



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

## Primary Announced Care Inspection

**Name of Establishment:** Ballyowen Day Centre  
**Establishment ID No:** 11254  
**Date of Inspection:** 3 December 2014  
**Inspector's Name:** Suzanne Cunningham  
**Inspection No:** 17644

The Regulation And Quality Improvement Authority  
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<b>Name of centre:</b>	Ballyowen Day Centre
<b>Address:</b>	179 Andersonstown Road Belfast BT11 9EA
<b>Telephone number:</b>	028 9030 1034
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<b>Registered organisation/ Registered provider:</b>	Mr Colm Donaghy Belfast Health & Social Care Trust
<b>Registered manager:</b>	Ms Margaret Dunlop
<b>Person in Charge of the centre at the time of inspection:</b>	Ms Margaret Dunlop
<b>Categories of care:</b>	I
<b>Number of registered places:</b>	45
<b>Number of service users accommodated on day of inspection:</b>	45
<b>Date and type of previous inspection:</b>	8 May 2013
<b>Date and time of inspection:</b>	3 December 2014 09:30 – 14:30
<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	7
Staff	4
Relatives	2
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	9	5

### 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**

The Ballyowen Day Centre was purpose built approximately thirty years ago and is attached to the Statutory Residential Home of the same name. The centre is located in the heart of the local community, in close proximity to the health centre and local bus routes.

The building is two storeys and the day centre only uses the ground floor space. The facilities available include a large multi- function room, three smaller craft rooms, bathroom and toileting facilities and staff offices. Catering facilities are shared with the adjoining residential home.

The day centre offers support for up to forty five service users per day between 09.00 and 16.00 Monday to Friday. The service users are elderly who have complex care needs with both physical and mental health requirements. There is good multidisciplinary input from the community teams with dentistry, occupational therapy, physiotherapy and district nursing input.

The Day Centre focuses its therapies on art, health promotion, exercise, music and movement.

## **Summary of Inspection**

A primary inspection was undertaken in Ballyowen Day Centre on 3 December 2014 from 09:30 to 14:30. This was a total inspection time of five hours. 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; The Day Care Settings Regulations (Northern Ireland) 2007 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 observation of service users
- Examination of a sample of service user individual file records including evidence of behaviour management and support assessments; the complaints record; staff training record; individual staff records; incident and accidents records; 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 to four of the day care staff and informally to all of the staff regarding the standards inspected and their views about working in the centre. This generated positive feedback regarding records and reporting arrangements including recording; ensuring care plans and assessments reflect the individual needs of each service user and the management arrangement's in this day care setting. The inspector gauged from these discussions that staff have clear guidance regarding their role and responsibilities to record information, staff said they only record what is necessary, ensure information is stored securely and they described their duty of confidentiality. Staff did identify they use the Northern Ireland Single Assessment Tool (NISAT) as their assessment which can be long and over personal for an assessment in the day care setting. This was discussed with the manager who explained the staff only complete relevant parts for day care; and this is to ensure they are familiar with the format. Staff discussed how they had raised service user awareness to records that are kept and maintained about them in the day care setting including recent round table talks. However staff discussed concerns regarding the service user group whose memory can be impaired therefore they also ensure service user's representatives are fully informed.

The staff spoken to were knowledgeable regarding the term exceptional circumstances in the regulations and discussed using diversion, offering comfort, 1 to 1 time, de-escalation and the environment to manage a service user's escalation behaviour in the day care setting. Finally staff discussed the management arrangements in the setting which were clear to staff. Staff said the current manager is supportive and confirmed team meetings, supervision and training has been provided and had supported them to undertake their role and responsibilities.

Five questionnaires were returned by staff members who reported satisfactory arrangements were in place with regard to NISCC codes of practice; supervision; staff training; staffing and management arrangements; responding to service users' behaviour; confidentiality and recording. The staff member's praised the quality of care provided within the returned questionnaires and the following comments were made: "Personally I think it is excellent, very person centred but professional at the same time"; "I feel we work as a team and provide an excellent service"; "I find the feedback from relatives has been very positive and the daily checks with service users is always good, the atmosphere is always welcoming and friendly"; "I would describe the care given in the centre as of a high standard"; "I feel a very high standard of care is provided at the day centre".

