



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

## **Primary Announced Care Inspection**

**Name of Service and ID:** MS Society NI (10997)  
**Date of Inspection:** 4 September 2014  
**Inspector's Name:** Maire Marley  
**Inspection No:** 17630

**The Regulation And Quality Improvement Authority**  
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501

<b>Name of centre:</b>	MS Society NI
<b>Address:</b>	The Resource Centre 34 Annadale Avenue Belfast BT7 3JJ
<b>Telephone number:</b>	(028) 9080 2802
<b>E mail address:</b>	lclews@mssociety.org.uk
<b>Registered organisation/ Registered provider:</b>	Ms Patricia Gordon MS Society NI
<b>Registered manager:</b>	Ms Lesley Clews
<b>Person in Charge of the centre at the time of inspection:</b>	Ms Lesley Clews
<b>Categories of care:</b>	DCS-PH
<b>Number of registered places:</b>	35
<b>Number of service users accommodated on day of inspection:</b>	26
<b>Scale of charges (per week):</b>	Trust Rates
<b>Date and type of previous inspection:</b>	27 January 2014 Primary Announced Inspection
<b>Date and time of inspection:</b>	4 September 2014 9.30am - 4.30pm
<b>Name of inspector:</b>	Maire Marley

## 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	14
Staff	3
Relatives	0
Visiting Professionals	0

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

Issued To	Number issued	Number returned
Staff	7	2

### Inspection Focus

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

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

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

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

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

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

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

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

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

## Profile of Service

The MS Society Day Centre is incorporated in a purpose built resource centre which also accommodates the regional office for Northern Ireland. The centre provides support for people diagnosed with Multiple Sclerosis (MS) and has one hundred places available for people at various stages of their MS. The centre is registered to provide day care to a maximum of 35 service users daily.

Day care operates from Monday to Friday within the hours of 9:00am – 5:00pm; transport is organised by the centre or service users can arrange their own transport. Referrals are made either through trust procedures or by self-referral, placements are offered following an assessment of need. Service users can avail of a cooked meal provided daily and there are warm and cold drinks provided.

## Summary of Inspection

This announced primary care inspection of the MS Society day centre was undertaken by Maire Marley on 4 September 2014 between the hours of 9.30am and 4.00pm. The Registered Manager, Ms Lesley Clews was available throughout the inspection.

The RQIA poster was displayed at the entrance to the centre to inform service users, representatives and professionals of the date and time for this inspection.

The recommendation made as a result of the previous inspection undertaken in January 2014 was examined. Observations and discussion demonstrated that the registered manager had responded positively to the requested improvement. Details of the action taken can be viewed in the section following this summary.

The focus of the inspection was to assess the centre's compliance with the one standard and two themes chosen from the Day Care Settings Minimum Standards 2012 and The Day Care Settings Regulations (Northern Ireland) 2007. During the inspection the inspector used the following evidence sources;

- Discussion with staff
- Discussion with service users
- Observation of practice
- Examination of a sample of service user individual file records including evidence of behaviour management and support assessments, complaint record, staff training record, individual staff records, incident and accidents records, evidence of service user consultation, monthly monitoring records; statement of purpose; service users guide and policies & procedures
- Tour of the premises

Prior to the inspection the provider submitted a self-assessment of the one standard and two themes inspected. The registered provider's responses were examined and were not altered in any way by the RQIA. Additional pre-inspection information was also submitted and reviewed by the inspector. No issues were identified during this review.

There were two questionnaires returned in time for inclusion in this report. Staff consulted on the day reported satisfactory arrangements were in place with regard to NISCC codes of practice, supervision, staff training, staffing and management arrangements. Satisfaction was also reported in regard to responding to service users' behaviour; confidentiality and recording.

Staff commented positively in regard to the quality of care provided; which was described as: “excellent” “we aim to provide day care to the highest standard”.

During the inspection, the inspector was introduced to all of the service users who were in the day care centre. The inspector spoke directly with fourteen service users to gather evidence for the standard inspected and the two themes. Service users presented at ease in their environment and spoke highly of the staff team, opportunities provided and the support and encouragement gained from attending the centre. Service users were aware that if they had any concerns or issues they could approach any of the staff or the registered manager who is based in the centre. Overall service users felt the centre was well organised and maintained to a high standard.

