



The **Regulation** and
Quality Improvement
Authority

Primary Announced Care Inspection

Name of Establishment:	Appleby Social Education Centre
Establishment ID No:	10758
Date of Inspection:	31 July 2014
Inspector's Name:	Suzanne Cunningham
Inspection No:	20076

The Regulation And Quality Improvement Authority
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Name of centre:	Appleby Social Education Centre
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Registered organisation/ Registered provider:	Mrs Anne Mairead McAlinden
Registered manager:	Ms Margaret McShane
Person in Charge of the centre at the time of inspection:	Ms Margaret McShane
Categories of care:	MAX, DCS-MAX, DCS-LD(E), DCS-LD
Number of registered places:	105
Number of service users accommodated on day of inspection:	55
Date and type of previous inspection:	16 September 2013 and 22 October 2013 Primary Announced Inspection
Date and time of inspection:	31 July 2014 10:00am – 5:30pm
Name of inspector:	Suzanne Cunningham

Introduction

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

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

Purpose of the Inspection

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

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

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

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

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

Methods/Process

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

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

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

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

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

Consultation Process

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

Service users	30
Staff	7
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	25	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.

Profile of Service

Appleby Social Education Centre is a statutory day care centre managed by the Southern Health & Social Care Trust and registered with RQIA under article 8(i) of the HPSS (Quality Improvement & Regulation) (Northern Ireland) Order 2003 to accommodate 105 service users with varying degrees of learning disabilities.

The centre is situated in a residential area on the outskirts of the city of Armagh and is operational from Monday to Friday each week, 9.00am until 4.30pm. The centre closes on public holidays, Easter and July breaks and for Christmas/New Year. Other closures take place for staff training and development.

The centre has provision for various therapeutic activity areas, including designated rooms for seven groups of service users depending on their nature and degree of disability. The centre has a number of bathrooms, toilets, a sensory room, large dining room, kitchen, offices, domestic facility and administrative offices. A wide range of equipment to enhance user independence and care is provided.

Pictorial and sensory formats are in place to enhance communication for service users who cannot read or who have sensory communication needs. Information boards were displayed in various locations of the centre. A wide variety of colourful art and craft work produced by service users are on display.

The centre has seven day care workers (DCW) who are responsible for programme planning and time-tabling of the core activities of the centre. They are supported by day care support workers (DCSW).

Summary of Inspection

A primary inspection was undertaken in Appleby Social Education Centre on 31 July 2014 from 10:00 to 5:30pm. This was a total inspection time of seven hours and thirty minutes. 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; The Day Care Settings Regulations (Northern Ireland) 2007 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 service users
- Examination of a sample of service user individual file records including evidence of behaviour management and support assessments; the complaints record; staff training record; individual staff records; 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 the manager, assistant manager and seven DCSW's during the inspection. Discussion gathered evidence for the standards inspected and their views about working in the centre. This generated positive feedback regarding records and reporting arrangements including recording; ensuring care plans and assessments reflect the individual needs of each service user and the management arrangement's in this day care setting. The inspector gauged from these discussions that the staff team have a sound knowledge of how to manage and maintain service users' individual records including incorporating person centred practice when possible and appropriate. Service users records are kept confidential and staff discussed why this is important and how they ensure records are confidential and secure. This assured the inspector the standard was being achieved. Regarding restrictive practice, restraint and seclusion staff were able to discuss their knowledge of what this means and why it is important for them to protect service users human rights. The discussion did reveal staff were not clear regarding the deprivation of liberty safeguards (DOLs) and this should be familiar to staff. However they had received training regarding service users human rights which included information relevant to the DOLs guidance. This is further discussed in theme 1 of this inspection. Staff identified they have an overall responsibility to ensure service users safety and wellbeing; ensure service users have a meaningful day; to follow the service users individual care plan; liaise with specialists and other professionals as required and work in a way that achieves the minimum day care standards. Staff felt their current working practices ensure they can establish good working relationships with service users; they are adaptable as a staff team, observant and achieve improved outcomes for service users through their creative and innovative approach to day care and the activities on offer. Examples of this are the newsletter, mosaic and gardening projects and the Makaton choir. Finally the staff team discussed the management arrangements in the day care setting, despite the manager being in charge of more than one setting the staff team viewed the manager as in charge and she is assisted by two assistant managers. There is a band 5 DCW in charge daily and the staff described these arrangements meant they could seek support and management advice during their working day. Staff confirmed they receive supervision and appraisal as per the day care settings standards but have been frustrated by some training that has not been organised and means only a limited number of staff can do certain duties. This was discussed with the management team who confirmed a number of staff require service specific training such as epilepsy training and manual handling using hoists to meet the needs of the service users and this had not been facilitated in a timely manner by other parts of the trust. This is further analysed in theme 3.

