



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

## **Primary Announced Care Inspection**

<b>Name of Establishment:</b>	<b>Crozier Lodge</b>
<b>Establishment ID No:</b>	<b>11298</b>
<b>Date of Inspection:</b>	<b>10 December 2014</b>
<b>Inspector's Name:</b>	<b>Priscilla Clayton</b>
<b>Inspection No:</b>	<b>17655</b>

**The Regulation And Quality Improvement Authority**  
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<b>Name of Centre:</b>	Crozier Lodge
<b>Address:</b>	1a Meeting House Road Banbridge BT32 3ER
<b>Telephone number:</b>	(028) 4066 2154
<b>E mail address:</b>	iona.henry@southerntrust.hscni.net
<b>Registered organisation/ Registered provider:</b>	Southern HSC Trust
<b>Registered manager:</b>	Iona Henry
<b>Person in Charge of the centre at the time of inspection:</b>	Iona Henry
<b>Categories of care:</b>	DCS-DE, DCS-I
<b>Number of registered places:</b>	15
<b>Number of service users accommodated on day of inspection:</b>	12
<b>Date and type of previous inspection:</b>	Announced Care Inspection 16 September 2013
<b>Date and time of inspection:</b>	10 December 2014 10.00am – 4.00pm
<b>Name of inspector:</b>	Priscilla Clayton

## 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	12
Staff	3
Relatives	Nil
Visiting Professionals	Nil

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	3

### Inspection Focus

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

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

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

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

- **Theme 2 - Management and control of operations:**

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

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

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

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

## **Profile of Service**

Crozier Lodge is a statutory day care centre located adjacent to Crozier House Residential Home and is provided by the Southern Health and Social Care Trust. The centre offers a service for a maximum of fifteen people on a daily basis.

The registered manager of the day care centre is also responsible for the management of two additional centres namely Edenderry Specialist Dementia Day Care Centre and The Meadows Rehabilitation Centre. Four social clubs organised by volunteers in the local communities are supported by Crozier Lodge with a peripatetic day care worker overseeing these facilities.

The multi-disciplinary assessment and rehabilitative service is provided on a Wednesday and Friday. The physiotherapist visits for a period on a Wednesday and occupational therapy, speech and language therapy, dietary advice, health promotion and counselling inputs are made through referrals by the service user's GP.

Day care is organised into three distinctive groups:

Rehabilitation Group	Wednesday and Friday
Mild to Moderate Memory Loss	Tuesday and Thursday
General Older Persons Group	Monday

## **Summary of Inspection**

A primary announced inspection was undertaken in Crozier Lodge Day Care Centre on 10 December 2014 from 10:00am until 4:00pm. Prior to the inspection the service provider submitted to RQIA a self-assessment of the centre's performance in one standard and two themes forming the focus of this inspection. There were two requirements and one recommendation from the previous inspection conducted on 14 May 2013. Validation of the level of compliance evidenced that requirements and recommendations have been addressed.

The inspector was introduced to the service users attending the centre and met for discussions with them in small group format. Individual discussions were also held with the manager and three staff regarding standards, team working, management support, supervision and the quality of the service provided

Overall, discussions with service users and with staff contributed a positive view of the service provided in the centre and indicated a strong commitment by the manager and the staff team to practice in compliance with the minimum standards for day care settings. There was evidence from discussions and in written records examined indication of a high level of inclusion and involvement of service users in decision making with regard to the service provided. Service users' spoke highly of the support they experienced and the opportunities provided by the staff for their enjoyment and development.

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

The centre has policies and procedures regarding confidentiality, recording and reporting and data protection. Policies and procedures are available for staff reference. Care records examined were observed to be legible, dated, and securely stored. Progress notes for service users were being kept, as were records of reviews. There was also good recorded evidence of multi-professional collaboration and service user/representative involvement in planned care.

Improvements since the previous inspection included the development of audits of care assessment records. One further recommendation related to the development of action plans following analysis of audit to reflect any identified areas requiring improvement followed by re audit to complete the quality cycle.

