



The **Regulation** and
Quality Improvement
Authority

Announced Primary Care Inspection

Name of Establishment: 96 Beechill Road
RQIA Number: 11981
Date of Inspection: 12 January 2015
Inspector's Name: Suzanne Cunningham
Inspection ID: IN017656

The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1.0 General Information

Name of Establishment:	96 Beechill Road
Address:	Linden House Beechill Business Park Belfast BT8 7QN
Telephone Number:	028 9069 9130
E mail Address:	<u>alison@ai-ni.co.uk</u>
Registered Organisation/ Registered Provider:	Autism Initiatives Andrew Grainger (Acting)
Registered Manager:	Alison Robinson
Person in Charge of the Centre at the Time of Inspection:	Alison Robinson
Categories of Care:	LD LD(E)
Number of Registered Places:	6
Number of Service Users Accommodated on Day of Inspection:	1
Date and Type of Previous Inspection:	27 September 2013
Date and Time of Inspection:	12 January 2015 11:00 – 13:00
Name of Inspector:	Suzanne Cunningham

2.0 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.

3.0 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.

4.0 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 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.

5.0 Consultation Process

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

Service users	1
Staff	3
Relatives	0
Visiting Professionals	0

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

Issued To	Number issued	Number returned
Staff	3	0

6.0 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.

7.0 Profile of Service

96 Beechill Road is a day care setting in Belfast; operated by Autism Initiatives. The day care setting provides care and support for individuals with Autism Spectrum Condition, learning disability and autistic behaviours. Day care is provided in one large activity room, two small rooms and a kitchen. There is dining space in the kitchen for lunch times and break times. The centre also has toilet facilities including a disabled toilet and storage rooms. Outside of day centre is a parking area.

The Beechill Road day centre is a community based centre which provides social opportunities for individuals and activities in the day care setting.

8.0 Summary of Inspection

A primary inspection was undertaken in 96 Beechill Road Day Centre on 12 January 2015 from 11:00 to 13:00; this was a total inspection time of two hours. The inspection was announced.

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

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

The inspector spoke to three staff regarding the standards inspected and their views about working in the centre, this generated sound feedback regarding the management of records and reporting arrangements including recording; ensuring records are secure and the management arrangements in this day care setting. Staff were observed taking time to communicate and understand the service user's communication to avoid frustration and ensure the service user is getting the most out of the day care provision. Staff record in service user's files in a person centred way and recording did not contain generalisations but reported specific information that happened with the service user and what they did on that day. Discussion with staff evidenced they are clear regarding their role and responsibility to keep service users information confidential and secure, the inspector was satisfied with arrangements in this regard.

Staff gave an appropriate explanation of the meaning of exceptional circumstances and discussed some of the restrictions in place for the current service user. One staff member gave examples of how they respond to escalating behaviour, they discussed using good communication, diversion, distraction, clear planning; and managing the environment. Staff ensure service users have the opportunity to take part in all activities and programmes in the setting and avoid the use of restraint or restrictive practice in this setting with any service users. Restraint is not currently part of anyone's care plan.

Staff discussed the management arrangements in the setting; they said they were satisfied with the current arrangements, that is the registered manager and senior day care worker who acts up in the registered manager's absence. Further support is available from other managers in the building which is also the home of the Autism Initiative Head Office. The staff confirmed they were receiving supervision at least once every three months and mandatory training.

The inspector observed the service user in the setting. The service user did not have any verbal communication and communicated using gestures, body language and noises. The inspector concluded the service user presented as comfortable in this setting, approached staff freely and communicated his wants effectively with staff. The service user made noises and smiled suggesting he was happy. The service user accessed resources; he wandered around the environment freely and engaged with staff when he wanted to.

The previous announced inspection carried out on 27 September 2013 had resulted in no recommendations and one requirement regarding day centre vehicle. This requirement had been addressed by monitoring the vehicles reliability and reporting in the regulation 28 visits. This requirement was assessed as compliant at the time of the inspection.

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

The six criterion criteria within this standard were reviewed during this inspection. All of the criteria were assessed as compliant. No requirements or recommendations are made.

Discussions staff and review of one service users' individual file provided evidence that the centre have sound arrangements in place regarding management of service user records and reporting arrangements.

Based on the evidence reviewed the inspector assessed the centre as compliant in this standard.

