



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

## **Primary Announced Care Inspection**

**Name of Service and ID:** Donard Day Centre (11206)  
**Date of Inspection:** 7 October 2014  
**Inspector's Name:** Suzanne Cunningham  
**Inspection No:** IN017639

**The Regulation And Quality Improvement Authority**  
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<b>Registered organisation/ Registered provider:</b>	Mrs Mairead McAlinden Southern Health and Social Care Trust
<b>Registered manager:</b>	Ms Maureen Smith
<b>Person in Charge of the centre at the time of inspection:</b>	Ms Maureen Smith
<b>Categories of care:</b>	DCS - I DCS - MP
<b>Number of registered places:</b>	20
<b>Number of service users accommodated on day of inspection:</b>	17
<b>Date and type of previous inspection:</b>	11 April 2013 Primary inspection
<b>Date and time of inspection:</b>	07 October 2014 09:45 – 15:00
<b>Name of inspector:</b>	Suzanne Cunningham

## Introduction

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

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

## Purpose of the Inspection

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

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

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

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

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

## Methods / Process

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

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

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

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

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

### Consultation Process

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

Service users	10
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	4	3

### 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

Donard Day Centre is a statutory facility located on the grounds of Slieve Roe House Residential Home and is provided by the Southern Health and Social Care Trust.

The centre is conveniently situated from the town of Kilkeel and is within walking distance from the health centre, library and a small flower and vegetable market.

The facility is a single storey self-contained unit of Slieve Roe House. The remainder of the Slieve Roe House building is a residential care home. The day centre presents as an attractive, bright and welcoming day care setting. There is a garden area at the front of the Centre and is central to the Centre's ongoing entry for the Northern Ireland Amenity Council's Best Kept Day Care Facility; which they have won a few times over the years.

Maureen Smith is the registered manager of Donard Day Centre and in her absence a designated day care worker adopts responsibility for the day to day running of the Centre and reports directly to the manager. The centre provides general day care and multi-disciplinary assessments for persons aged sixty five years or older; as specified in the statement of purpose.

Lunch is provided to service users in the day centre. This meal is prepared and cooked in the adjoining Slieve Roe House kitchen facilities and hot and cold beverages are served throughout the day. There is parking available for visitors.

## Summary of Inspection

A primary inspection was undertaken in Donard Day Centre on 7 October 2014 from 09:45 to 15:00, this was a total inspection time of five hours and fifteen minutes. The inspection was announced.

Prior to this inspection the provider submitted a self-assessment of the one standard and two themes inspected. The focus of the inspection was to assess the centre's compliance with the one standard and two themes chosen from the Day Care Settings minimum standards 2012 and the providers' statements were verified. 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 the three staff present 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 including arrangements for recording; ensuring records service users know records are accessible and the management arrangements in this day care setting. Staff described the need for confidentiality is clearly planned for in this setting, 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.

Staff gave an appropriate explanation of the meaning of exceptional circumstances however they were also clear staff use diversion, their knowledge of service users' mood and needs, communication, routines, identify triggers and talk to calm and diffuse any escalating behaviours. The inspector confirmed restraint or restrictive practice is not currently part of any service users care plan in this setting and had not been used. Finally staff discussed the management arrangements in the setting; they said they were satisfied with the current arrangements which is the registered manager is on site at least once per week, the manager was described as accessible for staff and supportive. The staff confirmed they were receiving supervision at least once every three months, an annual appraisal and mandatory training.

Three 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 user's behaviour; confidentiality and recording. The staff praised the quality of care provided within the returned questionnaires and the following comments were made: "Quality of care is good. All service users are treated with dignity and respect in all aspects of care provision"; "Excellent"; "The needs of the service user is paramount. Programmes and activities are varied and chosen. The daily menu is varied and of high standard. Overall the service is excellent".