The centre was compliant with this standard. This is to be commended

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

The centre has a written policy / procedure and guidelines on the use of restrictive interventions, which was available to staff in the centre. Discussions with staff confirmed that there was no restrictive practice used within the centre. The manager explained there was a clear policy, which was known by staff, and training provided should this ever be necessary in the best interest of service users' health and safety. This would include for example: multi-disciplinary discussion, planning for such events, risk management, engaging with service user/representative monitoring by staff of those practices, to ensure the comfort and well-being of the service users concerned. This information was evidenced in associated documents examined.

Staff discussed the use of good communication, the use of calming techniques and the importance of developing good understanding of each individual's needs and preferences. There was also a range of resource information available to staff on human rights, deprivation of liberty and restraint.

Discussion and analysis of three staff questionnaires returned to RQIA evidenced staff were familiar with Deprivation of Liberty Safeguards or Guidance documents on Restraint and Seclusion and associated trust corporate policies/procedures.

The centre was compliant with the criteria of this theme. This is to be commended.

### **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 manager is registered with RQIA since 2007. The manager has also management responsibility for two other day care centres. The staffing structure and reporting arrangements were clearly set out in writing in the Statement of Purpose, for reference by all stakeholders. Examination of a random selection of rotas in the staff duty roster evidenced lack of consistency of band 5 to manage the centre when the manager is not in the centre. One requirement was made in this regard.

Staff mandatory and other staff training had been provided with records retained. Recommendations was made in regard to the development of a training matrix for ease of access and monitoring by the manager and the provision of annual update training in First Aid..

Systems were in place for supervision, appraisal and promoting staffs' learning. Records were being maintained of formal staff supervision/appraisal, staff meetings, accidents/incidents, complaints and audits. One recommendation made related to the recording of outcome of audits and actions taken to address issues.

Staff presented as being enthusiastic, knowledgeable, competent and confident in their roles and responsibilities and their learning in specific areas of interest was encouraged and facilitated where possible. Announced and unannounced monthly monitoring arrangements are undertaken in day care centre and the four monitoring reports examined addressed all of the required matters.

The evidence indicates that the centre is substantially compliant with the criteria in this theme which is to be commended.

### **Care Practices**

The atmosphere in the centre was friendly and welcoming. Service users appeared relaxed and spoke openly with the inspector. Very good relationships were evident between service users and staff who were observed to treat service users with dignity and respect taking into account their views. Well planned organised therapeutic activities, which were displayed on the notice board, were ongoing throughout the day. Responses from service users who spoke with the inspector were positive with staff being highly commended on the provision of an excellent service. No issues or concerns were expressed or indicated.

### **Environment**

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be well maintained.

### **Conclusion**

In conclusion one requirement and four recommendations were made as a result of this inspection. Details of improvements are contained within the report and the appended Quality Improvement Plan.

The inspector wishes to acknowledge the open and constructive approach of the manager and staff throughout the inspection process. Gratitude is extended to service users, who welcomed the inspector to the centre and contributed to the evaluation of the service provided.



**Follow-Up on Previous Issues**

<b>No.</b>	<b>Regulation Ref.</b>	<b>Requirements</b>	<b>Action Taken - As Confirmed During This Inspection</b>	<b>Inspector's Validation Of Compliance</b>
1.	4 (1) (c) 5 (1) (a) 16 (2) (b)  7 (b)	<p>The registered manager should review the arrangements for the initial review to ensure review arrangements are consistent with the day care settings standards and regulations, are fully described in the settings policies, procedures, statement of purpose and service user guide. Arrangements for the service users who initially attend for only one day a week or for only a few days a week should be clearly explained and practice must reflect this. Practice must also reflect that the meeting is not an administrative task or repetitive.</p> <p>The completed statement of purpose and service users guide should be forwarded to RQIA; once reviewed and amended.</p>	<p>Discussion with the manager and examination of documents listed confirmed that review has been included.</p> <p>The Statement of Purpose was submitted to RQIA as requested.</p>	Compliant
2.	28 (3)	The registered person should ensure a sample of the regulation 28 visits is undertaken as unannounced visits.	Examination of reports evidenced that several monthly monitoring visits were unannounced.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	15.2	The registered manager should arrange training for staff in the day care setting with regard to reviews to ensure staff knowledge; skills and approach promote best practice in this regard.	Staff training had been provided as confirmed by staff and training record examined.	Compliant

