



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

## **Primary Announced Care Inspection**

<b>Name of Establishment:</b>	<b>Edgumbe Training and Resource Centre incorporating 'The Junction Club' and 'Edging Out'</b>
<b>Establishment ID No:</b>	<b>11095</b>
<b>Date of Inspection:</b>	<b>19 and 20 March 2015</b>
<b>Inspector's Name:</b>	<b>Louise McCabe</b>
<b>Inspection No:</b>	<b>17664</b>

**The Regulation And Quality Improvement Authority**  
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<b>Name of centre:</b>	Edgcumbe Training and Resource Centre incorporating 'The Junction Club' and 'Edging Out'
<b>Address:</b>	Edgcumbe View Belfast BT4 2EG
<b>Telephone number:</b>	(028) 9504 3130
<b>E mail address:</b>	irene.maguire@belfasttrust.hscni.net
<b>Registered organisation/ Registered provider:</b>	Mr Martin Joseph Dillon
<b>Registered manager:</b>	Ms Irene Maguire
<b>Person in Charge of the centre at the time of inspection:</b>	Ms Irene Maguire
<b>Categories of care:</b>	DCS-LD, DCS-LD(E)
<b>Number of registered places:</b>	170
<b>Number of service users accommodated on day of inspection:</b>	Edgcumbe Training and Resource Centre=87 on 19 March and 85 on 20 March Junction Club=12 on 19 March and 8 on 20 March Edging Out=12 on 19 March and 14 on 20 March
<b>Date and type of previous inspection:</b>	5 September 2013 Primary Announced Inspection
<b>Date and time of inspection:</b>	19 March 2015, 10.15am–4.30pm 20 March 2015, 10.30am–4.30pm
<b>Name of inspector:</b>	Louise McCabe

## 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 two inspection, the inspector spoke to the following:

Service users	36
Staff	15
Relatives	2
Visiting Professionals	0

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

Issued To	Number issued	Number returned
Staff	25	12

### 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**

Edgcumbe Training and Resource Centre is a purpose built statutory day care facility situated in Belfast. The organisation-in-control is the Belfast Health and Social Care Trust. The centre is registered with two satellite units. The Junction Club is based in Bloomfield Avenue, Belfast and is an independent registered charity which commenced in 1996. Edging Out satellite unit is based in the Portview Trade Centre on the Lower Newtownards Road, Belfast and commenced in 1999.

The Edgcumbe Training and Resource Centre specialises in providing day care for those adults presenting with moderate, manageable and severe learning disability and incorporates an intensive support unit for service users with complex needs. There are six general service user groups in the main centre: workskills, I.T group, Art/Craft group, Horticulture, Back Office group and Outreach groups.

The centre operates from Monday to Friday, and the majority of service users avail of the Trust transport schemes. Referrals and allocation of placement are agreed in line with the Trust procedures, placements are offered following an assessment of need. Hot meals and beverages are provided for service users on a daily basis Monday to Friday.

## **Summary of Inspection**

**19 March 2015: 10:15am–4:30pm and 20 March 2015: 10:30am–4.30pm**  
**Total inspection time = 12 hours 15 minutes**

A primary announced care inspection was undertaken in Edgcumbe Training and Resource Centre incorporating the Junction Club and Edging Out satellite units on 19 and 20 March 2015.

The focus of the inspection was to assess the centre's compliance with the one standard and two themes chosen from the Day Care Settings minimum standards 2012; The Day Care Settings Regulations (Northern Ireland) 2007. Prior to this inspection the manager submitted a self-assessment of the one standard and two themes. This report compares the provider's statements with the findings of the inspection. 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 recording; evidence of service user consultation, monthly monitoring records; the centres statement of purpose; service users guide and policies & procedures
- Tour of the premises.

An inspector spoke with a total of fifteen staff in the main Edgcumbe centre, the Edging Out and Junction Club satellite units regarding the standards inspected and their views about their quality of day care. This generated positive feedback regarding the management of records and reporting arrangements including recording and the management arrangements in the centre. Staff demonstrated their knowledge and experience regarding responding to behaviours which may challenge in the context of respecting service user's human rights. Staff have received information and training on the Deprivation of Liberty Safeguards (DoLS).

Staff and service users' able to verbalise or indicate their views and opinions stated they are aware of the process to follow should a service user or their representative request to see their care file and would approach the manager about this.

Communication between management and staff is effective and no concerns were raised. Discussions with staff conclude there are aware of who is in charge/responsible for the centre in the absence of the manager. It was evident via discussions with staff of their dedication, commitment and enjoyment of their work in the service.

