



The **Regulation** and
Quality Improvement
Authority

Primary Announced Care Inspection

Name of Establishment:	Crossmaglen Social Education Centre
RQIA Number	11317
Date of Inspection:	11 December 2014
Inspector's Name:	Priscilla Clayton
Inspection ID:	20588

The Regulation And Quality Improvement Authority
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Name of Centre:	Crossmaglen Social Education Centre
Address:	Rathkeeland House Blaney Road Crossmaglen BT35 9JJ
Telephone Number:	(028) 3086 8185
E mail Address:	crossmaglenc.nm@southerntrust.hscni.net
Registered Organisation/ Registered Provider:	Anne Mairead McAlinden Southern HSC Trust
Registered Manager:	Carmel McGrath
Person in Charge of the Centre at the Time of Inspection:	Maureen Carville (Assistant manager)
Categories of Care:	DCS-LD
Number of Registered Places:	24
Number of Service Users Accommodated on Day of Inspection:	8
Date and Type of Previous Inspection:	21 November 2014 Announced Estates Inspection
Date and Time of Inspection:	11 December 2014 10.00am–4.00pm
Name of Inspector:	Priscilla Clayton

1.0 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.

2.0 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.

3.0 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 assistant manager
- Examination of records
- Consultation with stakeholders
- File audit
- Tour of the premises
- Evaluation and feedback

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

Consultation Process

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

Service users	8
Staff	3
Relatives	None available
Visiting Professionals	None available

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	4	3

4.0 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.

5.0 Profile of Service

Crossmaglen SEC provides day care to adults with various learning disabilities who live in the local area. Located in the town of Crossmaglen and based in Rathkeeland House, the centre is leased by the Trust and shares its premises with other agencies.

The Southern Health and Social Care Trust are the registered organisation in control and the registered manager is Mrs Carmel McGrath. The registered manager is based in Windsor Hill, Newry. An assistant manager visits the centre to oversee the day to day running of the centre in the registered manager's absence and a designated day care worker (Band 5) assumes responsibility for the centre in the absence of the registered manager/assistant manager.

Referrals and allocation of days are in accordance with the trust procedures, with placements offered following an assessment of need.

The centre is not purpose built and has had to adapt in terms of its environment to meet the increased needs of the client group. The centre is open plan and bright; however, space is limited to two rooms and storage of wheelchairs and other equipment can prove problematic.

The centre operates Monday, Tuesday, Thursday and Friday and service users attend Windsor Hill in Newry on a Wednesday from 9.00am. There are currently 15 service users in total availing of the service, with an average of 14 being accommodated on any given day.

6.0 Summary of Inspection

A primary announced inspection was undertaken in Crossmaglen Social Education Centre on 11 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 was four requirements and three recommendations from the previous inspection conducted on 30 April 2013. Validation of the level of compliance with the requirements evidenced that requirements and recommendations has 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 assistant 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. 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 recorded evidence of multi-professional collaboration and service user/representative in planned care.

Improvements since the previous inspection included the development of audits of care assessment records. One further recommendation made related to the development of action plans following analysis to reflect any identified areas requiring improvement.

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 and guidelines on the use of restrictive interventions, which was available to staff. Discussions with staff confirmed that there was no restrictive practice used within the centre. The assistant 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 good resource information available to staff on human rights, deprivation of liberty and restraint.

Discussion with staff evidenced they were familiar with Deprivation of Liberty Safeguards or Guidance document 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 staffing structure and reporting arrangements were clearly set out in writing in the Statement of Purpose, for reference by all stakeholders. Review of the staff duty roster evidenced shortfall in staffing on two occasions. One requirement was made following inspection conducted on 30 April 2013 was reiterated for a second time regarding appropriate staffing levels as shortfall was identified from examination of the staff duty roster.

Additionally the centre closed on two occasions during the year due to lack staff. RQIA was not informed which is in breach of Regulation 29 of The Day Care Setting Regulations (Northern Ireland) 2007 and the centre's Statement of Purpose. One requirement was made in this regard.

Staff mandatory and other staff professional development training had been provided with records retained.

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 required improvement.

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.

6.1 Care Practices

The atmosphere in the centre was friendly and welcoming. Staff was observed to treat the service users with dignity and respect taking into account their views. Very good relationships were evident between service users and staff. 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. No issues or concerns were expressed or indicated by service users.