The inspector spoke informally with most of the service users, a group of seven service users and two service user representatives. The inspector also observed the service users who were in the day care setting at the time of the inspection to gather evidence for the standard inspected and the two themes. The service users and relatives were very positive about what the setting meant to them. The day care was described as a place service users can socialise, get a good meal and do a large range of activities. Service users and representatives all identified a significant difference in the service user's wellbeing after attending the centre for a while. They identified they felt less isolated, they felt supported, they felt motivated and overall they felt better than before they had attended the setting. One representative described their relative "raves about the centre" and said staff are flexible. The relatives and service users confirmed they were aware records were kept and maintained regarding the service users and their progress, they were aware the records were confidential and they were kept securely. The representatives and service users discussed the front door which is secure and all responded they were assured this was secure for them, they said if they wanted to go outside staff facilitate this. Finally the representatives and service users were aware Margaret was the manager in the setting however, they also identified any of the staff would help them if they needed it. Service users commented: the day centre is a "good social outlet"; "gets us out of the house"; "this is a big family"; "the whole staff go out of their way, they are caring, all lovely and willing". The relatives commented: "if there are any concerns staff responds well"; "this is a big happy family"; "all take responsibility, everyone is on hand, even the bus drivers". Overall the inspector was impressed with the overwhelmingly positive feedback regarding this service which the inspector concludes is clearly improving outcomes for the service users and relatives whom were spoken to during this inspection.

The previous announced inspection carried out on 8 May 2013 had resulted in no requirements and four recommendations. These were regarding the service user contribution to the review process; the timescale of the initial review; the recording of the initial review and the regulation 28 visits and reporting. The inspector concluded arrangements had been improved in these areas and therefore the setting had achieved compliance.

**Standard 7 - Individual service user records and reporting arrangements: Records are kept on each service user's situation, actions taken by staff and reports made to others.**

Six criteria were inspected which examined the standard achieved in this centre with regard to individual service user records and reporting arrangements. The criteria inspected comprised of the seven areas within standard 7. All of the criteria inspected were assessed as compliant; and no recommendations or requirements are made.

Observations of service users; discussion with staff, service users and their representatives; and review of four service users' individual files provided evidence that the centre is performing well regarding standard 7. Policies and procedures were in place and describe how service user's information should be kept, they specify recording procedures and the service user's guide describes information that is kept regarding service users and access.

The observation of service users and discussion with a small group of service users provided the inspector with evidence of the importance of the social aspect of the setting and how staff stimulates service users interest and involvement in the day care setting. The inspector concluded the centres process of maintaining and updating service users' records presents as well managed, is using a person centred approach and focuses on promoting service user's social needs, stimulating intellectual activity; and meeting need.

Based on the evidence reviewed the inspector assessed the centre as compliant in this standard. No requirements or recommendations are made with regard to this standard.

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

Two criterion from regulation 14 were inspected which examined compliance with the use of any restrictive practices in this day care setting within the context of human rights. One criterion was assessed as compliant and one criterion was assessed as not applicable because the setting has not undertaken any restraint of service users and it is not part of anyone's care plan. Therefore no incidents have been or would be reported through to RQIA under current arrangements.

Discussions with the manager, staff and examination of records provided evidence that the centre was using methods of care which promote the needs of the service users who attend the centre. Staff discussed they do not use restraint, seclusion or restrictions; other than securing the front door to keep service users safe and meet their needs. Staff described if service users behaviour is observed as deteriorating they would use low level distraction, support and comfort techniques to deescalate behaviour.

Based on the evidence reviewed the inspector assessed the centre as compliant in this theme and this is commendable.

**Theme 2 - Management and control of operations: Management systems and arrangements are in place that support and promote the delivery of quality care services.**

Two criteria from regulation 20 and one criterion from regulation 21 were inspected which provided the evidence to examine this theme. All of the criteria were assessed as compliant.