Twelve questionnaires were returned by staff members who reported satisfactory arrangements were in place with regard to staff training; staffing and management arrangements; responding to service user's behaviour; confidentiality and recording. The staff members' praised the quality of care provided within the returned questionnaires and the following comments were made:

- *"The care and day service provision is of an exceptionally high standard in an atmosphere of friendliness, care and concern for the individual."*
- *"Very good."*
- *"Excellent."*
- *"Very high standard of care given to all."*
- *"I would describe the quality of care as excellent from every member of staff."*
- *"Excellent, we offer a wide variety of activities, leisure and further education classes and outings."*
- *"Good, high standard of care in centre."*
- *"Very good. Staff follow procedures and policies and use a person centred approach with students."*
- *"An excellent person centred approach is taken by all staff members."*
- *"The care and day service is of a very high standard."*
- *"There are plenty of individualised centre based activities in each group in the centre: art, mens' group; walking group; womens' hour to name but a few."*
- *"Excellent, staff take time to get to know each service user and provide a service to the standard they would expect themselves."*

With regards to safer moving and handling when supporting service users with personal care; one staff member said the centre would benefit from a changing bench rather than a shower trolley. The staff member also requested dementia training. Both of these areas were discussed with the manager. She informed the inspector action is being taken regarding the possibility of purchasing a changing bench. The manager added she has also asked for an identified bathroom to be upgraded.

The manager explained a variety of mandatory and other training is needed for staff. Training is assigned based on priority of need, availability of places in conjunction with assessing the number/s of staff that can be released so the day service runs effectively and within health and safety requirements.

Review of three staff files showed evidence of formal supervision taking place in accordance with minimum standard 22.2 for all staff. All staff have had an appraisal within the last year.

The inspector spoke with a total of 36 service users in Edgcumbe Training and Resource Centre, Edging Out and Junction Club satellite units regarding the standard inspected; the two themes and their views on the quality of their day care provision. The service users communicated positive feedback regarding their attendance; the activities they participate in and the care provided by staff. Most of the service users meeting with the inspector stated they are aware there are care records kept in the day care setting about them and that they can access this information by asking staff. Service users confirmed they see their care plan on a regular basis and at their review. They said they are encouraged to be involved in all aspects of the care planning process. The service users are aware of who the manager is and if they had a problem or wanted to discuss something about the day care setting they said they would talk to the staff or manager in the centre. Service users stated they enjoy coming to the centre or to the respective satellite unit. The following comments were made:

Edging Out satellite unit service user comments:

- *“It’s a good place and I’m busy doing the book contract. It gets me out of Edgcumbe. The staff are nice and they treat us like adults.”*
- *“I like to help people and it gets me out of Edgcumbe. I help the staff to sort out the books. It gives me something to do.”*
- *“I like to do the contract work and help others. Staff are helpful and friendly.”*
- *“I love it here. I do contract work and like to help with the dishes. I enjoy it. The staff are very good.”*
- *“I come here and work very hard. I’m tired and looking forward to retiring.”*
- *“I help staff out all the time and work hard. I get on well with everyone.”*

Junction Club satellite unit service user comments:

- *“It’s great here, we get the train a lot and go to Ballymena and other places. The staff are great. I love the way the club is run.”*
- *“The staff are very good and very helpful to us. I see all my friends here.”*
- *“It’s very nice here.”*
- *“It gets me out of the house. The staff listen to you and help with any problems.”*
- *“I like the Gamalan programme and meeting all my friends.”*



- *"I like the computers and everything, especially the outings. I've been to Crawfordsburn, Bangor and went to Lisburn on the train."*

A sample of Edgcumbe Training and Resource Centre service user comments:

- *"I like the buses the best, the craics good. I love to crochet and knit too."*
- *"It's a great experience coming here, I benefit from it a lot. I love playing pool with my friends."*
- *"It's a great place here, I enjoy the buses and the chat with the drivers. We keep each other going."*
- *"I like two group rooms the best. One of them is a funny room. I enjoy it."*
- *"I love it here, especially the staff in my room. The manager asked me if I wanted to move into another room and I said most definitely certainly not."*
- *"I've got used to it and I like it a lot."*
- *"It's a great centre, everyone is friendly, the staff listen to you and are kind."*
- *"I like it here, it's better than school and I've a got a boyfriend. He's kind and I like him a lot, he buys me presents."*

The inspector met with the carers of two service users during this inspection. Both expressed their satisfaction and stated the quality of care and day provision was of an extremely high standard. The relatives said they have observed positive changes in their respective son and daughter. They added they are indebted to staff and management for their kindness, sensitivity and caring ways. No concerns were raised.

