



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

## **Primary Announced Care Inspection**

**Name of Establishment:** Maybrook Adult Training Centre  
**Establishment ID No:** 11234  
**Date of Inspection:** 25 March 2015  
**Inspector's Name:** Priscilla Clayton  
**Inspection No:** IN020063

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

<b>Name of centre:</b>	Maybrook Adult Training Centre (11234)
<b>Address:</b>	Racecourse Road Derry BT48 8NG
<b>Telephone number:</b>	028 7135 3748
<b>E mail address:</b>	raymond.boyle@westerntrust.hscni.net
<b>Registered organisation/ Registered provider:</b>	Western HSC Trust Ms Elaine Way CBE
<b>Registered manager:</b>	Mr Raymond Boyle
<b>Person in Charge of the centre at the time of inspection:</b>	Mr Raymond Boyle
<b>Categories of care:</b>	DCS-DE, DCS-I, DCS-LD, DCS-PH, DCS-SI
<b>Number of registered places:</b>	75
<b>Number of service users accommodated on day of inspection:</b>	71
<b>Date and type of previous inspection:</b>	13 March 2014 Primary Unannounced
<b>Date and time of inspection:</b>	25 March 2015: 10am – 4pm
<b>Name of inspector:</b>	Priscilla Clayton

## 1.0 Introduction

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

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

## 2.0 Purpose of the Inspection

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

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

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

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

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

## 3.0 Methods/Process

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

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

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

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

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

#### 4.0 Consultation Process

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

Service users	<b>Several individually and in small group format</b>
Staff	<b>7 including the manager</b>
Relatives	<b>nil</b>
Visiting Professionals	<b>nil</b>

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.

<b>Issued To</b>	<b>Number issued</b>	<b>Number returned</b>
Staff	<b>30</b>	<b>6</b>

#### 5.0 Inspection Focus

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

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

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

- **Theme 1 - The use of restrictive practice within the context of protecting service user's human rights**
- **Theme 2 - Management and control of operations:**

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

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

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

<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.

## **6.0 Profile of Service**

Maybrook is a purpose built single story centre providing a range of activities and therapies to up to 70 clients who have learning disabilities.

Raymond Boyle, the registered manager of the centre is supported at operational level by a mixed skill care team, administrative and ancillary staff.

The centre provides care within eight separate units which are individually staffed to meet the specific needs of service users in attendance. Two of the units have fully equipped sensory rooms.

The centre is spacious, well equipped and provides each group with a programme of activities which are planned to meet the needs and interests of the people in attendance. Facilities include dining areas, individual kitchen areas within some units, shower rooms, toilets, sluice and staff office.

Outside there is a well laid-out garden with a glasshouse and several raised flower / vegetable beds to facilitate people with a physical disability. Car parking spaces are available at the front of the centre.

The Western Health and Social Care Trust provide transport for service users, to and from the centre each day and also for specific activity outings.

## **7.0 Summary of Inspection**

The primary announced care inspection of Maybrook Adult Training Centre took place on 25 March 2015 between the hours of 10.30am and 3.30pm. The registered manager, Raymond Boyle and a mixed skill team of care staff were on duty.

Four recommendations made at the previous inspection conducted on 13 March 2014 had been addressed.

Prior to the inspection, the registered manager completed a self -assessment of the Standard 7, Themes 1 and 2 to be inspected. The comments provided by the registered manager in the self- assessment of the report were not altered in any way by RQIA.

The inspector met with service users and staff, discussed the day to day arrangements in relation to the conduct of the day centre and standard of care provided to service users, observed care practice, examined a selection of records, reviewed staff questionnaires and carried out a general inspection of the environment.

### **7.1 Inspection findings**

Standard 7 – Individual service user records and reporting arrangements.

Policies and procedures on Confidentiality, Data Protection and Management of Records were in place and available to staff who demonstrated knowledge and understanding in regard to recording and record keeping including assessment, care planning, review and confidentiality.

Care records examined reflected user / representative consultation in regard to assessment, care planning and reviews. Records examined were found to be legible, current, dated, signed

and were securely stored. Recommendation was made in regard to care plans of two residents and review regarding the placement of one service user.

The supporting evidence gathered through the inspection process concluded that Maybrook Adult Training Centre was substantially compliant with Standard 7.