Twenty five questionnaires were sent to this service for staff to complete and none were returned at the time of this inspection.

The inspector observed and communicated with thirty service users who were in the day care setting at the time of the inspection and gathered evidence for the standard inspected and the two themes. The inspector spoke with the service users during the observations however this did not generate any detailed feedback regarding compliance with the one standard and two themes but did reveal service users were at ease in their environment, able to socialise with each other and the staff in the day care setting. Service users took part in activities in groups, freely walked around the day care setting and found quiet spaces when they wanted to relax and take time out from the group environment. During the activities service users were encouraged to use their skills, communicate, discuss feelings, be active and learn new skills. The inspector was impressed with the approach taken by staff and the outcomes achieved, particularly in regard to the Makaton choir which performed for the inspector and demonstrated how each individual can be involved in the activity at whatever level they are able or want to; but still be involved. The inspector also noted the staffing levels and good working

relationships between staff ensure when personal care tasks were required to be undertaken staff could cover each other to ensure the activities continued.

The previous announced inspection carried out on 16 September and 22 October 2013 had resulted in six requirements and eight recommendations. Three requirements regarding provision of care; service user's wishes and feelings and noting service user and representative views in regulation 28 reports had been improved and were assessed as compliant. One requirement regarding staffing arrangements had been substantially improved and was assessed as substantially compliant however; the inspector does acknowledge the trust is putting measures in place to achieve full compliance in the near future. One requirement regarding the statement of purpose was assessed as substantially compliant however, the statement of purpose does require more information regarding staffing arrangements to be inserted and a requirement is made in this regard. The final requirement regarding monitoring visits is restated as improvements were not assessed as having been implemented. Five recommendations regarding analysis of the annual survey; representative group meetings minutes; review timescales; review reports and care plan revisions post review had been improved and were compliant at the time of this inspection; furthermore one recommendation regarding the annual survey was assessed as substantially compliant. The two remaining recommendations had not been improved sufficiently and are restated regarding the regulation 28 policy and procedure and the qualitative recording in the regulation 28 visits.

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.

Six criteria were inspected which examined the standard achieved in this centre with regard to individual service user records and reporting arrangements. The criteria inspected comprised of the seven areas within standard 7. Three criteria inspected were assessed as compliant; two criteria were assessed as substantially compliant and one was assessed as moving towards compliance. Two requirements are made regarding the service user agreement and regulation 28 visits. One recommendation is made regarding the service user guide.

Observations of service users; discussion with staff; and review of six service users' individual files provided evidence that the centre is performing well regarding standard 7. Policies and procedures for staff describe how service user's information should be kept; they specify recording procedures and describe access. The service user guide and service user agreement need to be improved to ensure service users are adequately informed regarding information that will be kept and maintained about them and also explain the records are kept securely and are accessible on request.

The observation of service users provided the inspector with evidence of what service users can achieve in the day care setting and the inspector was pleased to note this was being recorded in the service user records. The inspector concluded the centres process of maintaining and updating service users' records presents as well managed, and focuses on promoting service user's social needs, stimulating intellectual activity; and meeting need.

Based on the evidence reviewed the inspector assessed the centre as substantially compliant in this standard. Two requirements and one recommendation are made with regard to 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 substantially compliant and one criterion was assessed as moving towards compliance. One requirement is made regarding the reporting of a hold that could be described as a restraint during personal care and is used in exceptional circumstances.

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. The planning to meet needs may include the use of restrictive practice however this had been assessed to ensure this is only done when there is very high assessed risk of injury to the service user or others around. The inspection confirmed restrictive plans are only implemented in exceptional circumstances.

Staff discussed the MAPA training which had focussed on using diversion therapies, good communication, calming, diffusing techniques and knowing their service users' needs, diagnosis, planning and understanding personalities. Discussion with staff revealed they were knowledgeable about exceptional circumstances and using strategies to ensure behaviour does not escalate as well as meeting individual needs. Staff discussion and inspection of individual records also identified if a service user's behaviour did start to deteriorate they identify triggers and assess to ensure they access any additional support from other professionals to address behaviour.