The previous announced inspection of Edgcumbe Training and Resource Centre took place on 5 September 2013. Two requirements had been made. These concerned the centre's statement of purpose, service users' guide and the heating on the bus. Review of the returned quality improvement plan for this inspection and discussions with management concluded compliance with the documentation and moving towards compliance with the requirement concerning the temperature of buses in warm weather. This matter will be restated.

**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. Based on the evidence reviewed by the inspector, all six criteria were assessed as compliant by the inspector.

Discussions with thirty six service users, fifteen care staff and review of four service users' individual files provided evidence that the centre is performing well regarding standard 7. The care files were comprehensive in content and person centred. Each contained a service user consent form to photographs, publicity etc. Clear examples were provided of how staff encourage and assist service users to get the most from their day care experience. It was clear this service was improving outcomes for the service users and their carers'. It also provides respite for carers. The inspector concluded the centre promotes service user's social needs, stimulates intellectual activity and promotes independence.

The inspector assessed the centre as overall compliant in this standard. No requirements or recommendations were made. This is commendable.

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

Two criterion from regulation 14 were inspected in relation to the use of any restrictive practices in this day care setting within the context of human rights. One criterion was assessed as compliant and the other as not applicable as there have been no restrictive incidents in the service.

Discussions with the manager, staff and examination of records provided evidence that the centre was using clear operational systems and processes which promote the needs of the service users who attend the centre. The Trust has in place a 'Restrictive Practices Registration' form which must be completed when a restrictive practice is used with service users.

The inspector noted there are many service users' attending Edgumbe Training and Resource Centre who on occasions present with behaviours that may challenge. Individual risk assessments are completed by staff and referrals made to the Trust's Positive Behaviour Team. The team, in conjunction with centre staff, devise behaviour support guidelines. These are shared with core staff supporting the service user and are fully adhered to.

Because staff know the service user's well, are familiar with their needs and indicators of behaviour that may challenge, effective communication, diversion and calming techniques are used by staff when the need arises. Positive comments were shared with management and staff about this as it helps to respectfully de-escalate the service user's behaviour while also meeting individual and group needs. This is indicative of the quality of care provision in Edgumbe.

Based on the evidence reviewed during this inspection, the inspector assessed the centre as compliant in this theme. No requirements or recommendations were made concerning it.

### **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 in relation to this theme. All three criteria were assessed as compliant.

Review of selected management records, monthly monitoring reports, discussions with the manager, fifteen staff, thirty six service users and two carers provided evidence that the centre has in place monitoring arrangements and effective communication systems. There are good systems in place that support and promote the delivery of a quality day care service. These enhance and promote the quality of day care experience for the service user, their relatives/representatives and the public.

The inspector's review of random monthly monitoring reports showed the content of these are compliant with standard 17.10. However, due to the absence of carers or representatives during monthly monitoring visits, a recommendation is made advising the designated registered person to ensure the views and opinions of carers/representatives are sought during monthly monitoring visits, this could be done by telephone or email. The designated person should also record the time of the monthly monitoring visits.

The centre was assessed as overall compliant in this theme.

### **Additional Areas Examined**

The inspector undertook a tour of the premises, reviewed the complaints and accident / incident records, examined a random sample of service users' individual files and validated the manager's pre-inspection questionnaire.

The environment in Edgumbe Training Resource and the two satellite units presented as clean, tidy, spacious, adequately heated and contained many displays of service user's art and craft work, pictures and photographs.

The inspector wishes to acknowledge the work undertaken by the manager and staff in preparation for the inspection and their open and constructive approach throughout the 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 proactive approach to day care that is delivered in this centre. It presents as in tune with the needs of the service users for support, stimulation, meets their rehabilitation, social and other needs and provides respite for carers.

As a result of the inspection one requirement and three recommendations are made in the quality improvement plan, these regard:

- Transport (restated)
- Complaints record
- Service user's annual review preparation report
- Monthly monitoring visits and reports

The inspector thanks the manager, staff and service users for the hospitality shown to her during this inspection.

## Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	4(1)(c), 5(1)(a), 7	The registered manager must ensure the centre's statement of purpose and service user guide is amended to ensure the timescales and content of the initial and annual review is fully described in both documents.	This information has been included in the centre's statement of purpose and service users' guide.	Compliant
2.	13(1)(a)	The registered person must resolve the issue of the heat on Trust transport. The returned QIP must detail the action that will be taken by the Trust to ensure the trust have promoted and made proper provision for the care and welfare of service users, who use the Trust bus. The response in the returned quality improvement plan must also give the timescale for the resolution of this matter.	<p>Transport services have completed and disseminated an action plan for 'Improvement in Comfort of Buses during High Weather Temperature'. The timescale for the resolution of this matter was supposed to be April 2014.</p> <p>The assistant manager responsible for transport in Edgcombe Training and Resource Centre informed the inspector one bus has had two additional open and closing windows fitted opposite each other towards the back of the bus. The process meant the bus was out of action for two days, alternative suitable transport was provided. The remaining three buses used by service users are due to have these windows fitted. There are no timescales for this.</p> <p>This matter will be restated.</p>	Moving Towards Compliance

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

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.

**COMPLIANCE LEVEL****Provider's Self-Assessment:**

All service users' personal information is maintained in accordance with BHSCT Records Management Policy. Requests for access to these records can only be made in accordance with BHSCT Guidelines for processing requests for access to patient/client and personal records. All service users' files are stored in a locked filing cabinet to which only those staff involved with the service user have access. All service users' electronic files are stored on computer which key workers can access via a personalised protected password. Staff have attended training on Data Protection "Be Data Wise and Data Secure" which highlighted Data Protection issues in relation to all aspects of service users personal information.

Substantially compliant

**Inspection Findings:**

A sample of the records in respect of each service user, as described in Schedule 4; and those detailed in Schedule 5 are in place in Edgumbe Training and Resource Centre. Discussions with staff conclude there are effective arrangements in place regarding confidentiality and all relevant policies and procedures pertaining to the access to records, storage of service user's information; communication, confidentiality, consent, management of records, monitoring of records, recording and reporting care practices are in place and readily available. This information is reflective of current national, regional and locally agreed protocols concerning confidentiality and adheres to DHSSPS guidance, regional protocols, local procedures issued by the HSC Board and Trusts and current legislation.

Discussions with fifteen staff and receipt of twelve completed RQIA staff questionnaires confirmed policies and procedures are in place and available in the centre.

The centre's current service user agreement is also compliant with this criterion.

**COMPLIANCE LEVEL**

Compliant

<p>Discussions with staff also validate they are knowledgeable 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. This is commensurate with staff role and responsibilities. Evidence was provided from a sample of staff meeting minutes to show that standard 7 was discussed with staff.</p>	
<p><b>Criterion Assessed:</b></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>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment:</b></p> <p>Service users are aware that we maintain and store records which contain their personal information and have given their signed consent to this. This consent is updated on an annual basis at the service users Planning Meetings. Access to service users personal records is made through the BHSCT Guidelines for processing requests for access to patient/client and personal records.</p> <p>To date there have been no requests by service users, their representatives or other persons acting on their behalf in relation to accessing their personal records.</p>	Substantially compliant
<p><b>Inspection Findings:</b></p> <p>The manager informed the inspector approximately four years ago a request had been made for access to specific information in one service user's care file. This request was processed in line with Trust policies and procedures.</p> <p>Policies and procedures are in place and accessible in the centre pertaining to: the access to records; consent; management of records and service user's agreement. There is a lever arch file containing all related policies, procedures and Edgumbe specific guidelines/procedures in place.</p> <p>Review of the centre's staff training record showed Information Governance Awareness training was provided to staff in February and September 2014.</p>	<b>COMPLIANCE LEVEL</b> Compliant

There are adequate arrangements in place stating who takes responsibility for issues and queries of freedom of information, confidentiality, consent and access to records and arrangements.

Discussions with staff conclude the policies and procedures are put into practice for example with reference to records being maintained in the centre. It is evident from discussions with staff and the inspector's review of four service user's care files how they ensure a person centred approach to their recording. Discussions with service users conclude they are aware of their care plan and many have seen this.

<p><b>Criterion Assessed:</b></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"> <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>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment:</b></p> <p>In each service user's file (paper and electronic) all of the above information is recorded and updated as necessary which includes all changes/amendments as required.</p>	<p>Substantially compliant</p>
<p><b>Inspection Findings:</b></p> <p>The inspector examined four service users care files. Records pertaining to Schedule 4 (1)(a) about assessments of the service user’s needs (Regulation 15(1)(a), standards 2 and 4), and care plans (standard 5); were all compliant with legislation and minimum standards. All of the care plans were comprehensive in content and fully reflected how Edgumbe Training and Resource Centre meets the service user’s assessed needs and areas they wish to further develop. Positive comments were shared with the manager about this.</p>	<p><b>COMPLIANCE LEVEL</b></p> <p>Compliant</p>