<b>Standard 7 - Individual service user records and reporting arrangements:</b>	
<b>Records are kept on each service user’s situation, actions taken by staff and reports made to others.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
<p>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>	
<b>Provider’s Self-Assessment:</b>	
<p>Day Care Staff recognise all Service Users have the legal right to confidentiality under the Data Protection Act 1998 where this does not in anyway infringe on other peoples rights to information. There is clear trust policy guidelines and procedures on how staff act on requests for information under the Data Protection Act of 1998 which came into effect from 1st March 2000. Under the Data Protection Act 1998, anyone can ask to have access to personal Data held by the SHSCT. There is an Statutory obligation on HSC staff to respect Confidentiality, which can continue to apply posthumously if the service user so requests. Service Users must also be informed (in a manner appropriate to their communication needs) of the information which is necessary to meet their Care Needs. A Personal Confidential File is maintained regarding each service user and their situation, actions taken by staff and reports made to others. Consent of the Service User is always acquired prior to sharing of all confidential information. If the need arises Service Users are given an opportunity to discuss any concerns arising about possible uses of their information. All Services Users are issued with the SHSCT leaflet 'How the Trust processes your personal information' and a copy of the service user's guide on commencement at Day Care. Additionally the SHSCT Poster Titled 'Why We Might Need Information About You' is displayed prominently in the centre detailing the purposes information might be used for eg planning, decision making, research, investigating and ensuring Quality Care and treatment.</p>	<p>Compliant</p>
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
<p>Information as illustrated in the manager’s self-assessment of this criterion was verified through discussion with staff and observation of storage.</p> <p>Robust corporate policies and procedures available to staff in the centre included Record Management, Confidentiality, Data Protection and Protecting Confidentiality of Service Users information. Other resource documents in regard to ethical duty of confidentiality were available and known by staff who spoke with the inspector.</p> <p>All are records are marked confidential.</p>	<p>Compliant</p>

<p><b>Criterion Assessed:</b></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><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment:</b></p> <p>Service Users and/or their carers can access their case record, if consent has been given. Day care staff would share information with the service user or representative in relation to their careplan, goalplan and review assessment and written consent is given in agreement to same. Staff adhere to the SHSCT policy no 2 on 'Access to H&amp;SS Records' and each service user would receive a copy of the Trust's leaflet on 'How the Trust Processess your personal information' which outlines how they can access their information. Day Centre Management follows all trust guidance in relation to requests for information from carers, service users, or their chosen representatives. Operationally the Day Care Service maintains: whenever required, a record of all requests for access to individual records/notes and the outcomes of such requests.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p> <p>Information as illustrated in the manager’s self- assessment was verified through discussion with the manager who confirmed that service users/representatives are kept fully informed and access to their care records would always be accommodated. The manager confirmed that requests for access to information would be recorded although this has not been necessary to date.</p>	<p><b>COMPLIANCE LEVEL</b></p> <p>Compliant</p>

<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
<p>7.4 Individual case records/notes (from referral to closure) related to activity within the day service are maintained for each service user, to include:</p> <ul style="list-style-type: none"> <li>• Assessments of need (Standards 2 &amp; 4); care plans (Standard 5) and care reviews (Standard 15);</li> <li>• All personal care and support provided;</li> <li>• Changes in the service user’s needs or behaviour and any action taken by staff;</li> <li>• Changes in objectives, expected outcomes and associated timeframes where relevant;</li> <li>• Changes in the service user’s usual programme;</li> <li>• Unusual or changed circumstances that affect the service user and any action taken by staff;</li> <li>• Contact with the service user’s representative about matters or concerns regarding the health and well-being of the service user;</li> <li>• Contact between the staff and primary health and social care services regarding the service user;</li> <li>• Records of medicines;</li> <li>• Incidents, accidents, or near misses occurring and action taken; and</li> <li>• The information, documents and other records set out in Appendix 1.</li> </ul>	
<b>Provider’s Self-Assessment:</b>	
<p>Service Users individual case records/ notes are maintained within the Day Centre in a format that meets the required standard reference 7:4 and in line with The Minimum Standards January 2012. Assessment of need is captured through the Functional Rating Assessment in form DCS 3a. Care Plans detail personal care/ support needs in form DCS8 which is a live document, continuously reviewed and updated capturing changes in service users needs or behaviour, including changes in circumstances and any action required. Case Reviews include service user's views about their care and support, important events including incidents or accidents since the last review and how they were addressed, any changes in service users situation, risk and how it is managed and any specific action to be taken. Changes in objectives, expected outcomes and associated time frames are detailed in form DCsw1 which also records changes in the service users usual programme. Contact Sheets record all contact with service users representatives, staff and primary health and social care services. All records regarding medication management are held in medicines file, i.e MARS form, stock control and administration records. Incidents/ Accidents and all untoward events and action taken are all documented via Datix system.</p>	<p>Substantially compliant</p>

