



The **Regulation** and
Quality Improvement
Authority

Primary Unannounced Care Inspection

Name of Establishment: Copperfields
RQIA Number: 11108
Date of Inspection: 9 March 2015
Inspector's Name: Suzanne Cunningham
Inspection ID: IN017663

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

1.0 General Information

Name of Establishment:	Copperfields Day Centre
Address:	25 Grove Hill Road Loughbrickland BT32 3NF
Telephone Number:	(028) 4066 2349
E mail Address:	ellis.hill@southerntrust.hscni.net
Registered Organisation/ Registered Provider:	Southern Health and Social Care Trust Mrs Mairead McAlinden
Registered Manager:	Mrs Ellis Hill (Acting)
Person in Charge of the Centre at the Time of Inspection:	Mrs Ellis Hill (Acting)
Categories of Care:	DCS – LD, DCS – MP, DCS – PH, DCS - SI
Number of Registered Places:	20
Number of Service Users Accommodated on Day of Inspection:	9
Date and Type of Previous Inspection:	12 August 2013 Primary Inspection
Date and Time of Inspection:	9 March 2015 9:55–15:00
Name of Inspector:	Suzanne Cunningham

2.0 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.

3.0 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.

4.0 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.

5.0 Consultation Process

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

Service users	9
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	8	0

6.0 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.

7.0 Profile of Service

Copperfields Centre is a statutory day care facility which has been relocated to a rural site within the area of Banbridge; this day care setting is operated by the Southern Health and Social Care Trust.

The centre operates Monday to Friday and has twenty designated places for each day, they have reduced their daily numbers to a maximum of ten since the last inspection, although they remain registered to take up to twenty. The centre provides day care for service users with a physical disability, sensory impairment or acquired brain injury aged eighteen to sixty four years living who live within the boundaries of the Southern Health and Social Care Trust area. The centre, within the twenty places also provides day care for four persons with Learning Disabilities.

Referrals and allocation of days are in accordance with the Trust procedures with placements offered following an assessment of need. Service users can avail of a hot meal and refreshment's on a daily basis Monday to Friday for an agreed daily cost or they can bring a packed lunch.

The centre's philosophy of care is to promote the health and wellbeing of persons attending the centre. The centre will remain in the current premises until the major works are completed in the grounds of the original site in Banbridge town centre, where the centre will be re built; within a larger health centre.

8.0 Summary of Inspection

A primary inspection was undertaken in Copperfields Day Centre on 9 March 2014 from 09:55 to 15:00, this was a total inspection time of five hours and five minutes. The inspection was unannounced.

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. Post inspection the provider submitted a self-assessment of the one standard and two themes inspected, this report compares the providers' statements with the findings of the inspection. During the inspection the inspectors 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.

The inspector spoke the two staff during the inspection regarding the standards inspected and their views about working in the centre, this generated feedback regarding the management of records and reporting arrangements, protecting service user rights and the management arrangements in this day care setting. Staff described the need for confidentiality is clearly planned for in this setting, individual files are kept in a locked cabinet in a staff office and recording is completed in the same office.

Staff talked about ensuring a person centred approach by empowering service users to discuss their preferences, feelings and views which is integrated into their plan.

They will meet privately with service users, ensure records are locked away when not in use and share reports openly with service users and if appropriate with their relatives to ensure they are kept informed and agree with plans in place. Regarding protecting service users rights and restraint staff gave an appropriate explanation of the meaning of exceptional circumstances. Staff were clear in this setting they use diversion, their knowledge of service users mood and needs, communication, routines, identify triggers and talk to calm and diffuse any escalating behaviours. Finally staff discussed the management arrangements in the setting; they said they were satisfied with the current arrangements which are the acting manager who is mostly on site; and described her as accessible for staff and supportive.

The inspector spoke with a total of nine service users regarding their feelings about day care and their views regarding the standard and themes inspected. They told the inspector staff are "first class and they are very good to us". Service users told the inspector they knew about their files, care plans and contributed ideas to the activity schedule. If they want to speak to staff they felt they were accessible on their request. During the inspection the service users were in the craft room and there was a new mosaic being made, one service user explained this is for the new building (in Banbridge) and it has hands of the service users on it. They told the inspector they enjoy the activities and the meals are lovely, they were particularly impressed with the choice. The service users discussed the move back to the new building where their day centre will be based and they acknowledged they will miss location of current building. Nevertheless, the new building will have access to local shops and facilities so there will be some advantages. Service users told the inspector the manager was Eilish and they were very complementary when describing the care provided by staff. Service users were complimentary about staff, they were clear if they do have issues they openly talk to staff.