<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>	
If no recordable events have taken place key workers make a record on each service user's electronic file on at least every five attendances.	Substantially compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
The inspector examined a sample of four service user care notes. This provided evidence staff are completing updates on each individual in accordance with this criteria.	Compliant

<p><b>Criterion Assessed:</b></p> <p>7.6 There is guidance for staff on matters that need to be reported or referrals made to:</p> <ul style="list-style-type: none"> <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>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment:</b></p>	
<p>Staff adhere to numerous BHSCT Policies and Procedures and to local Guidelines in relation to all reportable events including referrals. All Policies, Procedures and Guidelines are available to staff via the Trust's HUB and the Centre's Shared Folder. Staff undergo a range of training in relation to reportable matters. Each staff member has their own Trust e-mail account.</p>	<p>Substantially compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>The service user’s files detail referrals made to other services and described their involvement in the decision if they want other professionals to be involved in their care plan.</p> <p>The inspector’s discussions with fifteen care staff generated positive feedback regarding the management of records; reporting arrangements including recording and the management arrangements in the centre. Staff demonstrated their knowledge and experience regarding the referral process and responding to service user’s needs and behaviours. Staff felt communication between management and themselves is effective and no concerns were raised. Discussions with staff conclude they are aware of their responsibilities and what constitutes reportable accidents and incidents. They would also have the contact telephone number of the manager’s line manager should this be needed.</p> <p>The inspector confirmed the centre’s policies and procedures are in place and available with regards to communication, confidentiality, consent, management of records, monitoring of records, recording and reporting care practices and service user agreement.</p>	<p>Compliant</p>

<p><b>Criterion Assessed:</b> 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><b>Provider’s Self-Assessment:</b> All staff are advised to ensure that all records are maintained in keeping with the above i.e. legible, accurate, up to date, signed and dated and signed off by the Registered Manager/Assistant Manager as required. Staff have attended training in relation to Data Protection.</p>	Substantially compliant
<p><b>Inspection Findings:</b> The manager informed the inspector most service user’s care information is completed on computer and progress care notes are typed on the Trust’s PARIS computer system.  The inspector examined a sample of four service user’s care files during this inspection. These were qualitative in content, viewed by the inspector as relevant to the care plan and were outcome focused.  Consultation with fifteen care staff working in the centre and two satellite units confirmed their understanding of this criterion and their role and responsibility to address this fully when recording in individual service user’s files and additional records.</p>	<p><b>COMPLIANCE LEVEL</b> Compliant</p>

<p><b>PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b> Substantially compliant</p>
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<p><b>INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b> Compliant</p>
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<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>	
<b>Regulation 14 (4) which states:</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>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment:</b>	
Currently within the Centre no service users require this level of intervention. All staff adhere to the BHSCT "Use of Restrictive Practices in Adults" Policy and undergo mandatory SCIP/SCIP Refresher training.	Substantially compliant
<b>Inspection Findings:</b>	
<p>Staff initially receive three days of behaviour training known as SCIP (Strategies in Crisis Intervention and Planning) and thereafter receive an annual refresher. There are also a number of arrangements in place to support staff such as detailed individual service user support plans, access to emergency buzzer system, input from the multi-disciplinary teams including psychology and psychiatry services.</p> <p>SCIP training was provided to staff during a centre closure day in October and November 2014. Two care staff are awaiting a three day SCIP training course as they had been off on leave. Identified staff carry a group alarm monitor regarding service user’s who are prone to being unsettled or present with behaviours challenging to others. Staff use ABC charts (Antecedent, Behaviour and Consequence charts) for recording behavioural incidents. The manager informed the inspector there are occasions where the ‘adapted front arm catch’ is used with service user’s. Guidelines concerning this are recorded on the respective service user’s behavioural plan. The Trust’s Behaviour Support Team are informed when this practice is used and all relevant documentation is completed.</p> <p>The manager’s pre-inspection questionnaire, and discussion confirmed there have been no restrictive practices used in the previous year with service users’ in Edgcumbe Training and Resource Centre or the two satellite units.</p>	<b>COMPLIANCE LEVEL</b>  Compliant