The inspector talked with a group of ten service users regarding the standards inspected and their views about attending the day centre. The inspector also walked around the setting and spoke informally with all of the service users. The service users told the inspector they were aware of their records being kept by staff and saw the care plan and review reports when reviewing their placement. They confirmed they would speak to staff if they wanted to access the records. Service users discussed how staff support them and told the inspector staff assist help them to sort out issues; they are encouraged to make suggestions; when they review their placement they are asked to sign their care plan and they can see positive changes in themselves as a result of coming to day care which is highlighted in the review reports. The service users identified Maureen is the manager and Stephanie is in the setting every day and will act up in her absence. Service users described staff as all very reliable, willing to help; very approachable, very kind and they have confidence in everyone in the setting. Service users said they feel "well and truly spoiled" in Donard.

The previous announced follow up inspection carried out on 11 April 2013 had resulted in one requirement regarding regulation 28 visits which had not been fully improved and is restated. Two recommendations were made regarding policies and procedures and review arrangements. These 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 criterion 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 four 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. Staff record information relevant to the service users care plan and therefore was able to see clear recording of progress and where outcomes have improved for the service users.

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. Service users said they were satisfied they can access their information and if they wanted to see other documents they would ask staff.

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 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 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. The staff reported they were knowledgeable regarding exceptional circumstances and they use clear communication, diversion, calming, diffusing techniques and knowing their service users' needs and personalities when responding to service user behaviours to calm and support service users and ensure behaviour does not escalate.

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. The criteria were assessed as compliant. No requirements or recommendations are made regarding this theme.

Discussion with the manager and staff provided evidence that the organisation had in place management cover that was satisfactory and supports the delivery of care which is consistent with the services statement of purpose.

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 four service users individual files, validated the registered manager's pre inspection questionnaire and reviewed monthly monitoring reports. This revealed the monthly monitoring visits and reports had not been improved in terms of frequency, this requirement is restated for a second time.

The inspector wishes to acknowledge the work undertaken by the manager and staff in preparation for this inspection and their open and constructive approach throughout the inspection process. Gratitude is also extended to the service users who welcomed the inspector to their centre and engaged with her during the inspection. Overall the inspector commends the person centred approach to day care that is delivered in this centre, there is a clear focus of seeking to improve outcomes for all service users and ensuring the recording of this is clear will ensure future compliance in the areas identified.

As a result of the inspection a total of one requirement is made for a second time regarding improving the frequency of the regulation 28 visits. An urgent action notice was also issued to the registered manager at the end of the inspection to ensure an action plan is put in place by 24 October 2014 to achieve compliance. No recommendations have been made. This was reported to the manager at the conclusion of the inspection and assurances were made this would be addressed as a priority.

**Follow-Up on Previous Issues**

<b>No.</b>	<b>Regulation Ref.</b>	<b>Requirements</b>	<b>Action Taken - As Confirmed During This Inspection</b>	<b>Inspector's Validation Of Compliance</b>
1.	28 (3)	The registered person must ensure the monthly monitoring visits to this day care setting is undertaken at least once per month in compliance with the regulation. Arrangements in place to ensure compliance in this regard must be reported in the returned quality improvement plan.	The inspector was provided with the regulation 28 reports completed since the last inspection. This evidenced one had been undertaken in April 2014 and then the next one was completed in August and September 2014. This meant regulation 28 visits and reports had not been undertaken in May, June and July 2014. An urgent action notice issued to ensure action plan put in place by 24 October 2014 and this is restated for a second time.	Not compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	15.1 15.3	<p>The registered manager should review the centres policies and procedures pertaining to care planning and review and ensure there is sufficient detail in the document including the timescales for service user's reviews. .</p> <p>The registered manager should review the settings statement of purpose: section 15; The arrangements made for dealing with reviews of the service user's plan referred to in regulation 16 (1), and ensure it adequately describes the detail regarding the planning for the 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. Information should also be consistent with the settings policy and procedure.</p>	Completed post inspection	Compliant
2.	15.1	<p>The registered manager should review the arrangements in place within this day care setting for encouraging and enabling the person centred approach to the planning and preparation of the review. For example introducing a service user questionnaire; and evidencing the discussion with the service user regarding inviting people who the service user would like to attend. The returned quality improvement plan should detail actions taken in this regard.</p>	Completed post inspection	Compliant