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

The inspector reviewed the arrangements in place for responding to service user's behaviour. The centre had a policy and procedure which reflected best practice guidance in relation to management of actual and potential aggression, restraint, seclusion and human rights. Through observation, review of documentation and discussion with staff and service users, confirmation was obtained that restraint is not used. One matter arising related to the care plans of two service users which require further detail to be recorded including the measures in place to minimise the risk of challenging behaviours and lap strap usage.

Staff training in challenging behaviour had been provided as shown within records retained by the manager. Staff who spoke with the inspector demonstrated knowledge of the policy and procedure to follow should challenging behaviour arise.

Staff training in restraint (MAPA) is required for several staff as evidenced from staff questionnaires, training records and discussion with staff. Recommendation was made in this regard.

The supporting evidence gathered through the inspection process concluded that Maybrook Adult Training Centre was compliant with Theme 1.

### **Theme 2 - Management and control of operations.**

The defined management structure of the centre was reflected within the Statement of Purpose.

The registered manager is supported in his role at senior management level by Margaret Murphy, community service manager. At operational level the registered manager is supported by a mixed skill team of care, ancillary and administrative staff.

Supporting evidence of the level of compliance with this theme was obtained from associated policies / procedures, examination of a sample records maintained including for example; staff induction records, supervision, staff meetings, mandatory training, staffing levels, complaints management, competency and capability assessments and discussion with staff and service users.

Recommendations for improvement related to provision of staff supervision for staff who have not received supervision for some time, development of annual staff appraisal and provision of training in MAPA and First Aid.

Maybrook Adult Training Centre was substantially compliant Theme 2.

## **Service user and staff consultation.**

The inspector met with service users and staff during the inspection.

Service users who were able to respond spoke openly with the inspector and indicated satisfaction with the service, facilities and staff. No issues or concerns were raised or indicated.

Staff confirmed that they felt supported in their respective roles and responsibilities, and that there was good team working and good quality of care provided. Staff understood the principles of the Deprivation of Liberty (DOL's) and Human Rights Act (1989).

Issues raised by staff related to the identified need for MAPA training and provision of supervision for some staff.

### **7.2 Care practices**

The atmosphere in the centre was friendly and welcoming. Staff was observed to treat service users with dignity and respect taking into account their views and preferences.

Staff confirmed that they felt that a good quality of care was provided at all times. This was also reflected within staff questionnaires returned to RQIA.

### **7.3 Environment**

All areas viewed by the inspector were clean, tidy, organised, comfortably heated and fresh smelling throughout.

### **7.4 Additional areas**

A number of additional areas also considered included review of pre inspection documents submitted to RQIA by the registered manager and complaints management. Further details can be found in section nine of the report.

### **7.5 Conclusion**

Two requirements and three recommendations were made as a result of this inspection. The details of which can be found in the main body of the report and the appended Quality Improvement Plan.

The inspector wishes to thank the service users, staff and the registered manager for their assistance and co-operation throughout the inspection.

**8.0 Follow-Up on Previous Issues**

<b>No.</b>	<b>Regulation Ref.</b>	<b>Requirement</b>	<b>Action Taken - As Confirmed During This Inspection</b>	<b>Inspector's Validation Of Compliance</b>
		No requirements were made as a result of this inspection.		

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	15.4	All information for review should be signed and dated including designation of those involved.	Examination of four randomly selected care records evidenced that review reports were signed / dated by staff.	Compliant
2	15.5	A review should be held following a change of circumstances.	The manager explained that review would be called when circumstances change. This was evidenced in one care record examined and discussed with the manager.	Compliant
3	15.5	All objectives from review should be followed up.	Review of records and discussion with the manager evidenced that follow up was undertaken when required.	Compliant
4	15.6	All care plans should be updated following review and signed in accordance with the standards.	Discussion with the manager and examination of review within three care plans evidenced that these had been updated.	Compliant

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

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

**Criterion Assessed:**

7.1 The legal and an ethical duty of confidentiality in respect of service users' personal information is maintained, where this does not infringe the rights of other people.

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

Staff within the Maybrook Centre are aware of their legal and ethical duty to maintain confidentiality in respect of service users' personal information whether in paper, electronic or any other format. Staff are aware that all such information must be managed in accordance with DPA legislation. Staff have access to the following Trust policies/procedures: Data Protection and Confidentiality (November 2013), Records Management (November 2013), Code of Practice on Protecting Confidentiality of Service Users' Information (2012) and Procedure for Accessing Client Records (2011). Staff received Information Governance and Records Management training on 07/05/2013. Update Information and Governance and Records Management training planned for Spring 2015.