6.3 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 adequate.

7.0 Conclusion

In conclusion three requirements, one of which is reiterated for a second time and three recommendations, one of which was also reiterated for a second time, 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.

8.0 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Regulation.4 (c)	Statement of Purpose to include details of timescales for reviews. Ref: 15.3	The Statement of Purpose had been reviewed and revised to include timescales.	Compliant
2	Regulation.20 (c) (i)	Staff to receive updated training on the protection of vulnerable adults and the training to be evaluated and a copy of the evaluation retained in the staff members file. Ref: 13.4	Examination of staff training records evidenced that training has been provided on 30 June 2014.	Compliant
3	Regulation 20(1)(a)	The registered person must review the staffing arrangements in the centre and ensure at all times there are enough suitably qualified and experienced staff working in the day centre to meet the needs of the service users and the statement of purpose. The outcome of the review should be reported to RQIA within the timescales stated.	Examination of the staff duty roster evidenced that a shortfall in staffing levels on week commencing 8 November 2014 as one ancillary staff member was off duty leaving one care staff member to undertake the kitchen/cooking/ preparation and ancillary duties resulting in one care staff to provide care/activities including all associated duties and overall supervision of service users. This is unsafe practice. Additionally the centre had to close on two occasions due to staffing shortfall. RQIA was not notified which is in breach of Regulation 29.	Not compliant – Requirement reiterated for a second time.

4	Schedule 5 Ref:17	Staff meetings to be held on a regular formal basis.	Examination of staff meeting records evidenced this had been addressed.	Compliant
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No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	15.1	Advocacy services to be introduced to the service users and their representatives so that they can avail of the service if required.	The manager reported that this had been actioned through Disability Action Service.	Compliant
2	17.9	Working practises to be audited.	Audit of care records had commenced and is ongoing. It is recommended that analysis of outcomes is recorded alongside action taken to address improvements where required.	Compliant
3	23.3	The registered manager should ensure a competency assessment is in place regarding any member of staff identified as assuming responsibility in the absence of the manager. All staff should be clear about the line management arrangements in the service.	There was no recorded evidence of competency and capability assessments available. Staff who spoke with the inspector demonstrated awareness of the management arrangements.	Not Compliant. Recommendation reiterated for a second time.

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:	
All staff are aware of their legal and ethical duty of confidentiality in respect of all service users records held, created or used within their work whether paper based or electronic including emails. Staff are required to be aware of the SHSCT Policies and Procedures on records management, confidentiality and I.T. security as well as an awareness of the Data Protection Act 1998, Code of Practice on Protecting the Confidentiality of Service Users Information (DHSSPSNI 2012), Minimum Day Care Standards (DHSSPSNI 2012) and NISCC Code of Practice. Staff must ensure that service user information is only shared on a need to know basis in accordance with policy guidance. Staff store information safely and securely within Crossmaglen Social Education Centre.	Compliant
Inspection Findings:	COMPLIANCE LEVEL
The centre had policies and procedures covering ethical matters in regard to confidentiality, Data Protection and Information Technology Security. Staff who spoke with the inspector demonstrated awareness of the policies/ procedures to follow.	Compliant

Criterion Assessed:	COMPLIANCE LEVEL
<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>	
Provider's Self-Assessment:	
<p>The records that are kept within the centre are completed with the service user who works in partnership with their keyworker to update all information annually or more often if required. Should the service user request full access to their file the centre will liaise directly with the community keyworker and the individual will be asked to place his/her request in writing or email. A service user may request a representative of their own choice to act on their behalf in this process. Staff will ensure appropriate forms are completed on the Trust's 'Consent to Release Personal Information to an Elected Representative' form and recorded on file. All requests for service users records should be actioned without delay in accordance with SHSCT Data Protection Guidance Note Subject Access Request for Social Services Record. A copy of access to records is forwarded to information governance team to monitor the progress of the request under the Data Protection Act 1998. A record of request for access are kept in the individual's file and the outcomes recorded. There have been no record of individual / s request to access his / her care records / notes to date within Crossmaglen SEC to date.</p>	Compliant
Inspection Findings:	COMPLIANCE LEVEL
<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>	