Based on the evidence reviewed the inspector assessed the centre as substantially compliant in this theme and one requirement is made.

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. One criterion was assessed as compliant, one was assessed as substantially compliant and one was assessed as moving towards compliance. Two requirements are made with regard to this theme to improve the description of the staffing arrangements in the statement of purpose and ensure a competency assessment is in place for the staff who act up in the managers absence. The inspector concludes the arrangements in place for the registered manager to manage this day care setting and delegate tasks to the assistant manager and day care workers is complex but at the time of this inspection presented as adequate.

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

Additional Areas Examined

The inspector undertook a tour of the premises, reviewed the complaints record, examined six service users individual files, validated the registered manager's pre inspection questionnaire, reviewed the staff questionnaire and viewed the environment. This revealed the complaint record should be improved to clearly state the resolution of the complaint and if the complainant is satisfied with the outcome; file 1 examined requires a form for review to be completed and signed and the service user guide and statement of purpose should be improved.

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, particularly the Makaton choir who performed during the inspection. Overall the inspector commends the proactive approach to day care that is delivered in this centre and the focus on improvement since the last inspection.

As a result of the inspection a total of six requirements are made regarding the regulation 28 reporting and reports (restated); the statement of purpose; the service user guide and service user agreement; a service user being held during personal care; competency assessments for staff who act up in the registered managers absence; and staff training. One recommendation is made regarding the policy and procedure for regulation 28 visits and reporting. This was reported to the management team at the conclusion of the inspection who made a commitment to address these areas of improvement.

Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Reg. 20(1)(a)&(b)	The registered person shall 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, and ensure that the employment of any persons on a temporary basis in the day care setting will not prevent service users from receiving such continuity of care as is reasonable to meet their needs.	Staffing has been monitored and measures taken since the last inspection to ensure the staffing service user ratio was consistent with day care settings regulations and the service statement of purpose. There is still one vacancy due to maternity leave however a recruitment drive is in place for temporary posts.	Substantially compliant
2	Reg. 17(1)	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.	The registered manager described this is under review and a new model is being proposed, however these changes had not been agreed. The inspector did not assess this requirement as achieved and therefore this is restated.	Moving towards compliance
3	Reg. 13(1)	The registered person shall ensure that the day care setting is conducted so as to promote and make proper provision for the care and welfare of service users and for the supervision of service users.	During the inspection the inspector observed the activity programme which was varied and service users indicated was meeting their needs and interests. The programme continues to be reviewed and updated to ensure it is relevant and in tune with the day care setting minimum standards.	Compliant

			The inspector particularly noted the Makaton choir, the newsletter, horticultural activities and the mosaic projects which were visually impressive examples of activities on offer.	
4	Reg. 13(3)	The registered person shall, for the purpose of providing care to service users, so far as practicable, ascertain and take into account their wishes and feelings.	The manager and staff provided evidence of the annual survey, feedback from the service user groups, examples of ongoing consultation, the newsletter among others which evidenced compliance and a commitment to future compliance with this requirement.	Compliant
5	Reg. 18(1)	The Registered Person shall ensure that Appleby SEC operates in accordance with its Statement of Purpose.	The inspection revealed the Statement of Purpose was a sound description of the service and what is available for service users to engage in. The inspector did note the Statement of Purpose should include a clear description of daily staffing numbers information and if staff are not in the setting full time the equivalent hours weekly or monthly that they are in the setting, for example the registered and assistant manager posts. A requirement is made in this regard.	Substantially compliant

6	Reg. 28 (4) (5)	The person when carrying out the visit shall ensure the views of representatives for services users are sought. The registered person shall ensure a copy of the report is made available to the service user or his representative.	A sample of regulation 28 visits were reviewed and this evidenced this requirement was being achieved.	Compliant
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No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	1.7	Analysis of feedback and a report relating to the survey of service users and their representatives has still to be completed. The manager should ensure that full compliance with this criterion is achieved.	This had been completed and was provided for this inspection.	Compliant
2	1.6	The annual survey of the views and opinions of service users and their representatives was not carried out by an independent organisation and it is recommended that this practice should be introduced.	The survey was carried out by another manager in service as service does not have resources to bring in an independent organisation. This arrangement ensured as much independence was assured as possible in this example.	Substantially compliant
3	1.5	The manager should request that copies of the minutes of the representatives' group meetings be sent to the centre to inform decision making and to provide evidence of the group's involvement in shaping the service.	The manager did request copies of minutes however, the forum refused this request and has stated they will involve the manager of the day care setting as and when they want to.	Compliant

