



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

## **Primary Announced Care Inspection**

<b>Name of Establishment:</b>	<b>Carlisle Day Centre</b>
<b>Establishment ID No:</b>	<b>11180</b>
<b>Date of Inspection:</b>	<b>24 April 2014</b>
<b>Inspector's Name:</b>	<b>Dermott Knox</b>
<b>Inspection No:</b>	<b>17710</b>

**The Regulation And Quality Improvement Authority**  
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<b>Name of centre:</b>	Carlisle Day Centre
<b>Address:</b>	Carlisle Day Centre 2 Carlisle Terrace Belfast BT15 2PR
<b>Telephone number:</b>	(028) 9023 1135
<b>E mail address:</b>	colin.morgan@belfasttrust.hscni.net
<b>Registered organisation/ Registered provider:</b>	Mr Colm Donaghy Belfast Health and Social Care Trust
<b>Registered manager:</b>	Mr Colin Morgan
<b>Person in Charge of the centre at the time of inspection:</b>	Mr Colin Morgan
<b>Categories of care:</b>	DCS-I, DCS-DE
<b>Number of registered places:</b>	30
<b>Number of service users accommodated on day of inspection:</b>	16
<b>Scale of charges (per week):</b>	£1.50 per day for lunch
<b>Date and type of previous inspection:</b>	14 May 2013 Primary Announced Inspection
<b>Date and time of inspection:</b>	24 April 2014 10:00am – 5:10pm
<b>Name of inspector:</b>	Dermott Knox

## Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect day care settings. A minimum of one inspection per year is required.

This is a report of a primary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during the inspection were met.

## Purpose of the Inspection

The purpose of this inspection was to ensure that the service is compliant with relevant regulations and minimum standards and themes and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of day care settings, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Day Care Settings Regulations (Northern Ireland) 2007
- The Department of Health, Social Services and Public Safety's (DHSSPS) Day Care Settings Minimum Standards (January 2012)

Other published standards which guide best practice may also be referenced during the inspection process.

## Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the minimum standards.

The inspection process has three key parts; self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

Specific methods/processes used in this inspection include the following:

- Analysis of pre-inspection information
- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Tour of the premises
- Evaluation and feedback

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

### Consultation Process

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

Service users	5
Staff	3
Relatives	1
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	4

### Inspection Focus

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

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

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

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

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

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

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

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

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

## **Profile of Service**

Carlisle Day Centre is a purpose built day care centre situated within a housing development in central Belfast. It has been in operation for approximately thirty years.

The purpose of the centre is to provide people with dementia, and their families, with some of the supports necessary to help them to continue living in their own homes in the community. The Trust operates a transport service for those who attend and this is used occasionally for outings.

The centre operates from Monday to Friday and is open from 9.00am - 4.00pm however there is some flexibility with the times. There are facilities for up to thirty service users each day. Referrals and allocation of days are through the Trust with placements offered following an assessment of need.

A hot meal and other refreshments are provided for service users when they attend the centre.

## **Summary of Inspection**

A primary announced inspection was undertaken in Carlisle Day Centre on 24 April 2014 from 10:00am to 5:10pm. Prior to the inspection the service provider submitted a self-assessment of the day centre's performance in the one standard and two themes forming the focus of the inspection. The following evidence sources were accessed during the inspection:

- 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 behaviour management and support assessments; the complaints record; staff training record; individual staff records; incidents and incident 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 met with three staff regarding the standards and their views about team working, management support, supervision and the overall quality of the service provided. Five service users held discussions with the inspector regarding their experiences of the service and the husband of one service user attended to share his views on the support provided for his wife and himself.

Six completed questionnaires were returned by staff members, who reported satisfactory arrangements were in place with regard to NISCC codes of practice; supervision; staff training; staffing and management arrangements; responding to service users' behaviour; confidentiality and recording. Positive comments were made regarding the quality of care provided, including: "It is excellent and follows the policies and procedures of the Trust"; "--- we have a very caring team"; "The day centre is run very well, taking care of all our service users". Overall the discussions with staff provided a very positive view of the care provided in the centre and indicated a commitment by staff to comply with the standards for day care settings and to seek continuous improvements.

