



The **Regulation** and
Quality Improvement
Authority

Primary Unannounced Care Inspection

Name of Service and ID: Strabane and District Caring Services (11067)
Date of Inspection: 15 October 2014 & 7 November 2014
Inspector's Name: Suzanne Cunningham
Inspection No: IN020545

The Regulation And Quality Improvement Authority
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Name of centre:	Strabane and District Caring Services
Address:	32-34 Bridge Street Strabane Co Tyrone BT82 9AE
Telephone number:	028 7188 4986
E mail address:	timoneysdcs@btconnect.com
Registered organisation/ Registered provider:	Strabane and District Caring Services Mr Gerard Mario Harkin
Registered manager:	Ms Jacqueline Timoney
Person in Charge of the centre at the time of inspection:	Ms Jacqueline Timoney
Categories of care:	Day Care Service for persons with Physical Disabilities DCS-PH
Number of registered places:	10
Number of service users accommodated on day of inspection:	15 October 2014 – 7 7 November 2014 – 7
Date and type of previous inspection:	23 January 2014 Primary Announced
Date and time of inspection:	15 October 2014 09:45 – 15:00 7 November 2014 09:30 – 14:00
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	7
Staff	2
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	4	0

Inspection Focus

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

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

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

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

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

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

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

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

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

Profile of Service

Strabane and District Caring is a voluntary organisation providing day care for up to 10 service users with sensory, physical disability and acquired brain injury. Service users are aged between 18-64 years and are resident within an eight mile radius of Strabane town where the Day Care Centre is based. Service users are referred by a Social Worker or other appropriate representative of The Western Health & Social Care Trust WH&SCT to the service following a comprehensive assessment.

Ms Jacqueline Timoney, Centre Manager, one care worker, one volunteer and one driver with caring duties is employed to deliver its range of operational services at the centre.

The centre is open Monday, Wednesdays and Fridays from 09.30 - 15.30 and has its own tail lift bus which provides transport to and from the day centre. Tea and toast is provided for the service users when they arrive in the morning. The service users can bring a packed lunch or purchase a dinner from the luncheon club which is held in the same building.

The facility comprises of a community room with adjoining activities area, two separate ladies and gents toilets, two disabled toilets, a large shower room with wash hand basin and toilet and a reasonably sized kitchen. An extension was built in the past year; the additional space is used for a disability bathroom cum shower room.

Summary of Inspection

A primary inspection was undertaken in The Strabane and District Caring Day Centre on 15 October 2014 from 09:45 to 15:00 and a follow up inspection was undertaken on 7 November 2014 09:30 – 14:00. This was a total inspection time of nine hours and forty five minutes. The first inspection was unannounced and the second inspection date was announced.

The provider submitted a self-assessment following the first inspection of the one standard and two themes inspected. The self-assessment was analysed with the inspection findings to produce this report. The inspection was undertaken over two days because the first inspection concluded there was not sufficient evidence to demonstrate improvement since the last inspection and compliance with the quality improvement plan. The inspector spent time in the setting to observe the care delivered and quality of contact, communication and activities provided for service users and initially assessed the direct care presented as compliant with the standards and regulations despite the lack of evidence in records. Therefore the inspector arranged to return within 20 days of the inspection to assess if the setting could improve their records and evidence of compliance. 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 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 review and safeguarding information; the complaints record; staff training record; incidents and accidents record; evidence of service user consultation, monthly monitoring records; the centres statement of purpose; service users guide and policies & procedures
- Tour of the premises.

Over the two days the inspector spoke with two staff regarding the standards inspected and their views about working in the centre, this generated sound feedback regarding the management of records and reporting arrangements including recording; ensuring records are accessible for the service users and the management arrangements in this day care setting. Staff were clear regarding their role and responsibility to keep service users information confidential and secure, the inspector was satisfied with arrangements in this regard.