**Inspection Findings**

<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>	
Service users files are held securely in the main office in the centre. Day care staff and relevant professionals only have immediate access to the files. Staff can refer to Section 8 File 1 Policies & Procedures for guidance on Accessing Health & Social Care Records, how to respond to a request for information under Data Protection Act 1998, Freedom of information Act 2000, Confidentiality and deciding whether it is right to share information. Service users have been given the SHSCT information leaflets about confidentiality and how the SHSCT processes your personal information. The leaflets will be included in the package of information given and explained to new service users and or their representatives on their pre admission visit. Adherence to data protection and other relevant legislative requirements does not infringe the rights of other people	Compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
<p>The inspector reviewed a sample of four 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 staff keep service user individual records confidential in locked cabinets and access to the records is only granted to those working in the setting and who need to record in the files. Work on care plans, assessment and review information is completed with the service user individually and privately; furthermore reports are shared with service users and if appropriate their families who will sign if they agree to the content and plan.</p> <p>Arrangements for confidentiality is described in 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 are available for staff reference. Discussion with staff validated management and staff knowledge about the duty of confidentiality and their role and responsibility regarding the need to record and the quality of recording and management of service users personal information. This did not reveal any concerns.</p>	Compliant

<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
<p>7.2 A service user and, with his or her consent, another person acting on his or her behalf should normally expect to see his or her case records / notes.</p> <p>7.3 A record of all requests for access to individual case records/notes and their outcomes should be maintained.</p>	
<b>Provider’s Self-Assessment:</b>	
<p>Staff can refer for guidance on 7.2 &amp; 7.3 in the SHSCT Access to Health &amp; Social services records Policy statement and Procedural Guidelines January 2008 and Freedom of information Act 2000.</p> <p>In the event of acting on such a request the relevant documentation will be made and retained</p> <p>Service users are involved and contribute to their care plans and review meetings. All documentation is shared with them which they sign. If they choose not to the reason is recorded. Manager and staff have completed Data protection &amp; Records Management e- learning modules via the SHSCT E- Learning platform.</p>	Compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
<p>The staff have access to policies and procedures pertaining to: the access to records; consent; management of records and service user agreement. The policies and procedures are available for staff reference. Staff described they introduce the service users file and records that will be kept in it to the service user during induction. The process of access to information is described in the service users guide however, the assessment, care plan and review reports are openly shared and updated with the service users and their families to ensure they are agreeable to the plan and information is correctly recorded. A copy of these documents is given to the service user or their representative.</p> <p>Discussion with staff working in the centre validated their knowledge commensurate with their role and responsibilities to ensure service users are informed and reassured regarding records and access to the same.</p> <p>Service users are aware that a service user record is kept and have been informed how they can access the records.</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>The service users' files include the criterion for 7.4 and Appendix 1.</p>	Compliant
<p><b>Inspection Findings:</b></p>	<b>COMPLIANCE LEVEL</b>
<p>The examination of a sample of four service user individual records evidenced the above records and notes are available and maintained by staff working in the day care setting, there were also records of files being reviewed by management to ensure compliance is maintained.</p>	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> The service user has a written entry made at least every five days of attendance. Staff maintain a checklist to ensure a service user's documentation is not overlooked within the specified timeframe.	Compliant
<b>Inspection Findings:</b> The inspector examined a sample of four service user care records which evidenced individual care records have a written entry at least once every five attendances for each service user.	<b>COMPLIANCE LEVEL</b> Compliant
<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> DCW Band 5 has completed a competency assessment which include reportable events required to be reported to the manager or other relevant person. This includes who to report to in the event of staff absence, a safeguarding issue arising, dealing with complaints, accidents or incidents & estates issues. This is held in the individual's personal file. If the registered manager is not on site staff will have been informed of this and of the location, this will also be recorded on the staff rota and office diary. In absence from work for eg. annual leave, staff have contact numbers for the other locality managers and head of service. All staff have access to e-mails. Other relevant professionals contact details can be accessed by global e-mail address book. Other frequently used external contacts are held in the main office.	Compliant