4	15.3	<p>The initial formal review should take place within 4 weeks of the commencement of the placement; thereafter reviews should take place at the times or intervals specified in the care plan, or in response to changing circumstances, or at the request of service users or other persons, including carers, or agencies involved in their care and not less than annually.</p>	<p>This was clear in policy, procedure and the settings statement of purpose.</p>	<p>Compliant</p>
5	15.6	<p>Care review reports should address the following :</p> <ul style="list-style-type: none"> • progress in attaining any personal outcomes sought by the service user; • the service user’s views about their care and support; • any changes in the service user’s carer’s situation; • details of important events including incidents or accidents occurring since the previous review, and how they were addressed; • any matters regarding the current care plan, revision of objectives, expected outcomes and associated time frames where relevant, and management of risks; • the need for any rehabilitation or specialist services; • current transport arrangements and any changes required; • the need or wish to move on from the service; and • any other relevant matters regarding services and facilities provided by the day care service, or others. 	<p>This review format was in place for reviews carried out since the last inspection.</p>	<p>Compliant</p>

6	15.6	Following the review, the service user's care plan is revised if necessary to reflect outcomes of the review, actions required and those responsible for these actions, and by when. When this happens, the service user or their representative and the manager should sign the revised plan.	Six individual service users' records were examined and this evidenced compliance in this regard.	Compliant
7	17.10	The centre should have written procedures in place regarding assessing and monitoring the quality of service provision with reference to regulation 28 visits.	This had been written into the settings statement of Purpose however, a policy and procedure is still required. This requirement is restated.	Moving towards compliance
8	17.10	To ensure that the organisation is being managed in accordance with minimum standards the monitoring visit and report should be more qualitative based, see comments made in the relevant section under this theme in the attached report.	As stated in requirement (2) this does need further work and is subject to review within the trust. The inspector does require these reports to also report on the on the conduct of the day care setting and this will be restated and integrated into requirement (2).	Moving towards compliance

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:	
Staff within Appleby SEC are aware of their responsibilities both legal and ethical for all service users records held, created and used within their service. All Staff received training on Confidentiality and Data Protection on 19.06.14 and are required to be aware of the SHCST Policies and Procedures on record management, confidentiality and IT security, as well as the Data Protection Act 1998, Code of practice on protecting the confidentiality of service users information (DHSSPSNI 2012), Minimum Day Care Standards and the NISCC Code of Practice. All service users files are marked ‘confidential’ and stored within a locked filing cabinet within offices. Staff ensure that service user information is only shared on a need to know basis.	Substantially compliant
Inspection Findings:	COMPLIANCE LEVEL
The inspector’s observations and discussion with staff revealed files are kept in a locked cabinet and only brought out when staff need to record or refer to information. Staff were clear regarding their role and responsibility regarding confidentiality and the need to protect this for all of service users information. The service have confirmed policies and procedures pertaining to the access to records, communication, confidentiality, consent, management of records, monitoring of records, recording and reporting care practices reflect this criterion; are in place and available for staff reference. The inspection revealed the service does not have a service user agreement or contract in place which confirms service users and or their representative are made aware a service user record will be set up, updated and kept confidentially. A requirement is made in this regard.	Substantially 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>Supporting Service users in a person centred manner facilitates service users to have informal access to care records with the support of their day care keyworker. Should the service user or with consent, another person acting on his /her behalf require access, the centre will liaise directly with community key worker and persons seeking access will be requested to do so in writing. To date no requests have been received in Appleby for access to records, however, in accordance with the SHSCT Data Protection guidance note 'subject access requests for social service records' requests for service users records would be actioned without delay and forwarded to the information governance team, to monitor progress of request under the Data Protection Act 1988. A record for all requests and their outcomes would be maintained.</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p>	
<p>The discussion with staff revealed if a service users wishes to see their record this is facilitated however there is nothing in the service user guide to inform service users that a record is kept and how they can access the record. A requirement regarding improvement of the service user guide incorporates this improvement.</p> <p>Discussion with staff did reveal they openly discuss recording with service users and involve them as much as possible in the preparation of reports. Staff confirmed they have been trained in working in a person centred way and will integrate person centred practice in their recording.</p>	<p>Moving towards compliance</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>Day care workers who have assigned key worker responsibilities within the centre will compile individual written assessment of need, care plans and care review reports, in conjunction with service users (where appropriate). All service users are encouraged and enabled to be involved in the person centred report process. Service users with a higher cognitive ability actively participate by completing their reports with a day care worker. Where a service user is unable or chooses not to this is recorded in the reports. The care records are kept under continual review, updated as changes occur, such as, behavioural changes, care needs, objectives and signed and dated. These documents are held in the service user’s individual files.</p> <p>All contacts to service user’s representatives, professionals and visits regarding matters or concerns of the service user’s health and well-being are recorded in individual daily records and service user’s files.</p> <p>Medicine records comply with legislative and Trust guidelines/requirements and are maintained for each service user. Daily drug and P.R.N records are completed and maintained to ensure there is a clear accurate audit trail of activities involving medicines prescribed, received, administered and transported to and from the centre. Such records are completed by the designated day care worker on a daily basis.</p> <p>The centres daily records are completed for each service user at least every 5 days of attendance and include any contacts, changes in behaviour, changes in planned activities and any incidents, accidents or near misses.</p>	<p>Substantially compliant</p>