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>Individual assessments are completed with the service user after commencing daycare. Service users are involved in developing their own care plans, choosing activities and outlining their objectives and aspirations for the coming year in day care. These are reviewed annually or more frequently if required. Service users and their families or representatives are invited to attend annual reviews along with other multidisciplinary professionals who are involved with the individual. Should there be changes in the service users needs or behaviour during the year this will be recorded in contact records and their community key worker will be informed and advice will be sought from relevant professionals if required. With the service users agreement the next of kin is kept up to date with any concerns or issues. Contact records reflect daily activities, input from other health services, medicine management and any incident or accidents. Service users who require assistance with medication will have this recorded in their medicine management plan and Guidelines for Administering Medicines are adhered to. All service user files are audited on a regular basis by the Registered Manager or Assistant Manager in her absence. The Registered Provider also checks a selection of file records during the monthly visit.</p>	Compliant

Inspection Findings:	COMPLIANCE LEVEL
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
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:	
Where no recordable events occur or if the service user is absent a record is made in the service users file - daily notes section at least every five days.	Compliant
Inspection Findings:	COMPLIANCE LEVEL
Examination of four service user care records' evidence care a written evaluation entry at least once every five attendances for each individual service user.	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. 	COMPLIANCE LEVEL
Provider’s Self-Assessment:	
<p>Noted concerns or issues will be reported to the appropriate staff that is Day Care Keyworker, Community Keyworker, relevant Allied Health Professional and the Registered Manager and Deputy Manager as deemed necessary. Changes that require assessment from other disciplines or agencies are made via the Day Care Worker and Community Keyworker. A copy of all such contacts / referrals are held on the individuals file. Formal guidance for staff on matters that need to be reported has been created and is now accessible to all staff.</p>	Compliant
Inspection Findings:	
<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 multi-professional collaboration in planned care, reporting and sharing of information with representatives of service users.</p>	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>	COMPLIANCE LEVEL
Provider’s Self-Assessment:	
<p>All records are written in a factual and legible manner in partnership with the service user and his / her Day Care Key Worker. A summary of these records are reviewed annually at the individual's annual review and should there be changes these will be updated. All service user records are periodically audited and signed by the Registered Manager. Records are also audited during Provider Visits.</p>	Substantially compliant

Inspection Findings:	COMPLIANCE LEVEL
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.	Compliant

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

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

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>Our staff are MAPA trained and use the concept 'keep me safe, treat me with respect' in line with individuals overall human rights. MOVA strategy number 8 use of Restrictive Physical Intervention (RPI) seeks to ensure RPI is used as infrequently as possible and in the best interest of the service user. In Crossmaglen Social Education Centre we use de-escalation methods as outlined by the Psychologist and the Behaviour Support Team at all times ensuring the human rights of the individual are respected. Any planned use of restrictive practice will only be implemented following consultation with the service user, his / her carer and multi-disciplinary team and notification to RQIA and recorded on file.</p> <p>Registered Managers are currently developing a set of guidelines and protocol for use of Restrictive Practice within Day Care.</p>	Substantially compliant
Inspection Findings:	
<p>The centre’s had a policy/procedure on Restraint and Seclusion which was dated March 2011.</p> <p>Information as illustrated in the manager’s self- assessment was verified through discussion with the manager, staff and observation. The assistant manager and staff confirmed that no form of seclusion or physical restraint is used.</p>	COMPLIANCE LEVEL 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>There are no recorded occasions where a service user has been subject to restraint within Crossmaglen Social Education Centre. Staff are aware of the need to report any such incidences to RQIA, other relevant staff and recorded in the individual service user file. The use of straps on wheelchairs has been assessed by Occupational Therapist and Physiotherapist in consultation with the service user and have been agreed as being necessary for the individual's safety.</p> <p>If restraint were required in the event of an emergency staff would apply their MAPA training and Trust MOVA Policies and Procedures using the concept 'keep me safe, treat me with respect'.</p>	<p>Compliant</p>
<p>Inspection Findings:</p> <p>Information as illustrated in the manager’s self-assessment was verified through discussion with the assistant manager and staff. The assistant manager and staff confirmed that no physical restraint has been necessary and explained the procedure which would be implemented if this was required.</p> <p>Staff training records evidenced training in restrictive intervention which was provided on 14 April 2014.</p>	<p>COMPLIANCE LEVEL</p> <p>Compliant</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>The Registered Manager ensures that at all times there is a suitable qualified, competent and experienced Day Care Worker Band 5 assuming responsibility in the absence of the Assistant Manager and Registered Manager at all times. The Registered Manager and / or Assistant Manager visit the centre on a weekly basis and are contactable at all times. The Assistant Manager is based in the Laurels providing a managerial presence of approximately 7 - 10 hours per week and additional hours is placed on the staff rota to cover for annual leave, sickness absence, training etc. There is a defined Managerial / Organisational Structure in place which is outlined in Crossmaglen Social Education Centre's Statement of Purpose.</p> <p>A draft SHSCT Disability Division Day Care 'Procedure for Assessing the Competency and Capability of Staff Assuming Responsibility in the Absence of the Registered Manager' is in place and will be presented to the Director at the Managers Meeting in July 2014.</p>	<p>Substantially compliant</p>