Staff knew the meaning of exceptional circumstances however they were also clear regarding staff do not use restraint in this setting with any service users and it is not currently part of anyone's care plan. Finally staff discussed the management arrangements in the setting, they said they were satisfied with the current arrangements and the staff confirmed they were receiving supervision at least once every three months and mandatory training.

Over the two days the inspector talked with the service users regarding the standards inspected and their views about attending the day centre. The inspector also walked around the setting and spoke informally with all of the service users. The service users told the inspector they were aware of their records being kept by staff and saw these when the staff were recording and at the review. They confirmed they would speak to staff if they wanted to access the records. The service users identified Jacqueline is the manager however they see all staff as a source of support and said they would go to the staff they are working with if they needed support, as they know them best.

The previous announced follow up inspection carried out on 23 January 2014 had resulted in four requirements; three of them regarding service user records; service user feedback for regulation 28 visits and reporting and staff meetings had been improved by 7 November 2014. One requirement regarding the frequency of the regulation 28 visits and reporting had not been fully achieved and is partly restated.

Eleven recommendations were made regarding the following improvements: The statement of purpose; the service user guide; audit of working practices; staff supervision; the review process; the frequency of service users reviews; the record of the pre review discussions; the review report; revision of the care plan following the review; safeguarding vulnerable adult written procedures including local arrangements. These had all been improved.

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

The six criteria within this standard were reviewed during this inspection. One criterion was assessed as substantially compliant and the remaining five criteria were assessed as compliant. This was following an initial inspection that raised significant concerns regarding demonstrating improvements after last year's inspection. The provider and registered manager responded positively to the concerns and significantly improved how needs are presented in service users records and ensured clear plans were in place to detail how needs will be met. Discussion with service users evidenced they are well informed regarding records and care is led by their needs, interests and suggestions. No requirements or recommendations are made.

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

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

Two criterion from regulation 14 were inspected which examined compliance with the use of any restrictive practices in this day care setting within the context of human rights. One criterion was assessed as substantially compliant and one criterion was assessed as not applicable because the setting does not use restraint or restrictions to manage behaviour in this setting. No requirements and one recommendation is made regarding improving staff knowledge of Deprivation of Liberty safeguards.

Discussions with the manager, staff and examination of records provided evidence that the centre was promoting the needs of the service users who attend the centre without using restraint. The staff reported they were knowledgeable regarding exceptional circumstances and they use communication, diversion, calming, diffusing techniques and knowing their service users' needs and personalities when responding to service user behaviours to calm and support service users which had ensured their behaviour does not escalate.

Based on the evidence reviewed the inspector assessed the centre as substantially compliant in this theme, no requirements and one recommendation is made regarding this theme.

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

Two criteria from regulation 20 and one criterion from regulation 21 were inspected which provided the evidence to examine this theme. One of the criteria was assessed as compliant, one was assessed as substantially compliant and the remaining criterion was assessed as compliant. No requirements and one recommendation is made regarding training records, that is the content of the training should be available for inspection as should the assessment of individuals attending the course to ensure they can apply the content to their role and responsibilities.

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

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

Additional Areas Examined

The inspector undertook a tour of the premises, reviewed the complaints record and examined two service users individual files, validated the registered manager's pre inspection questionnaire and reviewed monthly monitoring reports. This revealed areas for improvement regarding the service users' individual records and the monthly monitoring record which are also identified through the main body of this report.

The inspector wishes to acknowledge the work undertaken by the manager and staff in preparation for this inspection and their open and constructive approach throughout the inspection process. Gratitude is also extended to the service users who welcomed the inspector to their centre and engaged with her during the inspection. Overall the inspector

commends the person centred approach to day care that is delivered in this centre and there is a clear focus of seeking to involve and improve outcomes for the service users who attend this setting.

As a result of the inspection a total of one requirement has been made regarding improving the frequency of the regulation 28 visits. Three recommendations are made regarding improving the staff knowledge regarding DOL safeguards; improving staff training records and recording restrictions in the context of human rights and the least restrictive practice. This was reported to the manager at the conclusion of the inspection and assurances were made these would be addressed as a priority.

Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Regulation 19 (1) (a) Schedule 4	<p>The following documents must be held in respect of each service user:</p> <p>(a) The assessment of needs referred to in regulation 15(1) (a) (b) The service user's plan referred to in regulation 16(1)</p> <p>And all other records specified under this regulation that is not already in place.</p>	<p>The inspector reviewed two files on the first inspection and did not evidence full compliance in this regard. The second inspection evidenced significant improvement in the same two files and this confirmed compliance and improvements had been achieved in this regard.</p>	Compliant
2	28 (1) (2) &(3)	<p>The registered person monitors the quality of services in accordance with the day care setting's written procedures, and completes a monitoring report on a monthly basis.</p> <p>This report will summarise views of service users ascertained about the quality of the service provided, and any actions taken by the registered person or the registered manager to ensure that the organisation is being managed in accordance with minimum standards.</p> <p>Refer to details recorded at 17.10 of the attached report.</p>	<p>The inspector viewed four Monthly Monitoring Reports. The October report evidenced an improved approach to reports that featured the theme of meals, this demonstrated valuable feedback and focus on the day care settings conduct in relation to meals. This evidenced an improved approach to regulation 28 reporting. The reports had not been completed monthly and therefore this part of the requirement is restated.</p>	Substantially compliant

3	28 (4)	<p>The registered person or nominated person carrying out the visit shall interview service users representatives, where service users are unable to give an informed view of the quality of service provision.</p> <p>The registered person or nominated person will compile a record of their findings and make the report available to service users, their representatives, and staff.</p>	<p>The inspector was satisfied the October 2014 report evidenced adequate improvement in this regard.</p>	<p>Substantially compliant</p>
4	<p>Regulation 19 (2) Schedule 5 (17)</p>	<p>A record is held of all staff meetings and the names of all those attending.</p> <p>Also refer to standard 23.</p>	<p>The inspector concluded at the first inspection this had not been improved however after the first inspection a meeting was held and the content of the record evidenced themes and discussions were consistent with planning to meet the day care setting standards.</p>	<p>Substantially compliant</p>

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	17.1	Information in the Statement of Purpose to be updated.	This had been improved following the last inspection.	Compliant
2	17.8	The service users guide should be updated.	This had been updated and the inspector was satisfied this recommendation had been met.	Compliant
3	17.9	Working practises should be systematically audited to ensure good practise. See 17.10 for further guidance.	The monthly monitoring and managers over view of records had improved and the inspector was satisfied this recommendation had been met.	Compliant
4	22.2	Staff to receive regular formal supervision.	The staff in this setting had recently commenced their posts and supervision had been carried out more frequently than the minimum standard to facilitate their induction, training and clarify role and responsibility.	Compliant
5	Appendix 2	The review procedure should describe clear links between assessment of need, the process of care planning and review.	The setting had revised their review documentation and developed a pack of assessment; care plan and review information which achieved compliance in this regard.	Compliant
6	15.3	Ensure care reviews are carried out on an annual basis.	The two files sampled evidenced compliance in this regard.	Compliant

7	15.4	Ensure a formal preparation review report for each service user is completed and presented at the service user's formal care review meeting.	The two files sampled evidenced compliance in this regard.	Compliant
8	15.5	The review report should outline all elements listed at criterion within the relevant section of the report (15.5).	The two files sampled evidenced compliance in this regard.	Compliant
9	15.6	Following formal care 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. The service user will be provided with a copy of the revised plan.	The two files sampled evidenced compliance in this regard.	Compliant
10	13.1	Written procedures for safeguarding vulnerable adults are in accordance with legislation, DHSSPS guidance, regional protocols and local processes developed by the HSC Board and HSC Trusts.	This was provided for the inspection.	Compliant
11	13.2	Local procedures detail safeguarding liaison arrangements within the setting, and identify named and appropriately trained members of staff with whom concerns should be discussed.	This was provided for the inspection.	Compliant

