user, many of whom do not read text.	Compliant
Criterion Assessed: 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: <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. 	COMPLIANCE LEVEL
Provider's Self-Assessment:	
All of the above records are maintained for each service user and stored in the service user's personal files and/or files specific to the identified documents.	Compliant
Inspection Findings:	COMPLIANCE LEVEL
Service users' files that were examined contained all of the required information and records. Well-detailed assessments formed the basis for clear care plans. Activity timetables for service users were produced in an attractive, colourful, pictorial format to ensure the greatest possible level of understanding by 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: Staff record information in each service user's 'contact sheet' as a minimum of one entry per every 5 days of attendance.	Compliant
Inspection Findings: Progress records for service users were kept at least as frequently as required by this standard.	Compliant
Criterion Assessed: 7.6 There is guidance for staff on matters that need to be reported or referrals made to: <ul style="list-style-type: none"> • The registered manager; • The service user's representative; • The referral agent; and • Other relevant health or social care professionals. 	COMPLIANCE LEVEL
Provider's Self-Assessment: Staff are provided with guidance on reporting concerns ref service users through supervision, memos from the manager, Managerial Health Checks, Multi-Disciplinary Reports and through case discussions. This guidance may include guidance on the completion of referrals to relevant health and social care practitioners. Copies of such referrals are kept in service user files for reference.	Compliant
Inspection Findings: Staff members confirmed in discussions that they were confident in their understanding of recording and reporting procedures. Records of matters that had been referred to other professionals and to service users' families verified that the centre's practice meets this standard.	Compliant

<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: Staff ensure all records are legible, accurate, up to date, signed and dated by the person making the entry. These are reviewed and signed off by the registered manager at the monthly unit health checks or as and when required.</p>	Compliant
<p>Inspection Findings: There was evidence to confirm that staff maintained a high standard of record keeping. Each of the service user's records examined was legible, accurate and up to date. Regular auditing by the manager ensured that any omissions or errors in records were identified and rectified.</p>	<p>COMPLIANCE LEVEL Compliant</p>

<p>PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Compliant</p>
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<p>INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Compliant</p>
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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>Day Care staff take each service users human rights into account before implementing any practice that may be considered restrictive in any way. Where restrictions of the service users rights are implemented for the health and safety of the service user, other service users, staff and members of the public, as identified in the WHSCT Policy of Restrictive Interventions of Adult Service Users Jan 2014 and the AMH&D Directorate's Guidance on the Deprivation of Liberty Oct 14, this will be agreed, signed and regularly reviewed by relevant members of a Multi-Disciplinary team, including the service user and their representatives.</p>	Compliant
Inspection Findings:	
<p>The provider’s self-assessment statement was verified through examination of the Trust’s Policy on Restrictive Interventions, the records of incidents, individual progress notes and from discussions with staff members. It is standard practice in the centre to include consideration of each service user’s human rights and any restrictive practice issues, as part of care planning.</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>Killadeas Day Care currently to do not engage in restraint tactics, however, if a service user has to be restrained in any way, where restraint is the only practicable means of securing the welfare of that or any other service user and there are exceptional circumstances, all details will be recorded and reported as an incident to the WHSCT Risk Management Department, the Service User's Key Worker and RQIA as soon as possible.</p>	<p>Not applicable</p>
<p>Inspection Findings:</p> <p>No instances of restraint had been recorded in the centre. Restrictive practice issues were discussed with service users at five of their monthly meetings during 2014, providing good opportunities to promote people’s understanding. This commitment to service users’ understanding is commendable.</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>Substantially 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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Theme 2 – Management and Control of Operations	COMPLIANCE LEVEL
<p>Management systems and arrangements are in place that support and promote the delivery of quality care services.</p> <p>Theme covers the level of competence of any person designated as being in charge in the absence of the registered manager.</p>	
<p>Regulation 20 (1) which states:</p> <p>The registered person shall, having regard to the size of the day care setting, the statement of purpose and the number and needs of service users -</p> <p>(a) ensure that at all times suitably qualified, competent and experienced persons are working in the day care setting in such numbers as are appropriate for the care of service users;</p> <p>Standard 17.1 which states:</p> <p>There is a defined management structure that clearly identifies lines of accountability, specifies roles and details responsibilities for areas of activity.</p>	
<p>Provider’s Self Assessment:</p>	
<p>All staff employed by Killadeas Day Care are recruited in line with the WHSCT’s recruitment Policies and eligibility criteria.</p> <p>A record is kept on each staff members contract of employment, a record of their qualifications, supervision and appraisals.</p> <p>A staffing structure is in place in each unit’s Statement of Purpose as well as a clear reporting structure for staff to refer to when support is required.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	<p>COMPLIANCE LEVEL</p>
<p>An examination of two staff members’ employment files provided verification of the process of staff recruitment. The staffing structure, which includes the availability of a senior day care worker and the registered manager, not immediately involved in the day to day running of the centre, provides a range of options to cover staffing requirements in the event of absences of usual team members. The statement of purpose provided clear information on the management and staffing structures.</p>	<p>Compliant</p>

<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 	COMPLIANCE LEVEL
Provider's Self-Assessment:	
All staff in Killadeas Day Care receive regular formal supervision in accordance with RQIA Day Care Minimum Standards.	Compliant
Inspection Findings:	
There were good records of formal supervision sessions which had been held regularly and in compliance with the minimum standards. In addition, staff confirmed in discussions that they were well supported, both in formal supervision and appraisal and on a day to day basis.	Compliant
<p>Regulation 21 (3) (b) which states:</p> <ul style="list-style-type: none"> (3) For the purposes of paragraphs (1) and (2), a person is not fit to work at a day care setting unless – (b) he has qualifications or training suitable to the work that he is to perform, and the skills and experience necessary for such work 	COMPLIANCE LEVEL
Provider's Self-Assessment:	
All staff employed by Killadeas Day Care are recruited in line with the WHSCT's recruitment Policies and eligibility criteria. A record is kept on each staff members contract of employment, a record of their qualifications, supervision and appraisals.	Compliant
Inspection Findings:	
The provider's self-assessment was verified through examination of two staff members' files and the records of staff training. Staff who met with the inspector presented as competent and confident in their respective roles.	Compliant

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

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

Additional Areas Examined

Complaints

The centre's record of complaints was examined and was found to be satisfactory.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Ms Patricia Griffith, Registered Manager, as part of the inspection process.

The timescales for completion commence from the date of inspection.

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

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

Enquiries relating to this report should be addressed to:

Dermott Knox
The Regulation and Quality Improvement Authority
Hilltop
Tyrone & Fermanagh Hospital
Omagh
BT79 0NS



No requirements or recommendations resulted from the **primary announced inspection** of **Killadeas Day Centre (11295)** which was undertaken on **09 March 2015** and I agree with the content of the report.

Please provide any additional comments or observations you may wish to make below:

SIGNED:

Eaine Hay

NAME:

Registered Provider

DATE

26 March 2015

SIGNED:

P. Griffith

NAME:

PATRICIA GRIFFITH
Registered Manager

DATE

19-3-15

Approved by:	Date

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Dermott Knox	31 March 2015
Further information requested from provider			