Compliant

**Inspection Findings:**

Information as illustrated by the registered manager in the self- assessment was verified through examination of stated policies / procedures, discussion with staff and observation of the storage of confidential records.

The manager demonstrated awareness of the requirement to retain all records for not less than eight years from the date of the last entry in accordance with Regulation 19 (4) of The Day Care Setting Regulations (Northern Ireland) 2007. Recommendation made to enhance this minimum standard related to the inclusion of this requirement within the policy entitled "Records Management".

**COMPLIANCE LEVEL**

Compliant

**Criterion Assessed:**

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.

**COMPLIANCE LEVEL**

<b>Provider's Self-Assessment:</b>	
<p>There is no restriction on Service Users within the Maybrook Centre seeing their day care file/records if requested. With a client's consent, another person acting in their best interest will also be entitled to see their file. Service users and/or their family member/carer are encouraged to sign revised care plans and reviews at their annual review or when updated as required.</p> <p>A signed letter by client or person acting on their behalf authorising access to clients' files or information is kept within file. To date no such requests have been made within the Maybrook Centre. A record of all requests for access and their outcomes will be maintained when such occurrences happen.</p>	Compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
<p>Information as illustrated by the manager in the self- assessment was verified through discussion with staff and examination of care records which were observed to be signed by the service user or their representative. Staff confirmed that all care plans are shared / agreed with the service user or their representative.</p> <p>The manager confirmed that to date no request to access care records had been received and that a record of same would be maintained if request was received.</p>	Compliant
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
<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> </ul>	

<ul style="list-style-type: none"> <li>The information, documents and other records set out in Appendix 1.</li> </ul>	
<b>Provider's Self-Assessment:</b>	
All service users have an individual file containing all the elements of information outlined above. For accidents that may occur, these are also reported on the Trust's DATIX Reporting system.	Substantially compliant
<b>Inspection Findings:</b>	
<p>Examination of four randomly selected care plans evidenced that individualised assessments, which were complemented with risk assessments, care plans, reviews and evaluation notes were in place. There was also evidence of multi-professional collaboration in planned care.</p> <p>One issue arising related to lack of detail in one service user's general care plan which did not reflect the potential risk of challenging behaviour and measures in place to minimise the identified risk of physical aggression to the health, safety and well-being of other service users accommodated. A second care plan examined did not reflect the use of specialised chair with lap strap. Whilst it is acknowledged that this prescribed care is necessary in order to provide the appropriate level of support and care for the service user the care plan should reflect measures in place to minimise any associated risk which may occur. Measures, for example may include: level of staff supervision, observation, release times (if prescribed) and frequency of review.</p> <p>Several recorded incidents which has occurred since September 2014 regarding episodes of challenging behaviour and the high risk to the health and safety of service users were discussed with the manager. It was recommended that the registered manager calls a care management review to seek clarification on the appropriateness and suitability of the placement of the service user within Maybrook Adult Training Centre. One safeguarding issue had referred to the safeguarding gateway team by the manager.</p>	<b>COMPLIANCE LEVEL</b> Substantially 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>	
I can confirm that in the absence of a recordable event occurring and, as a minimum, there is an entry recorded in all clients' files at least every five attendances. Where an untoward event occurs, this is recorded on the day.	Compliant

<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
Examination of four care records confirmed that a written entry, at least once every five attendances, was recorded for each individual service user.	Compliant
<b>Criterion Assessed:</b> 7.6 There is guidance for staff on matters that need to be reported or referrals made to:	<b>COMPLIANCE LEVEL</b>
<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>Provider's Self-Assessment:</b>	
<p>From both Trust and Centre inductions, staff are made aware of the reporting and referral procedures. Staff are aware of the Trust Incident Reporting Policy and Procedures 2014. A Care Pathway for Adults Safeguarding flowchart is on site for staff to follow. Staff received inservice training from the new Gateway VA Team which included the process for referral on the 12.01.15.</p> <p>Centre Manager holds an onward referral book for referring matters arising to i.e. Community Learning Disability Team, S.A.L.T. etc. It is common every day practice that staff report wellbeing of clients to families with all onward incidents being reported to families immediately.</p>	Compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
<p>Policies and procedures as illustrated by the manager in the self- assessment were in place and available to staff. Reporting and referral were clearly referenced within policies / procedures.</p> <p>Additionally an internal communication referral book examined also evidenced liaison with other professional staff. Staff who spoke with the inspector demonstrated knowledge of the modes of communication in use.</p>	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>	