The previous announced inspection carried out on 12 August 2013 had resulted in Three requirements regarding regulation 28 visits, the statement of purpose and availability of regulation 28 reports. These matters had been improved at the time of this inspection. Two recommendations were made regarding review arrangements which had 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. The criteria were assessed as compliant. No requirements or recommendations are made.

Discussions with service users and staff and review of three service users' individual files provided evidence that the centre are working to the minimum standard when recording and ensuring person centred practice in service users' individual files and recording. The discussions with service users confirmed service users are aware a record is kept about them and they see this record when they work on their care plan or review meeting.

Based on the evidence reviewed the inspector assessed the centre as compliant in this standard. No requirements or recommendations have been made regarding 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 restrictive practices in this day care setting within the context of human rights. One criterion was assessed as 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 or recommendations are made.

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 without using restraint and restrictions.

Based on the evidence reviewed the inspector assessed the centre as compliant in this theme, no requirements or recommendations are 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. All of the criterion was assessed as moving towards compliance. Three requirements are made to improve the management arrangements; assure RQIA regarding the current staffing arrangements and improve the regulation 28 reporting. Two recommendations are made regarding improving supervision arrangements in this setting and completing a competency assessment for the staff member who acts up in the manager's absence.

Based on the evidence reviewed the inspector has assessed the centre as requiring improvement in this theme; three requirements and two recommendations are made.

Additional Areas Examined

The inspector undertook a tour of the premises, reviewed the complaints record and examined three service users individual files. This did not reveal any further improvements.

The inspector wishes to acknowledge the contribution to this inspection from the staff on duty on the day of the inspection. 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, there is a clear focus of seeking to improve outcomes for all service users.

As a result of the inspection a total of three requirements are made regarding management arrangements; staffing arrangements and regulation 28 reporting. Two recommendations have been made regarding the supervision of staff and completion of a competency assessment for the staff member left in charge in the acting managers absence. This was reported to the manager at the conclusion of the inspection and assurances were made this would be addressed as a priority.

9.0 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1.	28(3)	The registered person must ensure the frequency of the visits by the registered provider take place at least once per month. Arrangements in place to ensure this is achieved should be reported on the quality improvement plan.	The regulation 28 visit records were examined and the visits were undertaken monthly from September 2014 when a designated person took responsibility for the visits. The inspector was satisfied the frequency and quality of the visits had significantly improved.	Compliant
2.	16(1)	The registered manager should review the statement of purpose and service user guide regarding the arrangements made for dealing with reviews of the service user's plan, as referred to in regulation 16 (1). For example detail regarding the planning for the review including timescales of the initial review, the involvement of the service user and their representatives in the review process, the frequency of the review and how the outcomes of the review are reported.	The statement of purpose and service user guide had been improved in this regard since the last inspection.	Compliant
3.	28(5)	The registered person must ensure the service users and or their representatives are made aware of the monthly monitoring visits and reports which can be made available as stated in regulation 28 (5), on request.	Service users meetings are used to inform service users in this regard.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1.	15.1	The registered manager should make appropriate arrangements for the pre review consultation with service users to be adequately and appropriately recorded. For example introducing a service user questionnaire.	Improvements in this regard was evidenced in two individual service users files inspected.	Compliant
2.	15.5	The registered manager should make appropriate arrangements for the review report, which currently presents as a meeting minute from the care package meeting rather than a person centred report regarding day care, to be reviewed and revised to meet this criterion.	Improvements in this regard was evidenced in two individual service users files inspected.	Compliant