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

Two criterion from regulation 14 were inspected which examined compliance with the use of any restrictive practices in this day care setting within the context of human rights. One criterion was assessed as compliant and one criterion was assessed as not applicable because the setting had not used restraint or restrictions to manage behaviour in this setting. No requirements or recommendations are made.

Discussions with the manager, staff and examination of records provided evidence that the centre was using clear operational systems and processes which promote the needs of the service users who attend the centre. If restrictions were identified staff had completed a restrictive practices assessment which analyses the impact of the restriction and clearly identifies why the restriction is the least restrictive method of responding to behaviour. The discussion with staff evidenced they were knowledgeable regarding exceptional circumstances and they use clear communication, diversion, calming, diffusing techniques and knowing their service users' needs and personalities when responding to service user behaviours to calm and support service users and ensure behaviour does not escalate. Evidence reviewed in this

regard demonstrated this style of intervention had been effective and produced positive outcomes.

Based on the evidence reviewed the inspector assessed the centre as compliant in this theme, no requirements or recommendations are made regarding this theme.

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

Two criteria from regulation 20 and one criterion from regulation 21 were inspected which provided the evidence to examine this theme. All of the criteria were assessed as compliant. No requirements or recommendations are made regarding this theme.

Discussion with the manager and staff provided evidence that the organisation had in place monitoring arrangements; and overall the arrangements in this setting regarding management and control of operations were satisfactory and support the delivery of care to ensure it is consistent with the services statement of purpose.

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

Additional Areas Examined

The inspector undertook a tour of the premises, reviewed the complaints record, examined one service users individual file, validated the registered manager's pre inspection questionnaire and reviewed monthly monitoring reports. This did not reveal any areas for improvement.

The inspector wishes to acknowledge the work undertaken by the manager and staff in preparation for this inspection and their open and constructive approach throughout the inspection process. Gratitude is also extended to the service users who welcomed the inspector to their centre and engaged with her during the inspection. Overall the inspector commends the person centred approach to day care that is delivered in this centre, there is a clear focus of seeking to improve outcomes for service users and ensuring the recording of this is clear will ensure future compliance in the areas identified.

As a result of the inspection no requirements or recommendations are made. This was reported to the manager at the conclusion of the inspection.

9.0 Follow-Up on Previous Issues

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1.	26.6 & 26.7	<p>The registered person must ensure the vehicle available for the service users in this day centre is suitable for purpose, routinely checked, serviced and tested. Any defects should be reported in a timely manner and resolved.</p> <p>Arrangements in this regard must be reported on the returned QIP.</p>	<p>The monitoring of this had been undertaken on an ongoing basis by the manager and staff and the vehicles reliability was monitored through the regulation 28 reports.</p>	Compliant

10.0 Inspection Findings

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 service user information is kept in a personal working file, which is stored in a locked cabinet in the staff room. Keys to the cabinet are kept in a drawer in a locked office which only Daycare staff have access to. Additional personal information stored such as medication, incidents/accidents, VAs, are all stored in the locked cabinet alongside the personal working files. Personal information stored electronically is password protected with only Daycare staff having knowledge of the password. Access to all personal information held is limited to staff working in Daycare and information is only shared with those who need to know in line with the confidentiality policy and human rights legislation.	Compliant
Inspection Findings:	COMPLIANCE LEVEL
The inspector reviewed one individual service user record which presented as described in schedule 4; and other records to be kept in a day care setting, as described in schedule 5. The file is kept in a locked cabinet and accessed by staff as they need to review care planning information or record. Policies and procedures are in place and describe access to records, communication, confidentiality, consent, management of records, monitoring of records, recording and reporting care practices and service user agreement. They are available for staff reference and recording practices present as consistent with current national, regional and locally agreed protocols re confidentiality; current DHSSPS guidance, regional protocols, local procedures issued by the HSC Board and Trusts and current legislation. Discussion with staff validated management and staff knowledge about the duty of confidentiality and their role and responsibility recording, and management of service user's personal information commensurate with their role and responsibility.	Compliant

