



The **Regulation** and
Quality Improvement
Authority

Primary Unannounced Care Inspection

Name of Establishment: Bocombra Workskills (Lurgan Road Day Services)
RQIA Number: 11127
Date of Inspection: 7 January 2015
Inspector's Name: Suzanne Cunningham
Inspection ID: IN017650

The Regulation And Quality Improvement Authority
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1.0 General Information

Name of Establishment:	Bocombra Workskills
Address:	2 Old Lurgan Road Portadown BT63 5SG
Telephone Number:	(028) 3839 2170
E mail Address:	vanessacoulter@praxiscare.org.uk
Registered Organisation/ Registered Provider:	Mr Nevin Ringland Mrs Irene Ringland nee Sloan
Registered Manager:	Mrs Vanessa Coulter
Person in Charge of the Centre at the Time of Inspection:	Ms Maria McBride
Categories of Care:	DCS - LD
Number of Registered Places:	15
Number of Service Users Accommodated on Day of Inspection:	7
Date and Type of Previous Inspection:	13 May 2013 Primary Announced Inspection
Date and Time of Inspection:	7 January 2015 10:30am–2:45pm
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	7
Staff	3
Relatives	0
Visiting Professionals	0

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

Issued To	Number issued	Number returned
Staff	7	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

Bocombra Workskills was established in 1998 and moved to their new premises in Lurgan Road on 12 April 2013; the service has been renamed Lurgan Road Day centre. The building consists of two work areas, a kitchen where the Cookie Company operates from and where lunches are made, an office, a disabled toilet, male and female toilets.

The main workrooms are utilised for a variety of individual and group activities which includes arts and crafts, educational activities. All meals are cooked on site and trainees are fully involved in this activity. Individuals attending this day care setting either live in a Praxis Care accommodation scheme or are from the local community. The workskills programme aims to provide a high level of support and care for the individual service users who have a learning disability and/or challenging behaviour/mental health issues. The support provided by staff develops service user's personal, social and domestic skills.

The aim of the centre is to ensure that trainees are involved in meaningful structured activity/social events appropriate to their needs. Community links are promoted by staff and trainees attend external courses for example at local technical colleges or via networking with other agencies.

8.0 Summary of Inspection

A primary inspection was undertaken in Bocombra Workskills on 7 January 2015 from 10:30am to 2:45pm. This was a total inspection time of four hours and fifteen minutes. The inspection was unannounced and the inspector was informed Maria McBride was in charge on the day of the inspection.

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 inspector used the following evidence sources:

- Analysis of pre-inspection information and questionnaires
- Discussion with the registered manager, staff and service users
- Examination of a sample of service user individual file records including evidence of review and safeguarding information; the complaints record; staff training record; incidents and accidents record; evidence of service user consultation, monthly monitoring records; the centres statement of purpose; service users guide and policies & procedures
- Tour of the premises.

The inspector spoke a total of two staff specifically regarding the standards inspected and their views about working in the centre. This generated positive feedback regarding the management of records and reporting arrangements including recording; ensuring records are accessible and can be worked on with the service users and the management arrangements in this day care setting. Staff described the day service is led by service user choice and interests as well as meeting identified needs and developing work opportunities. Staff described setting objectives with service users so they have a goal to achieve in day care and the staff monitors progress of development and skills. Staff confirmed they encourage and enable service user's full involvement in the files and their comments are recorded.

Discussion with staff revealed their knowledge regarding restrictive practices and restraint which presented as appropriate for the service and consistent with the statement of purpose. Staff described they do not use hands on physical intervention with the current service user group and described their awareness of other restrictions that can be in place and how these need to be reviewed to ensure they are proportionate and based on improving outcomes for service users, such as the locked front door. Staff discussed management arrangements in this setting, the staffing structure in place and if Vanessa is not there they were aware Maria takes on the manager's responsibilities, this is communicated daily to staff as changes happen.