No requirements or recommendations are made with regard to this theme. The inspector concludes the arrangements in place for the registered manager to manage this day care setting and delegate tasks to the senior day care worker or day care workers have been well assessed, planned for and are subject to on-going monitoring. 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, examined four service users individual files, validated the registered manager's pre inspection questionnaire, reviewed the staff questionnaire and viewed the environment. This did not reveal any further areas of improvement.

The inspector wishes to acknowledge the work undertaken by the manager and staff in preparation for this inspection and their open and constructive approach throughout the inspection process. Gratitude is also extended to the service users who welcomed the inspector to their centre and engaged with her during the inspection. Overall the inspector commends the proactive approach to day care that is delivered in this centre, there is a clear approach of social support for service users attending this day care setting which is consistent with the day care settings statement of purpose and presents as improving outcomes for service users and their families.

As a result of the inspection a total of no requirements or recommendations have been made. This was reported to the manager at the conclusion of the inspection.

### Follow-Up on Previous Issues

No.	Regulation Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	15.1, 15.4	<p>The registered manager should review with staff the current methods used to evidence service users contribution to the review process and explore how they can evidence in a clear way what the service users wishes and feelings are regarding the day care service, what they would like to do in the future.</p> <p>It may be useful for a separate report sheet to be made available for the service user and or their representative to write their own report.</p>	This had been improved and was evidenced during this inspection by inspecting service user records and discussion with service users.	Compliant
2.	15.3	<p>The registered manager should consider how a four week review can be managed appropriately and does not become routine or an administrative task. Particularly if a service user does not attend five days per week.</p> <p>The manager may consider a different timescale for the first review for service users who attend part time; if this is the case the statement of purpose and the review procedure must be amended to reflect changes in this regard.</p>	The timescales and procedure had been reviewed. Inspection of documentation regarding the review process evidenced reviews had been undertaken since the last inspection with a clear focus of improving outcomes and ensuring the care plan is capturing current need and how this should be met.	Compliant

No.	Regulation Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
3.	15.4	<p>The registered manager should review with staff the process of the initial review to ensure the staff are recording efficiently, effectively and repetition of information is avoided.</p> <p>Any changes should ensure the first review does not become an administrative task or routine.</p>	The inspection of service users individual records evidenced this had been improved.	Compliant
4.	17.10	The registered person should make appropriate arrangements to ensure the content of the monthly monitoring reports are consistent in their approach, reports on the quality of services and if the service is being managed in accordance with minimum standards.	The inspection of a sample of three reports written for September; October and November 2014 evidenced improvement had been achieved.	Compliant

<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>	
All service users' records are stored securely as per Trust Data Protection policy and staff adhere to Trust policy on confidentiality. Under the adult protection policy staff have an obligation to disclose information to protect vulnerable adults in order for an appropriate investigation to take place. This overrides a duty to keep a confidence and it must be passed on to the appropriate manager. Staff will make the service user aware when they disclose information. Training for all staff on data protection and information governance is mandatory.	Substantially compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
The inspector examined four service user individual records which presented as described in schedule 4; and other records to be kept in a day care setting, as described in schedule 5. The staff have access to 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. Discussion with staff to and the evidence viewed demonstrated management and staff have knowledge about the duty of confidentiality and their role and responsibility regarding the need to record, the quality of recording and management of service users' personal information which was evidenced in practice in service users' records.	Compliant