<p>The inspector examined a selection of records including a sample of four individual service user records which showed comprehensive care plans are in place that clearly describe the day care service user’s receive based on their assessed support needs, likes and dislikes.</p> <p>Discussions with the manager and staff concluded care is focused on meeting individual need, clear communication strategies, diversion, distraction and calming techniques. Service user information is written in the context of staff being able to facilitate positive outcomes in day care and avoid any negative experiences. There is a clear focus on identifying and understanding if service users are not happy; how to manage this sensitively and proactively. Overall the approaches referred to present as sound plans to avoid escalation of behaviour or concerns whilst respecting each individual service user’s methods of communicating and incorporate their views, choices and needs.</p>	
<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>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider’s Self-Assessment:</b></p>	
<p>We currently have no service users written up for a restrictive practice including restraint. In the past where restrictive practices have had to be employed the relevant Registration Form, Use of Physical Intervention Form and BHSCCT Accident/Incident Reporting Form have been completed and forwarded to the appropriate persons with a copy held in the service user’s file and the Centre’s Restrictive Practice File which is located in the Registered Manager’s Office.</p>	Substantially compliant
<p><b>Inspection Findings:</b></p>	<b>COMPLIANCE LEVEL</b>
<p>Refer to the inspection findings above for information. Discussions with the manager and staff conclude no service users have been subject to restraint in the previous year and the use of restraint is not planned for in this service with the current group of service users.</p> <p>Staff are currently using approaches such as sound planning, understanding the service user’s needs, clear communication, diversion, one to one time, distraction and activities to avoid any escalation of behaviours. This approach is consistent with the settings ethos, statement of purpose and aims of the service. Guidance on Restraint and Seclusion in Health and Personal Social Services, Department of Health, Social Services and Public Safety,</p>	Not applicable

<p>Human Rights Working Group, August 2005 is available.</p> <p>A selection of records in respect of each service user as described in schedule 4 and other records to be kept in a day care setting as per schedule 5 were reviewed by the inspector during this inspection. These are being maintained in accordance with legislation and minimum standards.</p>	
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<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>Substantially 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>

<p align="center"><b>Theme 2 – Management and Control of Operations</b></p>	<p align="center"><b>COMPLIANCE LEVEL</b></p>
<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 style="padding-left: 40px;"><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 Registered Manager ensures that at all times suitably qualified, competent and experienced staff are working in the Centre and in sufficient numbers to enable them to provide appropriate levels of support and care to service users. The Centre has in place a number of Rotas e.g. Weekly Cover Rota, Tea/Lunch Rotas, Toileting Rota, Transport Rota, Thursday p.m. Activity Rota, etc., to ensure appropriate levels of supervision, care and support in terms of health and safety of service users.</p> <p>The Registered Manager has overall responsibility for the day to day management of the Centre and is supported by three Assistant Managers. The Management Team have allocated roles and responsibilities to assist in the daily operational running of the Centre. Each Assistant Manager has responsibility for a Department within the Centre and supervisory commitment for staff within their Department. In the absence of the Registered Manager each Assistant</p>	<p align="center">Substantially compliant</p>

<p>Manager assumes management of the Centre on a rotational basis. At all times we aim to have a minimum of two members of the management team present in the Centre.</p>	
<p><b>Inspection Findings:</b></p>	<p><b>COMPLIANCE LEVEL</b></p>
<p>The registered manager has worked in Edgcumbe Training and Resource Centre for thirty two years. She has been registered with the NISCC from 2007 and her current certificate is displayed. There are three assistant managers who are responsible for specific areas. In the absence of the manager, each of the assistant managers, on a rotational basis are responsible for the centre. Competency assessments have been completed. Staff would have contact mobile phone numbers for the manager and her line manager should the need arise.</p> <p>There was a total of thirty six staff in the centre and satellite units on each day of the inspection (includes two catering staff and four transport drivers).</p> <p>Each assistant manager has responsibility for a department within the centre and supervisory commitment to the staff in their respective department. Additional rotas are in place for example weekly cover rota, tea/lunch rotas, personal care rota, transport rota; Thursday afternoon activity rotas etc. This is to ensure appropriate levels of service user supervision, care and support regarding their health and safety. It is the aim of the centre to have a minimum of two of the management team present in the centre at all times.</p> <p>The manager of Edgcumbe has overall responsibility for the day to day management of two satellite units (Junction Club and Edging Out) supported by the outreach assistant manager. Support mechanisms for staff in the satellite units include announced and unannounced visits to the respective off-site facilities, assistant manager attendance at service users' meetings and their annual review of their day care placement. Staff in the satellite units visit the Edgcumbe centre once a week, there is daily telephone contact, formal individual supervision, group supervision, staff meetings and an open door policy. Discussions with a staff member in the Edging Out satellite facility confirmed this.</p> <p>There are Edgcumbe local guidelines in place detailing staffing levels for each of the groups in the centre. The staff cover rota is completed on a weekly basis and is displayed in the dining room.</p> <p>The manager provided evidence of how she ensures her team are kept informed regarding key issues for this service user group such as empowering service users, improving outcomes, person centred practice, understanding how to protect service user's rights in the day care setting.</p>	<p>Compliant</p>



Discussions with fifteen care staff during this inspection validate their knowledge is commensurate with their roles and responsibilities regarding management arrangements of the day care setting. For example who they report to; who they seek support or guidance from; who supervises them and the effectiveness of same.

