



The Regulation and
Quality Improvement
Authority

Appleby Social Education Centre
RQIA ID: 10758
43 Ballinahonemore Road
Armagh
BT60 1JD

Inspector: Suzanne Cunningham
Inspection ID: IN022745

Tel: 02837524335
Email: margaret.mcshane@southerntrust.hscni.net

**Unannounced Care Inspection
of
Appleby Social Education Centre
12 May 2015**

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 12 May 2015 from 10.15 to 16.45. Overall on the day of the inspection the Day Care Service was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Settings Regulations (Northern Ireland) 2007, The Day Care Settings Minimum Standards 2012.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	4

The details of the QIP within this report were discussed with the Margaret McShane, registered manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Ms Paula Clark (Registration Pending)	Registered Manager: Margaret McShane
Person in Charge of the Day Care Setting at the Time of Inspection: Margaret McShane	Date Manager Registered: 6 June 2012
Number of Service Users Accommodated on Day of Inspection: 54 out of a usual attendance level on a Tuesday of 65	Number of Registered Places: 105

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

Standard 5 Care plan:

Where appropriate service users receive individual continence promotion and support.

Standard 8 Service users' involvement:

Service users' views and comments shape the quality of services and facilities provided by the Day Care Setting

4. Methods/Process

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

Prior to inspection the following records were analysed: notifications of incidents sent to RQIA in compliance with regulation 29, RQIA duty log and activity log for this day care setting; and the quality improvement plan from the last care inspection dated 31 July 2014.

During the inspection the inspector met with nine service users; the staff on duty and two visiting professionals. Post inspection four questionnaires were returned to RQIA which reported staff views. Five service users and their relatives returned questionnaires which reported service user views about this day care setting. The detail regarding service user and staff views is reported in Additional Areas Examined.

The following records were examined during the inspection: six service users individual care files; six complaint records; the incidents and accident records for the service; relevant policies and procedures; general training records for a sample of three staff; a sample of regulation 28 monitoring records from August 2014 to April 2015; the statement of purpose and service users guide.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the service was an announced care inspection dated 31 July 2014. The completed QIP was returned and approved by the specialist inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1</p> <p>Ref: Regulation 17 (1) & 28</p>	<p>The registered person shall ensure that the monitoring system results in improvements to the quality of care provided in the day care setting, when such needs are identified.</p> <p>The registered person must ensure the regulation 28 reports demonstrate working practices are effectively and systematically audited to ensure improvements are being made; reports must describe the conduct of the day care setting.</p> <p>Action taken as confirmed during the inspection: Inspector reviewed two monitoring reports for January and February 2015. The report for March and April 2015 were emailed to the inspector post inspection. The registered manager reported the monitoring officer retired in March and there is a replacement monitoring officer in post from June 2015. Overall the inspector is not satisfied improvement had been fully achieved in this matter however it is clear progress had been made and cover arrangements were adequate until the new monitoring officer commences their post.</p>	Met
<p>Requirement 2</p> <p>Ref: Regulation 4 (1) (c) Schedule 1</p>	<p>The registered manager must ensure the Statement of Purpose clearly describes the daily staffing numbers and if staff are not in the setting full time; the equivalent hours weekly or monthly that they are in the setting, particularly for the registered and assistant manager posts.</p> <p>Action taken as confirmed during the inspection: Inspector confirmed during this inspection the statement of purpose had been amended, was available and up to date at the time of inspection.</p>	Met
Requirement 3	The registered manager must ensure the settings	Met

<p>Ref: Regulation 5 (1) & (3)</p>	<p>service user guide and service user agreement or contract are both in place in this day care setting and are compliant with this regulation. These documents must describe for the service user and or their representative that a service user record will be set up, updated and kept confidentially and how they can access their record.</p>	
<p>Requirement 4</p> <p>Ref: Regulation 14.5</p>	<p>The registered provider must report to RQIA the type of hold used for the service user as and when necessary during personal care to ensure RQIA can determine if this is restraint and therefore should be recorded as a restraint and reported to RQIA each time it is used.</p> <p>The provider should forward a description of the hold with a picture if possible for this to be assessed and an outcome agreed regarding reporting with RQIA.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Inspector confirmed the information requested was forwarded to the inspector post inspection and the care plans for the identified service users detailed clear procedures for staff regarding the exceptional circumstances when restraint or restriction's may be the safest option to manage behaviour. Reports have been received by RQIA since the last inspection regarding any events where restrictions or restraint has been used in response to behaviour.</p>		