<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
Information as illustrated by the manager in the self- assessment was verified through discussion with staff and examination of four care records which confirmed that records were comprehensive with assessments including risk, care plans showing actual and potential needs and interventions to meet agreed objectives. There was good evidence of resident representative consultation and multi-professional collaboration in planned care.	Compliant
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
7.5 When no recordable events occur, for example as outlined in Standard 7.4, there is an entry at least every five attendances for each service user to confirm that this is the case.	
<b>Provider's Self-Assessment:</b>	
All recordable events as outlined in Standard 7.4, are currently recorded, and held on individual file. In the event of no recordable events occurring as outlined in standard 7.4 the practice at Crozier Lodge Day Care Centre is to maintain a daily activity programme sheet on each service user in attendance and any concerns regarding service user's are reported back to the senior day care worker and appropriate action taken. . Daily attendance records/ programme activity sheets are maintained in keeping in standard 7.5 as there is an entry for at least every five attendances.	Compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
Examination of four service user care records' evidence care with a written evaluation entry at least once every five attendances for each individual service user.	Compliant

<p><b>Criterion Assessed:</b>                  7.6 There is guidance for staff on matters that need to be reported or referrals made to:</p> <ul style="list-style-type: none"> <li>• The registered manager;</li> <li>• The service user’s representative;</li> <li>• The referral agent; and</li> <li>• Other relevant health or social care professionals.</li> </ul>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment:</b></p>	
<p>All staff attend Corporate Induction, Departmental Induction, and Safeguarding Vulnerable Adults Training which highlights matters that need to be reported or referrals which need to be made to Registered Manager, service use'rs representative, referral agent, or other health or social care professional. Mandatory Training and refreshers covering all areas relating to the trust policies and procedures are regularly updated. Each staff member is familiar with the Trust and Departmental Policies and Procedures Files and their location at the Daycare workstation for easy access. The service users keyworker attends regular reviews with the service user and any other relevant health or social care professionals. Other relevant information eg incidents/accidents or matters of concern are communicated immediately via appropriate means of communication eg Datix. On-going and regular supervision and staff appraisal within the team further reinforces all matters that need to be reported and the reporting structure. This ensures that all staff have support and guidance throughout the reporting and recording procedures. Daily Team Brief and 3 Monthly Team Meetings provide regular support and guidance. All staff are aware of the 'Open Door Policy' and Senior Staff are always available for consultation. All the above systems provide guidance for staff on all matters which need to be reported as outlined in 7.6</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>The centre had in place the relevant corporate policies with regard to reporting and management of events. Staff presented as being confident and competent in their roles and clear in their reporting procedures to the manager, service user representatives and other professional staff.</p> <p>Examination of care records evidenced good multi-professional collaboration in planned care including reporting and sharing of information with representatives of service users.</p>	<p>Compliant</p>

<p><b>Criterion Assessed:</b> 7.7 All records are legible, accurate, up to date, signed and dated by the person making the entry and periodically reviewed and signed-off by the registered manager.</p>	
<p><b>Provider’s Self-Assessment:</b> All day care staff adhere to the standard needed to complete legible, accurate, and up to date records. Staff currently are being guided by the SHSCT policy no 51 on Recording and reporting care practices which detail high quality record keeping.. The Recording standards required and reporting arrangements are continually on the agenda as part of Induction and individual supervision sessions both formal and adhoc (as necessary) on a day to day basis. Records are signed as part of good practice by the registered manager eg. review meetings, careplans, risk assessments, initial assessments. These can be evidenced in Service Users Personal Files</p>	Compliant
<p><b>Inspection Findings:</b></p>	<b>COMPLIANCE LEVEL</b>
<p>Examination of a sample of four care records evidence that these were legible, current signed and dated by the staff member and reviewed signed off by the manager.</p>	Compliant