<p>Criterion Assessed:</p> <p>7.2 A service user and, with his or her consent, another person acting on his or her behalf should normally expect to see his or her case records / notes.</p> <p>7.3 A record of all requests for access to individual case records/notes and their outcomes should be maintained.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p>	
<p>Service user representatives are made aware that personal records/notes regarding the service user are stored in Daycare and are informed that they, as a person acting on the service user's behalf (where the service user does not have capacity to consent), can request to have access to these at any time should they so wish. A record is maintained of all requests for access to individual care records/notes and their outcomes where this is the case.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The service user in this setting has complex needs and would not have capacity to understand or be meaningfully involved in recording practices in this setting. However evidence of communication with the service user’s representative, social worker and other professionals evidenced sound communication routines and routine signing of plans was in place this verifies there is collective agreement plans are accurate and appropriate.</p> <p>Policies and procedures detail how queries of freedom of information, confidentiality, consent, access to records will be managed. Discussion with staff working in the centre validated their knowledge commensurate with their role and responsibilities in this regard. Discussion with staff also evidenced they are working in a person centred way in their communication with service users.</p>	<p>Compliant</p>

<p>Criterion Assessed:</p> <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. 	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p> <p>Individual case records/notes are kept in relation to each service user accessing the daycare setting. This includes assessments of need, care plans and care reviews. Information regarding the service user's care and support needs are documented in the About Me section of their working file. Changes in the needs, behaviour or normal programme of a service user are documented and relevant risk assessments and care plans are reviewed as necessary to reflect the change. Changes to objectives, outcomes or timeframes are documented in the evaluation of support plans/goals as well as in the monthly keyworker reports. Contact with service user's representatives or healthcare professionals is recorded, as are all incidents, accidents or near misses and any actions taken. Records of medications are kept and can be found both in the service user's personal working file and in the medication folder.</p>	<p>Compliant</p>
<p>Inspection Findings:</p> <p>The inspector examined one service user’s individual record which evidenced the above records and notes are available and maintained; and confirmed the provider’s self-assessment.</p>	<p>COMPLIANCE LEVEL</p> <p>Compliant</p>

Criterion Assessed: 7.5 When no recordable events occur, for example as outlined in Standard 7.4, there is an entry at least every five attendances for each service user to confirm that this is the case.	COMPLIANCE LEVEL
Provider's Self-Assessment:	
Daily records are kept in relation to each service user, documenting their behaviour and detailing their activities throughout the day.	Compliant
Inspection Findings:	
The inspector examined one service user care record which evidenced a written entry is made for each attendance in day care as described in the provider's self-assessment. The information recorded was focussed on need and outcomes.	Compliant

Criterion Assessed:	COMPLIANCE LEVEL
<p>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. 	
Provider’s Self-Assessment:	
<p>Staff have had the relevant training in regards to Vulnerable Adults which offers guidance on what needs to be reported in relation to the protection and safeguarding of vulnerable adults. A flowchart in relation to the reporting of alleged, suspected or confirmed abuse is visible and available for reference within the service. Guidance on notifiable events and the reporting of these to RQIA is also visible and available for reference within the service. Staff have received training on dealing with compliments and complaints and are aware these needs to be reported to the Senior Support Worker and the Registered Manager. Staff are also made aware of the reporting arrangements in relation to incidents/accidents and behaviour reports and are aware of referral arrangements in relation to assessments such as the OT. Policies and procedures are available within the service to provide staff with additional guidance in relation to reporting arrangements, Additional training is provided where relevant and all issues raising concern are reported to the Senior support worker and the Registered Manager and discussed with staff.</p>	Compliant
Inspection Findings:	COMPLIANCE LEVEL
<p>Discussion with staff confirmed they are aware of their role and responsibility to report and refer information and record the outcomes achieved, this was also evidenced in the service user record which detailed clear communication in this regard.</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>	
<p>Provider’s Self-Assessment: All records are legible, accurate, up to date, signed and dated by the person making the entry. Records are regularly reviewed and updated by the keyworker, and are periodically reviewed and signed off by the Registered Manager.</p>	Compliant
<p>Inspection Findings:</p>	COMPLIANCE LEVEL
<p>The inspector examined one service user’s individual record and was satisfied it met this criterion.</p>	Compliant