Discussions with five service users and one relative elicited positive comments regarding transport to the centre, the activities enjoyed and the care provided by the staff. Service users discussed their understanding of records kept in the day care setting about them and confirmed that they had confidence in the staff members to keep records safely and to protect confidential information. Some service users spoke to staff by name and all appeared to be familiar and at ease with those who were working with them.

One requirement and four of the five recommendations from the previous inspection, on the 14 May 2013, had been fully met. The one remaining recommendation, regarding a weather-proofing issue in one room, had been delayed due to a contractor's business failure. This matter was being actively addressed by the Trust and is re-stated in the current Quality Improvement Plan.

**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 centre has written policies and procedures pertaining to confidentiality, recording and reporting care practices, consent, management of records and service user agreement. The policies and procedures were available for staff reference.

The recently appointed manager had arrangements in place to audit policies and procedures with regard to the requirements of the minimum standards, in order to ensure that they were up to date and accurate.

Some service users, and a representative, who met with the inspector, were aware that a record was kept by staff and they had been informed that they could access their own records. There were no instances of records having been requested by a service user or a representative.

In the sample of service user care records examined, there were several periods of ten or more days between entries in the progress notes. This was discussed with the manager who acknowledged that improvement was required in this area of practice. The frequency of recording should be increased in keeping with the minimum standards.

The centre was judged to be operating substantially in compliance with this standard.

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

Two criteria from regulation 14 were applied, which examined compliance with the use of any restrictive practices in the day care setting within the context of human rights. The Belfast Trust has a policy and clear guidelines on the use of restrictive practices and the evidence available from service users, staff and the written records, verified that there had not been any instances of such practices in the centre, other than the physical safety precaution of having secured exit doors, to ensure that service users could not leave the building without a member of staff accompanying them. This restriction was acknowledged and agreed at the commencement of each person's attendance at the centre and was reviewed at least annually. Staff discussed using good communication, calming, diffusing and diversion techniques and knowing their service users' needs and personalities. They expressed the view that this ensures service users behaviours do not become unmanageable, or threatening to others.

The centre was judged to be operating in compliance with 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.**

Staff records showed that the registered manager and the Day Care Workers are appropriately qualified and experienced to take charge of the centre. Training for key aspects of this role had been provided. There was evidence from discussions with staff to confirm that members of the staff team work supportively and well with one another. Two of the three day care workers have gained NVQ 3 in Care and all but one of the Care Assistants has gained NVQ 2. The manager and one Day Care Worker are also qualified in Nursing and the manager holds a Certificate in Management.

The staffing structure and reporting arrangements were clearly set out in writing in the statement of purpose, for reference by all stakeholders.

Staff presented as being knowledgeable in their roles and responsibilities and keen to continuously develop and improve their skills in the work.

Staff records provided evidence of supervision contracts, formal supervision sessions, and of a schedule for future supervision sessions. It was clear that practice in this area has developed positively since the provider's self-assessment was completed and the evidence available indicated compliance with the criteria in this theme. The manager discussed ideas for promoting the staff development aspect of supervision.

**Additional Areas Examined**

The inspector undertook a tour of the premises, reviewed the complaints record, examined four service users individual files, reviewed the six staff questionnaires and toured the premises. Three other areas for improvement were identified:

The main entrance doors to the centre seem to be unfit for purpose, having significant gaps at the top and bottom and having required various adjustments to maintain their ease of opening. They should be upgraded to be in keeping with other recent improvements to the centre.

There was evidence to indicate that phones are not best placed in the centre to facilitate staff members' access to them, particularly when working directly with service users. It may be beneficial to provide at least one cordless or mobile phone for staff use in order to overcome this difficulty.

Given the growing demands on staff members to record and communicate electronically, the Trust should re-assess the needs for computer equipment in the centre and make provision accordingly.

On the basis of the evidence presented a total of two requirements and four recommendations are made in the Quality Improvement Plan, accompanying this report. These were discussed with the manager at the conclusion of the inspection and he acknowledged the need for them to be addressed.

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 service users who warmly welcomed the inspector to their centre and engaged with him during the inspection.