Inspection Findings:	COMPLIANCE LEVEL
<p>The inspector reviewed a total of six service user files which demonstrated compliance with this criterion. Discussion with staff confirmed they were aware of their role and responsibility to record in compliance with this criterion. The setting confirmed they have relevant policies and procedures such as: access to records, communication, confidentiality, consent, management of records, monitoring of records, recording and reporting care practices and service user agreement in place for staff reference</p> <p>The inspector reviewed a sample of the monitoring records (e.g. file audits and regulation 28 reports) and concluded the monitoring officer; manager and assistant manager could demonstrate working practices are effectively and systematically audited in this regard to ensure improvements are being made. A requirement is made in this regard and integrated into requirement (2) from the previous inspection and has been restated.</p>	Substantially compliant
Criterion Assessed:	COMPLIANCE LEVEL
<p>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.</p>	
Provider's Self-Assessment:	
<p>Records are completed for each service user either at least daily or once weekly. These brief notes give a view of programme participation mood and general well being for each individual.</p>	Substantially compliant
Inspection Findings:	COMPLIANCE LEVEL
<p>The inspector reviewed a sample of six individual service user records which evidenced daily recording is completed for each service user when they attend the setting. Discussion with staff revealed they were clear regarding their role and responsibility in this regard.</p>	Compliant

<p>Criterion Assessed:</p> <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. 	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p>	
<p>Daily changes affecting a service user would be recorded in the daily notes and relayed at an information sharing meeting and supervision with Management. When an IR1 is completed It is an automatic process that Management receives this information, However if the matter concerning the service user was of a more serious nature this would be recorded through the policy/guideleines (safeguarding protection of Vulnerable adults) a PVA and a Statutory Noticification to RQIA. Depending on the nature and seriousness of the matter a service users representative would be contacted via telephone this would be recorded in contact notes and in daily notes and signed. In addition if a referral was required to a health and social care professional the community key worker would be made aware of it via email to complete the referal process. Furthermore it is normal procedure that Management would be contacted via email or telephone if not on site where there may be a concern.</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p>	
<p>The inspector reviewed six service users’ individual records, incident reports, the complaints records and vulnerable adult documentation which demonstrated compliance with this criterion.</p> <p>Discussion with staff confirmed they are aware of their role and responsibility to report and refer information and record the outcomes achieved, if possible this would be fully discussed with staff and or their representative. The records examined evidenced referrals made and information is followed up, when provided outcomes are recorded to ensure needs are met, risk is diminished and care is appropriate.</p> <p>Management monitor timescales; action taken and outcomes to ensure future care is appropriate and if required a review or meeting is called to confirm any changes.</p>	<p>COMPLIANCE LEVEL</p> <p>Compliant</p>

<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. Service users files are periodically reviewed using a File Audit Tool and records signed off by the Assistant Manager.</p>	Substantially compliant
<p>Inspection Findings: Six individual service users’ records were examined in this regard and compliance with this criterion was confirmed. Consultation with a sample of staff working in the centre confirmed their understanding of this criterion and compliance with the same.</p>	<p>COMPLIANCE LEVEL Compliant</p>