Inspection Findings:	COMPLIANCE LEVEL
<p>The centre’s Statement of Purpose dated July 2014 reflects the centre’s management structure, lines of accountability, specifies roles and details responsibilities for areas of activity.</p> <p>The Day Care Setting questionnaire (inspection year 2013 –14) was completed and returned pre-inspection to RQIA by the registered manager who confirmed that governance and management arrangements were in place including; staff supervision and appraisal, staff training, staff registration with Northern Ireland Social Care Council, staff meetings, policies and procedures in place and accidents/incidents recorded.</p> <p>Discussion with the assistant manager, staff and examination of staff duty roster evidenced staffing shortfall on identified dates including the closure of the centre on two occasions due to staffing shortfall when service users were transferred to another centre in Newry. RQIA was not informed about this arrangement which is not in accordance with Regulation 29 of The Day Care Setting Regulations (Northern Ireland) 2007. One requirement was made in this regard.</p> <p>In regard to staffing levels which were not in keeping with the centre’s Statement of Purpose on identified dates, as discussed, one requirement has been reiterated for a second time.</p> <p>Neither the registered manager nor the assistant manager is based in Crossmaglen Day Care Centre a band 5 staff member undertakes this responsibility when there is no manager present in the centre. Mobile phone contact with the manager is available.</p> <p>The assistant manager, who is based in The Laurels Day Care Centre in Newry, confirmed she alternates visits to the centre with the registered manager at least once each week although no designated hours were set. Records of the assistant manager’s visits to the centre were recorded within a sign in/out log sheet. There were no recorded visits by the registered manager during November 2014.</p> <p>One requirement was made in regard to ensuring the actual duty hours worked in the centre by the registered manager and assistant manager are recorded within the staff duty roster in accordance with Regulation 19 (2) Schedule 5 7 of The Day Care Setting Regulations (Northern Ireland) 2007.</p> <p>Due to the wide span of management responsibility and control held by the registered manager within four other day care centres the band 5 staff member in Crossmaglen “acts” up in the manager’s absence. The band 5 staff member</p>	<p>Not compliant</p>

<p>who spoke with the inspector demonstrated knowledge of the systems and processes in place for the management of the centre. However, Competency and capability assessment record was not in place. The assistant manager reported this was work in progress. This recommendation was made at the previous inspection conducted on 30 April 2013 is therefore reiterated for a second time.</p> <p>In total three requirements, one of which has been reiterated for a second time, and one recommendation reiterated for a second time has been made. Should the reiterated requirement and recommendation, which requires to be addressed, within the extended timescale specified, not be actioned RQIA will consider further regulatory action as outlined in the enforcement policies and procedures.</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
<p>Provider's Self-Assessment:</p>	
<p>Staff within Crossmaglen Social Education Centre receive regular supervision in line with the Trust's Supervision Policy Standards and Criteria for Social Care Workers and RQIA Day Care Settings Minimum Standards (2012). Supervision records are maintained on individual staff member files in centre and regularly audited through the Trust Governance Department.</p>	Compliant
<p>Inspection Findings:</p>	COMPLIANCE LEVEL
<p>Information as illustrated above by the self- assessment was verified through random selection of records, discussion with staff and cursory view of the centre's policy/procedure.</p>	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 	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p>	
<p>All staff are in receipt of Trust induction and Trust mandatory training which the centre facilitates through 4-5 training days each year. The centre also offers service specific training within the identified training days. Individual staff training needs are identified through supervision, KSF and PDP Reviews. Staffs' qualifications are outlined in the centre's Statement of Purpose.</p>	<p>Compliant</p>
<p>Inspection Findings:</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>The Day Care Setting questionnaire (inspection year 2013 –14) was completed and returned pre-inspection to RQIA by the registered manager who confirmed that governance and management arrangements were in place including; staff supervision and appraisal, staff training, staff registration with Northern Ireland Social Care Council, staff meetings, policies and procedures in place and accidents/incidents recorded.</p>	<p>COMPLIANCE LEVEL</p> <p>Compliant</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>Working towards compliance</p>
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9.0 Additional Areas Examined