A sample of the designated registered person's monthly monitoring reports of Edgumbe Training and Resource Centre regarding regulation 28 were randomly sampled by the inspector. These evidence the staffing arrangements in place for the month being inspected and form a view regarding: the effectiveness of staffing arrangements and matters to be monitored in schedule 3 of the day care regulations. The monthly visits are both planned and unplanned. Review of three monthly monitoring reports showed qualitative information is obtained in accordance with regulation 28, however the views and opinions of carers or representatives is missing due to no visitors being in the centre during the visits. A recommendation is made in the quality improvement plan for the designated registered person to ensure systems are in place to obtain and record the views and opinions of carers/representatives e.g. by telephone, email etc during each monthly monitoring visit.

Discussions with management and staff conclude communication is effective within the centre and enhanced with regular staff meetings, this is in accordance with minimum standard 23.8. Staff sign that they have read the minutes of these meetings.

<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 Registered Manager ensures that all staff have formal supervision on a quarterly basis. The Registered Manager provides formal supervision to each Assistant Manager, Assistant Managers are responsible for the formal supervision of Band 5 staff and Band 5 staff supervise Band 3/Band 4 staff. The Centre operates an Open Door Policy whereby staff can avail of informal supervision at any time.</p>	<p>Substantially compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>The staff annual appraisal system is known as a Personal Development Plan (PCP) and Personal Development Review (PDR). This details how staff contribute to the success of the Trust by aligning key outputs against the five Trust objectives and links personal contributions to the achievement of the Trust's mission &amp; values.</p> <p>The Trust's supervision policy is in place and states formal supervision occurs every three months. The manager supervises the assistant managers, they supervise the day care workers in their respective departments and the day care workers supervise the care staff.</p> <p>A sample of four staff files were reviewed and confirmed staff have participated in the Trust's annual performance appraisal process. Discussions with care staff members concluded they receive regular informal and formal recorded supervision. This was validated during the inspection and is in accordance with standard 22.2.</p> <p>The setting has policies and procedures pertaining to the management and control of operations, for example: absence of the manager; staff records; staff supervision and appraisal; staffing arrangements. These are available for staff reference and reflect day to day practice.</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 staff who work in the Centre are recruited in keeping with BHSCT Recruitment and Selection Policies. All information as outlined within Schedule 2 is obtained via the candidates Application Form and throughout the Interview Process. Candidates are invited for interview if they meet the requirements of the Personnel Specification, and are appointed if successful at interview, on receipt of appropriate references, deemed medically fit by the Trust's Occupational Health Department and on receipt of completed Access NI checks in relation to their fitness to work within the Day Care Setting.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>The Trust’s Human Resources Department are responsible for ensuring all recruitment areas are completed. There are no concerns in this area.</p>	<p><b>COMPLIANCE LEVEL</b> 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> Substantially compliant</p>
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<p><b>INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b> Compliant</p>
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## **Additional Areas Examined**

### **11.1 Complaints**

The complaints record was reviewed as part of this inspection. The records were qualitative however improvements are needed to fully comply with minimum standard 14.10. A recommendation is made for the manager to ensure Edgcumbe Centre's complaints record always includes a summary of the investigation into any areas of dissatisfaction, concern or complaints made.

The manager is also advised to retrospectively amend and update the identified complaint so it reflects a referral had been made to the designated team in the Trust.

### **11.2 Compliments**

Positive comments were shared with management regarding the many compliments recorded about the quality of care provision in Edgcumbe Training and Resource Centre.

### **11.3 Incidents/Accidents**

The inspector randomly sampled the centre's accident and incident records. These were qualitative and informative and meet regulation 29 and minimum standards.

### **11.4 Service User Care Files**

The inspector reviewed four service user's care files during this inspection. These were comprehensive and reflected person centred care plans completed in user friendly language. Positive comments were shared regarding the user friendly person centred care plans.

The registered manager must ensure service user's annual review preparation reports reflect if there has been any significant events/incidents in the previous year and contain all other relevant information specified in standard 15.5. A recommendation is made about this in the quality improvement plan.