The inspector spoke with the seven service users in the setting generally about their experiences in the day care setting. The service users did provide the inspector with positive comments regarding the focus of the inspection, they explained they were aware records were kept about them; they knew their file has their name on it and it is kept in a locked cupboard in the office and were aware of the content of their files. Service users told the inspector they are invited to sit with the staff once per week to record in their files regarding what they have done and what they want to do in day care. Service users said if they wanted to see their file outside of this session they knew to ask staff.

The inspector discussed with the service users the locked front door, service users said they were happy the door was secure and confirmed they were able to exit any time using a fob, they showed the inspector where the fob was kept for them.

Service users described to the inspector the staffing structure, and if Vanessa is not there they knew Maria acts up as manager. Service users described enjoying attending the centre, the activities they had taken part in; and valued the support provided by the staff. Overall the service users said they all liked being in day care, they said they "love it here", "keep coming back" and "I have nothing to complain about".

The previous unannounced follow up inspection carried out on 13 May 2014 had resulted in one requirement to improve the frequency of unannounced regulation 28 visits. Two recommendations were made, the first to improve the description of the process of the service user reviews in the statement of purpose and service user guide and the second to improve the availability of person centred practice training for staff. The manager provided evidence of improvements in these areas and therefore evidenced 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.

The six criterion criteria within this standard were reviewed during this inspection. One of the criteria was assessed as substantially compliant and the remaining five criteria were assessed as compliant. No requirements or recommendations are made.

Discussions with service users and staff and review of two service users' individual files provided evidence that the centre is performing well regarding standard 15. The discussions with service users confirmed service users are aware a record is kept about them and they see this record when staff do their weekly recording, if they are preparing for a review or if the care plan is being worked on. Based on the evidence reviewed the inspector assessed the centre as compliant in this standard. No requirements or recommendations have been made regarding the examination of this standard.

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

Two criterion from regulation 14 were inspected which examined compliance with the use of any restrictive practices in this day care setting within the context of human rights. One criterion was assessed as compliant and one criterion was assessed as not applicable because the setting has not used restraint on any service users and therefore no incidents have been or would be reported through to RQIA.

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. Restraint had not been used to date and staff described using clear communication, diversion, calming, one to one time, diffusing techniques and knowing their service users' needs and personalities. The staff identified this approach assists them in ensuring service users behaviour does not escalate.

Based on the evidence reviewed the inspector assessed the centre as compliant in this theme, no recommendations or requirements 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. The three criteria were assessed as compliant. No requirements or recommendations are made.

Discussion with the manager and staff provided evidence that the organisation had in place monitoring arrangements; and they had a general approach of promoting quality care. Overall the arrangements in this setting regarding management cover, staffing, staff training and staff supervision were well organised and had not compromised quality of care to date. Based on the evidence reviewed the inspector has assessed the centre as compliant in this theme; no requirements or recommendations are made.

Additional Areas Examined

The inspector undertook a tour of the premises, reviewed the complaints record and examined two service users individual files, validated the registered manager's pre inspection questionnaire reviewed the staff questionnaire and monthly monitoring reports. This did not reveal any additional areas for improvement.

The inspector wishes to acknowledge the work undertaken by the manager and staff in preparation for this inspection and their open and constructive approach throughout the inspection process. Gratitude is also extended to the service users who welcomed the inspector to their centre and engaged with her during the inspection. Overall the inspector commends the proactive approach to day care that is delivered in this centre; there is a clear focus of social support in this day care setting which is entirely consistent with the day care settings statement of purpose. As a result of the inspection a total of no requirements or recommendations have been made which was reported to the assistant manager at the conclusion of the inspection.