<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
The staff have access to policies and procedures pertaining to communication, confidentiality, consent, management of records, monitoring of records, recording and reporting care practices and service user agreement. Discussion with staff and review of records evidenced staff are aware of their role and responsibility to report and refer information and record the outcomes achieved. Service users and or representatives informed regarding information that may be reported or referred.	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>	
Records made are legible ,up to date and signed, care plans and risk assessments are signed on completion by the registered manager. Other records reviewed and signed off by the registered manager include, datix reports of accidents completed on line, food hygiene records and a monthly audit of 3 service user files selected at random.	Compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
The inspector examined a sample of four service user individual records which confirmed compliance with this criterion. Consultation with a sample of staff working in the centre confirmed their understanding of this criterion and they were aware of their role and responsibility in this regard as well as the importance of ensuring recording is accurate and recorded in a timely manner.	Compliant

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

<b>INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	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>There are guidelines on restraint, Deprivation of Liberty safeguards and Human Rights act in section 47 Policy &amp; Procedures file.</p> <p>Donard is an open facility. Service users are at liberty to enter and leave the building provided:- It is safe for them to do so in regard to their health, safeguarding and well being and they have the ability to make informed choices and safe decision making. Service Users need to inform staff if they wish to leave the building and give an approximate time of their return. This is not restraint and restriction of movement, it is to discount a missing person and alert if the timeframe is exceeded to cause concern.</p> <p>Three service users currently attend who use manual wheelchairs with lap straps in situ. Service users are advised to have the lap straps in the closed position for moving around the Centre and for transport. The level of support/independence in opening and closing the lap strap is documented in the individuals' care plans along with health and safety advice. The use of lap straps is for the benefit of the service user, it is not a means of physical restraint..</p>	Compliant

<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
<p>The inspector examined a selection of records including: four individual service user records which all contained specific plans regarding mobility or behaviour; and other records to be kept in a day care setting, as described in schedule 5. There was no records of restraint, restriction or seclusion in this setting and restraint or restrictive practices were not used in this setting nor were there any plans to use this in the future as a planned or reactive response to service users challenging behaviour.</p> <p>In the four records examined professional support was sought as necessary to ensure interventions and care is based on need and achieving the best outcomes for service users. Three service users using lap belts in the centre do so for safety and comfort however; they can transfer to a chair if they want to or undo the lap belt in the setting therefore they have choice and lap belts are used supportively rather than to manage or actively restrict the service users. One service user has a behaviour management plan in place however this describes the use of diversion, calming techniques, communication techniques and providing additional one to one time to calm and diffuse behaviour. To date this had worked well and there was no concern or indication that behaviour will escalate any further.</p> <p>Staff receive MAPA training and 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 validated management and staff knowledge about when and why restraint is used including their understanding of exceptional circumstances.</p>	<p>Compliant</p>

<b>Regulation 14 (5) which states:</b>	<b>COMPLIANCE LEVEL</b>
<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>Provider’s Self-Assessment:</b></p> <p>One service user may present with a distressed reaction. He may present as being agitated and verbally abusive to staff and service users. The management of how to deal with this is documented in his care plan. The extent of restraint is to escort, with his consent the service user to another room where he can remain on his own under discrete observation until the agitation settles.</p> <p>Should this occur, family, Community Key worker and registered manager will be informed. If relevant a Datix and Notification to RQIA will be made and review meeting of service provision would be arranged to discuss and agree future management and if the service is suitable to meet a change in needs.</p> <p>Details of the distressed reaction will be recorded in his progress notes which will include any possible trigger(s), management, support given to him, duration and outcomes.</p> <p>The other service users attending who may have observed the reaction will be spoken to by staff to ensure they have not been upset and if they have, they will be supported and assisted by staff to regain/enhance their wellbeing. This will also be recorded.</p>	Compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
<p>No service users had been subject to restraint and this setting and staff do not anticipate any need for the use of restraint in this service with the current group of service users, staff are currently using approaches such as sound planning, understanding the service user’s needs, clear communication, diversion, one to one time, distraction and activities to avoid any escalation of behaviours. This approach is consistent with the settings ethos, statement of purpose and aims of the service. <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>	Not applicable