Inspection Findings

Standard 7 - Individual service user records and reporting arrangements:	
Records are kept on each service user’s situation, actions taken by staff and reports made to others.	
Criterion Assessed:	COMPLIANCE LEVEL
7.1 The legal and an ethical duty of confidentiality in respect of service users’ personal information is maintained, where this does not infringe the rights of other people.	
Provider’s Self-Assessment:	
Service User records and stored securely within the day care centre. Only authorised staff within the day care centre have access to service user files. Service Users can access their records on request.	Compliant
Inspection Findings:	COMPLIANCE LEVEL
<p>The inspector examined at the second inspection two service users’ individual files and sampled an additional two files, this evidenced improvement of the content and the inspector was satisfied they presented as described in schedule 4. The inspector also sampled other records to be kept in a day care setting, as described in schedule 5 and this did not raise any concerns with regard to this criterion. The setting had policies and procedures stored in a file accessible for staff and the setting had policies and procedures pertaining to arrangements for access to records, communication, confidentiality, consent, management of records, monitoring of records, recording and reporting care practices and service user agreement. Sampling of these did not identify any concerns regarding the content.</p> <p>Discussion with staff confirmed their knowledge about the duty of confidentiality and their role and responsibility regarding the need to record, the quality of recording and management of service users’ personal information commensurate with their role and responsibility.</p> <p>Discussion with service users confirmed they are informed regarding confidentiality of personal information and recording practices in the day care setting.</p>	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>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment:</p>	
<p>Service Users and their representative have access to their records on request. A record book has been implemented to record all requests and outcomes.</p>	Substantially Compliant
<p>Inspection Findings:</p>	COMPLIANCE LEVEL
<p>Policies and procedures pertaining to: the access to records; consent; management of records and the service user agreement detail the process to respond to requests to see records and a record book had been set up to record any requests however, to date none had been received.</p> <p>Discussion with staff working in the centre confirmed they were aware of the service user's rights to know information is recorded and kept by the day centre in a secure and confidential way. Staff described they ensure a person centred approach to their recording by focussing on each individual service user and describing what they see; hear and assess, they try to avoid generic description or generalisations. Staff were aware of the record of requests to see records and would liaise with their manager to facilitate access for service users to their records.</p> <p>Service users were aware that a service user record is kept and were aware they can access the records.</p>	Compliant

<p>Criterion Assessed:</p> <p>7.4 Individual case records/notes (from referral to closure) related to activity within the day service are maintained for each service user, to include:</p> <ul style="list-style-type: none"> • Assessments of need (Standards 2 & 4); care plans (Standard 5) and care reviews (Standard 15); • All personal care and support provided; • Changes in the service user’s needs or behaviour and any action taken by staff; • Changes in objectives, expected outcomes and associated timeframes where relevant; • Changes in the service user’s usual programme; • Unusual or changed circumstances that affect the service user and any action taken by staff; • Contact with the service user’s representative about matters or concerns regarding the health and well-being of the service user; • Contact between the staff and primary health and social care services regarding the service user; • Records of medicines; • Incidents, accidents, or near misses occurring and action taken; and • The information, documents and other records set out in Appendix 1. 	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p> <p>Each Service User has an individual file containing records related to the day care centre from initial referral. SDCS has recently introduced a new assessment/careplan/review template which is currently being implemented with all current and new Service Users. The new template includes; Assessments of need; care plans and care reviews; 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 wellbeing of the service user; Contact between the staff and primary health and social care services regarding the service user; Records of medicines; Incidents, accidents, or near misses occurring and action taken; and The information, documents and other records set out in Appendix 1.</p>	<p>Moving towards compliance</p>
<p>Inspection Findings:</p> <p>The examination of a sample of service user individual records evidenced the above records and notes are available and had been maintained.</p>	<p>COMPLIANCE LEVEL</p> <p>Substantially compliant</p>