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

The M.S Society has written policies and procedures pertaining to the management of records, recording and reporting, data protection, access to records and confidentiality. The policies and procedures were available for staff reference and were deemed satisfactory.

The inspector spoke with three members of staff regarding the standards inspected, their views about working in the centre and the quality of service provided. Positive comments were made in regard to the maintenance of records and the recording and reporting arrangement’s in this day care setting. Staff consulted were able to competently answer questions in regard to protecting service users information and how service users could access their information.

The inspector concluded that staff record as and when required and there was evidence in records viewed that services users are involved in the process.

Service users who took the time to speak with the inspector confirmed that care plans are discussed and agreed with them as and when their circumstances change and more formally at their annual review.

The registered manager had forwarded a letter in June 2014 to service users explaining how the day centre holds and stores service users’ personal information. The letter provided information in regard to access to records and outlined the circumstances when information might need to be shared with other professionals. It is recommended that this information is added to the service user’s guide and statement of purpose.

Observations of service users, discussion with staff and the review of six service users’ individual files provided evidence that the centre is performing well regarding storage of service user’s information, recording procedures and reporting information on to professionals involved in the service users’ care.

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

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

The MS society has policies and procedures regarding restrictive practice and these are reflective of current national, regional and locally agreed protocols and guidance.

The Deprivation of Liberty Safeguards (DOLS), document was discussed with the management team and staff who all demonstrated awareness of the guidance. The inspector was informed that the guidance had been discussed with the staff team during staff meetings and in supervision. A copy of the document was available to the staff team for reference. It is recommended that staff receive training on The Human Rights Act.

The day centre has an open door policy and this was evident during the day of inspection. Service users were observed to move freely around the centre and service users consulted expressed that they could come and go as they pleased. Service users related that they had never witnessed any form of restraint or restrictive practice.

Evidence available from discussions with a service user, staff and a review of the written records, verified that in the event of any additional restrictive practices staff were fully aware of the procedures and protocols to follow. Systems were in place to ensure risk assessments pertaining to lap belts on wheelchairs were up to date and reviewed regularly.

Staff presented as committed to responding to behaviour in the least restrictive manner and demonstrated knowledge of service users assessed needs and reported that behaviours had never presented any difficulties. It was evident in discussion with staff and during periods of observation that staff adopted a person centred approach.

Observations of group interactions during the inspection confirmed that service users responded positively to members of the staff team and it was evident a good rapport had developed between staff and service users.

Based on the evidence reviewed the inspector agreed with the provider's self-assessment and has assessed the centre as compliant in this theme.

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

There was evidence that the registered manager had obtained the registered manager's Award in Health and Social Care Management and has several years' experience working in the caring profession. The senior care assistant has acquired vocational qualifications commensurate with her roles and responsibilities. The registered manager reported staff are encouraged to obtain vocational qualifications.

The inspector viewed records that confirmed the registered manager and day care workers are registered with the Northern Ireland Social Care Council (NISCC). One care assistant recently employed is in the process of registration.

The organisational structure was clearly set out in the statement of purpose. Staff confirmed their awareness of reporting arrangements within the organisation should any notifiable event arise.



Staff were clear in regard to their roles and responsibilities and there was evidence that the management arrangements are suitable with appropriate policies in place for the operation of the day care centre.

There was evidence from discussions with staff to confirm that members of the team work supportively and well with one another.

The registered manager had arrangements in place for the supervision and performance appraisal of the staff team. During discussions with staff they expressed that they felt supported by the management team. A review of staff training revealed that mandatory training was up to date.

There was evidence of monitoring arrangements that included monthly unannounced monitoring visits. The review of the previous four months visits found that the reports were completed in accordance with the regulations.

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

### **Additional Areas Examined**

The inspector undertook a tour of the premises, reviewed the complaints record, examined eight service users individual files and validated the registered manager's pre inspection questionnaire, reviewed staff returned questionnaires and viewed the environment. Areas for improvement were identified in regard to the paintwork in a designated bathroom.

The inspector wishes to acknowledge the work undertaken by the registered 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 and engaged with the inspector during the inspection.

As a result of this inspection two recommendations have been made and details can be found in the Quality Improvement Plan attached to this report.