<p>All records are recorded in a timely fashion in all clients files and in accordance with Trust policy. All entries are dated and signed off by staff member. They are periodically signed off by Centre Manager. Staff received information Governance Training in May 2014 with an update planned for Spring 2015.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	<p><b>COMPLIANCE LEVEL</b></p>
<p>Examination of four care records evidenced that these were legible, up to date and signed by the staff member / manager.</p>	<p>Compliant</p>

<p><b>PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b> Substantially compliant</p>
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<p><b>INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b> Substantially compliant</p>
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<b>Theme 1: The use of restrictive practice within the context of protecting service user’s human rights</b>	
<b>Theme of “overall human rights” assessment to include:</b>	
<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>At times, two clients within Maybrook Centre require strict one to one and sometimes two to one staff supervision. For both, these supervision interventions are written up and multi-disciplinary agreed within the Restrictive Intervention Care Plan Format. Physical hands-on restraint is not used by staff within the Maybrook Centre. Unfortunately, apart from five staff, it has been extremely difficult to organise the MAPA 2 day Disengagement and Holding Skills Course. Senior Management are aware of this concern and the lack of this provision is now on the Directorate's Risk Register. Staff attended in service training on "Risk Management in Context of Person Centred Care, Including Human Rights "on 18.03.14. Staff also attended training on the 25.08.14. looking at the W.H.S.C.T.'s DOLS Guidance 2014 and Restrictive Intervention Policy.</p>	Compliant
<b>Inspection Findings:</b>	
<p>Information as illustrated by the manager in the self- assessment was discussed with the manager and staff who confirmed that physical restraint is not used in the centre.</p> <p>A policy / procedure entitled “Restrictive Interventions” was in place and readily available to staff.</p> <p>The manager explained that forms of prescribed multi-professional agreed care included secure door entrance / exit of certain units and lap strap use on individual specialised chairs. These safeguards were agreed through multi-professional collaboration and consultation with representatives at review and are necessary in order to minimise the identified risks to the service user’s health, safety and wellbeing.</p> <p>Staff questionnaires returned to RQIA contained comment that training in restraint (MAPA) was required. Training</p>	Compliant

<p>records examined evidenced that several staff require this training. One recommendation was made in this regard.</p> <p>A range of policies / procedures were in place to provide support and guidance to staff. It was noted that the centre does not have a policy / procedure on Challenging Behaviour. The manager reported this was work in progress and a corporate policy / procedure was expected to be distributed soon.</p> <p>Staff who spoke with the inspector demonstrated awareness of the Deprivation of Liberty Safeguards (DoLS) and Human Rights Act (1989) and that safeguards would only be put in place, when risk assessment has been undertaken and multi-professional / representative collaboration / agreement, where it might be necessary to restrict a person’s access to areas within the centre or stop them leaving because they would not be safe on their own.</p>	
<p><b>Regulation 14 (5) which states:</b></p> <p><b>On any occasions on which a service user is subject to restraint, the registered person shall record the circumstances, including the nature of the restraint. These details should also be reported to the Regulation and Quality Improvement Authority as soon as is practicable.</b></p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider’s Self-Assessment:</b></p>	
<p>For the Service Users referred to in the previous section, it is extremely close supervision that is deployed, and not restraint. Staff provide this close supervision for one client in situations where he is moving from one area to another so as to prevent him from hitting out at other clients. In the future, where staff may have to intervene by using restraint, the registered Manager will record all elements of the occasion as outlined above. RQIA will also be notified as soon as is practicable. Datix report will be submitted with all information recorded in client files.</p>	Substantially compliant
<p><b>Inspection Findings:</b></p>	<b>COMPLIANCE LEVEL</b>
<p>The registered manager and staff confirmed that no physical restraint was used in the centre, (Ref: previous criterion) and should this ever be necessary that RQIA would be notified and a comprehensive record made of the circumstances and nature of the restraint.</p> <p>One recommendation made related to the inclusion in the Restraint policy of the requirement to notify RQIA on any occasion when a service user is subject to restraint. (Regulation 14 (5) of The Day Care Setting Regulations (Northern Ireland) 2007).</p>	Compliant