<p>PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Substantially compliant</p>
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Theme 1: The use of restrictive practice within the context of protecting service user’s human rights	
Theme of “overall human rights” assessment to include:	
Regulation 14 (4) which states: 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.	COMPLIANCE LEVEL
Provider’s Self-Assessment:	
<p>The use of restrictive physical interventions is minimal within the centre and only used infrequently to protect the service user from harm to self or causing harm to others. Although staff are trained in MAPA level 3, de-escalation methoded are employed to reduce likelihood of issues arising. any planned use of restrictive interventions will only be implemented following consultation with service user, carer/representative and multi disciplinary team.</p> <p>The main foyer entrance door is activated with a locking device during the day though can be opened to allow egress. Use of the locking device is to prevent unauthorised persons from accessing the centre without staff knowledge. Some other exit doors within the centre may have mag locks in place but not in use. Service users who are at risk of absconding will have this risk highlighted in their comprehensive risk assessments which has been agreed upon at a multi-disciplinary meeting and decisions made must be accurately reflected in the individual's care plans and reviewed on a regular basis.</p> <p>Bed rails/sides are only used to reduce the risk of a service user falling or rolling out of a bed/sleep system.</p> <p>Registered Managers are currently developing guidelines and protocol for the Use of Restrictive Practice within Day Care.</p>	Substantially compliant
Inspection Findings:	
The inspector reviewed six service users’ individual records, staff training, incident reporting, the complaints records, discussed this criterion with staff and observed practice including how staff use their environment. This confirmed the provider’s self-assessment. Staff are trained to level 3 MAPA which does not include a focus on restraint and focuses on diversion, using the environment effectively, good communication, knowing the service user, calming techniques etc. The inspector did note staff training in MAPA is approximately three yearly and this was described as the current timescale for renewal training of MAPA level 3 within the trust.	Substantially compliant

The six files examined did contain specific actions to manage behaviour and assure the service users safety when in the care of the setting. For example more secure belts on the bus; observation of behaviours and intervening before behaviour escalates out of control and managing personal care with additional staff. The inspector did note the intervention plan for personal care included a hold and clarification is sought regarding this hold to establish if this is a restraint which should be reported under this regulation, this is further examined in the next criterion. However staff discussion and records did confirm the hold is only used if the service user hits out during personal care and may cause damage to themselves or others around them. This has amounted to a few times per month and was only in what can be described as exceptional circumstances.

Discussion with staff, service users records and team meeting records evidenced professional guidance from the behaviour management team is sought regarding behaviours, needs of service users and management techniques for each service user where there has been a concern regarding their behaviour escalating or causing harm to them self or others. If staff require direct guidance regarding a management plan the MAPA professional has given advice.

The service confirmed 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 are available for staff reference.

The inspector concluded there were no examples found where restraint was used when restraint was not part of the service users plan and staff records evidenced they are proactive in reporting concerns regarding behaviour to ensure behaviours do no escalate. The inspection also confirmed staff are aware of what exceptional circumstances are and do have knowledge of how service user human rights need to be integrated into their care and planning. Management of behaviour techniques are subject to review and action plans/care plans are discussed to ensure interventions remain necessary, proportionate and do not infringe service user’s human rights. Service users’ records also revealed discussion and consultation with service users representatives regarding management plans.

Discussion with staff did identify they were not knowledgeable regarding the Deprivation of Liberty Safeguards. (DOLS) – Interim Guidance and how this impacts on their practice and care of service users, a recommendation is made that staff do review this guidance.

<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 instances where a service user has been subject to restraint in Appleby. staff are aware of the requirement to report such occurrences to RQIA. The use of straps/belts on wheelchairs has been assessed by physiotherapists/occupational therapists in consultation with service user and have been agreed as being necessary for the individual’s safety.</p> <p>In the event of application of such an intervention, staff would apply MAPA training and MOVA policies as required and report and record in accordance with requirements.</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p>	
<p>The inspector examined a selection of records in respect of each service user as described in schedule 4 and other records to be kept in a day care setting as described in schedule 5. This revealed the service user who is held during personal care may be subject to restraint and this may need to be recorded and notified to RQIA. 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. A requirement is made in this regard.</p> <p>The setting had the <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 available for staff reference.</p>	<p>COMPLIANCE LEVEL</p> <p>Moving towards compliance</p>