Matters identified during this inspection were discussed with the registered manager and assurances were given these would be addressed within an agreed timescale as highlighted in the appended Quality Improvement Plan.

## Follow-Up on Previous Issues

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	15.1 & 15.3	The registered person should make arrangements for the procedure available for staff reference which describes reviews of care plans to be reviewed and amended. The policy and procedure should include details of the initial review and the process including documentation and timescales that should be followed by staff to achieve a consistent approach with the standards regarding the same. This information should also be clearly described in the centres statement of purpose, policy and procedure and service user guide which should be submitted to RQIA with the completed QIP	The registered manager provided a copy of the amended policy. The policy provided information in regard to the initial review, documentation to be completed and the timescales. The requested information was also included in the statement of purpose.	Compliant

<b>Standard 7 - Individual service user records and reporting arrangements:</b>	
<b>Records are kept on each service user's situation, actions taken by staff and reports made to others.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
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.	
<b>Provider's Self-Assessment:</b>	
The MS Day Centre works within the codes of practice for protecting the confidentiality of all service users information. Information is only given out with consent of the service user unless it would be within the public interest, or in the event of an emergency or in a multi disciplinary setting. All information relating to the service users is retained within a locked cabinet/office within the Day Centre. The MS Society adheres to the principles of the Data Protection act 1998	Compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
The day centre had a range of policies in regard to protecting the confidentiality of service user's information that included electronic and paper records. The procedures were available to the staff team. Discussion with staff and review of ten service user individual records evidenced recording practices and storage of service user information was reflective of current national, regional and locally agreed protocols. During the inspection the inspector observed that files are kept in a locked cabinet and computers when not in use had privacy screens. Discussion with management and staff revealed that files are only brought out when staff need to record and electronic files are password protected.	Compliant

<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
<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>	
<b>Provider's Self-Assessment:</b>	
<p>.A service user can request to see their records/notes but there may be reasons for limiting the service users access to their records if consent would need to be sought from a third party etc.</p> <p>To date we have not any had requests from a service user or a service users representative for their records/notes but should this happen, all documentaion and the outcomes would be retained on file.</p> <p>The MS Day Centre has service users who, due to their illness, are unable to sign the relevant documenation related to their care, the service user would have a represenataive who would sign all of the service users required documentation.</p>	Compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
<p>The day care setting had policies and procedures pertaining to access to records, communication, confidentiality, consent, management of records, monitoring of records, recording and reporting care practices. Staff consulted confirmed that the policies are readily available and accessible to them for reference.</p> <p>Staff consulted were knowledgeable regarding consent and access to records commensurate with their role and responsibilities. The registered manager reported that information in regard to assessments, care plans, daily records and reviews reports are discussed with the service users on a regular basis and staff reported that they promote person centred practice in all aspects of their work. In discussion with service users it was obvious they were familiar with the care planning process and they confirmed care plans are discussed when changes occur. This information was further validated during the review of care records and all were found to be signed and dated by the service user. The registered manager re-affirmed that there had never been a request for access to an individual service user's personal care records/notes.</p> <p>In June 2014 the registered manager had forwarded a letter to all service users explaining how the day centre holds and stores their personal information. The letter provided information in regard to access to records and outlined the circumstances when information might need to be shared with other professionals. This initiative is commended. The information was also detailed in the statement of purpose and service user guide.</p>	Compliant

<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
<p>7.4 Individual case records/notes (from referral to closure) related to activity within the day service are maintained for each service user, to include:</p> <ul style="list-style-type: none"> <li>• Assessments of need (Standards 2 &amp; 4); care plans (Standard 5) and care reviews (Standard 15);</li> <li>• All personal care and support provided;</li> <li>• Changes in the service user's needs or behaviour and any action taken by staff;</li> <li>• Changes in objectives, expected outcomes and associated timeframes where relevant;</li> <li>• Changes in the service user's usual programme;</li> <li>• Unusual or changed circumstances that affect the service user and any action taken by staff;</li> <li>• Contact with the service user's representative about matters or concerns regarding the health and well-being of the service user;</li> <li>• Contact between the staff and primary health and social care services regarding the service user;</li> <li>• Records of medicines;</li> <li>• Incidents, accidents, or near misses occurring and action taken; and</li> <li>• The information, documents and other records set out in Appendix 1.</li> </ul>	
<b>Provider's Self-Assessment:</b>	
The Day Centre would keep records of all of the above. All records are kept for 7 years after the service users stops attending the Day Centre or has deceased.	Compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
<p>The inspector reviewed a sample of ten individual service user records and the findings indicated that the records are maintained in compliance with Regulation 19 Schedule 4.</p> <p>There was evidence in the random sample of six care files examined that each service user had a care record in accordance with this criterion. Records viewed were up to date and it was noted that staff recorded changes in the service user's needs or behaviour and included the action taken by staff. A record was maintained of the contact with family members or representatives. Accidents and incidents were recorded and detailed the action taken by staff. Records viewed confirmed that a formal care review takes place once a year and is attended by the service user, their representative and a community key worker.</p>	Compliant