<p>Criterion Assessed: 7.5 When no recordable events occur, for example as outlined in Standard 7.4, there is an entry at least every five attendances for each service user to confirm that this is the case.</p>	COMPLIANCE LEVEL
Provider's Self-Assessment:	
Staff complete a daily record of each individual service user which includes daily activities and recordable events.	Compliant
Inspection Findings:	
Examination of a sample of two service user care records evidenced the provider's self-assessment and did not reveal any concerns in this regard.	Compliant
<p>Criterion Assessed: 7.6 There is guidance for staff on matters that need to be reported or referrals made to:</p> <ul style="list-style-type: none"> • The registered manager; • The service user's representative; • The referral agent; and • Other relevant health or social care professionals. 	COMPLIANCE LEVEL
Provider's Self-Assessment:	
All activities within the day care centre are reported to the registered manager including activities, incidents, accidents, reports to service user representatives, social workers and other health care professionals. Staff are aware and familiar with processes and recording all matters.	Compliant
Inspection Findings:	
Discussion with staff confirmed the providers self-assessment and the inspector confirmed policies and procedures pertaining to communication, confidentiality, consent, management of records, monitoring of records, recording and reporting care practices and service user agreement were in place and available for staff reference.	Compliant

<p>Criterion Assessed: 7.7 All records are legible, accurate, up to date, signed and dated by the person making the entry and periodically reviewed and signed-off by the registered manager.</p>	
<p>Provider’s Self-Assessment: Staff record all matters daily and sign and date entry. These are reviewed and signed off monthly by the registered manager.</p>	Substantially compliant
<p>Inspection Findings: The inspector sampled two service user individual records which evidenced they met this criterion.</p>	<p>COMPLIANCE LEVEL Substantially compliant</p>

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

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

Theme 1: The use of restrictive practice within the context of protecting service user’s human rights	
Theme of “overall human rights” assessment to include:	
<p>Regulation 14 (4) which states:</p> <p>The registered person shall ensure that no service user is subject to restraint unless restraint of the kind employed is the only practicable means of securing the welfare of that or any other service user and there are exceptional circumstances.</p>	COMPLIANCE LEVEL
Provider’s Self-Assessment:	
<p>Service Users will not be subject to any form of restraint unless it clearly says otherwise within the service user care plan. Restraint will only be included in a service users care plan when it is the only means of ensuring the safety of the service user and other service users.</p>	Compliant
Inspection Findings:	
<p>The inspector examined a selection of records including: records 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. There were no records of restraint or seclusion recorded. There were records of lap belts being used with the service user’s agreement to promote safety and one service user had a restriction in place regarding her smoking. Discussion revealed this was due to staff not being able to facilitate her smoking at the centre and the service user could not smoke independently. These two matters did not raise any concerns regarding compliance with this criterion.</p> <p>The setting has policies and procedures pertaining to: the assessment, care planning and review; managing aggression and challenging behaviours; recording and reporting care practices; reporting adverse incidents; responding to service users behaviour; restraint and seclusion; and untoward incidents which are available for staff reference.</p> <p>Discussion with staff confirmed staff are aware when and why restraint is used and their understanding of exceptional circumstances. Staff were not aware of the Deprivation of Liberty Safeguards. (DOLS) – Interim Guidance and how this may impact on practice and a recommendation is made they are made aware of the same.</p>	COMPLIANCE LEVEL Substantially compliant