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<p align="center">Theme 2 – Management and Control of Operations</p>	<p align="center">COMPLIANCE LEVEL</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>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>The Registered Manager ensures there are suitably qualified, competent and experienced staff working in the centre. Each day a Day Care Worker assumes responsibility for the centre in the absence of the Registered Manager. There are two Assistant Managers available to support staff/centres in the locality and each Assistant Manager works across the locality spending time each week in all the centres. There is a defined managerial structure outlined in Appleby's Statement of Purpose.</p> <p>A Draft SHSCT Day Care 'Procedure for Assessing the Competency and Capability of staff Assuming responsibility in the absence of Registered manager' is in progress awaiting senior management approval.</p>	<p>Provider to complete</p>

Inspection Findings:	COMPLIANCE LEVEL
<p>The inspector examined the professional registration, qualifications, experience and evidence of competence of the registered manager and this revealed she is a qualified social worker who is registered with NISCC and has evidence of continual professional development. In her absence there is an assistant manager who will act up on her behalf and a rota for the day care workers to take on day to day responsibility of the setting. The inspection revealed there is not a competency assessment completed for the staff who act up in the managers absence however, the inspector does acknowledge the planning and preparation put into drawing up a format for this assessment prior to this inspection which is waiting for trust approval. A requirement is made to ensure the competency assessment is made operational without delay.</p> <p>Discussion with staff regarding supervision, appraisal and examination of the training records revealed staff did not have any concerns regarding the provision of supervision and appraisal which they concluded was consistent with the standards for this setting. However staff did raise the availability of training to ensure they can all work effectively together to meet the needs of the service users in their care. Specific training such as the use of the hoist which is delivered by the physiotherapist needs to be arranged however the manager has not been able to secure a date for this. A requirement is made that the responsible person ensures this training is provided for all staff as a matter of urgency.</p> <p>The staffing rota, discussion with staff and observation of the practice on the day of this inspection did not reveal any gaps in staffing numbers and distribution of staff across the day care setting. However, the inspector does acknowledge there has been in the past and whilst this caused the management of the setting to make a difficult decision to reduce the numbers in the setting to assure the safety of the service users attending the setting; the inspector commends the trust on ensuring gaps in staffing since this happened have been addressed in a timely manner and anticipate this action will not need to be repeated in the future.</p> <p>The setting confirmed they have 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 which are available for staff reference and staff aware of content.</p> <p>Discussion with service users confirmed they felt confident in talking to staff and were aware of the support available to them in the setting.</p> <p>The staffing structure of the day care setting was not clearly described in the settings statement of purpose, this should</p>	<p>Moving towards compliance</p>

reflect day to day staffing and if there is part time staff or staff who work in more than one day care setting the statement of purpose should be detail the hours spent in this day care setting. A requirement is made in this regard.	
Regulation 20 (2) which states:	COMPLIANCE LEVEL
<ul style="list-style-type: none"> The registered person shall ensure that persons working in the day care setting are appropriately supervised 	
Provider's Self-Assessment:	
Formal staff supervision occurs in Appleby in line with SHSCT's Supervision Policy, Standards and Criteria for Social Care Workers. Staff meetings occur on a monthly basis.	Substantially compliant
Inspection Findings:	COMPLIANCE LEVEL
The provider's self-assessment was confirmed during discussion with staff.	Compliant
Regulation 21 (3) (b) which states:	COMPLIANCE LEVEL
<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 	
Provider's Self-Assessment:	
Staff receive Induction upon commencement and Trust mandatory training through out the year. Developmental training is also provided either individually or collectively. training can be identified through supervision and KSF.	Substantially compliant
Inspection Findings:	COMPLIANCE LEVEL
The providers self-assessment was confirmed via evidence and records provided for this inspection.	Substantially compliant