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

<p style="text-align: center;"><b>Theme 2 – Management and Control of Operations</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 style="text-align: center;"><b>COMPLIANCE LEVEL</b></p>
<p><b>Regulation 20 (1) which states:</b></p> <p><b>The registered person shall, having regard to the size of the day care setting, the statement of purpose and the number and needs of service users -</b></p> <p style="padding-left: 40px;"><b>(a) ensure that at all times suitably qualified, competent and experienced persons are working in the day care setting in such numbers as are appropriate for the care of service users;</b></p> <p><b>Standard 17.1 which states:</b></p> <p><b>There is a defined management structure that clearly identifies lines of accountability, specifies roles and details responsibilities for areas of activity.</b></p>	
<p><b>Provider’s Self Assessment:</b></p> <p>The defined management structure is recorded in the Centre Statement of Purpose. The registered manager also has responsibility for Orchard day Centre Newry Mon - Fri. &amp; Crossmaglen Social Centre Wed &amp; Fri. The registered manager is based in Newry and will endeavour to be based in Donard Day Centre one or two days per week but no less than one, unless other circumstances needing attention in person arise.</p> <p>Accountability for all grades of staff have been outlined in job descriptions, supervision and KSF. DCSWs B3 and DCW B5 are NISCC registered. The DCSW and DCW have attained QCF level 3 in Health &amp; Social Care. The registered manager is NMC registered.</p> <p>The Centre from March 2014 is undergoing a review of daily occupancy to comply with staffing complement. The proposal is to reduce the daily occupancy from 20 service users attending each day to 15.</p> <p>A staffing rota is made on a weekly basis and displayed. Any shortfalls in staffing are passed on to the registered manager for her attention.</p> <p>The DCW is in charge in the absence of the registered manager. Competency has been assessed using a competency assessment tool, also one to one supervision, KSF and direct observation when the manager is on site. The DCW knows her limitations and will contact another locality manager or head of service for advice /support if needed in the absence of the registered manager. The centre implements forward planning which will alert any shortfalls in staffing complement for the manager to address in a timely manner.</p>	<p>Moving towards compliance</p>