Discussion with service users confirmed they do feel they can move around the setting freely and are not restricted, service users with mobility problems confirmed they only have to ask staff for assistance and they are helped.	
<p>Regulation 14 (5) which states:</p> <p>On any occasions on which a service user is subject to restraint, the registered person shall record the circumstances, including the nature of the restraint. These details should also be reported to the Regulation and Quality Improvement Authority as soon as is practicable.</p>	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment:</p> <p>Should an occasion arise in which a service user is subject to restraint the registered manager will record the circumstances and nature of restraint and report fully to the service user representative, social worker and RQIA.</p>	Compliant
<p>Inspection Findings:</p> <p>No service users had been subject to restraint and this setting and staff do not anticipate any need for the use of restraint in this service with the current group of service users. Staff are currently using approaches such as sound planning, understanding the service user’s needs, clear communication, diversion, one to one time, and activities to avoid any escalation of behaviours. This approach is consistent with the settings ethos, statement of purpose and aims of the service. <i>Guidance on Restraint and Seclusion in Health and Personal Social Services</i>, Department of Health, Social Services and Public Safety, Human Rights Working Group, August 2005 is available.</p>	COMPLIANCE LEVEL Not applicable

PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL Compliant
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INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL Substantially compliant
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<p style="text-align: center;">Theme 2 – Management and Control of Operations</p> <p>Management systems and arrangements are in place that support and promote the delivery of quality care services.</p> <p>Theme covers the level of competence of any person designated as being in charge in the absence of the registered manager.</p>	COMPLIANCE LEVEL
<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: 20px;">(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>SDCS ensures that there are suitably qualified and experienced persons working in the day care centre at all times and there is a sufficient number of staff appropriate to the care and needs of the service users. The is a management structure that clearly defines the roles and responsibilities and accountability of all staff.</p>	Compliant
<p>Inspection Findings:</p>	COMPLIANCE LEVEL
<p>The registered manager and responsible person both have QCF level five qualifications which is the minimum standard qualification required to manage a day care setting. Furthermore both have substantial experience in post. The registered manager is on site day to day, she also manages the domiciliary care service which is based on site, in her absence the responsible person manages the day care setting. Examination of the manager and responsible person’s professional registration, qualifications, experience did not reveal any concerns regarding these arrangements.</p>	Compliant

<p>The day to day staffing arrangements are the two care workers who deliver the care in the day care setting daily, they are supported by the manager and this arrangement did not reveal any concerns regarding the adequate distribution of staff across the day care setting to meet service users' needs.</p> <p>The setting has 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.</p> <p>Discussion with staff working in the centre validated their knowledge commensurate with their role and responsibilities regarding management arrangements of the day care setting. For example they were clear who they report to; who they should seek support or guidance from; who supervises them and the effectiveness of the same.</p> <p>Discussion with service users confirmed they were aware of the management structure in place however, they said they would discuss issues at all levels with any of the staff and felt comfortable doing this.</p> <p>The staff were still completing their induction at the time of the inspection however, they were receiving regular supervision and mandatory training had and was planned to continue being provided.</p>	
<p>Regulation 20 (2) which states:</p> <ul style="list-style-type: none"> The registered person shall ensure that persons working in the day care setting are appropriately supervised 	COMPLIANCE LEVEL
<p>Provider's Self-Assessment:</p>	
<p>The registered manager ensures staff receive appropriate supervision and appraisal. Staff are supervised within the daycare centre caring out care duties and activities on a daily basis.</p>	Substantially compliant
<p>Inspection Findings:</p>	COMPLIANCE LEVEL
<p>The provider's self-assessment was verified. The inspector was impressed with the improvements made by the registered manager in this regard between the two inspections to continue meeting this criterion.</p>	Substantially compliant

<p>Regulation 21 (3) (b) which states:</p> <ul style="list-style-type: none"> • (3) For the purposes of paragraphs (1) and (2), a person is not fit to work at a day care setting unless – • (b) he has qualifications or training suitable to the work that he is to perform, and the skills and experience necessary for such work 	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p> <p>The registered manager ensures staff working within the day care centre have the qualifications and/or training suitable to perform the work required and the necessary experience.</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p> <p>The provider’s self-assessment was verified using staff records and training records. Examination of the training file did reveal the content of the training was not available for inspection. Because a lot of the training is provided in house it is particularly important for the content of the training to be available for inspection. Staff assessment post training would also be useful to assure the manager that staff are competent to undertake their role and responsibilities post training. A recommendation is made in this regard.</p>	<p>COMPLIANCE LEVEL</p> <p>Moving towards compliance</p>
<p>PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p> <p>Provider to complete</p>
<p>INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p> <p>Substantially compliant</p>