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

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

<p align="center"><b>Theme 2 – Management and Control of Operations</b></p>	<p align="center"><b>COMPLIANCE LEVEL</b></p>
<p><b>Management systems and arrangements are in place that support and promote the delivery of quality care services.</b></p> <p><b>Theme covers the level of competence of any person designated as being in charge in the absence of the registered manager.</b></p>	
<p><b>Regulation 20 (1) which states:</b></p> <p><b>The registered person shall, having regard to the size of the day care setting, the statement of purpose and the number and needs of service users -</b></p> <p style="padding-left: 40px;"><b>(a) ensure that at all times suitably qualified, competent and experienced persons are working in the day care setting in such numbers as are appropriate for the care of service users;</b></p> <p><b>Standard 17.1 which states:</b></p> <p><b>There is a defined management structure that clearly identifies lines of accountability, specifies roles and details responsibilities for areas of activity.</b></p>	
<p><b>Provider’s Self Assessment:</b></p>	
<p>Present staffing and management structure is as follows in the Maybrook Centre</p> <ul style="list-style-type: none"> <li>1 x band 7 Manager</li> <li>2 x band 5 (Acting) Senior Day Care Worker( full time)</li> <li>2 x band 5 Nurses</li> <li>8 x band 5 Day Care Workers</li> <li>1 x band 5 (Acting) Day Care Worker</li> <li>19 x band 3 Care Assistants</li> <li>2 x .Admin Staff</li> <li>4 x Kitchen Staff</li> <li>3 x Support Services Staff</li> </ul> <p>All staff were subject to Selection and Interview process and deemed suitable qualified for the posts they hold. All staff given their job descriptions clearly outlining their roles and responsibility.</p>	<p align="center">Compliant</p>

Inspection Findings:	COMPLIANCE LEVEL
<p>Staffing information as illustrated by the registered manager was verified through discussion with staff and examination of the staff duty roster and Statement of Purpose.</p> <p>Staffing levels were deemed to be satisfactory by the manager and staff who spoke with the inspector. Additional staff are provided for 1:1 or 2:1 ratios when required.</p> <p>The organisational structure of the centre was reflected within the Statement of Purpose. Roles and responsibilities of staff are held within job descriptions and terms and conditions of service.</p> <p>The registered manager, who has been in post for one year, has responsibility for the management of one other day care centre. Senior day care workers undertake management responsibility when the manager is out of the centre. Contact with the manager can be made via mobile telephone. Competency and capability assessments of staff left in charge of the centre were in place.</p> <p>There was evidence of induction programme for all new staff which is signed by the employee and the manager when the staff member is deemed competent.</p> <p>Staff meetings are held with minutes recorded.</p> <p>Staff training records were examined and discussed with the manager and staff. Training required included First Aid and MAPA. One recommendation was made in this regard.</p> <p>Service users who were able to respond were positive about staff and told the inspector “they are good people, always very helpful and friendly”, no issues or concerns were raised or indicated.</p> <p>During the course of the inspection staff was observed asking service users for permission before carry out required tasks for them. It was noted that staff waited for the person’s consent before they went ahead. Service users told the inspector that staff did not do anything they didn’t want them to do.</p> <p>Staff who spoke with the inspector confirmed that they thought the quality of care was very good and were positive about the good team working and staffing. Issues in regard to necessity for training in MAPA, supervision for some staff were raised. Annual staff appraisal requires to be established.</p>	Substantially compliant