9.1 Management Arrangements

Carmel McGrath is the registered manager of Crossmaglen Day Care Centre and has management responsibility for four other centres within the trust including; Windsor, The Laurels (Newry), Millview (Bessbrook) and Binion Day Care Centre (Kilkeel). The manager was off duty on the day of inspection and Carmel M'Grath, assistant manager was present. The assistant manager, who is a registered nurse has been in post since 2009, is also employed within Windsor and The Laurels (Newry).

The assistant manager explained that there were no specific allocated hours of duty in Crossmaglen for her or the registered manager and that generally either she or the registered manager would visit at least once each week. However, examination of a random sample of the duty records evidenced weeks when no duty hours of time spent within the centre was recorded by the registered manager during the period 10 November to 27 November 2014 which is not in accordance with Regulation 19 (2) Schedule 5 of The Day Care Setting (Northern Ireland) 2007

The assistant manager explained that either the band 5 staff member from the staff team would be in charge of the centre when the assistant manager or the registered manager was not present. There was no competency capability assessment in place for the staff member who is in charge which is not in compliance with Standard 23.3 of The Day Care Setting Minimum Standards. DHSSPS (2012). One recommendation in this regard was made at the previous inspection conducted on 11 December 2013 and is reiterated for a second time.

9.2 Registered Manager Questionnaire

The Day Care Setting questionnaire (inspection year 2013 –14) was completed and returned pre-inspection to RQIA by the registered manager. Information returned confirmed that governance and management arrangements in place including; staff supervision and appraisal, staff training, staff registration with Northern Ireland Social Care Council, staff meetings, policies and procedures in place and accidents/incidents recorded.

Examination of a random selection of records and discussion with the assistant manager and staff evidenced that, with the exception of accidents/incidents, the aforementioned practice was in accordance with legislative requirements and corporate governance arrangements.

Examination of accident/incident records and discussion with the assistant manager evidenced that all accidents/incidents occurring in the centre were not being notified to RQIA including two unexpected closures of the centre due to shortfall in staffing. One requirement was made in regard to ensuring compliance with Regulation 29 of The Day Care Setting Regulations. (Northern Ireland) 2007.

9.3 Complaints

Information requested on complaints received completed by the registered manager and returned to RQIA evidenced that no complaints were received during 2013. However, examination of complaint records retained in the centre evidenced that one complaint was received during 2013 and one during 2014. Discussion with the assistant manager and examination of records evidenced that both complaints had been investigated and resolved.

9.4 Service Users' Views

The inspector spoke with all service users present during the inspection. Service users spoke freely with the inspector. Responses were positive in regard to staffing, service provided including the meals served, activities, resources and environment. No concerns or issues were raised.

9.5 Staff Views

Discussion with staff and analysis of three staff questioners returned to RQIA evidence positive feedback in regard to the service provided. However, comments made in regard to greater management presence in the centre, availability of greater storage space and additional access to transport were raised. It is recommended that these matters are discussed at the next staff meeting and action taken as required.

9.6 Statement of Purpose

The centre's Statement of Purpose was submitted to RQIA pre inspection as requested. This document had a review date, 23 June 2014 and contained information in accordance with Regulation 4 of The Day Care Setting Regulations (Northern Ireland) 2007.