10.0 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
<p>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.</p>	
Provider’s Self-Assessment:	
<p>All staff in Copperfields Day Centre are aware of the legal and ethical responsibility in respect of all Service User records that are held, created or used within their work whether paper based or electronic including e-mails. Staff are aware of the SH&SCT policies and procedures on record management, confidentiality, and I.T. security, as well as an awareness of the Data Protection Act 1998, Code Of Practice on protecting the confidentiality of service user information (DHSSPSNI 2012), Minimum Day Care Standards (DHSSPSNI 2012), and the NISCC Code Of Practice. Staff are also aware of their responsibility & requirement to maintain confidentiality and Data Protection in line with current legislation and Trust Poloiy. Staff are aware that Service User information must only be shared on a need to know basis in accordance with policy guidance. All Service User information is stored safely and securely in locked filing cabinets within the main office in Copperfields Day Centre.</p>	Compliant
Inspection Findings:	COMPLIANCE LEVEL
<p>The inspector reviewed three individual service user records which presented as described in schedule 4; and other records to be kept in a day care setting, as described in schedule 5. The records are kept securely in a locked cabinet in the staff office. The arrangements for confidentiality of records is explained in the settings policies and procedures</p> <p>Discussion with staff confirmed management and staff 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. Discussion with service users confirmed they are informed regarding information and recording practices in the day care setting</p>	Compliant

Criterion Assessed:	COMPLIANCE LEVEL
<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>	
Provider's Self-Assessment:	
<p>All Service Users in conjunction with their Key Worker are fully involved in contributing to their Day Care application, Day Care Assessment & Care Plan, Multi-disciplinary Review which is evidenced by their signature.</p> <p>Where appropriate and with consent from the Service User, the Day Care staff\Community Key Worker will share these individual records with the Service Users representative.</p> <p>The Service Users records are updated annually or more often if required.</p> <p>All requests for Service User records will be actioned without delay in accordance with the SHSCT Data Protection guidance note,"Subject access request for Social Service Records". A copy of of access records form is forwarded to the Information Governance Team, to monitor progress of requests under the Data Protection Act 1998. A record of all requests for access to individual Service User records and the outcomes will be maintained.</p> <p>To date there have been no requests for access to service User records at Copperfields Day Centre.</p>	Compliant
Inspection Findings:	COMPLIANCE LEVEL
<p>The setting has policies and procedures pertaining to: the access to records; consent; management of records and service user agreement. The service user guide also details how service users can access the records kept about them in this setting.</p> <p>Discussion with staff working in the centre confirmed their knowledge commensurate with their role and responsibilities. Discussion with staff confirmed they ensure a person centred approach to their recording and encourage service users to see their care plan and contribute to their review.</p> <p>Discussion with service users confirmed they are aware that a service user record is kept that 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>Individual files are maintained for and with each Service User attending Copperfields Day Centre which include detailed information as outlined in the above (7.4). Individual Assessments are completed with the Service User after commencing attendance at Copperfields Day Centre. Service Users are fully involved in developing their own Care Plan and choosing activities. Service User information is reviewed annually or more often as required. Service Users and their families/representatives are invited to attend an annual Multi-Disiplinary Review. Any changes to the Service Users behaviour or personal needs will be recorded, reported and actioned by their Community Key Worker.</p>	<p>Compliant</p>
<p>Inspection Findings:</p> <p>The inspector examined three service user individual records which evidenced the above records and notes are available and are maintained by key work staff.</p>	<p>COMPLIANCE LEVEL</p> <p>Compliant</p>

<p>The inspector observed in the records where the case records and notes had been updated as required which evidenced they were kept current. The inspector also noted improvements in consultation evidence with service users which was evidence of the staff working with service users in a person centred way and service user recording was incorporated when possible. Care reviews had taken place as described in standard 15</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
<p>Provider’s Self-Assessment:</p>	
<p>When no recordable events have occurred or if the service user is absent, a record is made in the individual service users file, one entry for at least every five attendances</p>	Compliant
<p>Inspection Findings:</p>	COMPLIANCE LEVEL
<p>The inspector examined a sample of three service user care records which evidenced individual care records have a written entry at least once every five attendances for each individual service user. The inspector also noted the quality of information and detail recorded provided staff with sound evidence of improved outcomes, evidence of care plan implementation and risk assessment information.</p>	Compliant