<p>Requirement 5</p> <p>Ref: Regulation 20 (1) (a)</p>	<p>The registered manager must undertake a competency assessment for the staff who acts up in the manager's absence. Arrangements to achieve this within the required timescale must be reported on the returned QIP.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Inspector confirmed two band five competency assessments had been completed since the last inspection. They were available and up to date at the time of inspection.</p>		
<p>Requirement 6</p> <p>Ref: Regulation 20 (1) (c) (i)</p>	<p>The registered person must ensure adequate staff training is provided to ensure staff can undertake their roles and responsibilities and meet the service user's needs.</p> <p>Arrangements must be in place for staff to use the hoist which is delivered by the physiotherapist and epilepsy training.</p> <p>Arrangements to achieve this should be reported on the returned QIP for achieving compliance in this regard.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Inspector confirmed arrangements had been put in place as described on the returned QIP.</p>		
<p>Previous Inspection Recommendations</p>		<p>Validation of Compliance</p>
<p>Recommendation 1</p> <p>Ref: Standard 17.10</p>	<p>The registered person must ensure this day care setting has written procedures in place regarding assessing and monitoring the quality of service provision with reference to regulation 28 visits.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection: The policy and procedure was available and up to date at the time of inspection.</p>		

5.3 Standard 5 Care plan: Where appropriate service users receive individual continence promotion and support

Is Care Safe?

The day centre has a southern trust intimate care policy in place. The policy was due for review in December 2008. The policy focuses on protecting service users and staff but does not specify arrangements in place to meet service user's needs, promote continence in service users and improve outcomes in this regard. Appleby has a Draft policy and procedure regarding continence promotion however; it presented as containing basic information and lacked detail regarding the promotion of continence. The day centre does need to establish a continence promotion policy and procedure. A recommendation is made to review the policies in place and establish a policy and procedure for staff to follow that sets out the trust policy statements and guides staff in terms of identifying need, meeting need, promoting improved outcomes, professional assessment and advice, working together, reviews of assessment and care planning with regard to continence.

The inspection included consultation with five staff and ten service users during the inspection, observation of practice was also used and this assured the inspector the staff were actively seeking service users and their representatives' views which they incorporate into practice on the day of the inspection. This will ensure those service users' choices; issues of concern, complaints or risks are recorded and acted on by staff.

The inspection evidenced six needs assessments, risk assessments and care plans for service users who are in need of assistance or support with their intimate care or communication were in place. They had been kept under continual review, amended as changes occurred; and had been kept up to date to accurately reflect the needs and preferences of the service user. The needs assessment and care plans were appropriately signed. The plans detailed service user's individual needs including each individual's communication methods and preferences.

Discussion with three staff regarding intimate care and continence promotion evidenced they were aware of continence products and Personal Protection Equipment (PPE). The staff confidently described the care practice for the individual service users they support.

Inspection of the bathrooms and discussion with staff evidenced practice was consistent with current infection control guidance. Products were being stored for each service user in a closed cupboard in the bathroom.

Discussions with the manager and review of records evidence staff have knowledge of continence needs; and how to write a plan to that meets service user's individual needs. During the inspection staff competently showed the inspector where continence needs are met, the products they use and talked through examples. The inspection did reveal staff have not received training in the areas of continence promotion and this was discussed with the manager as a potential need following the completion of the settings policy and procedure. A recommendation is made in this regard.

The inspector's observations of the environment did not reveal any concerning odours, identified location / storage of PPE and continence products was accessible for staff and observation of practice demonstrated staff are practicing using infection control guidance.

Is Care Effective?

The inspection concluded on the day of the inspection there was appropriate supplies of continence products and staff have unrestricted access to these. Staff were observed meeting assessed needs, and this evidenced care was appropriate and meeting need. This conclusion was also informed by discussion with staff and review of records.

Prior to this inspection the staff revealed they had discussed the focus of this year's inspection and had discussed continence promotion.

The inspection identified service users in this day care setting have a variety of ways of communicating their needs and views. Observation of the service users during the inspection, discussion with nine service users and the five returned service user questionnaires identified service users felt high levels of satisfaction that they were being listened to, respected, valued; and their dignity, sense of worth and independence was being promoted.

Two visiting professionals discussed with the inspector their views that staff are knowledgeable regarding service users' needs and do use a variety of communication methods to ensure service users are comfortable, calm and can give consent.

Is Care Compassionate?