<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 Manager provides supervision to the Senior Day Care Workers and the Day Care Workers. In turn, they provide supervision to the Care Assistants.</p> <p>On a day to day basis the Manager oversees the activities, staff interactions and running of the facility, ensuring that the standard of service is delivered in accordance with Daycare Minimum Standards and Trust Policies and Procedures. In his absence, the Acting Senior Day Care Workers take on this role..</p>	<p>Substantially compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>Information as illustrated by the registered manager in the self- assessment was reviewed and discussed with the manager and staff.</p> <p>Staff confirmed that formal supervision for all care staff was not up to date and was not happening every three months as reflected within the WHSC Trust policy. Comment was also made within three of the staff questionnaires returned to RQIA. Additionally annual staff appraisal requires to be established.</p>	<p>Not 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>Appropriate and required qualifications are outlined in the Essential Criteria within the Job Specification for all posts within the W.H.S.C.T. Only those with such qualifications can progress through the Interview and Selection process.. During induction, areas of training needs are identified and required Mandatory Training is provided. Other appropriate training specific to the needs of the client group and service area is also provided. Emerging training needs can be discussed at team meetings and staff supervision.</p>	<p>Compliant</p>

Registered Manager plans 6 staff training days per year for update of Mandatory and other required training.	
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
<p>Information as illustrated by the manager was verified through examination of staff training records and discussions with staff.</p> <p>As confirmed by the manager care staff requires various level of training in accordance with the job to which they were appointed. Several staff holds NVQ / QCF care qualification. Additionally nursing qualification is also held by one staff who spoke with the inspector.</p> <p>Ongoing mandatory staff training records were retained by the manager. Staff training in MAPA and First aid is required for several staff. One recommendation was made.</p> <p>Records retained evidenced that newly appointed staff receives an induction programme which covers all necessary activity and skill to work within the centre.</p>	Compliant

<b>PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b> Substantially compliant
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<b>INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b> Substantially compliant
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## **9.0 Additional Areas Examined**

### **9.1 Complaints**

Three informal complaints received were recorded within the returned pre inspection data to RQIA. Discussion with the manager and examination of complaints records evidenced these were appropriately managed and recorded.

### **9.2 Registered Manager Questionnaire**

The registered manager, who is a qualified nurse, completed, signed and returned the manager's questionnaire prior to the inspection to RQIA. Examination of the document evidenced that the governance arrangements verified by the manager included provision of corporate policies / procedures and staff induction.

The manager also confirmed that there was no service users subjected to restraint. Staff training in restraint (MAPA) and First Aid was identified as requiring to be provided.

### **9.3 Monthly Monitoring Reports**

Monthly monitoring visits were being conducted in accordance with Regulation 28 of The Day Care Setting (Northern Ireland) 2007 as evidenced within records retained in the centre.

### **9.4 Environment**

All areas of the centre inspected were observed to be appropriately heated, clean, tidy, organised and fresh smelling.

Fire doors were closed and fire exits unobstructed.

## **Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Raymond Boyle, registered manager, as part of the inspection process.

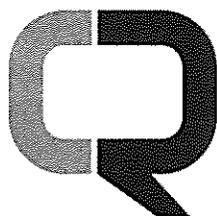
The timescales for completion commence from the date of inspection.

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:

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



The Regulation and  
Quality Improvement  
Authority

**Quality Improvement Plan**  
**Primary Announced Care Inspection**  
**Maybrook Adult Training Centre (11234)**

**25 March 2015**

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

The specific actions set out in the Quality Improvement Plan were discussed with Raymond Boyle, registered manager at conclusion of 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 20 (c) (ii)	<p><b><u>Staff supervision</u></b></p> <p>The registered manager must ensure that staff supervision is provided in accordance with regulation, good professional practice and WHSC Trust policy.</p> <p>Ref: Theme 2</p>	One	<p>The issue of staff supervision was raised at band 5 Day Care Workers meeting on Monday 14<sup>th</sup> April 2015 and again at the staff meeting on Tuesday 5<sup>th</sup> May 2015 where all staff were present. The importance of supervision and necessary compliance was emphasised to all staff. Four "dedicated weeks were identified and agreed by staff for the minimum quarterly supervisions to take place; Monday 11<sup>th</sup> May - Friday 15<sup>th</sup> May 2015, Monday 10<sup>th</sup> August - Friday 14<sup>th</sup> August 2015, Monday 9<sup>th</sup> November - Friday 13<sup>th</sup> November 2015, and Monday 11<sup>th</sup> January to Friday 15<sup>th</sup> January 2016.</p> <p>It has been stressed to staff that this is only the minimum required number of planned sessions with encouragement given to all to engage in other ad-hoc supervision and supervisory activity as a means</p>	31 June 2015

				of discussing work related issues, opportunities and challenges as they arise. The Registered Manager will continue to encourage and ensure that staff supervision is provided in accordance with Trust Policy, regulation and good professional practice.	
2	Regulation 20 (c) (i)	<p><b><u>Staff Appraisal</u></b></p> <p>The registered manager must ensure that annual staff appraisal is provided for staff.</p> <p>Ref: Theme 2</p>	One	<p>The Registered Manager will ensure that all Band 5 Day Care Workers will receive their yearly staff appraisal by 30<sup>th</sup> June 2015.</p> <p>Staff Appraisal Training is required for Band 5 Day Care Workers in order for them to appraise the Band 3 Care Assistants. The Registered Manager is pursuing this training.</p>	31 June 2015