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

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

Theme 1: The use of restrictive practice within the context of protecting service user’s human rights	
Theme of “overall human rights” assessment to include:	
<p>Regulation 14 (4) which states:</p> <p>The registered person shall ensure that no service user is subject to restraint unless restraint of the kind employed is the only practicable means of securing the welfare of that or any other service user and there are exceptional circumstances.</p>	COMPLIANCE LEVEL
Provider’s Self-Assessment:	
<p>All staff are fully trained in the use of Positive Intervention strategies in order to fully support service users without the need for the use of restraint. This includes information and guidance on Human Rights legislation and Deprivation of Liberties. Where restraint is deemed necessary to secure the welfare of that or any other service user this would be fully documented in their personal Positive Intervention Support Plan and would be discussed and agreed by the relevant Health and Social Care representative. The use of any form of restraint would be documented for use only as a last resort, when all other positive intervention strategies had failed. Where used, restrictive practices are audited every month and reviewed every year as part of the service user's annual review.</p>	Compliant
Inspection Findings:	
<p>The inspector examined a selection of records including: one service user individual record which presented as described in schedule 4; and other records to be kept in a day care setting, as described in schedule 5 such as: incident records, complaint records. There were no records of restraint. The service user did have restrictions in place to assist in the management of the service user’s behaviour and safety. Measures in place were managing the exit to the day centre, a strapped chair when eating lunch, two to one staffing and use of a helmet. These had all been assessed individually to evidence need, why this was the least restrictive measure to meet identified need and there was clear evidence of restrictions being lifted when they were assessed as no longer required by day to day staff.</p> <p>In the individual file there was clear guidance from professionals regarding meeting needs which had been integrated into plans to meet service users’ needs and the service user has clear communication plan which details how to communicate with each service user to ensure understanding. Staff training is provided to staff as part of the mandatory training programme regarding positive intervention with service users and this had been discussed further to monitor staff competence, knowledge and skill.</p>	Compliant

<p>The service has policies and procedures pertaining to: the assessment, care planning and review; managing aggression and challenging behaviours; recording and reporting care practices; reporting adverse incidents; responding to service users behaviour; restraint and seclusion; and untoward incidents which are available for staff reference. Service users’ human rights are also clearly referenced in communication and planning.</p> <p>Discussion with staff validated management and staff knowledge about when and why restraint is used including their understanding of exceptional circumstances.</p>	
<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>	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment:</p>	
<p>On any occasions on which a service user is subject to restraint the circumstances would be fully documented in an incident report and Behaviour Report form where relevant. The details of the use of restraint would be reported to RQIA by the Registered Manager as well as the relevant Health and Social Care representative.</p>	Compliant
<p>Inspection Findings:</p>	COMPLIANCE LEVEL
<p>No service users had been subject to restraint and this setting has no service users who have restraint written into a care or behaviour management plan. <i>Guidance on Restraint and Seclusion in Health and Personal Social Services</i>, Department of Health, Social Services and Public Safety, Human Rights Working Group, August 2005 is available for staff information.</p>	Not Applicable

<p>PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Compliant</p>
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<p>INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Compliant</p>
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<p style="text-align: center;">Theme 2 – Management and Control of Operations</p> <p>Management systems and arrangements are in place that support and promote the delivery of quality care services.</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 style="text-align: center;">COMPLIANCE LEVEL</p>
<p>Regulation 20 (1) which states:</p> <p>The registered person shall, having regard to the size of the day care setting, the statement of purpose and the number and needs of service users -</p> <p style="padding-left: 40px;">(a) ensure that at all times suitably qualified, competent and experienced persons are working in the day care setting in such numbers as are appropriate for the care of service users;</p> <p>Standard 17.1 which states:</p> <p>There is a defined management structure that clearly identifies lines of accountability, specifies roles and details responsibilities for areas of activity.</p>	
<p>Provider’s Self Assessment:</p> <p>All staff working in the daycare setting have been appropriately inducted and trained for the role and responsibilities they carry out. All staff have been assessed as being competent through the use of staff support sessions, training, competency assessments, auditing of work products, discussions, and observations. The staffing level reflects the needs and numbers of the service users at all times. In the absence of the Registered Manager the most experienced and competent member of staff would be left in charge of the service, i.e. the Senior. Roles and responsibilities in regards to this would be fully discussed with the staff member and competency fully assessed through the processes described above.</p> <p>There is a defined management structure which is visible within the services and details lines of accountability. Specific roles and responsibilities for areas of activities are defined and have been discussed with staff. Details of areas of responsibility are documented and visible within the service.</p>	<p style="text-align: center;">Compliant</p>