<b>Criterion Assessed:</b> 7.5 When no recordable events occur, for example as outlined in Standard 7.4, there is an entry at least every five attendances for each service user to confirm that this is the case.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment:</b>	
The Day Care setting would make an entry at least every 5 attendances that a non recordable event has not occurred	Compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
A review of a sample of ten service user care records evidenced that individual care records have a written entry on each attendance as detailed in the provider's self -assessment.	Compliant

<p><b>Criterion Assessed:</b> 7.6 There is guidance for staff on matters that need to be reported or referrals made to:</p> <ul style="list-style-type: none"> <li>• The registered manager;</li> <li>• The service user’s representative;</li> <li>• The referral agent; and</li> <li>• Other relevant health or social care professionals.</li> </ul>	<b>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment:</b>	
<p>The Day Centre Manager provides guidance for staff in respect of all reportable incidents and each service users file has a communication record to record all non regulatory referrals and communication. All Day Centre care staff would work within the Day Centre policies and procedures.</p>	Compliant
<b>Inspection Findings:</b>	
<p>The registered manager and staff consulted were familiar with the reporting arrangements within the organisation and issues that required to be reported to the referral agency or other health care teams. The inspector viewed the policies and procedures pertaining to communication, confidentiality, consent, and management of records and found them to be satisfactory.</p>	Compliant
<b>Criterion Assessed:</b>	
<p>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>	Compliant
<b>Provider’s Self-Assessment:</b>	
<p>All records within the Day care setting are legible, accurate and up to date, signed by the person making the entry and by the Day Centre Manager.</p>	Compliant
<b>Inspection Findings:</b>	
<p>A sample of service user individual records were reviewed and confirmed the information detailed in the provider’s self-assessment. Staff consulted were aware of their responsibility in relation to maintaining accurate records and the purpose of such records. Staff spoken with and those who completed inspection questionnaires confirmed that procedures are in place to achieve this criterion.</p>	Compliant

<b>PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Provider to complete

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



<b>Theme 1: The use of restrictive practice within the context of protecting service user’s human rights</b>	
<b>Theme of “overall human rights” assessment to include:</b>	
<p><b>Regulation 14 (4) which states:</b></p> <p><b>The registered person shall ensure that no service user is subject to restraint unless restraint of the kind employed is the only practicable means of securing the welfare of that or any other service user and there are exceptional circumstances.</b></p>	<b>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment:</b>	
<p>Due to the nature of the service users within the Day Care setting restraint and seclusion is not practiced and is discouraged within the MS Day Centre. A Non-Restraint policy is in place read in conjunction with challenging behaviour policy. Staff are aware of these policies and of the guidance on restraint. The Day Care setting has never had to use restraint on a service user in all of it’s years of operation.</p> <p>If a service user, who through a risk assessment it has been deemed appropriate for their own safety to wear their seatbelt at all times while in their wheelchair, this would be reflected as part of the service users care plan. Should a situation within the Day Care setting become volatile staff would work within the challenging Behaviour training.</p>	Compliant
<b>Inspection Findings:</b>	
<p>The information outlined in the provider’s self -assessment was validated during the review of care records, accident/incident records, observations and discussion with staff and service users. The M.S. Society policy clearly states there is no restraint or restrictive practices within the centre. Information was available to the staff team on the Deprivation of Liberty Safeguards (DOLS). The management team and staff were fully aware of the restrictions placed on some service users who use lap belts in wheelchairs and appropriate assessments and relevant documentation were in place. In discussion with staff it was evident that they recognised and promoted service users’ rights, however to consolidate their knowledge it is recommended that training on the Human Rights Act is provided to the staff team.</p>	Compliant