<p>Criterion Assessed:</p> <p>7.6 There is guidance for staff on matters that need to be reported or referrals made to:</p> <ul style="list-style-type: none"> • The registered manager; • The service user’s representative; • The referral agent; and • Other relevant health or social care professionals. 	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p>	
<p>There is guidance for all staff for dealing with matters that need reported or referrals that need to be made using - SH&SCT Recording and Reporting Practices & SH&SCT referrals to Health & Social Care Professionals. Any issues or concerns are reported to the Day Care Key Worker, Community Key Worker, relevant Allied Health Professional, and the Registered Manager Assistant Manager. Records of all contacts/correspondence are kept in the individual Service Users file.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>Review of records and discussion with staff confirmed staff are aware of their role and responsibility to report and refer information and record the outcomes achieved. Staff evidence service users and or representatives are informed regarding information that may be reported or referred and aware of reporting information to the right people and record outcomes. There is a clear focus on managing risk, evidencing needs are met, and ensuring care is appropriate</p>	<p>Compliant</p>

<p>Criterion Assessed: 7.7 All records are legible, accurate, up to date, signed and dated by the person making the entry and periodically reviewed and signed-off by the registered manager.</p>	
<p>Provider’s Self-Assessment: All staff are aware that all Service User records must be legible, up to date, and signed and dated by the person making the entry/record in accordance with Minimum Day Care Standard 7 and the SH&SCT Records Management Policy (Health Care Records 2.7.2). The Service Users records are audited and signed by the registered Manager/ Assistant Manager. Service User records are also audited during monthly provider visits.</p>	Substantially Compliant
<p>Inspection Findings:</p>	<p>COMPLIANCE LEVEL</p>
<p>The inspector examined a sample of three service user individual records which met this criterion. Staff spoken with confirmed procedures and practice are in place to achieve this criterion.</p>	Compliant

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

<p>INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL 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>There have been no incidents at Copperfields Day Centre where a Service User has been subject to restraint, however in the event of restraint being identified as a possible requirement, a devised protocol would be actioned. A Psychologist in conjunction with Behaviour Therapist would complete an Assessment of the Service User's behaviour and deem restraint necessary in order to safeguard the Service User, staff and others. A full Risk Assessment would be completed, agreed and this would then be implemented fully.</p> <p>A devised Care Protocol would then be included in the Service User's Care Plan and subject to regular review. Protocols would be fully agreed with the Service User, the Service User's Carer/representative, all Professionals involved in providing the Service User's care, and this would then be included in the Service User's file. Staff would then receive appropriate training in the use of restraint as outlined in the SH &SCT MOVA policies & procedures..</p>	Substantially Compliant
Inspection Findings:	
<p>The inspector examined a selection of records including three individual service user records which presented 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, restriction or seclusion in this setting and service user’s human rights were considered in the context of accessing services such as day care within records.</p> <p>Staff attended safeguarding training and has attended dealing with challenging behaviour training. There was evidence of staff identifying service users’ needs changing and they sought meetings or reviews involving relevant professionals. This was noted on the files inspected which evidenced professional guidance had been sought by staff as required.</p>	COMPLIANCE LEVEL Compliant

<p>The staff have access to 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.</p> <p>Discussion with staff confirmed management and staff knowledge about when and why restraint is used including their understanding of exceptional circumstances. The inspector reviewed a sample of incident records which did not reveal any concerns regarding this theme and described a small number of minor falls. This inspection confirmed at the time of the inspection there was no plans for restraints in place, however there are clear plans to ensure service users’ needs are met and they are protected.</p>	
<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>here have been no incidents at Copperfields Day Centre where a Service User has been subject to restraint, however in the event of restraint being identified as a possible requirement, a devised protocol would be actioned. A Psychologist in conjunction with Behaviour Therapist would complete an Assessment of the Service User's behaviour and deem restraint necessary in order to safeguard the Service User, staff and others. A full Risk Assessment would be completed, agreed and this would then be implemented fully. A devised Care Protocol would then be included in the Service User's Care Plan and subject to regular review. Protocols would be fully agreed with the Service User, the Service User's Carer/representative, all Professionals involved in providing the Service User's care, and this would then be included in the Service User's file. Staff would then receive appropriate training in the use of restraint as outlined in the SH &SCT MOVA policies & procedures..</p>	Substantially 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. Guidance on <i>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 for staff information.</p>	COMPLIANCE LEVEL Not applicable

PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

<p align="center">Theme 2 – Management and Control of Operations</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>Management systems and arrangements are in place that support and promote the delivery of quality care services.</p> <p>Theme covers the level of competence of any person designated as being in charge in the absence of the registered manager.</p>	
<p>Regulation 20 (1) which states:</p> <p>The registered person shall, having regard to the size of the day care setting, the statement of purpose and the number and needs of service users -</p> <p>(a) ensure that at all times suitably qualified, competent and experienced persons are working in the day care setting in such numbers as are appropriate for the care of service users;</p> <p>Standard 17.1 which states:</p> <p>There is a defined management structure that clearly identifies lines of accountability, specifies roles and details responsibilities for areas of activity.</p>	
<p>Provider’s Self Assessment:</p>	
<p>The registered Manager ensures that at all times there is a suitably qualified, experienced and competent person in charge within Copperfields Day Centre. An Acting Assistant Manager has recently been appointed within both Copperfields Day Centre and Banbridge Social Education Centre. In the absence of the manager, he would have managerial responsibility. The registered Manager/Assistant Manager would be contactable if required.</p> <p>In the event of the absence of both the Manager/Assistant Manager, a suitably qualified and experienced Band 5 Day Care Worker is left in charge. The defined management and organisational structure currently in place within Copperfields Day Centre can be viewed in the attached Statement Of Purpose.</p> <p>A draft SH&SCT Disability Division Day Care Procedure For Assessing Competency And Capability Of Staff Assuming Responsibility in the absence of the Registered Manager is currently awaiting Senior Management approval.</p>	<p align="center">Substantially compliant</p>

Inspection Findings:	COMPLIANCE LEVEL
<p>RQIA had been notified the registered manager of this setting left her post in September 2014 and since then the acting manager has been in post. The acting manager had previously been the assistant manager and her current qualifications do not meet the standard to be registered manager. The inspector does require confirmation the acting arrangement is only to allow for recruitment of a permanent manager, however despite this post becoming vacant six months ago there was no clear plan in place at this inspection to recruit a new manager. A requirement is made in this regard.</p> <p>The acting manager does have NISCC registration, experience of managing the setting and evidence of competence to act up in this role.</p> <p>The staffing rota showed the absence of one staff member on maternity leave and only half the post covered. Therefore this is a reduction in staff and the setting must evidence adequate staffing numbers and distribution of staff across the day care setting any changes in staffing arrangements should also be recorded in the settings statement of purpose. A requirement is made in this regard.</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 service users confirmed they were informed regarding the current management structure and they described the staff as the best, and were clear they meet their needs when they are in the day care setting.</p> <p>The inspector reviewed the regulation 28 reports written since September 2014 which described the staffing arrangements in place for the day being inspected. However the reports did not identify if staffing was reduced and was the staffing arrangements in place effective and compliant with regulations and standards regarding the same. A requirement is made in this regard</p>	<p>Moving towards compliance</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 	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment:</p> <p>The staff within Copperfields Day Centre are supervised by senior staff in line with the SH&SCT Supervision Policy, Standards and Criteria for Social Care Workers and Minimum Day Care Standards (DHSSPSNI Jan. 2012). Supervision records are stored securely within the staff members individual files in locked filing cabinets in the main office.</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p> <p>In this setting the acting manager had supervised staff. The inspector requires the frequency to be improved because she had not managed to provide individual 3 monthly supervision meetings with staff. The acting manager had provided a combination of individual and group supervision sessions; however a recommendation is made to ensure the frequency is compliant with standard 22 criterion 2.</p>	<p>COMPLIANCE LEVEL</p> <p>Moving towards compliance</p>

<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>All staff have the relevant qualifications, training, skills and experience that are required for working within Copperfields Day Centre. This is evidenced in the attached Statement of Purpose and the Staff Training Matrix.</p> <p>Staff training needs are identified through supervision and KSF/PDP individual staff reviews.</p> <p>Copperfields Day Centre allocates five days per year for staff training. Records of all staff training are stored in the staff training file which is retained in the main office.</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p> <p>In the manager’s absence the band 5 day care worker covers the manager’s role and responsibility. Discussion revealed she is new into post and a competency assessment has not been completed. The inspector is clear delegation of tasks must be clear and monitored to evidence effectiveness of arrangements in place and 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>Substantially compliant</p>
--	---

<p>INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p> <p>Moving towards compliance</p>
---	---

11.0 Additional Areas Examined

11.1 Complaints

The complaints record was reviewed as part of this inspection. The annual complaints return for 2013 identified one complaint had been recorded. The inspector reviewed the complaints record which confirmed the return to RQIA. The complaint recorded was regarding staffing numbers being so low the service users could not go out for an activity. This had been locally resolved by apologising to the complainant however, there is potential for this to occur again within the current staffing structure and therefore this inspection has identified improvements in this regard.