**Recommendations**

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

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details of Action Taken By Registered Person(S)	Timescale
1	Standard 5.2.	<p><b><u>Care Plan</u></b></p> <p>It is recommended that the registered manager ensures that detail is recorded within one service user's care plan regarding the potential risk of challenging behaviour and measures in place to minimise the identified risk of physical aggression to the health safety and well-being of other persons.</p> <p>It is recommended that the registered manager ensures staff record measures in place to minimise any associated risk which may occur as a result of lap strap use on chairs. Measures, for example may include: level of staff supervision, observation, release times (if prescribed) and frequency of review.</p> <p>Ref: 7.4</p>	One	<p>The Registered Manager is presently engaged with other professionals in devising a detailed care plan for this service user, with regard to the potential risk of challenging behaviour. This agreed care plan will be completed and signed off by all before 31<sup>st</sup> May 2015. It will incorporate the well being and safety of others in this unit. A multi-disciplinary meeting under the PQC framework was held for this service user on Wednesday 6<sup>th</sup> May 2015. It was noted that the service user did not engage in any untoward incidents since 24.02.15. This was due to a great improvement on the service users behalf as well as a robust management plan and intervention of staff.</p>	31 May 2015

				Staff will review all service users' care plans within Maybrook Centre who use lap straps. The revised care plans will detail measures to minimise risk associated with prolonged use of straps.	
2	Standard 21.3	<p><b><u>Staff training</u></b></p> <p>Staff training in restraint and First Aid is recommended for several untrained staff.</p>	One	The Registered Manager will take First Aid training forward with the untrained staff and has highlighted to senior management the outstanding MAPA training need within Maybrook. Negotiations are ongoing between providers in trying to resolve this identified gap. This gap is registered on the Trust's Risk Register.	30 June 20
3	Standard 18.1	<p><b><u>Policy Development</u></b></p> <p>It is recommended that staff has access to a policy / procedure on Challenging Behaviour.</p> <p>It is recommended that the centre's policy on Restrictive Interventions includes reference to the requirement to notify RQIA on any occasion when a service user is subject to restraint.</p> <p>(Regulation 14 (5) of The Day Care Setting Regulations (Northern Ireland) 2007).</p>	One	Currently an update of policies is being reviewed and managed through Trust Governance processes. This will include a policy of Challenging Behaviour. In terms of ongoing practice, the Centre Manager will continue to ensure that the review of needs and behaviours of individuals who challenge, are addressed through a multidisciplinary	30 June 20

		<p>The centre's policy on Records Management should reflect retention of records for a period not less than eight years as required within Schedule 4 and 5 of The Day care setting (Northern Ireland) 2007.</p>		<p>process in consultation with the Behaviour Team, Family, Next of Kin and Key Worker in adherence to best practice and the existing Trust policy. Staff receive ongoing support through supervision and consultation with the Behaviour Team.</p> <p>The following Addendum has been recommended for inclusion in the WHSCT Policy for the use of Restrictive Interventions with Adult Service Users January 2014. It states the following " Please note that on any occasion 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 practicable as per the The Day Care Setting Regulations (Northern Ireland) 2007 14 ( 5). All staff within Maybrook have been informed of this requirement.</p> <p>An Addendum highlighting the</p>	
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				<p>requirement for a minimum of 8 years retention of records within Day Care has been included in Maybrook copies of the Trust's Records Management Policy. All staff have also been informed of this requirement. It has also been included in the Centre's Statement of Purpose and Staff Induction manual.</p>	
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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:

Name of Registered Manager Completing Qip	Raymond Boyle.
Name of Responsible Person / Identified Responsible Person Approving Qip	Eaine Hay

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Paul Kebley	15 June 2015
Further information requested from provider			