**Follow-Up on Previous Issues**

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	26(2)(c)	<p><b><u>Safe Moving and Handling</u></b></p> <p>With regards to safer moving and handling for staff and service users, the registered person is required to purchase a new hoist specified in the identified service user's most recent moving and handling assessment (additional information section refers).</p>	<p>The new hoist was in operation in the centre and was reported by the manager to be satisfactory.</p>	<p>Compliant</p>

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	7	<p><b><u>Service User Photograph in Care Files</u></b></p> <p>The manager must ensure a recent photograph of the service user is in place in their care file. If the service user or their representative refuses this, this should be recorded (additional information section refers).</p>	All four of the service users' records examined contained a recent photograph of the person.	Compliant
2	15.3	<p><b><u>Service User's Initial Review</u></b></p> <p>The manager should ensure systems or a recording template are in place to record when the initial review of the service user's day care place has taken place (criterion 15.3 refers).</p>	Records of the newly implemented initial, (four week) review were available for inspection and were satisfactory.	Compliant
3	15.5	<p><b><u>Service User's Annual Review Report</u></b></p> <p>The manager must ensure that the service user's annual review report completed by staff includes the service user's views and opinions about their care and support. Where the service user has no verbal communication, staff should record this and a summary of their interpretation of the individual's facial expressions / body language and behaviour as well as their representative's views and opinions (criterion 15.5 refers).</p>	Annual review reports included evidence that the service user's views, and those of family carers, had been sought.	Compliant

4	25.1	<p><b><u>Environment</u></b></p> <p>The registered person must ensure the cause of the blistered patch on the wall below the extractor fan in the identified WC is sourced, eradicated and the affected part of the wall made good (additional information section refers).</p>	<p>The source of the blistered paintwork had been identified and the necessary repairs to external gutters and soffits had been planned by the Trust. The manager had not yet been informed of a date for the completion of the work.</p>	<p>Moving toward compliance</p>
5	25	<p><b><u>Dementia Audit of Environment</u></b></p> <p>The manager must ensure the outcomes of the recent audit of the Carlisle Day Centre environment are incorporated into the centre's redecoration/refurbishment plans with timelines for completion (additional information section refers).</p>	<p>Recommendations from the dementia audit of the environment had been implemented and a number of the newly installed facilities and colour schemes were pointed out by the manager.</p>	<p>Compliant</p>

<b>Standard 7 - Individual service user records and reporting arrangements:</b>	
<b>Records are kept on each service user's situation, actions taken by staff and reports made to others.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
7.1 The legal and an ethical duty of confidentiality in respect of service users' personal information is maintained, where this does not infringe the rights of other people.	
<b>Provider's Self-Assessment:</b>	
Within Carlisle day centre all legal and ethical responsibilities in respect of confidentiality for service users are maintained, where this does not infringe the rights of other people.	Substantially compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
There was a range of written and oral evidence to confirm that confidentiality of service users' personal information was being maintained. This included staff meeting minutes, where the importance of confidentiality was emphasised, the physical arrangements for keeping written information in the centre, and statements from staff and from one family carer about the recognition of this aspect of the care provided.	Compliant
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
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.	
7.3 A record of all requests for access to individual case records/notes and their outcomes should be maintained.	
<b>Provider's Self-Assessment:</b>	
Within Carlisle day centre all service users and their next of kin are involved in an ongoing assessment and review process and will have access to their care plan and review documentation. Service users and their representatives are invited to comment on the service provided, these are recorded on the review record. To date no service users or their representatives have requested access to their records. However in the event that a request is made the Belfast trust policy on access to records will be adhered to.	Substantially compliant

<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
<p>The centre has written policies and procedures pertaining to confidentiality, recording and reporting care practices, consent, management of records and service user agreement. The policies and procedures were available for staff reference.</p> <p>The recently appointed manager had arrangements in place to audit policies and procedures with regard to the requirements of the minimum standards, in order to ensure that they were up to date and accurate.</p> <p>Some service users, or their representatives, who met with the inspector, were aware that a record was kept by staff and they had been informed that they could access their own records. There were no instances of records having been requested by a service user or a representative.</p>	Compliant