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

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



<b>Theme 1: The use of restrictive practice within the context of protecting service user’s human rights</b>	
<b>Theme of “overall human rights” assessment to include:</b>	
<p><b>Regulation 14 (4) which states:</b></p> <p><b>The registered person shall ensure that no service user is subject to restraint unless restraint of the kind employed is the only practicable means of securing the welfare of that or any other service user and there are exceptional circumstances.</b></p>	<b>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment:</b>	
<p>Staff are aware of the Trusts Policies and Procedures in relation to the Management of Aggression ie. Policies 38; 56; . Management of Actual or Potential Aggression Training is Mandatory ;: details of this training can be accessed in staff training file..</p> <p>This training provides staff with the skills and knowledge to manage and respond appropriately to challenging behaviour. Staff are monitored informally on a daily basis by observation and formally by regular supervision. No form of restraint of any kind has been required to date.</p> <p>Staff demonstrate their knowledge and skill through Diversional Therapies and defusing of situations to promote positive outcomes. Relevant information is shared in a timely manner in the Mutli Disciplinary Review and an updated Action Plan would include a new assessment of need and behavioural management system, which continues to be subject to regular review to ensure safety of the service user and others.</p> <p>Staff demonstrate their competence by responding sensitively and providing reassurance and then reporting to the Person in Charge. Restraint would only be used to protect the person or other persons and only after all other lesser restrictive measures have been unsuccessful and used only in proportion to the risk of harm. Physical Intervention Techniques when used will take account of individuals privacy, be respectful and adhere to cultural needs. Staff integrate DOLS (Deprivation Of Liberty Safeguards ) being mindful of the service users level of capacity when reporting and recording.</p>	Compliant

<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
<p>The centre’s had a policy/procedure on Restraint and Seclusion which was dated July 2011.</p> <p>Information as illustrated in the manager’s self- assessment was verified through discussion with the manager, staff and observation. The manager and staff confirmed that no form of seclusion or physical restraint is used.</p> <p>The entrance door of the centre is locked which is necessary for the assessed safety and well- being of several service users. Those residents who do not require this level of security can exit the centre as desired.</p>	Compliant
<p><b>Regulation 14 (5) which states:</b></p> <p><b>On any occasions on which a service user is subject to restraint, the registered person shall record the circumstances, including the nature of the restraint. These details should also be reported to the Regulation and Quality Improvement Authority as soon as is practicable.</b></p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider’s Self-Assessment:</b></p>	
<p>If restraint is required it would only be used to protect the individual or other persons and only after all other lesser restrictive measures have been unsuccessful and used only in proportion to the risk of harm. In the event of restraint needing to be used the circumstances would be recorded including the nature of the restraint. The incident would later be analysed for any learning needs to be identified. Physical Intervention Techniques, when used will take account of individuals Privacy, also to ensure Respect is shown at all times and that individual Cultural needs are met. Staff would integrate the Required Deprivation of Liberty Safeguards( DOLS) by being mindful of the service users level of Capacity and Human Rights when reporting and recording. RQIA would be informed via Notification of Incidents form 1A within 24 hours. DATIX form would be completed immediately.</p> <p>The day centre staff would seek professional guidance/support in reviewing the Service Users Behavioural Needs. All staff would be appraised of updated behavioural management programme if relevant and follow accordingly</p>	Compliant
<p><b>Inspection Findings:</b></p>	<b>COMPLIANCE LEVEL</b>
<p>Information as illustrated in the manager’s self-assessment was verified through discussion with the manager and staff.</p> <p>The manager and staff confirmed that no physical restraint has been necessary and explained the procedure which would be implemented if this was required.</p>	Compliant

<p>Staff training records evidenced training in restrictive intervention was delivered and held on 23 April 2014.</p> <p>Discussion with staff and analysis of staff comments in questionnaires returned to RQIA evidenced that staff were familiar with the guidance document on Restraint in Health and Personal Social Services.</p>	
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<p><b>PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b></p>
	<p>Compliant</p>