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 provider should make arrangements for Regulation 28 reports to be undertaken on an unannounced basis as well as announced.	This had been achieved and a number of visits had been unannounced since the last inspection.	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 review the centres statement of purpose and service user guide and make appropriate amendments to ensure the documents accurately describe the reviewing procedure and timescales for the same.	This had been completed and both documents were provided for this inspection.	Compliant
2	15.2	The registered manager should make arrangements for at least one staff member to attend the training regarding person centred reviews.	This had been completed in October 2013.	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>Praxis Care have a confidentiality policy and procedure in place for all operational schemes. Confidentiality forms part of induction training and staff have regular refresher updates. A confidentiality poster is displayed in the main office to stress the importance of maintaining confidentiality. All service users have a unique identifier code which is used when completing incident /accident reports to maintain confidentiality. All service users have a signed a 'consent to information sharing form' which is held at the front of their file and identifies who they agree to share information with. Passwords are used on electronic documents to send and retrieve any personal information. Client files are stored in a locked cupboard in the main office which is also locked. All staff are registered with NISCC/NMC - This registration highlights the need for confidentiality when working with service users through the code of practice.</p>	Compliant
Inspection Findings:	COMPLIANCE LEVEL
<p>The inspector reviewed two service user individual 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 setting has policies and procedures pertaining to the access to records, communication, confidentiality, consent, management of records, monitoring of records, recording and reporting care practices and service user agreement which reflect this criterion and were available for staff reference.</p> <p>Discussion with staff validated management and staff knowledge about the duty of confidentiality and their role and responsibility regarding the need to record. Staff were aware that they needed to assure the quality of recording and protect service users personal information. Discussion with service users confirmed they are informed regarding confidentiality of their personal information and involved in the recording practices in the day care setting.</p>	Compliant

<p>Criterion Assessed:</p> <p>7.2 A service user and, with his or her consent, another person acting on his or her behalf should normally expect to see his or her case records / notes.</p> <p>7.3 A record of all requests for access to individual case records/notes and their outcomes should be maintained.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p>	
<p>Praxis Care have a policy and procedure in place for access to records - 'Records Control Policy' and 'Data Protection Policy' which will be made available at inspection. This policy and procedure is discussed with all new staff through induction training. The 'Records Control Policy' highlights the procedure for access to records. To date we have not had any requests for access to individual case records, however if this occurred a recording template is in place and staff are aware to forward requests to the team leader/ manager. To promote best practice, keyworkers and associate workers will discuss with individuals the content of their support plan during their monthly review.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	<p>COMPLIANCE LEVEL</p>
<p>Discussion with staff revealed service users are frequently encouraged to look at information recorded about them including the assessment and care plan to the attendance notes which make up the monthly record. This was confirmed when speaking to service users in the setting.</p> <p>The provider’s self-assessment, inspection of documents and discussion evidenced adequate arrangements were in place regarding assuring service users regarding confidentiality, consent, and access to records. The inspector did advise arrangements regarding service user’s records that are kept; their storage and service users rights to access could be clearly detailed in the service user agreement to ensure service users have a record for reference.</p>	<p>Substantially compliant</p>

<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>Praxis Care have a policy and procedure for the layout of service user files held within scheme. All files are laid out in the same format to include all of above information. Within scheme we also have a Daily notes file, Adult Safeguarding File, trainee meeting file and Medication file. All files are audited and quality assured by Team Leaders and Manager. The Assistant Director also inspects these during monthly regulatory visits.</p>	<p>Compliant</p>
<p>Inspection Findings:</p> <p>Examination of a sample of two service user individual records evidenced the above records and notes are available and maintained.</p>	<p>COMPLIANCE LEVEL</p> <p>Compliant</p>

<p>Criterion Assessed: 7.5 When no recordable events occur, for example as outlined in Standard 7.4, there is an entry at least every five attendances for each service user to confirm that this is the case.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment: An entry is recorded in the daily notes for each day the service user attends Lurgan Road , and an attendance sheet completed.</p>	<p>Compliant</p>
<p>Inspection Findings: The inspector examined a sample of two service user care records and evidenced individual care records have a written entry at least once every five attendances for each individual service user. The written entry was consistent with the assessment format and care plan to ensure changes, progress and any concerns are easily monitored.</p>	<p>COMPLIANCE LEVEL Compliant</p>