<p><b>Criterion Assessed:</b></p> <p>7.4 Individual case records/notes (from referral to closure) related to activity within the day service are maintained for each service user, to include:</p> <ul style="list-style-type: none"> <li>• Assessments of need (Standards 2 &amp; 4); care plans (Standard 5) and care reviews (Standard 15);</li> <li>• All personal care and support provided;</li> <li>• Changes in the service user's needs or behaviour and any action taken by staff;</li> <li>• Changes in objectives, expected outcomes and associated timeframes where relevant;</li> <li>• Changes in the service user's usual programme;</li> <li>• Unusual or changed circumstances that affect the service user and any action taken by staff;</li> <li>• Contact with the service user's representative about matters or concerns regarding the health and well-being of the service user;</li> <li>• Contact between the staff and primary health and social care services regarding the service user;</li> <li>• Records of medicines;</li> <li>• Incidents, accidents, or near misses occurring and action taken; and</li> <li>• The information, documents and other records set out in Appendix 1.</li> </ul>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment:</b></p> <p>All service users within Carlisle have an individual file, containing information pertaining to assessment of need, personal care needs, changes in behaviours, aims &amp; objectives and all significant changes in the programme of care for the individual. Contact with the service users representatives and contact with staff including other members of the Multidisciplinary team is also documented, as is records of all accidents &amp; incidents and identified risks.</p>	Substantially compliant
<p><b>Inspection Findings:</b></p> <p>All four of the service users' records examined at this inspection addressed all of the matters identified in this criterion. Incidents, accidents and near misses were recorded in greater detail in the relevant records kept specifically for those matters. It would be good practice to include reference, in each service user's records, to the DHSSPS, Deprivation of Liberty Safeguards (DoLS) Interim Guidance, 2010 and whether or not this has relevance to the care planning for the individual and a recommendation in this regard is included under Theme 1, below.</p>	<b>COMPLIANCE LEVEL</b>  Compliant

<b>Criterion Assessed:</b> 7.5 When no recordable events occur, for example as outlined in Standard 7.4, there is an entry at least every five attendances for each service user to confirm that this is the case.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment:</b> Within Carlisle day centre an entry is recorded at least every five attendances for each service user.	Compliant
<b>Inspection Findings:</b> In the sample of service user care records examined, there were several periods of ten or more days between entries. This was discussed with the manager who acknowledged that improvement was required in this area of practice. The frequency of recording should be increased in keeping with the minimum standards.	<b>COMPLIANCE LEVEL</b> Moving toward compliance
<b>Criterion Assessed:</b> 7.6 There is guidance for staff on matters that need to be reported or referrals made to: <ul style="list-style-type: none"> <li>• The registered manager;</li> <li>• The service user's representative;</li> <li>• The referral agent; and</li> <li>• Other relevant health or social care professionals.</li> </ul>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment:</b> Staff employed within the belfast trust will undertake a comprehensive corporate and local induction on commencement of service. The manager is trained and fully briefed on the requirements and expectations of the service and works closely with senior management within the trust, to ensure that services are delivered effectively on a day to day basis and that all relevant regulatory requirements are adhered too. This is achieved through daily planning and monthly team meetings and through regular supervision sessions with all centre staff. A proposed shared folder on the I.T system is being developed to ensure effective communication for all staff. Good professional relationships can be evidenced in all coresspondance between the manager, the staff and all professionals within the multidisciplinary team who are involved in the centre.	Substantially compliant

<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
The centre has written procedures that set out clearly the actions required of staff for reporting key matters to all those identified in the standard. The manager had provided a commendably clear checklist for staff to use in the event of having to report a concern under the Safeguarding Vulnerable Adults procedures.	Compliant
<b>Criterion Assessed:</b> 7.7 All records are legible, accurate, up to date, signed and dated by the person making the entry and periodically reviewed and signed-off by the registered manager.	
<b>Provider's Self-Assessment:</b>	
All records are legible are accurate, up to date, signed and dated by the person making the entry. The registered manager is required to audit/sign off all service user care plans and reviews. Additionally the Assistant service manager or representative carries out a monthly monitoring visit at which a sample of service user records may be reviewed.	Substantially compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
Records examined were found to be legible, accurate, up to date and signed by the person making the entry. Records had been sampled routinely by the Trust's monitoring officer in the monthly monitoring visits and were scheduled to be audited regularly by the recently appointed manager.	Substantially compliant