The inspection concluded the staff present were knowledgeable and in practice deliver care using a person centred approach. This was underpinned by clear values such as protecting service users dignity, privacy, protecting their rights and ensuring they are involved in their day care which are required to deliver care and support when meeting individual continence needs.

Staff are supported by Speech and language professionals and behaviour support trust staff who assist them in developing their knowledge and skills. This ensures staff are compassionate and competent in providing continence care and support which was observed during this inspection.

Areas for Improvement

1. A recommendation is made that the responsible person should review the continence promotion policy and procedure. The improvements should ensure a policy and procedure is established for staff to follow that sets out statements and guides staff in terms of identifying need, meeting need, promoting improved outcomes, professional assessment and advice, working together, reviews of assessment and care planning
2. A recommendation is made for the responsible person to make appropriate arrangements for staff improve their knowledge regarding continence promotion; this could incorporate the improvements made in the settings policy and procedure.

Number of Requirements	0	Number Recommendations:	2
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5.4 Standard 8 service users' involvement:**Service users' views and comments shape the quality of services and facilities provided by the Day Care setting****Is Care Safe?**

The inspection of records such as service user individual files, service user meetings, staff meetings; and observation of staff actively seeking service users' views and ensuring that choice is sought and acted on evidenced care is safe and promotes service user involvement.

Discussion with two visiting professionals, discussion with the staff and review of records evidenced service users are listened to and responded to by staff that is knowledgeable about the service users' individual modes of communication. Staff work in all areas of the day centre so they know all of the service users' needs in the setting.

The review of six individual service users' files evidenced the needs assessment, risk assessments and care plans are kept under continual review, they had been amended as changes occurred and had been kept up to date to accurately reflect at all times the needs and preferences of the service user. The needs assessment and care plan had been appropriately signed

The day centre has the following policies which were available for staff reference:

- service users' meetings and forums
- listening and responding to service users' views
- service users' involvement in activities and events
- communications with carers and representatives
- general communication arrangements
- safe and healthy working practices

Is Care Effective

There is a range of methods and processes in this day care setting where service users' views and their representatives' views are sought, such as service user meetings, day to day discussions and communication between staff and service users. The inspector is satisfied these forums and the day to day care promotes service user choice; and inclusion of each individual is promoted. These forums, meetings and communications had been recorded and where appropriate the recording included details of the action taken

The assistant manager described and showed evidence of how the service users are enabled to be involved in and are given opportunities to influence the running of the day care setting. A recent service user meeting had promoted the service user forum group taking on tasks to improve the setting; for all service users rather than staff doing it for them. This is a change of approach in this setting that promotes independent thinking. This approach will assist service users to understand how to effect change, the measures involved in making changes and how to influence change. This is a positive move for promoting service users involvement and should improve effectiveness of the same in the longer term.

The inspection concluded service users and their representatives are encouraged by staff to participate in decisions about the care they receive. This was evidenced through review of

records, discussion with staff and observation of practice. This is an important step to ensure service users are enabled to exercise choice and control over their lifestyle. In terms of improvement the inspector did note the review preparation and record form could be improved. The form should include how service users influence their care; in contrast to current practice which is service users who do not have verbal communication are currently identified as not being involved in their review. This was in contradiction to observation and discussion during this inspection which revealed service users communicate on a range of levels and use many methods, and staff use these methods to ascertain their wishes and feelings on an ongoing basis. A recommendation is made in this regard.

Discussion with service users confirmed they feel they are listened to and consulted. Service users gave day to day examples where their choices, preferences, opinions or suggestions had been facilitated or implemented.

During the inspection staff informed service users and persons visiting the day care setting that the inspection was taking place; they also facilitated opportunities for service users and others to give their views about the standard of care delivered and the conduct of the Day Care Setting to the inspector.

There are trust policies held by the setting that inform the inspections of the day care setting; consent; listening and responding to service users' views; management; control and monitoring of the setting; quality improvement; complaints.

Is Care Compassionate?

The inspector concluded the service users are listened and responded to by staff that were knowledgeable about individual service users' communication needs. The staff presented as compassionate about their role in the setting and they communicated a clear commitment to their role and responsibility to meet service users' needs and improve outcomes.

Service users' consultation records identified service users are kept informed about issues affecting them and are encouraged to be involved in resolution or improvement of issues affecting them.

Discussion with staff evidenced they are knowledgeable and they were observed using a person centred approach when delivering care.