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

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

Inspection Findings:	COMPLIANCE LEVEL
<p>Evidence as illustrated in the manager’s self- assessment was verified through discussion with the manager and staff, examination of competency/capability assessments, staff training records and analysis of staff questionnaires returned to RQIA.</p> <p>The day centre’s Statement of Purpose reflected the staffing requirements for the day centre which includes one band 5 which is essential as the registered manager also has management responsibility for two other centres is not always available in the centre. Examination of the staffing levels recorded within the duty roster evidenced that there has been a distinct shortfall of band 5 staff since May 2014 which is not in keeping with the centre’s Statement of Purpose. This matter was discussed with the manager who confirmed that this had been raised with her line manager who recently redeployed a temporary band 5 to work in the centre two weeks prior to the inspection. Staff who spoke with the inspector confirmed that this level of support was greatly missed as they had to make telephone calls to the manager regarding issues as they arose which they were unsure. Staff questionnaires returned to RQIA evidence comment regarding shortfall of band 5 to be in charge when the manager was not in the centre. One requirement was made in regard to this matter.</p> <p>During the inspection the inspector had a telephone discussion regarding this concern with the head of day care services, Tena Armstrong who confirmed that the matter would be addressed.</p> <p>The temporary staff member, band 5 redeployed from another centre, who spoke with the inspector, demonstrated awareness of the role and responsibility to ensure management and control of operational tasks in the day care setting are competently completed. This was reflected within competency and capability assessment viewed by the inspector.</p> <p>Examination of a random sample of staff supervision records evidenced appraisal and staff meetings are provided in keeping with corporate governance arrangements, regulations and good professional practice. One recommendation was made in regard to the provision of staff annual update training in First Aid.</p>	<p>Substantially compliant</p>

<p><b>Regulation 20 (2) which states:</b></p> <ul style="list-style-type: none"> <li><b>The registered person shall ensure that persons working in the day care setting are appropriately supervised</b></li> </ul>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider's Self-Assessment:</b></p> <p>There is an established planned programme of individual supervision for all staff appropriate to designation / grade all supervision meetings are recorded and signed by both parties. Dedicated time is agreed and set aside for the supervision session and occurs not less than 3 monthly, and supervisory staff can report any serious issues arising. All staff receive a planned yearly staff appraisal in line with day care Standard 22. Staff are supervised and their performance appraised and reviewed against individual job description to agree personal development plans. The Registered Manager has received training in the SHSCT Adult Supervision Policy and the Band 5 SDCW staff have completed their QCF5 unit 511 in supervision.. Senior staff have also been trained to undertake KSF and appraisal with staff whom they have direct line management responsibility for in the day centre.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p> <p>Information as illustrated above by the self- assessment was verified through random selection of supervision records, discussion with staff and cursory view of the centre's policy/procedure. The importance of a consistent band 5 staff member within the centre for the day to day supervision of staff when the manager is not present is necessary as indicated in the previous criterion.</p>	<p><b>COMPLIANCE LEVEL</b></p> <p>Substantially compliant</p>

<p><b>Regulation 21 (3) (b) which states:</b></p> <ul style="list-style-type: none"> <li>• <b>(3) For the purposes of paragraphs (1) and (2), a person is not fit to work at a day care setting unless –</b></li> <li>• <b>(b) he has qualifications or training suitable to the work that he is to perform, and the skills and experience necessary for such work</b></li> </ul>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment:</b></p> <p>Staff have access to SHSCT Policies and Procedures, and receive Corporate Induction e.g Fire Safety, Vulnerable Adults, Infection Control, Manual Handling and COSHH Training.</p> <p>All staff receive an established programme of H&amp;S and Mandatory Training (necessary for the day care setting) and attend refresher Training as required. All day care staff also have access to e learning training programme within the Trust. Staff are required to undertake Qualifications in accordance with their designated job role, NISCC Registration guidelines in order to retain registration requirements. All supervisory staff are required to be appropriately qualified as per Job Specification and suitably trained in order to supervise HSC staff. This is defined by their grade, job role, experience and qualifications. The Band 5 day Care Staff hold NVQ 2 &amp; 3 and QCF 5 in supervision. Day care staff BAND 3 are required to hold QCF / NVQ level 2 qualifications. The registered manager holds CQSW, MIHSM,( member institute health service management) and has completed Beeches Management Course plus Trust Management Training and Community Development Training.</p>	Compliant
<p><b>Inspection Findings:</b></p> <p>Information as illustrated in the manager's self- assessment was verified through discussion with the manager, staff, examination of training records, induction records, Statement of Purpose and staff duty roster.</p> <p>One recommendation made related to the provision of annual update of staff training in First Aid as records examined evidenced previous training took place in April 2013.</p>	<b>COMPLIANCE LEVEL</b> Compliant

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

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



## **Additional Areas Examined**

### **Complaints**

Data submitted to RQIA pre inspection and discussion with the manager confirmed that no complaints were received during year. The centre had a complaints policy / procedure which was known by staff. Information on how to complain was reflected within the Statement of Purpose and Service User Guide.