<p>Criterion Assessed: 7.6 There is guidance for staff on matters that need to be reported or referrals made to:</p> <ul style="list-style-type: none"> • The registered manager; • The service user’s representative; • The referral agent; and • Other relevant health or social care professionals. 	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p>	
<p>Praxis Care untoward incident forms clearly outline the relevant people that need to be informed in the event of an untoward incident. The safeguarding policy and procedure also clearly highlights the reporting procedure for any safeguarding concerns in any easy to follow flow chart. This training is refreshed every two years and always details how staff should respond to and report any disclosures.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>As described in the providers self-assessment there are policies and procedures pertaining to communication, confidentiality, consent, management of records, monitoring of records, recording and reporting care practices and service user agreement which are in place and are consistent with this criterion. Review of two service users records confirmed staff report matters as a need is identified and staff discussed they are aware of their role and responsibility to report and refer information and record the outcomes achieved.</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: Team Leaders ensure that daily notes and monthly reports are up to date and completed by allocated support workers and signed and dated. The Manager quality assures all untoward event reports/Adult Safeguarding referrals alongside the Assistant Director. The Manager also quality assures the annual review reports which are completed by the Team Leaders.</p>	Compliant
<p>Inspection Findings: The inspector examined a sample of two service user individual records and was satisfied they met this criterion. Consultation with a sample of staff working in the centre confirmed their understanding of this criterion</p>	<p>COMPLIANCE LEVEL Compliant</p>

<p>PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Compliant</p>
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<p>INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Compliant</p>
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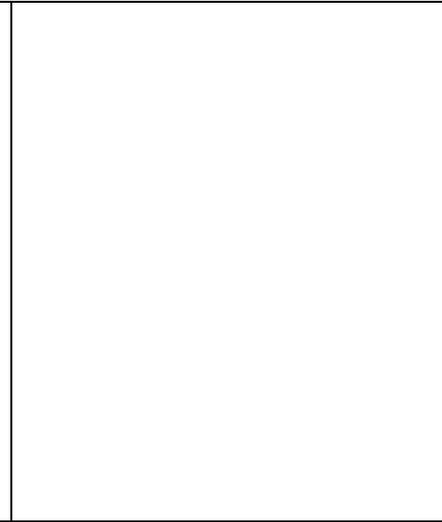
Theme 1: The use of restrictive practice within the context of protecting service user’s human rights	
Theme of “overall human rights” assessment to include:	
<p>Regulation 14 (4) which states:</p> <p>The registered person shall ensure that no service user is subject to restraint unless restraint of 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>All staff are trained in calming and diffusing, personal safety and Management and violence of aggression. This training requires an annual two day refresher. Praxis Care have a policy on 'Management of behaviours which challenge' which all staff are aware of. Restraint would only be used as a last resort any untoward incidents requiring the use of restraint would be recorded on an ' Untoward incident form ' and forwarded to the relevant professionals. There have been no incidents requiring the use of restraint.</p>	Compliant
Inspection Findings:	
<p>The inspector examined a selection of records including two service user records 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.</p> <p>One service user has their exit from the setting restricted due to an incident where they left the setting and went into the road. This had been risk assessed and the outcome was there was likelihood that this incident would be repeated if the service users exit is not managed. The risk of the service user running out into the road was measured against the restriction of the front door being managed which led to key fob pads being inserted next to the doors. The opening fob can be accessed by all service users who do not have a risk assessment regarding their exit in place. The inspector concluded the intervention was evidenced as necessary and proportionate to the risk for those restricted. Therefore in the inspectors opinion did not infringe service user’s human rights.</p>	COMPLIANCE LEVEL Compliant

The examination of two service user’s files evidenced guidance from behaviour management professionals had been utilised as necessary.