<p><b>Criterion Assessed:</b></p> <p>7.2 A service user and, with his or her consent, another person acting on his or her behalf should normally expect to see his or her case records / notes.</p> <p>7.3 A record of all requests for access to individual case records/notes and their outcomes should be maintained.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment:</b></p> <p>The Trust have clear guidelines for processing requests for access to patient/client and personal records. There are consent forms held on file regarding sharing information relating to the service users - these are signed by service user and/or their representative.</p> <p>All records of requests for individual case notes/records shall be noted on an R3 to include date, time, who applied for access and outcome of request and this will be forwarded under Trust procedures accordingly under the appropriate Trust documentation.</p>	Substantially compliant
<p><b>Inspection Findings:</b></p> <p>The inspector discussed with staff and reviewed information records of information given to service users and their representatives verbally and in written form. The information regarding access to records is detailed in the service user guide, is discussed on an ongoing basis in review meetings and discussed periodically with service users in round table discussions (service user meetings). These arrangements were adequate and discussion with service users and or their representatives confirmed they are aware that a service user record is kept and have been informed how they can access the records.</p>	<b>COMPLIANCE LEVEL</b> 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> <li>• The information, documents and other records set out in Appendix 1.</li> </ul>	
<b>Provider's Self-Assessment:</b>	
<p>The following records are kept in the day centre to meet the requirements:</p> <ol style="list-style-type: none"> <li>1. The following documents in respect of each service user: <ol style="list-style-type: none"> <li>(a) The assessment of the service user's needs undertaken by a suitably qualified or suitably trained person; and</li> <li>(b) The service user's care plan, prepared in consultation with the service user, or his or her representative, where appropriate.</li> </ol> </li> <li>2. A recent photograph of the service user.</li> <li>3. A record of the following matters in respect of each service user: <ol style="list-style-type: none"> <li>(a) name, address, date of birth and marital status of each service user;</li> <li>(b) name, address and telephone number of the service user's next of kin, or of any person authorised to act on his/her behalf;</li> </ol> </li> </ol>	Substantially compliant

<p>( c ) the name, address and telephone number of the service user's general practitioner and of any officer of a HSC Trust whose duty it is to supervise the welfare of the service user;</p> <p>(d) the date on which the service user commenced attendance at the day care setting;</p> <p>(e) the date on which the service user ceased to attend the day care setting;</p> <p>(f) the name and address of any HSC Trust, or any other body which arranged the service user's attendance in the day care setting;</p> <p>(g) a record of any restraint or seclusion used in relation to the service user</p> <p>(h) a record of any limitations agreed with the service user or his/her representative as to the service user's freedom of choice, liberty of movement and power to make decisions.</p> <p>(i) all incidents/accidents are maintained on the Trust's Datix recording system.</p>	
<p><b>Inspection Findings:</b></p>	<p><b>COMPLIANCE LEVEL</b></p>
<p>The examination of a sample of four service user individual records evidenced the above records and notes were available and maintained by staff. Case records and notes were updated as required, were current, person centred, incorporate service user recording when possible; and care reviews were taking place as described in standard 15.</p>	<p>Compliant</p>
<p><b>Criterion Assessed:</b></p> <p>7.5 When no recordable events occur, for example as outlined in Standard 7.4, there is an entry at least every five attendances for each service user to confirm that this is the case.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider's Self-Assessment:</b></p>	
<p>Service users attendance at the day centre is recorded on a daily basis. Any contacts are recorded on an R3 as per standard 7.7.4. Staff maintain the requirement to record relevant information/events on service users at least every five attendances.</p>	<p>Substantially compliant</p>
<p><b>Inspection Findings:</b></p>	<p><b>COMPLIANCE LEVEL</b></p>
<p>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 individual service user and the quality of information recorded was assessed as good to ensure ongoing assessment of need, preferences and feelings.</p>	<p>Compliant</p>

<p><b>Criterion Assessed:</b></p> <p>7.6 There is guidance for staff on matters that need to be reported or referrals made to:</p> <ul style="list-style-type: none"> <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>	
<p>Guidance for staff can be found in (Day care procedures for older people) procedures on recording and reporting care practices 7.4. Any follow up action regarding referrals or assessments are recorded on care plan as is procedure. Notes of any referrals made via phone are noted on contact sheets R3.</p>	Substantially compliant
<b>Inspection Findings:</b>	
<p>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 are in place and are consistent with this criterion, available for staff reference and staff discussed they are aware of their role and responsibility to report and refer information and record the outcomes achieved. Discussion with service users and representatives confirmed they are kept informed regarding information that may be reported or referred and discussed their consent is sought.</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> Managers ensure that all records are signed and dated appropriately. The manager signs all reviews, care plans and risk assessments.	Substantially compliant
<b>Inspection Findings:</b> The inspector examined a sample of service user individual records which met this criterion. Discussion with a sample of staff working in the centre confirmed their understanding of this criterion and they discuss recording in team meetings and as required as a team.	<b>COMPLIANCE LEVEL</b> Compliant