### **11.5 Discussions with Carers**

The inspector met with two carers of service users. Both relatives expressed their gratitude to the manager and centre staff. Both expressed their satisfaction and stated the quality of care and day provision was of an extremely high standard. The relatives said they have observed positive changes in their respective son and daughter. They added they are indebted to staff and management for their kindness, sensitivity and caring ways. No concerns were raised.

### **11.6 Registered Manager Questionnaire**

Prior to this inspection, the manager submitted a questionnaire to RQIA. The information provided confirmed that satisfactory arrangements are in place regarding governance and management, recruitment and induction of care staff, policies and procedures, responding to service user's behaviour and reporting of accidents and incidents. The information was verified during the inspection visit, from written records and from discussions with the manager and staff members.

## **11.7 Statement of Purpose and Service Users Guide**

Both Edgcumbe Training and Resource Centre's Statement of Purpose and Service Users' Guide were revised in January 2015 and meet minimum standards.

## **11.8 Environment**

The inspector undertook a tour of the environment in Edgcumbe Training and Resource Centre and its two satellite units over the two day inspection. The centre appeared as clean, tidy and in good decorative order. Positive comments were shared with the manager about the spacious, bright and well decorated group rooms and communal areas. The inspector also spoke with domestic staff member about the good standard of cleanliness in the centre. The areas used by service users' were adequately heated, tidy and fit for purpose. Group rooms and central areas displayed service user's timetables, art work, photographs and murals.

## **Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Irene Maguire, registered manager and two assistant managers, 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:

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



## Quality Improvement Plan

### Primary Announced Care Inspection

### Edgumbe Training and Resource Centre

**19 and 20 March 2015**

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 Irene Maguire (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	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	13(1)(a)	<p><b><u>Transport</u></b></p> <p>The registered person is required to make proper provision for the care and welfare of service users.</p> <p>In response to service user's complaints and the Trust's action plan entitled 'Improvement in Comfort of Buses during High Weather Temperature' (timescale for completion of works was supposed to be April 2014), the Trust must resolve the issue of increased temperatures on their transport on sunny warm days.</p> <p>The response in the returned quality improvement plan must state a reasonable timescale for fitting windows or appropriate air conditioning on the remaining three buses used by Edgumbe Training and Resource Centre (follow up on previous issues section refers).</p>	Twice	<p>COMPLETED &amp; ONGOING</p> <p>The Transport Department have arranged the following to resolve the issue of increased temperatures on buses on sunny days:</p> <p>Bus No 1 Windows fitted 5.5.15.</p> <p>Bus No 2 Windows fitted 11.5.15.</p> <p>Bus No 3 Windows due to be fitted 18.5.15.</p>	Timescale for completion of the work to be stated on the returned QIP



**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	14.10	<p><b><u>Complaints Record</u></b></p> <p>The registered manager must ensure:</p> <p>(a) Edgumbe Centre's complaints record states a summary of the investigation into any areas of dissatisfaction, concern or complaints.</p> <p>(b) The manager must retrospectively amend and update the identified complaint so it reflects a referral was made to the designated team in the Trust (additional information section refers).</p>	Once	<p>(a)Edgumbe TRC's Complaints Record now states a summary of the investigation into any areas of dissatisfaction, concerns or complaints.</p> <p>(b) On 28.04.15 the Manager retrospectively amended and updated the recording of the identified complaint to show that a referral was made to the designated team in the Trust.</p>	Immediate and on-going
2	15.5	<p><b><u>Service User Annual Review records</u></b></p> <p>The registered manager must ensure service user's annual review preparation reports reflect if there has been any significant events/incidents in the previous year and contain all other relevant information specified in standard 15.5 (additional information section refers).</p>	Once	<p>The registered manager now ensures service users' annual review preparation reports reflect significant events/incidents in the previous year and will contain all other relevant information specified in standard 15.5.</p>	Immediate and on-going

3	17.10	<p><b><u>Monthly Monitoring Visits and Reports</u></b></p> <p>With regards to monthly monitoring visits and reports, the designated registered person should ensure systems are in place to obtain (where appropriate) the views and opinions of carers for example by telephone or email (theme two refers).</p>	Once	<p>The designated registered person has sent a letter to all carers informing them that as part of the monthly monitoring they may be contacted regarding their views and opinions which will be recorded in the monthly Monitoring Reports. If contact is required, the key worker will contact the carers by telephone or email</p>	Immediate and on-going
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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>	Irene Maguire
<b>Name of Responsible Person / Identified Responsible Person Approving Qip</b>	Martin Dillon

<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	Louise McCabe	22 May 2015
Further information requested from provider	No		