<b>PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Substantially compliant

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

<b>Theme 1: The use of restrictive practice within the context of protecting service user’s human rights</b>	
<b>Theme of “overall human rights” assessment to include:</b>	
<p><b>Regulation 14 (4) which states:</b></p> <p><b>The registered person shall ensure that no service user is subject to restraint unless restraint of the kind employed is the only practicable means of securing the welfare of that or any other service user and there are exceptional circumstances.</b></p>	<b>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment:</b>	
<p>The Belfast Trust has clear guidelines on the ‘Use of Restrictive Practice in Adults.’ This policy outlines the circumstances and the decision making process that must be employed ‘when a patient/service user presents a risk of harm to himself/herself or others and it is deemed necessary to use restrictive practices such as direct physical contact, the use of barriers or equipment/medication which will restrict the movement of a patient’s body.’ Within Carlisle day centre restraint would only be used as a last resort where all other less restrictive strategies have failed.</p>	Compliant
<b>Inspection Findings:</b>	
<p>The centre has written procedures on Restraint, Seclusion and Exclusion. Staff reported that there had not been any instances of the use of restraint in Carlisle Day Centre, although some service users, over time, have been referred to other services when it was agreed that the day centre was no longer the most appropriate service to meet their presenting and changing needs.</p> <p>Staff had all participated in training on Understanding and responding to Challenging Behaviour and practices observed during the inspection visit confirmed that staff used an appropriate range of practice methods in working with service users. The manager has significant experience and qualifications in working with people with dementia and was actively engaged in reviewing all aspects of the service in Carlisle Day Centre, with a view to promoting staff development and best practice.</p> <p>Assessments and care plans were clear and fairly comprehensive, although they did not specifically address the issue of Deprivation of Liberty, (Ref: DoLS Guidance, DHSSPS 2010), and this should be added to each service user’s record and included for consideration at reviews.</p>	<b>COMPLIANCE LEVEL</b> Substantially compliant

<p><b>Regulation 14 (5) which states:</b></p> <p><b>On any occasions on which a service user is subject to restraint, the registered person shall record the circumstances, including the nature of the restraint. These details should also be reported to the Regulation and Quality Improvement Authority as soon as is practicable.</b></p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment:</b></p>	
<p>In the event that restrictive practice has been used as a last resort, when all other less restrictive strategies have been unsuccessful, an Incident Report is completed and the service user’s relative or carer contacted and informed of the situation and circumstances. The Day Centre Manager will complete a Manager’s Investigation Report for the Assistant Services Manager and the Regulation Quality Improvement Authority will be notified as necessary. All care plans and risk assessments will be amended and updated accordingly following any such intervention in centre.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>No service users’ records contained accounts of restraint having been used and staff confirmed that there had not been any such need in the centre. The centre has well-presented written procedures on Assessment, Admission, Care Planning and Review, Transfer, Discharge, Responding to Service User’s Behaviour, and on Restraint, Seclusion and Exclusion.</p> <p>The manager had a copy of <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 and this was available for reference by staff.</p>	<p>Compliant</p>

<p><b>PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b></p> <p>Compliant</p>
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<p><b>INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b></p> <p>Compliant</p>
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<p align="center"><b>Theme 2 – Management and Control of Operations</b></p>	<p align="center"><b>COMPLIANCE LEVEL</b></p>
<p><b>Management systems and arrangements are in place that support and promote the delivery of quality care services.</b></p> <p><b>Theme covers the level of competence of any person designated as being in charge in the absence of the registered manager.</b></p>	
<p><b>Regulation 20 (1) which states:</b></p> <p><b>The registered person shall, having regard to the size of the day care setting, the statement of purpose and the number and needs of service users -</b></p> <p><b>(a) ensure that at all times suitably qualified, competent and experienced persons are working in the day care setting in such numbers as are appropriate for the care of service users;</b></p> <p><b>Standard 17.1 which states:</b></p> <p><b>There is a defined management structure that clearly identifies lines of accountability, specifies roles and details responsibilities for areas of activity.</b></p>	
<p><b>Provider’s Self Assessment:</b></p>	
<p>All staff working within Carlisle day centre attend routine mandatory training and updates. In the absence of the manager the band 5 day care workers will take responsibility for the daily functioning of the centre. Any staff member left in charge of the centre will be aware of the peer mentoring system provided by the other day centre managers within the service group.</p> <p>The adult social and primary care service has clear and identified lines of accountability from director down to individual facility level. Within Carlisle day centre the manager has responsibility for the day to day running of the centre and is assisted in this role by three day care workers and four care assistants as well as staff line managed through support and transport services. A diagram of the management structure is included in the centres statement of purpose and a copy of this is displayed/available at all times.</p>	<p>Moving towards compliance</p>