<b>PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS 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 SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b> Compliant
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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>  <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>Restraint is not normally used within the day centre. If there is a need for restraint in order to secure the welfare of a service user or others, a comprehensive assessment and appropriate risk assessment will be completed and specific areas of choice will be highlighted and agreed, these interventions will be noted on care plans and regularly assessed, reviewed and updated as per procedure 3.10. restraint, seclusion and exclusion. All staff must attend mandatory human rights awareness training and training in responding to service user's behaviour.</p>	Substantially compliant
<b>Inspection Findings:</b>	
<p>The inspector examined a sample of four service user individual records as described in schedule 4; and other records to be kept in a day care setting, as described in schedule 5. There was no record of restraint, restriction or seclusion and the staff stated restraint and seclusion is not currently used as a planned or reactive response to service users challenging behaviour.</p> <p>As described in the providers self-assessment staff do attend training regarding responding to service users behaviours and identified they use 1 to 1 time, diversion, communication as examples of how to diffuse or deescalate service users behaviour. Discussion with staff revealed they are knowledgeable regarding service users rights and dignity, therefore if a service user is in need of support they would ensure this is delivered in a sensitive manner that meets their needs and ensure any restrictive measure is the least restrictive measure to meet need.</p> <p>The staff have access to policies and procedures pertaining to: the assessment, care planning and review; managing aggression and challenging behaviours; recording and reporting care practices; reporting adverse incidents; responding to service users behaviour; restraint and seclusion; and untoward incidents.</p> <p>Discussion with staff validated management and staff knowledge about when and why restraint is used, they were also knowledgeable regarding the term exceptional circumstances as described in the regulations and the Deprivation of Liberty Safeguards. (DOLS) – Interim Guidance into practice.</p>	<b>COMPLIANCE LEVEL</b>  Compliant

<p><b>Regulation 14 (5) which states:</b></p> <p><b>On any occasions on which a service user is subject to restraint, the registered person shall record the circumstances, including the nature of the restraint. These details should also be reported to the Regulation and Quality Improvement Authority as soon as is practicable.</b></p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment:</b></p> <p>The manager adheres to the procedures and guidance on restraint, seclusion and exclusion within the day centre. Any incident of restraint will be notified to the Trust under the Trust's DATIX reporting systems and all incidents notified to RQIA as per the reporting requirements.</p>	<p>Substantially compliant</p>
<p><b>Inspection Findings:</b></p> <p>No service users had been restrained in this setting and no care plans detail this as a management of behaviour plan. Staff do not anticipate using restraint and this presented as consistent with the settings ethos, statement of purpose and aims of the service. <i>Guidance on Restraint and Seclusion in Health and Personal Social Services</i>, Department of Health, Social Services and Public Safety, Human Rights Working Group, August 2005 is available for staff information.</p>	<p><b>COMPLIANCE LEVEL</b></p> <p>Not Applicable</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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Theme 2 – Management and Control of Operations	COMPLIANCE LEVEL
<p><b>Management systems and arrangements are in place that support and promote the delivery of quality care services.</b></p> <p><b>Theme covers the level of competence of any person designated as being in charge in the absence of the registered manager.</b></p>	
<p><b>Regulation 20 (1) which states:</b></p> <p><b>The registered person shall, having regard to the size of the day care setting, the statement of purpose and the number and needs of service users -</b></p> <p><b>(a) ensure that at all times suitably qualified, competent and experienced persons are working in the day care setting in such numbers as are appropriate for the care of service users;</b></p> <p><b>Standard 17.1 which states:</b></p> <p><b>There is a defined management structure that clearly identifies lines of accountability, specifies roles and details responsibilities for areas of activity.</b></p>	
<p><b>Provider’s Self Assessment:</b></p>	
<p>The day centre adheres to the procedures in absence of the manager as outlined in procedure 4.3. A nominated DCW will carry out the normal day to day supervisory responsibility and ensure the planned activities and programmes are carried out. Nominated DCW have management experience and training to carry out management functions. In the absence of the manager the nominated DCW can gain advice from the named 'link manager' or assistant service manager. The statement of purpose clearly outlines the management structures and accountability for Ballyowen Day Centre within the Belfast Trust.</p>	<p>Substantially compliant</p>
<p><b>Inspection Findings:</b></p>	<p><b>COMPLIANCE LEVEL</b></p>
<p>The registered manager is a qualified social worker and one of the day care workers is also a qualified social worker. Margaret is based in the setting and in her absence a day care worker will act up in her absence. A competency assessment had been implemented in draft by the setting to assess competency and understanding of the role and responsibility of those who act up in the manager’s absence and this did not reveal any concerns.</p>	<p>Compliant</p>