Training records evidenced staff had received managing violence and aggression training (MVA) as part of the mandatory training programme, and the staff were assessed by assessors throughout the two days for the refresher training.

There setting has policies and procedures pertaining to: the assessment, care planning and review; managing aggression and challenging behaviours; recording and reporting care practices; reporting adverse incidents; responding to service users behaviour; restraint and seclusion; and untoward incidents which were available for staff reference. Furthermore staff training is in place as described in the provider’s self-assessment.

Discussion with staff validated management and staff knowledge about when and why restraint is used including their understanding of exceptional circumstances.



<p>Regulation 14 (5) which states:</p> <p>On any occasions on which a service user is subject to restraint, the registered person shall record the circumstances, including the nature of the restraint. These details should also be reported to the Regulation and Quality Improvement Authority as soon as is practicable.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p> <p>Any incidents involving physical intervention are recorded on an Untoward Event form, this highlights the details of the incident and the nature of the restraint, a high physical intervention form is also completed which includes a body chart. The Manager and Team Leaders complete these forms and send to all those relevant professionals involved in a service users care, including RQIA. This is evidenced alongside the copy held on file. These are quality assured by the Assistant Director during the monthly reg visits. Praxis also have guidance on ' Protection against infringement of libery precedure'. Consideration is given to Human Rights articles when completing support plan.</p>	<p>Compliant</p>
<p>Inspection Findings:</p> <p>No service users had been restrained in this setting and no care plans detail this as a management of behaviour plan. Staff do not anticipate using restraint and this presented as consistent with the settings ethos, statement of purpose and aims of the service. <i>Guidance on Restraint and Seclusion in Health and Personal Social Services</i>, Department of Health, Social Services and Public Safety, Human Rights Working Group, August 2005 is available for staff information.</p>	<p>COMPLIANCE LEVEL</p> <p>Not Applicable</p>

<p>PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p> <p>Compliant</p>
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<p>INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p> <p>Compliant</p>
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<p align="center">Theme 2 – Management and Control of Operations</p> <p>Management systems and arrangements are in place that support and promote the delivery of quality care services.</p> <p>Theme covers the level of competence of any person designated as being in charge in the absence of the registered manager.</p>	<p align="center">COMPLIANCE LEVEL</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 is qualified in Learning Disability Nursing (registered with NMC) and holds Bsc Hons in Health Studies. The manager also holds an Advanced Diploma in Management. In the absence of the manager, a team leader takes charge of the running of the day service. The scheme has one team leader who holds a Masters in social Work qualification. All staff are registered with NISCC, and qualifications and experience of all staff are listed in the Statement of Purpose. All staff mandatory training is up to date and some additional non- mandatory has been accessed when required. Job descriptions identify roles and responsibilities and lines of accountability. Staff have a line manager allocated to carry out supervision /appraisal etc. Management structure flow chart included in Statement of Purpose. Ratio of 1:3 staffing in place.</p>	<p align="center">Compliant</p>