Inspection Findings:	COMPLIANCE LEVEL
<p>Staff records showed that the registered manager and the Day Care Workers are appropriately qualified and experienced to take charge of the centre. One of the Day Care Workers was Acting Manager for several weeks, following the retirement of the previous manager and until this post was filled. Training for key aspects of this role had been provided. There was evidence from discussions with staff to confirm that members of the staff team work supportively and well with one another. Two of the three day care workers have gained NVQ 3 in Care and all but one of the Care Assistants has gained NVQ 2. The manager and one Day Care Worker are also qualified in Nursing and the manager holds a Certificate in Management.</p> <p>The staffing structure and reporting arrangements were clearly set out in writing in the statement of purpose, for reference by all stakeholders.</p> <p>Staff presented as being knowledgeable in their roles and responsibilities and keen to continuously develop and improve their skills in the work.</p> <p>The centre had clear written policies on Management and Control of Operations, Monitoring of the centre, Staffing Arrangements, and Absence of the manager. Monitoring visits had been carried out on a monthly basis and the reports addressed all of the issues required by Regulation 28. Monitoring reports, supported by monthly management reports, presented good evidence of the management and the staff team seeking continuous improvement in the quality of the service.</p>	<p>Compliant</p>

<p><b>Regulation 20 (2) which states:</b></p> <ul style="list-style-type: none"> <li><b>The registered person shall ensure that persons working in the day care setting are appropriately supervised</b></li> </ul>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider's Self-Assessment:</b></p>	
<p>The Trust promotes a culture of openness and transparency through dialogue and this is reflected in the day centre with monthly team meetings and daily planning meetings. Staff are encouraged to contribute their views openly to improve services and are supported to do this through regular formal and peer supervision sessions which are well established in the centre. The Manager supervises the Day Care Workers, who in turn supervise the Band 3. All supervision sessions are recorded and are conducted no less than every 3 months.</p> <p>At supervision all staff agree to the agenda items in advance, these regularly include Current clients, assessment, care plans and reviews, Incidents/accidents, Policies/procedures, reflective practice, activities, PCP/PDP, training and learning needs.</p> <p>The centre has a supervision planner indicating proposed dates for supervision to take place.</p>	<p>Moving towards compliance</p>
<p><b>Inspection Findings:</b></p>	
<p>Staff records provided evidence of supervision contracts, formal supervision sessions, and of a schedule for future supervision sessions. It was clear that practice in this area has developed positively since the provider's self-assessment was completed and the evidence available indicated compliance with this criterion. The manager discussed ideas for promoting the staff development aspect of supervision.</p> <p>In day to day practice, this compact centre facilitates the close working relationships of staff in different roles and staff who were interviewed confirmed that there is a culture of frank discussion with one another regarding individual views on, and approaches to the work. This is reinforced by the daily, morning briefing sessions, attended by staff before service users arrive at the centre.</p>	<p><b>COMPLIANCE LEVEL</b></p> <p>Compliant</p>

<p><b>Regulation 21 (3) (b) which states:</b></p> <ul style="list-style-type: none"> <li>• (3) For the purposes of paragraphs (1) and (2), a person is not fit to work at a day care setting unless –</li> <li>• (b) he has qualifications or training suitable to the work that he is to perform, and the skills and experience necessary for such work</li> </ul>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider's Self-Assessment:</b></p> <p>The Manager of the Day Centre is registered with the NMC and carries out his duties in accordance with this code of practice. In his absence he is assisted by the Day Care Workers who, although not required to be registered at present, is managed to comply with the NISCC code of practice. In the absence of the registered manager, band 5 day care workers are required to take responsibility for all day to day functioning of the day centre. Any staff memebr left in charge of the centre will have attended all necessary mandatory training and will be aware of the peer mentoring system provided by the other day centre managers within the service group.</p>	<p>Moving towards complian</p>
<p><b>Inspection Findings:</b></p> <p>All of the staff members, who may take charge of the centre from time to time, are registered with a professional body, either the NMC or NISCC. All are well experienced, each with more than twelve years' experience in health and social care employment. The Belfast Trust holds management responsibility for the operation of the centre and there was evidence of good quality, routine monitoring of the service provided.</p> <p>One relative of a service user spoke in glowing praise of the warmth and reliability of the staff, including the bus driver who transports his wife to and from the centre. An audit of complaints and compliments for the six month period to end of March 2014, noted one complaint (fully resolved) and twenty compliments. Service users, with whom the inspector met for discussion, praised the staff and the management for the quality of the service as they experienced it.</p>	<p><b>COMPLIANCE LEVEL</b></p> <p>Compliant</p>