Areas for Improvement

1. A recommendation is made the registered manager makes appropriate arrangements to improve the review preparation and record. The form should include how service users influence their care; in contrast to current practice which is service users who do not have verbal communication are currently identified as not being involved in their review.

Number of Requirements	0	Number Recommendations:	1
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5.5 Additional Areas Examined

Staff views of Appleby SEC

The inspection involved informal discussion with all staff on duty in the setting and individual discussion with three staff regarding continence care. Post inspection four questionnaire were returned. Overall all the staff identified they were receiving training and support to ensure they can undertake their roles and responsibilities competently and confidently. One questionnaire identified staff had not received continence training in over eight years. A recommendation is made to improve this. The same questionnaire identified the setting has long delays in receiving equipment and there are cramped rooms in the special needs area. This was not raised by staff during the inspection and not observed. These issues have been passed to the manager for information and a recommendation she addresses these concerns with the staff team to improve practice and care in this regard. The staff identified care was effective and compassionate when meeting continence needs and involving service users.

Service User views of Appleby SEC

The inspection included informal discussion with service users throughout the setting and a specific group discussion with nine service users in one room. They reported staff and care was compassionate, effective and safe. The service users said about the day centre "it's all right", "good place", "I like staff". Following the inspection five service users and or their representatives returned questionnaires regarding the care in Appleby. They reported they are satisfied to very satisfied that care in the setting was compassionate, effective and safe. One family member commented staff numbers can prevent her relative attending activities outside of the setting. This has been passed to the manager of the setting for her attention.

Professional views of Appleby SEC

During the inspection s speech and language therapist and behaviour therapist who were visiting the day centre discussed their experience of working with staff and observations of care. The professionals identified staff are observant and communicate effectively with service users and professionals; to improve outcomes for the service users. Staff were complemented because they respond well to written plan, implementing improvements or changes and will feed back any areas that are not working. Staff were described as having high levels of observation, use records to monitor patterns and outcomes; and have clear understanding of service users' needs. Furthermore staff were described as having a clear bond and rapport with service users.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Margaret McShane registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP 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.

6.1 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 (Northern Ireland) 2007.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Day Care Settings Minimum Standards 2012. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/ registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to day.care@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations

Recommendation 1
Ref: Standard 18.4
Stated: First time

The responsible person should review the continence promotion policy and procedure. The improvements should ensure a policy and procedure is established for staff to follow that sets out statements and guides staff in terms of identifying need, meeting need, promoting improved outcomes, professional assessment and advice, working together, reviews of assessment and care planning

To be Completed by:
7 July 2015

Response by Registered Person(s) Detailing the Actions Taken:
 A Continence Policy is currently being developed for all Day Centres within Disability Services. A first draft will be available by mid August and shared with RQIA for comment.

Recommendation 2

Ref: Standard 21.4

Stated: First time

To be Completed by:
7 July 2015

The responsible person should put in place appropriate arrangements for staff to improve their knowledge regarding continence promotion; this could incorporate the improvements made in the settings policy and procedure.

Response by Registered Person(s) Detailing the Actions Taken:
 The Social Services Training Unit is currently sourcing training from the Trust Continence Leader. Dates are currently being agreed for Autumn Training sessions.

Recommendation 3

Ref: Standard 15.4

Stated: First time

To be Completed by:
7 July 2015

The registered manager should make appropriate arrangements to improve the review preparation and record. The form should include how service users influence their care even if they are not able to communicate verbally.

Response by Registered Person(s) Detailing the Actions Taken:
 An amendment has been made to the review form to ensure staff create alternative methods for seeking Service User input to reviews. See attached.

Recommendation 4

Ref: Standard 17

Stated: First time

To be Completed by:
7 July 2015

The registered manager should address with the staff team the concerns regarding receiving equipment and the cramped rooms in the special needs area. The manager must ensure, where possible, practice and care are improved in this regard.

Response by Registered Person(s) Detailing the Actions Taken:
 Centre Management will review timelines for receipt of equipment on an ongoing basis and will discuss in team meetings the importance of staff bringing to the attention of management where delays arise. The environment within special needs area is currently being reviewed and in consultation with estates to determine how if any improvements can be made to create more space.

Registered Manager Completing QIP	Leeanne Cornett	Date Completed	2 July 2015
Registered Person Approving QIP	Francis Rice	Date Approved	3 July 2015
RQIA Inspector Assessing Response	Suzanne Cunningham	Date Approved	15/10/15

Please ensure the QIP is completed in full and returned to day.care@rqia.org.uk from the authorised email address

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.