Inspection Findings:	COMPLIANCE LEVEL
<p>The manager is a qualified Nurse and the team leader who acts up in her absence is a qualified social worker. The inspector reviewed the staff training for the setting and this revealed mandatory training had been delivered and additional training was accessed by staff as the need was identified.</p> <p>On the day of the inspection the inspector found staffing levels were adequate to meet the service users' needs and staff explained they rotate activities and tasks between them to ensure they can all undertake delivery of all aspects of care in this setting.</p> <p>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 were available for inspection and staff reference. The inspector also viewed the settings statement of purpose and service users guide.</p> <p>Discussion with staff working in the centre to validated their knowledge commensurate with their role and responsibilities regarding management arrangements of the day care setting. Staff were clear who they report to; who they seek support or guidance from; who supervises them and the effectiveness of the same.</p> <p>Discussion with service users revealed they were aware of the management structure in place. The staffing structure of the day care setting is clearly described in the settings statement of purpose, and reflected staffing as observed by the inspector on the day of the inspection.</p>	<p>Compliant</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>Praxis Care have a supervision and appraisal policy which all staff are aware of and have access to via the online EDMS system. Supervision is held regularly. Supervisions are quality assured by both the Manager and Assistant Director as and when required. Support workers have been allocated a team leader as their supervisor and the manager supervises team leaders. The manager is supervised by the Assistant Director. Supervision sessions are planned in advance, written minutes are taken of the supervision and stored in the staff file ensuring confidentiality.</p>	<p>Compliant</p>
<p>Inspection Findings:</p> <p>The inspector examined the training, supervision, appraisal of a sample of staff including the manager and those staff left in charge of the day care setting in the registered manager's absence. This confirmed the provider's self-assessment and did not reveal any concerns.</p>	<p>COMPLIANCE LEVEL</p> <p>Compliant</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>Praxis Care have a recruitment and selection policy and procedure in place. The organisation ensures that all staff receive a comprehensive induction in line with NISCC standards. The majority of this is delivered prior to arriving in scheme and this training is specific to the needs of the service users they are supporting. It is the responsibility of the HR department to ensure that all staff applying for posts are suitably qualified to the level they are applying for. Two references are also requested. Each applicant is provided with a job description and personnel specification (this includes qualifications and experience necessary) from the HR department. Access NI checks are also completed prior to confirmation of employment. All staff have the required mandatory training and identify additional training from the organisational training calendar as required to help them in their job. All support workers have NVQ III.</p>	<p>Compliant</p>
<p>Inspection Findings:</p> <p>The inspector examined the professional registration, qualifications, experience and evidence of competence of the registered manager and the records of the staff member who manages the day care setting in their absence and as stated in the first criterion this did not reveal any concerns.</p>	<p>COMPLIANCE LEVEL</p> <p>Compliant</p>

<p>PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p> <p>Compliant</p>
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<p>INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p> <p>Compliant</p>
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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 no complaints or issues of dissatisfaction had been recorded and the review of the complaints record confirmed the return to RQIA and did not reveal any concerns regarding the record. In 2014 one issue of dissatisfaction had been recorded; the issue had been allocated for investigation and the service user had been informed regarding the process. The inspector was satisfied the complaint procedure had been implemented appropriately and there was a clear plan to address the concerns reported.

11.2 Service User Records

Two service user files were reviewed as part of this inspection, this did not reveal any areas for improvement and the files presented as consistent with schedule 4.

11.3 Registered Manager Questionnaire

The registered manager submitted a questionnaire to RQIA after this inspection. The information returned confirmed satisfactory arrangements were in place regarding governance and management arrangements, the manager's registration, staffing arrangements and support for staff, policies and procedures, responding to service user's behaviour and reporting of accidents and incidents. The information was verified after the inspection with the inspection findings and this did not raise any concerns that required further discussion or analysis.

11.4 Statement of Purpose & Service Users Guide

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

11.5 Monthly Monitoring Reports

The inspector reviewed a sample of three regulation 28 reports from February 2014 to December 2015; this revealed the visits had been recorded monthly in compliance with the regulation. The inspector noted there was clear focus on monitoring the conduct of the day care setting.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Maria McBride, 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



No requirements or recommendations resulted from the primary unannounced care inspection of Bocombra Workskills which was undertaken on 7 January 2015 and I agree with the content of the report.

Please provide any additional comments or observations you may wish to make below:

SIGNED: Willie McAllister

SIGNED: Vanessa Coulter

NAME: Willie McAllister on behalf of Irene Sloan
Registered Provider

NAME: Vanessa Coulter
Registered Manager

DATE 09/02/15

DATE 03/02/15

Approved by:	Date
Suzanne Cunningham	20/02/15