Inspection Findings:	COMPLIANCE LEVEL
<p>The registered manager has the QCF level 5 and is qualified in compliance with the Day care setting standards, fitness of the registered manager. The person who acts up in the manager’s absence is the senior day care worker and she is currently undertaking the QCF level 5 which will be completed in 2015. Since the current manager has been in post the inspector has observed the manager improving the quality of service and compliance with standards in this day care setting. Discussion during this inspection provided evidence both the manager and senior day care worker are aware of minimum standards and strive to be creative and innovative in approach when assessing compliance and how the service can improve.</p> <p>The inspector observed staffing arrangements during the inspection and inspected staffing documentation, currently there is two staff for the 1 service user and the staffing needs had been assessed taking into account the levels of need. These arrangements did not reveal any concerns. Discussion with staff revealed they were complimentary regarding the management arrangements, they felt supported, could access a senior member of staff if the manager and senior are absent because they are based in the Autism Initiative Head Office. Staff confirmed they had received supervision and training as required within the day care setting.</p> <p>The staff have access to policies and procedures pertaining to the management and control of operations, for example: absence of the manager; inspections of the day care setting; management, control and monitoring of the setting; operational policy; staff meetings; staff records; staff supervision and appraisal; staff training and development; staffing arrangements and the settings statement of purpose.</p>	<p>Compliant</p>

<p>Regulation 20 (2) which states:</p> <ul style="list-style-type: none"> The registered person shall ensure that persons working in the day care setting are appropriately supervised 	COMPLIANCE LEVEL
<p>Provider's Self-Assessment:</p>	
<p>Staff are provided with one to one supervision sessions every 12 weeks in line with the Organisation's supervision policy. Appraisals are carried out annually. In the absence of the Registered Manager the most senior member of staff has responsibility for the regular supervision of staff, both in formal supervision sessions as well as oversight in the service and observations of practice.</p>	Compliant
<p>Inspection Findings:</p>	
<p>The inspector examined the staff training record and discussed supervision, training and team meetings with the staff which confirmed the provider's self-assessment.</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 	COMPLIANCE LEVEL
<p>Provider's Self-Assessment:</p>	
<p>All staff working within the daycare setting have the relevant skills, experience and training in order to be able to carry out their role competently and safely. Staff have access to appropriate training to further develop their skills and abilities and these training needs are identified through the supervision and appraisal processes.</p>	Compliant
<p>Inspection Findings:</p>	
<p>The inspector examined the staff training record and discussed supervision, training and team meetings with the staff which confirmed the provider's self-assessment. The inspector reviewed the compliance in the first criterion for this theme and did not identify any concerns.</p>	Compliant

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

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

11.0 Additional Areas Examined

11.1 Complaints

The complaints record was reviewed as part of this inspection. The annual complaints return for 2013 identified two complaints had been recorded. The inspector reviewed the complaints record which confirmed the return to RQIA and did not reveal any concerns regarding the content of the record. One complaint had been recorded for 2014, review of this record revealed this was resolved in a timely manner and to the complainants satisfaction.

11.2 Service User Records

One service user file was inspected as part of this inspection and this did not reveal any areas for improvement in the content and quality of information recorded. This is fully examined in the section regarding standard seven.

11.3 Registered Manager Questionnaire

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

11.4 Statement of Purpose & Service Users Guide

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

11.5 Monthly Monitoring Reports

The provider supplied two regulation 28 reports for this inspection and the inspector reviewed the reports written since the last inspection. The reports were identified for improvement at the last inspection and this had been achieved.

12.0 Quality Improvement Plan

The findings of this inspection were discussed with Alison Robinson as part of the inspection process.

This inspection resulted in no requirements or recommendations being made. The registered provider/manager is asked to sign the appropriate page confirming they are assured about the factual accuracy of the content of the report.

Enquiries relating to this report should be addressed to:

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



No requirements or recommendations resulted from the primary announced inspection of 96 Beechill Road which was undertaken on 12 January 2015 and I agree with the content of the report.

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

NAME OF REGISTERED MANAGER COMPLETING	Alison Robinson
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING	Grainne Close (on behalf on Andrew Grainger)

Approved by:	Date
Suzanne Cunningham	5 February 2015