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	Substantially compliant

Additional Areas Examined

Complaints

The complaints record was reviewed as part of this inspection. The annual complaints return for 2013 identified six complaints had been recorded. The inspector reviewed the complaints record which confirmed the return to RQIA, the inspector found five of the complaints were minor in nature and had been resolved locally in a timely manner. One complaint was from a residential provider who alleges the trust breached paragraph six of its approved equality scheme. This was also sent to the Equality commission for NI who concluded there were no grounds for investigation. The main issue was the service was reduced for a number of months as staffing was low and recruitment had not secured new staff at this time. It was a decision made that service users' whose needs that could be met elsewhere such as residential care would not attend the service until the staffing numbers were safe. Specific residential service users were represented by the registered manager of the residential home and whilst it was commendable the manager proactively advocated on behalf of the service users, the service did have an overall responsibility to all of their service users that when they were in the setting the care was safe, met their needs, care plan, the statement of purpose and was adequate for the size of the building. Service users who were already funded for 24 hour care in residential care did have a break from this service but at the time of this inspection have been returned to day care. The review did not reveal any concerns regarding the record. Furthermore four complaints had been recorded for 2014 and examination of the records did not reveal any concerns regarding the response and management of the complaints. The inspector did note the records did lack clear information regarding the resolution achieved and was this acceptable to the complainant. A recommendation is made in this regard.

Service User Records

Six service user files were inspected as part of this inspection and this revealed the files were consistent with schedule 4. The content of the service user's individual files is further examined in standard 7. The inspector did note in file 1 the assessment conclusion needs to be completed, that is the carers comments and if they refused to make any please note this and signatures. A recommendation is made in this regard.

Registered Manager Questionnaire

The registered manager submitted a questionnaire to RQIA prior to this inspection. The information returned identified the registered manager is manager of four separate day care settings and is assisted by assistant managers. The delegation of responsibility was clear for all staff and the manager plans to spend at least one day per well in the day care setting. The inspection 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 which was consistent with the information reported on the questionnaire and the inspectors findings did not raise any concerns that required further discussion or analysis.

Statement of Purpose & Service Users Guide

These documents were submitted for this inspection and reference to them during the inspection revealed in the main the statement of purpose was compliant with schedule 1 however the inspector does require the document should give clear information regarding what staff are on duty daily, that is identify hours or days spent in the day centre and who takes on day to day responsibility.

The Service user guide was very simplistic and whilst it represented a good simple introduction for service users to the setting it did not summarise the statement of purpose. The inspector also recommends the service user guide describes that records are kept confidentially and how service users can access their own record. A requirement is made in this regard. The service user guide also did not include a service user agreement or contract and a requirement is made that this is also included.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Ms Margaret McShane, 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:

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



Quality Improvement Plan
Primary Announced Care Inspection
Appleby Social Education Centre

31 July 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 Ms Margaret McShane, Registered Manager either during or after 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	17 (1) & 28	<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>	Second	Directorate has appointed a manager who will be carrying out monitoring visits independent of registered managers. This person commenced at beginning of Septemebr 2014 and will ensure regulation 28 reports meet the required standard as outlined with immediate effect.	25 September 2014
2	4 (1) (c) Schedule 1	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.	First	This has been actioned. Statement of Purpose has been amended and outlines staffing WTE and specifies the equivalent hours registered manager and assistant managers are in the setting	25 September 2014
3	5 (1) & (3)	The registered manager must ensure the settings 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.	First	This has been actioned and a revised Service User Guide incorporates information on record keeping including what records will be kept, how confidentiality will be maintained and how records can be accessed	25 September 2014

4	14.5	<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>	First	MAPA trainers were unable to provide photographic information regarding holds used. however, perusal of training manual indicates that the holds used in exceptional circumstances are medium level holds and a picture of these holds accompany this QIP. A reporting format is being agreed with Inspector.	25 September 2014
5	20 (1) (a)	<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>	First	Competency Assessments will commence at beginning of October 2014 using draft Competency proforma on a pilot basis.	25 September 2014
6	20 (1) (c) (i)	<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. Arrangements to achieve this should be reported on the returned QIP for achieving compliance in this regard.</p>	First	<p>Behaviour Support training for staff will take place in November 2014.</p> <p>Clarification has been sought from Physiotherapist as to the need for and provision of service user specific hoist training. Training requirements have been identified and physiotherapist has been asked to provide same as he stipulates as being required.</p>	25 September 2014

Recommendations

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

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details of Action Taken By Registered Person(S)	Timescale
1.	17.10	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.	Second	A draft Registered Provider Guidance Procedure has been devised and Inspector feedback is awaited.	25 September 2014

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	M. M. Shaw
Name of Responsible Person / Identified Responsible Person Approving Qip	[Signature]

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	SCUNNINGHAM	15/09/2014
Further information requested from provider			