<p>The inspector reviewed the training, supervision, appraisal and a sample of staff records which did not reveal any concerns in terms of compliance with this criterion.</p> <p>The staff 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.</p> <p>Discussion with staff working in the centre validated their knowledge commensurate with their role and responsibilities regarding management arrangements of the day care setting. For example they were clear who they report to; who they should seek support or guidance from; who supervises them and were positive regarding the effectiveness of the same.</p> <p>Discussion with service users and representatives assured the inspector they were clear what management structure is in place and complimented the support they receive from management and staff in the setting.</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>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment:</b></p>	
<p>The day centre adheres to the procedure on staff supervision 2.5 (Older people's day care services) this is in accordance with BHSC Corporate supervision policy and procedures for social care staff in adult services (Oct 2011) Personal development plans and personal contribution plans are done annually.</p>	Substantially compliant
<p><b>Inspection Findings:</b></p>	<b>COMPLIANCE LEVEL</b>
<p>The inspector's examination of a sample of records; discussion with staff and discussion with the manager confirmed satisfactory arrangements were in place in this regard to meet this criterion.</p>	Compliant

<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 registered with NISCC and has the appropriate mandatory training and knowledge and skills to fulfil the role of manager within the day centre. Recruitment procedures and appropriate checks have been completed prior to commencement of employment. Declaration of fitness and proof of identity are held on staff files.</p>	<p>Substantially compliant</p>
<p><b>Inspection Findings:</b></p> <p>As detailed in the first criterion for this theme the inspector’s examination of a sample of records; discussion with staff and discussion with the manager confirmed satisfactory arrangements were in place in this regard to meet 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**

### **11.1 Complaints**

The complaints record was reviewed as part of this inspection. The annual complaints return for 2013 identified four minor issues of dissatisfaction had been recorded. The inspector reviewed the complaints record which confirmed the return to RQIA and did not reveal any concerns regarding the record; the issues had been locally investigated and resolved to the complainant's satisfaction in a timely manner which is entirely consistent with the settings procedure.

### **11.2 Service User Records**

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

### **11.3 Registered Manager Questionnaire**

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

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

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

### **11.5 Monthly Monitoring Reports**

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

## **Quality Improvement Plan**

The findings of this inspection were discussed with Ms Margaret Dunlop as part of the inspection process.

This inspection resulted in no requirements or recommendations being made. The registered provider/manager is asked to sign the appropriate page confirming they are assured about the factual accuracy of the content of the report.

Enquiries relating to this report should be addressed to:

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



No requirements or recommendations resulted from the primary announced inspection of Ballyowen Day Centre which was undertaken on 3 December 2014 and I agree with the content of the report.

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

<b>NAME OF REGISTERED MANAGER COMPLETING</b>	Margaret Dunlop
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING</b>	Dr Michael McBride Chief Executive

<b>Approved by:</b>	<b>Date</b>
Suzanne Cunningham	12 January 2015