<p><b>Regulation 14 (5) which states:</b></p> <p><b>On any occasions on which a service user is subject to restraint, the registered person shall record the circumstances, including the nature of the restraint. These details should also be reported to the Regulation and Quality Improvement Authority as soon as is practicable.</b></p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment:</b></p> <p>Should the Day Centre be required to use any form of restraint for Health &amp; Safety reasons the Manager would record the circumstances including the type of restraint used and inform the RQIA as required.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p> <p>Management and staff confirmed that to date restraint had not been used in the day centre and they did not anticipate any occasion when restraint would be necessary. The information provided by the registered manager and staff was confirmed in discussions with service users who informed the inspector that they could come and go as they pleased. Service users expressed that they had never witnessed or experienced any form of restrictive practice.</p>	<p><b>COMPLIANCE LEVEL</b></p> <p>Compliant</p>
<p><b>PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b></p> <p>Compliant</p>
<p><b>INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b></p> <p>Compliant</p>

Theme 2 – Management and Control of Operations	COMPLIANCE LEVEL
<p><b>Management systems and arrangements are in place that support and promote the delivery of quality care services.</b></p> <p><b>Theme covers the level of competence of any person designated as being in charge in the absence of the registered manager.</b></p>	
<p><b>Regulation 20 (1) which states:</b></p> <p><b>The registered person shall, having regard to the size of the day care setting, the statement of purpose and the number and needs of service users -</b></p> <p><b>(a) ensure that at all times suitably qualified, competent and experienced persons are working in the day care setting in such numbers as are appropriate for the care of service users;</b></p> <p><b>Standard 17.1 which states:</b></p> <p><b>There is a defined management structure that clearly identifies lines of accountability, specifies roles and details responsibilities for areas of activity.</b></p>	
<p><b>Provider’s Self Assessment:</b></p>	
<p>The senior care assistant would be in charge of the Day Care setting when the Day Centre Manager is off on annual leave or on sick leave.</p> <p>The senior care assistant is competent and in her role and has been working in the MS Day Centre setting for 12 years and has worked closely with the DCM. The senior care assistant has a NVQ Level 3 in Health and Social care and is aware of her roles and responsibilities.</p> <p>All of the care team have been given questions to answer about different scenarios that could happen within the Day care setting, this has helped to identify any gaps of their understanding of what is required within their roles. Where the gaps were identified staff have been given guidance on how to manage the situation. All staff are aware to seek guidance from Senior Managers in the Resource Centre should they feel the need of clarification.</p>	<p>Compliant</p>

<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
<p>The registered manager is based in the centre daily. The relevant information in regard to the management arrangements are detailed in the statement of purpose. In the absence of the registered manager a senior day care worker assumes responsibility for the centre. A copy of the competency and capability assessment for the senior care worker was provided and indicated the registered manager had assured herself that the staff member was capable and competent to be left in charge of the centre in her absence.</p> <p>Examination of the staffing information provided evidence that adequate staffing numbers were maintained in the day care setting. The registered manager and staff consulted reported that the staffing levels are sufficient to meet the needs of the service users.</p> <p>Discussion with staff working in the centre demonstrated that they were fully familiar with their role and responsibilities regarding the management arrangements of the day care setting. Staff expressed that they were supported in their roles through regular supervision, appraisal and staff meetings. Records viewed confirmed that staff meetings are held at least every four months, supervision is undertaken quarterly and all staff are in receipt of annual appraisals.</p> <p>A designated officer undertakes the unannounced monthly monitoring visits to the centre on behalf of the registered provider. The review of the previous four months visits found that the reports were completed in accordance with the regulations. There was evidence that audits of working practices are regularly completed to ensure they are consistent with the day care settings documented policies and procedures. The registered manager reported that a monthly governance meeting is held with an officer of the Trust to assess compliance with the contact.</p> <p>Service users consulted were aware of the management structure and were able to identify who they would approach if they had any concerns. Information in regard to the complaints procedure was displayed throughout the day centre. Procedures were in place in regard to safe-guarding vulnerable adults and the organisation had whistle-blowing procedures in place. Staff consulted were aware of the reporting arrangements in regard to poor practice and the three staff consulted stated that they had no concerns.</p>	<p>Compliant</p>