### **Registered Manager Questionnaire**

Data was submitted to RQIA pre inspection by the manager as requested. The questionnaire submitted by the manager contained information regarding governance arrangements including staff registrations with Northern Ireland Social Care Council, staffing, policy/procedures, staff training and recruitment and accident / incidents. The manager confirmed that no restraint was used in the centre.

### **Statement of Purpose**

The centre's Statement of Purpose dated November 2014 was submitted to RQIA pre-inspection reflected information in accordance with Regulation 4 of The Day Care Setting Regulations (Northern Ireland) 2007.

### **Service Users Guide**

A copy of the centre's Service User Guide submitted to RQIA pre-inspection reflected information in accordance with Regulation 5 of The Day Care Setting Regulations (Northern Ireland) 2007. However, the document submitted did not show the date of review. One recommendation was made.

### **Monthly Monitoring Reports**

Examination of monthly monitoring reports for the months July, Aug. Sept and October 2014 were in place and examined. Reports held showed that several visits were undertaken unannounced in accordance with Regulation 28 (3) of The Day Care Settings (Northern Ireland) 2007.

### **Environment**

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be satisfactorily maintained.

## **Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Iona Henry, 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:

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



## Quality Improvement Plan

### Primary Announced Care Inspection

Crozier Lodge

10 December 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 the registered manager, Iona Henry during and at the conclusion of the inspection visit.

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

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

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

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

**Statutory Requirements**

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

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Regulation 20 (1) (a)	<p><b><u>Management.</u></b></p> <p>In keeping with the centre's Statement of Purpose, as approved by RQIA, the registered manager must ensure that a competent, capable staff member is on duty to take charge when the manager not present.</p>	One	<p>The Registered manager can confirm that this requirement has been addressed through an internal staffing adjustment which will come into effect on the 30/01/2015. Until this comes into effect the Registered manager has relocated to Crozier Lodge to take charge of the facility ensuring that she is there from 10-4 pm 4 days per week</p>	15 December 2014

**Recommendations**

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

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details of Action Taken By Registered Person(S)	Timescale
1	Standard 17.11	<p><b><u>Audit</u></b> It is recommended that outcomes of care record audit are analysed, recorded and action plans developed which reflect identified areas requiring improvement alongside achievement date</p>	One	The Registered Manager accepts the recommendation and has put in place an Audit proforma to reflect identified areas requiring improvement and achievement dates.	27 February 2015
2	Standard 1.2	<p><b><u>Service User Guide.</u></b> It is recommended that the Service User Guide reflects the date of publication/review.</p>	One	The Registered Manager accepts the recommendation and has reviewed and updated the Service User Guide as required on 17/11/14.	27 February 2015
3	Standard 17.2	<p><b><u>Training matrix</u></b> It is recommended that a staff training matrix is established to provide ease of access to the manager for monitoring purposes.</p>	One	The Registered Manager accepts the recommendation and has established a staff training Matrix. This is a useful tool to provide ease of access for the manager and will be used as a monitoring tool to support ongoing staff training requirements.	27 February 2015

4	Standard 21.3 Guidance on Mandatory Training for Providers of Care in Regulated Services. RQIA (2013)	<b><u>Training.</u></b>  In accordance with RQIA guidelines it is recommended that annual update training in First Aid is provided for staff as records examined evidenced previous training took place in April 2013.	One	Annual update Training in First Aid was delivered to all staff on 6/01/15. Annual updates will be provided in future.	31 January 2015
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Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

<b>Name of Registered Manager Completing Qip</b>	Mrs Iona Henry
<b>Name of Responsible Person / Identified Responsible Person Approving Qip</b>	Mrs Angela McVeigh Director Older People & Primary Care

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	yes	P.Clayton	29/1/15
Further information requested from provider			