Inspection Findings:	COMPLIANCE LEVEL
<p>The manager is a nurse and was manager of two other registered day centres before becoming registered manager for this day centre. The manager splits her time but there is a clear rota for where she will be. In the managers absence the day care worker assumes responsibility, she has QCF level 3 and competency assessment completed. The manager has also set up a contingency file set up in case a staff member calls in sick or is late to ensure the staff in the setting can manage the day. The inspector concluded she is satisfied there are clear plans in place to ensure setting is staffed and managed appropriately. The manager discussed with the inspector that they were reducing numbers of service users and now have a clear criteria for attendance so if someone deteriorates to needing two staff assistance they would not be able to have their needs met in the day care setting. This is a response to RQIA concerns regarding the staffing levels not being appropriate for the level of need of service users whose health and mobility is deteriorating.</p> <p>Discussion with staff and training records confirmed there were no concerns regarding training, supervision, and appraisal. Examination of the staffing rota evidenced adequate staffing numbers and distribution of staff across the day care setting. Staff confirmed they have access to 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. Discussion with staff working in the centre validated their knowledge commensurate with their role and responsibilities regarding management arrangements of the day care setting, they were clear regarding who they report to; who should they seek support or guidance from; who supervises them and the effectiveness of the same.</p> <p>Discussion with service users confirmed they are aware of the management structure in place however, they commented the staff group and manager as a whole are all approachable and work together to meet their needs. The staffing structure of the day care setting is clearly described in the settings statement of purpose and all staff were aware of the arrangements are in place to cover the managers role and responsibility in the managers absence.</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>Guidelines for supervision of staff are taken from the SHSCT Supervision Policy. If due to unforeseen circumstances arising a supervision date is cancelled an alternative date to facilitate the meeting at the earliest possible date will be arranged. The registered manager supervises the DCW B5 . The DCWs B 5 supervises the DCSW B3s. If there are any issues arising before an agreed date, the supervisor or supervisee can request a supervision meeting.</p> <p>Staff undertake KSF and appraisal on a yearly basis.</p> <p>Staff have the opportunity to address any work based matters at the daily team meeting. Staff know he registered manager will speak to and support staff by arranged appointment or at the time if they have any areas of concerns with their practice or that of colleagues.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p> <p>The provider’s self-assessment was evidenced and this did not raise any concerns regarding this criterion.</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>• <b>(3) For the purposes of paragraphs (1) and (2), a person is not fit to work at a day care setting unless –</b></li> <li>• <b>(b) he has qualifications or training suitable to the work that he is to perform, and the skills and experience necessary for such work</b></li> </ul>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment:</b></p> <p>The Manager is NMC registered , and has attended mandatory training and other training relevant to delivering and managing the service. The DCW has HND Health &amp; Social Care, QCF Level 3 Health &amp; Social Care, 1 DCSW has achieved QCF levels 2 &amp; 3 in Health &amp; Social Care.1 DCSW has achieved HND Health &amp; Social care &amp; NVQ Level 2 Health &amp; Social Care. They have attended mandatory training and other training relevant for delivering the service and to maintain their NISCC registration. Qualifications of staff are recorded in the Centre Statement of Purpose and on file..Staff and Manager have learned new skills in completing FPL and HRPTS on line systems of work.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p> <p>The provider’s self-assessment was evidenced and this did not raise any concerns regarding this criterion.</p>	<p><b>COMPLIANCE LEVEL</b></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>Substantially compliant</p>
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<p><b>INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b></p> <p>Compliant</p>
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## **Additional Areas Examined**

### **Complaints**

The complaints record was reviewed as part of this inspection. The annual complaints return for 2013 identified no complaints had been recorded. The inspector reviewed the complaints record which confirmed the return to RQIA and did not reveal any concerns regarding the content of the record. In 2014 one complaint / issue of dissatisfaction had been recorded and review of the record evidenced this had been responded to in a timely manner and measures are in place in the trust to address the complainant.

### **Service User Records**

Four 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.

### **Registered Manager Questionnaire**

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

### **Statement of Purpose & Service Users Guide**

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

### **Monthly Monitoring Reports**

The provider supplied the regulation 28 reports undertaken since the last inspection for this inspection. This revealed gaps in monitoring visits and reports, the requirement stated in the last Quality Improvement plan is restated. Furthermore an urgent action notice was issued by the inspector to ensure the registered person puts in place immediate actions to ensure compliance, these actions must be reported to RQIA by 24 October 2014. The requirement is restated for a second time.

### **Environment**

The inspector walked around the setting freely during the inspection and noted the environment is full of pictures, art and craft. The spaces are personalised by the service users displaying art and crafts and the environment presents as homely and stimulating. The service users discussed the new art project undertaken with them in the garden where service users and artists painted two local landscape's for the garden. This has not only engaged the service users in personalising the outside space but also encourages them to spend time in the outside space.

## **Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Ms Maureen Smith, 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 Announced Care Inspection

Donard Day Centre

7 October 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 Maureen Smith (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.	28 (3)	The registered person must ensure the monthly monitoring visits to this day care setting is undertaken at least once per month in compliance with the regulation. Arrangements in place to ensure compliance in this regard must be reported in the returned quality improvement plan.	Second	Head of Service Tierna Armstrong has documented the monthly arrangements for registered provider visits to take place from 29 October 2014 - 22 December 2015.	25 November 2014.

**Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:**

<b>Name of Registered Manager Completing QIP</b>	Mrs Maureen Smith
<b>Name of Responsible Person / Identified Responsible Person Approving QIP</b>	Mrs Angela McVeigh Director OPPC

<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	Suzanne Cunningham	5 November 2014
Further information requested from provider			