<p><b>Regulation 20 (2) which states:</b></p> <ul style="list-style-type: none"> <li><b>The registered person shall ensure that persons working in the day care setting are appropriately supervised</b></li> </ul>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment:</b></p>	
<p>The Day Centre Manager does a hand over each morning this is an opportunity for the staff and the manager to discuss any concerns and issues. All staff receive formal supervision every 3 months and team meetings are held every 3 months. The Day Centre Manager's office is within the Day centre which enables the Manager to be part of the working team on a daily basis.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>Staff consulted confirmed that they hold a daily brief each morning to ensure any issues pertinent to service users or the daily operation of the centre is communicated to everyone. Staff expressed that they were supported in their roles through regular supervision, appraisal and staff meetings. Records viewed confirmed that staff meeting are held at least four monthly, supervision is undertaken quarterly and all staff are in receipt of annual appraisals.</p>	<p>Compliant</p>
<p><b>Regulation 21 (3) (b) which states:</b></p> <ul style="list-style-type: none"> <li><b>(3) For the purposes of paragraphs (1) and (2), a person is not fit to work at a day care setting unless –</b></li> <li><b>(b) he has qualifications or training suitable to the work that he is to perform, and the skills and experience necessary for such work</b></li> </ul>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment:</b></p>	
<p>All care staff employed within the Day Care setting have had previous experience working within a care setting, all care staff have had the required skills and training prior to employment with the MS Society. All staff are subject to a formal recruitment process. Each job role has a job specification aligned to the Regulators requirements and the specific post.</p>	<p>Compliant</p>

<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
<p>Records examined confirmed that the registered manager has a Registered Manager’s Award in Health and Social Care and is suitably experienced to manage the day care settings. There was evidence that the senior care assistant held an NVQ level 2 and 3 and had a range of experience working in care settings. The registered manager reported that staff are encouraged to obtain vocational qualifications. Records viewed on the day confirmed that the registered manager and staff were registered with the Northern Ireland Social Care Council (NISCC). One staff member recently employed in the centre was in the process of registering with NISCC.</p>	<p>Compliant</p>

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

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

## **Additional Areas Examined**

### **Complaints**

The information on complaints submitted by the registered provider prior to the inspection was examined and indicated that the centre had received one complaint for the year ending December 2013. A review of the complaint records validated the information submitted to the RQIA. The registered manager and staff were fully aware of the complaints procedure and the action to take should a service user express dis-satisfaction with any aspect of the service. Information was available throughout the centre and it was obvious from the discussions with service users that they felt confident the staff team would address any concerns they expressed. All service users reported that the registered manager was very approachable and several gave examples of assistance provided in getting funding for equipment or sign-posting them to the relevant services.

### **Registered Manager Questionnaire**

The registered manager submitted the questionnaire prior to the inspection. A review of the information found the questionnaire had been fully completed and no issues were identified. The information was confirmed during the inspection of records, discussion with management, staff and service users.

### **Statement of Purpose**

A review of the statement of purpose found that the information contained in the document was in keeping with the regulations.

### **Environment**

An inspection of the day centre was undertaken. All areas were found to clean and fresh smelling. It was noted that the walls in one of the disabled washrooms was badly marked. It is recommended that this receives attention.

## **Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Lesley Crews, 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:

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





## Quality Improvement Plan

### Primary Announced Care Inspection

MS Society NI

4 September 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 Mrs Lesley Clews during 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.

**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	7.1	The registered manager should confirm that training on Human Rights has been provided to the staff team.	One	Human Rights training has been sought through Praxis and a training date is TBC. This training will be delivered no later than the the 30 <sup>th</sup> December 2014.	No later than 30 December 2014
2	25.1	It was noted that the walls in one of the disabled washrooms was badly marked. It is recommended that this receives attention.	One	The Bathroom Walls have been painted and shall be maintained.	No later than 30 December 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:

<b>Name of Registered Manager Completing Qip</b>	Lesley Clews
<b>Name of Responsible Person / Identified Responsible Person Approving Qip</b>	Patricia Gordon

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	Yes	M. Marley	11/11/14
Further information requested from provider			