11.2 Inspection of Individual Service User Records

Three service user files were inspected as part of this inspection and this did not reveal any areas for improvement and they presented as consistent with schedule 4.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Ellis Hill (Acting), as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

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



Quality Improvement Plan

Primary Unannounced Care Inspection

Copperfields

9 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 Ellis Hill (Acting 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.	9 (1) & (2)	<p>The responsible person must ensure a manager is appointed to manage this day care setting and the manager makes an application for registration with RQIA.</p> <p>The returned QIP should describe the process and timescales for complying with this regulation.</p>	First	<p>The Trust is currently reviewing its day care services as part of a wider reorganisation plan. The management structure of Copperfields and Banbridge SEC is part of this review. An appropriately qualified manager will apply for registration of both centres with RQIA in early October 2015, which will allow for all other processes to be completed and for engagement meetings to take place with relevant stakeholders.</p>	4 May 2015
2.	7	<p>The responsible person must make appropriate arrangements for the settings statement of purpose (SOP) to be reviewed and updated with regard to staffing arrangements. If there is a reduction in staff the returned QIP should describe how this is being managed and assure RQIA service user's needs and care plans can continue to be met in this setting. Any changes should also be noted in the SOP.</p> <p>A copy of the updated SOP must be submitted with the returned QIP.</p>	First	<p>The Acting Manager and Acting Assistant Manager have carried out a review of the centre's statement of purpose (attached). The current staffing as per April 2015 is detailed as required. Copperfields Day Centre also currently have access to a trained agency care worker who fills in during staff absences as required, e.g. A/L, sickness, training, etc. The staffing complement is therefore deemed appropriate</p>	4 May 2015

				currently to meet the needs of the service users attending Copperfields Day Centre.	
3.	28	The responsible person must ensure the regulation 28 reports describe the staffing arrangements when they are reduced or not compliant with the standards or regulations for the period that is being inspected. The reports should identify if staffing was reduced and assess if the staffing arrangements in place are effective and compliant with regulations and standards regarding the same. If improvements are required this should be identified in an action plan and monitored in future reporting.	First	Monthly monitoring reports record staffing levels on day of visit including absences. Plans are underway to appoint a new independent Monitoring Officer for Day Care and Supported Living following the retirement of the current post holder. The requirement to assess if staffing arrangements are compliant with regulations and standards will be a core requirement of the post holder. The new monitoring officer will also identify if new improvements are required and monitor same as per QIP requirement.	4 May 2015

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.	22.2	<p>The responsible person should put in place appropriate measures to improve the provision of supervision for the staff in this setting, that is provide individual 3 monthly supervision meetings with staff in compliance with this standard.</p> <p>Improvements in place to achieve this recommendation should be recorded on the returned QIP.</p>	First	<p>An Acting Band 5 staff member has recently been appointed to Copperfields Day Centre. They have undertaken Supervision Skills Training. Part of this Band 5 workers role will then be to provide individual 3 monthly supervision meetings for the D.C.S.W care staff in compliance with this recommendation. ongoing supervision of band 3 support workers is carried out on a daily basis by both band 5 and centre management. Supervision for newly appointed band 5 worker will be carried out by the Asst Manager. Supervision of Acting Asst. Manager is also carried out by the acting manager in compliance with this recommendation.</p>	4 May 2015

2.	23.3	The responsible person should make appropriate arrangements to ensure a competency assessment is completed with the Band 5 to ensure they are competent to be left in charge and act up in the manager's absence.	First	The Acting Manager and Acting Assistant Manager have completed a competency assessment of the band 5 as required using the competency checklist it has been assessed that the Band 5 is competent to carry out her work role as per checklist On-going monitoring of this staff members work performance will continue to be carried out on a daily basis by the Acting Manager & Acting Asst. Manager and formally every 3 months or sooner if required via the Trusts formal staff supervision policy.	4 May 2015
----	------	---	-------	--	------------

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	Eilis Hill - Acting
Name of Responsible Person / Identified Responsible Person Approving QIP	Micéal Crilly

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Suzanne Cunningham	17/08/15
Further information requested from provider			