<b>PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Moving towards complian

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

## **Additional Areas Examined**

### **Premises**

On a tour of the premises, most areas were found to be well maintained and in good decorative order. The centre has an attractive, enclosed garden with a number of features that are well suited to its use by service users.

The following areas for improvement were identified.

The main entrance doors to the centre are not fit for purpose, having significant gaps at the top and bottom and having required various adjustments to maintain their ease of opening. They should be upgraded to be in keeping with other recent improvements to the centre.

The blistered patch on the wall below the extractor fan in the identified WC was identified at the previous inspection, in May 2013, as being in need of remedial work. The long delay in carrying out this work is regrettable and the registered person should ensure that it is made good at the earliest possible time.

### **I.T. Equipment**

The centre has only one computer terminal regularly available for staff's use. Given the growing demands on staff members to record and communicate electronically, the Trust should re-assess the needs for such equipment in the centre and make provision accordingly.

### **Telephones**

There was evidence to indicate that phones are not best placed in the centre to facilitate staff members' access to them, when working directly with service users. It may be beneficial to provide at least one cordless or mobile phone for staff use in order to overcome this difficulty.

## **Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Mr Colin Morgan, Registered Manager, 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:

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



## Quality Improvement Plan

### Primary Announced Care Inspection

#### Carlisle Day Centre

24 April 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mr Colin Morgan, Registered Manager, 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	Regulation 26(2)(b)	The main entrance doors to the centre seem to be unfit for purpose, having significant gaps at the top and bottom and having required various adjustments to maintain their ease of opening. They should be upgraded to be in keeping with other recent improvements to the centre.	One	Job request submitted to Estates Department.	30 June 2014
2	Regulation 26(2)(b)	The registered person must ensure the blistered patch on the wall below the extractor fan in the identified WC is made good.	Two	This outstanding work has been brought to the attention of Estates dept. Advised that this is a priority.	30 May 2014

**Recommendations**

These recommendations are based on The Day Care Settings Minimum Standards January 2012. This quality improvement plan may reiterate recommendations which were based on The Day Care Settings Minimum Standards (draft) and for information and continuity purposes, the draft standard reference is referred to in brackets. These recommendations are also based on research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details of Action Taken By Registered Person(S)	Timescale
1	Standard 7.5	There were several periods of ten or more days between entries in the service users' records. The frequency of recording should be increased in keeping with the standard.	One	The Manager has discussed this with all staff within the centre. The arrangements for recording an entry on every 5 <sup>th</sup> attendance has been established to ensure full compliance with this criteria.	Immediate and on-going.
2	Standard 6.8	Service users' care plans were fairly comprehensive, but did not specifically address the issue of Deprivation of Liberty, (Ref: DoLS Guidance, DHSSPS 2010). This should be added to each service user's record and for discussion at reviews.	One	The need for Deprivation of Liberty to be addressed/considered within our care plans has been discussed with DCW staff. All care plans will be updated to reflect this criteria.	30 May 2014
3	Standard 17.2	Given the growing demands on staff members to record and communicate electronically, the Trust should re-assess the needs for computer equipment in the centre and make provision accordingly.	One	Discussed with Senior Manager. Equipment ordered.	30 June 2014

4	Standard 27.7	There was evidence to indicate that phones are not best placed in the centre to facilitate staff members' access to them, when working directly with service users. It may be beneficial to provide at least one cordless or mobile phone for staff use in order to overcome this difficulty.	One	The Manager has completed a telecommunication request form, indicating a cordless telephone for the day centre.	30 June 2014
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Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

<b>Name of Registered Manager Completing Qip</b>	Colin Morgan
<b>Name of Responsible Person / Identified Responsible Person Approving Qip</b>	Colm Donaghy Chief Executive

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	Yes	D Knox	18 June 2014
Further information requested from provider	No	D Knox	18 June 2014