9.7 Service Users Guide

The centre's Service User Guide was submitted to RQIA pre inspection as requested. This document had a review date, 23 June 2014. Information recorded was in accordance with Regulation 5 of The Day Care Setting Regulations (Northern Ireland) 2007.

9.8 Monthly Monitoring Reports

Records of monthly monitoring visits were retained within the centre. Examination of three visits evidenced that these were in accordance with Regulation 28 of The Day Care Settings Regulations (Northern Ireland) 2007.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with the assistant manager, Maureen Carville, 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



The Regulation and
Quality Improvement
Authority

Quality Improvement Plan

Primary Announced Care Inspection

Crossmaglen Social Education Centre

11 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 Maureen Carville, assistant manager, during and on 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.

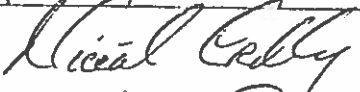
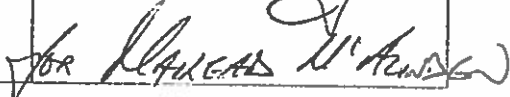
Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of 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>Staffing</p> <p>The registered person must review the staffing arrangements in the centre and ensure at all times there is enough suitably qualified and experienced staff working in the day centre to meet the needs of the service users and the statement of purpose.</p> <p>The outcome of the review should be reported to RQIA within the timescales stated.</p>	Two	<p>Arrangements have been reviewed with immediate effect on 11th December 2014 to ensure that on a day where the Facility Support Worker is not on duty there is a third staff member included on the rota to assist with domestic and catering duties.</p> <p>If due to unforeseen circumstances the above staffing levels cannot be maintained contingency measures will be implemented and RQIA notified.</p>	Immediate and ongoing
2	Regulation 29 (1) (f)	<p>Accidents/Incidents</p> <p>The registered manager must ensure that any accident/incident occurring in the centre must be notified to RQIA within the three day timescale</p>	One	The registered manager will ensure that notification of any accident/incident is completed and forwarded to RQIA within the timescale stipulated.	Immediate and ongoing
3	Regulation 19 (2) Schedule 5 7	<p>Staff Duty Roster</p> <p>Actual duty time worked in the day care centre by the registered manager and assistant manager must be recorded within</p>	One	Hours worked in the Centre by the registered manager and assistant manager are now also recorded on the duty rota as well as the 'sign in' book.	Immediate and ongoing

		the staff duty roster.			
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 23.3	<u>Competency/capability Assessment</u> The registered manager should ensure a competency assessment is in place regarding any member of staff identified as assuming responsibility in the absence of the manager.	Two	A draft Competency Assessment is currently being implemented with Band 5 and 6 staff who assume responsibility in the absence of the manager. A copy of this assessment is being forwarded with the QIP for reference.	31 January 2015
2	Standard 17.9	<u>Audit</u> It is recommended that analysis of the outcomes of audits undertaken is recorded and action plans developed to address any improvements.	One	Audit outcomes and actions required to address improvements are discussed and minuted in individual formal supervision with staff and also discussed at staff team meetings. The required actions are then monitored and reviewed at further supervisions, staff team meetings and direct observation of practice by line manager.	31 January 2015 and ongoing

3	Standard 17.1	<p><u>Staff views</u></p> <p>It is recommended that comments made by staff in regard to greater management presence in the centre, availability of adequate storage space and additional access to transport are discussed with the manager at the next staff meeting and action taken as deemed necessary. (Ref: 9.5)</p>	One	<p>These comments have been discussed with the staff team. Dates have been agreed within the yearly plan for the registered manager's attendance at staff meetings along with her visits to the Centre and weekly contact when the group are in Windsor each Wednesday.</p> <p>A review of assessed needs and timetabled activities is being undertaken to assist in establishing what the transport needs are for service users before a request is forwarded for same.</p> <p>As additional storage space is not available within the confines of the centre staff will reduce order sizes/ order supplies more frequently, carry out a weekly de-clutter and make more use of storage space within Windsor Day Centre and order no more art supplies until current stock are exhausted.</p>	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:

Name of Registered Manager Completing Qip	Hauzen Coeill pp Carmel Mc Grath
Name of Responsible Person / Identified Responsible Person Approving Qip	 

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	P. O'Leary	3/2/15
Further information requested from provider			