Additional Areas Examined

Complaints

The complaints record was reviewed as part of this inspection. The annual complaints return for 2013 identified no complaints had been recorded. The inspector reviewed the complaints record which confirmed the return to RQIA, similarly no complaints had been recorded for 2014 and examination of the records did not reveal any concerns.

Service User Records

Two service user files were inspected as part of this inspection. The first inspection identified areas for improvement in the content and quality of information recorded; this was reported to the registered manager. Because these issues had also been identified in the previous inspection the inspector gave detailed feedback about what was recommended and how this could be evidenced. Improvement was inspected on 7 November and this is further discussed in the examination of standard seven.

The inspector did identify the recording of potential restrictions should be considered in assessment and planning stage to evidence consent and the restrictive practice is the least restrictive practice or approach in place to meet the service users need. 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 confirmed satisfactory arrangements were in place regarding governance and management arrangements, the manager's registration with NISCC, staffing arrangements and support for staff, policies and procedures, responding to service user's behaviour and reporting of accidents and incidents. The information was validated during the inspection and this did not raise any concerns that required further discussion or analysis.

Statement of Purpose & Service Users Guide

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

Monthly Monitoring Reports

The provider supplied three regulation 28 reports for this inspection. The reports were identified for improvement at the last inspection and this inspection revealed some improvements had been made particularly in the most recent report written for October. The inspector would promote the new approach of using a theme as a focus for the monitoring visits has made an improvement to the content of the reporting. However the inspector was made aware the July visit did not happen and the regulations clearly state the frequency of the visits must be at least monthly. A requirement is restated in this regard.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Ms Jacqueline Timoney, 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

Unannounced Primary Care Inspection

Strabane and District Caring Services

15 October 2014 & 7 November 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 Jacqueline Timoney (Registered Manager/ person receiving feedback) 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	Requirement	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	28 (1) (2) &(3)	The registered person must ensure adequate arrangements are in place to monitor the quality of services in accordance with the day care setting's written procedures on a monthly basis. A report for each monthly visit must be available for inspection to evidence the visit is undertaken monthly.	Twice	The registered person will ensure that the day care centre is monitored on a monthly basis to ensure quality of service. A report will be produced and available for inspection.	2 January 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.	21.4	The registered manager should ensure the staff are made aware of the Deprivation of Liberty Safeguards. (DOLS) – Interim Guidance and how this may impact on their practice and service user’s needs.	First	Staff have been made aware of the Deprivation of Liberty Safeguards - Interim Guidance and how it may impact on their practice and Service Users needs.	2 January 2014
2.	21.8	The registered manager should have the content of staff training available for inspection. The registered manager should undertake a post training assessment with staff to assure the manager that staff are competent to undertake their role and responsibilities post training.	First	Staff training content is available for inspection within the staff training file. The registered manager will undertake a post training assessment with staff at supervision and team meetings to ensure staff are competent.	2 January 2014
3.	6.8	The registered manager should evidence in service user assessment and planning documentation that any potential restrictions have been discussed with service users and or their representatives, evidence consent and evidence any restriction in place is the least restrictive practice or approach to meet the service users need. This is in reference to the use of a lap belt and decision regarding smoking.	First	Any potential restrictions will be discussed with service users and or their representatives and this will be recorded in the service user assessment and care plan.	2 January 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	Jacqui Timoney
Name of Responsible Person / Identified Responsible Person Approving QIP	Gerard Harkin

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Suzanne Cunningham	29/12/14
Further information requested from provider			