



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

## **Primary Announced Care Inspection**

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| <b>Name of Establishment:</b> | <b>Bryansford Road incorporating Pumpkin Pastures</b> |
| <b>Establishment ID No:</b>   | <b>12121</b>  |
| <b>Date of Inspection:</b>    | <b>27 October 2014</b>                                |
| <b>Inspector's Name:</b>      | <b>Priscilla Clayton</b>                              |
| <b>Inspection No:</b>         | <b>17661</b>  |

**The Regulation And Quality Improvement Authority**  
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| <b>Name of centre:</b>  | Bryansford Road incorporating Pumpkin Pastures     |
| <b>Address:</b>   | 61 Bryansford Road<br>Newcastle<br>BT33 0LD        |
| <b>Telephone number:</b>  | (028) 43723714                                     |
| <b>E mail address:</b>  | teamleaderdayopps@ai-ni.co.uk                      |
| <b>Registered organisation/<br/>Registered provider:</b>              | Andrew Grainger (Acting)                           |
| <b>Registered manager:</b>  | Alison Robinson                                    |
| <b>Person in Charge of the centre at the<br/>time of inspection:</b>  | Alison Robinson                                    |
| <b>Categories of care:</b>  | DCS-LD(E), DCS-LD                                  |
| <b>Number of registered places:</b>                                   | 25   |
| <b>Number of service users<br/>accommodated on day of inspection:</b> | 15   |
| <b>Date and type of previous inspection:</b>                          | 8 August 2013<br>Primary Announced Care Inspection |
| <b>Date and time of inspection:</b>                                   | 27 October 2014<br>10.00am – 4.15pm                |
| <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.

## 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          | 15                                 |
| Staff                  | 5                                  |
| Relatives              | 1                                  |
| Visiting Professionals | No visits on the day of inspection |

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     | 6             | NIL             |

### 3.0 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.    |

#### **4.0 Profile of Service**

Bryansford Road Day Care Centre is situated in Newcastle and is operated by Autism Initiatives. The day care setting provides support for individuals with Autism Spectrum Condition, Learning Disability and Autistic behaviours. Day Care is provided in two activity rooms in the Bryansford Road Centre which are also used for dining space at lunch and break times. There is also a kitchen, staff office, manager's office, male and female toilet and disabled toilet in the centre.

Outside the Bryansford Road centre there is a gardening space where a horticulture project is delivered called pumpkin pastures. This project is incorporated into the Bryansford Road registration. Service users who attend pumpkin pastures project also use the Bryansford Road building and facilities.

The registered manager of the service is Alison Robinson who has been registered with RQIA since 2012.

#### **5.0 Summary of Inspection**

A primary announced inspection was undertaken in Bryansford Centre on Monday 27 October 2014 from 10:00am until 4:00pm. Prior to the inspection the service provider submitted a self-assessment of the centre's performance in one standard and two themes forming the focus of this inspection. There was one recommendation from the previous inspection conducted on 8 August 2013. Validation of the level of compliance with the recommendation evidenced that this had been addressed.

The inspector was introduced to the service users attending the centre and met for discussions with them in small group format. Individual discussions were also held with the manager and four staff regarding the standards, team working, management support, supervision and the quality of the service provided.

The inspector spoke with one visitor who indicated total satisfaction with the provision of care afforded to her relative.

Overall, discussions with service users, one relative and with staff contributed a positive view of the service provided in the centre and indicated a strong commitment by the manager and the staff team to practice in compliance with the minimum standards for day care settings. There was evidence from discussions and in written records to indicate a high level of inclusion and involvement of service users in decision making with regard to the day care provided. Service users' spoke highly of the support they experienced and the opportunities provided by the staff for their enjoyment and development.

Comments received from service users are included in section 7.0 of the report.

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

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

The centre has policies and procedures regarding confidentiality, recording and reporting and data protection. Policies and procedures are available for staff reference. Care records examined were observed to be legible, dated, and securely stored. Progress notes for service users were being kept, as were records of reviews. There was also good recorded evidence of multi-professional collaboration in planned care.

Areas identified for improvement related to the undertaking of care record audit to ensure that assessments are updated where required and signed by the staff member. Additionally ensure care plans signed by the service user or their representative as appropriate.

The centre was substantially compliant with this standard.

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

The centre has a written policy and guidelines on the use of restrictive interventions, which was available to staff in the centre. Discussions with staff confirmed that there was no restrictive practice used. The manager explained there was a clear policy, which was known by staff, and training provided should this ever be necessary in the best interest of service users' health and safety. This would include for example: multi-disciplinary discussion, planning for such events, risk management, engaging with service user/representative monitoring by staff of those practices, to ensure the comfort and well-being of the service users concerned.

Staff discussed the use of good communication, the use of calming techniques and the importance of developing good understanding of each individual's needs and preferences. There was also a range of good information on human rights, deprivation of liberty and restraint. One recommendation made related to ensuring staff reflect the release of wheelchair straps within care plans.

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

Staff records evidenced that the registered manager and day care workers are appropriately qualified and experienced to take charge of the centre. Training for key aspects of this role had been provided.

Systems were in place for supervision, appraisal and promoting staffs' learning. Records of staff training and supervision were well-presented and up to date, with formal supervision sessions being provided with a frequency exceeding the minimum standard requirement.

The staffing structure and reporting arrangements were clearly set out in writing in the Statement of Purpose, for reference by all stakeholders. Staff presented as being enthusiastic, knowledgeable, competent and confident in their roles and responsibilities and their learning in specific areas of interest was encouraged and facilitated where possible. Unannounced monthly monitoring arrangements are undertaken in day care centre and the three monitoring reports examined, addressed all of the required matters.

The evidence indicates that the centre is operating in compliance with the criteria in this theme.

## Care Practices

The atmosphere in the centre was friendly and welcoming. Staff was observed to treat the service users with dignity and respect taking into account their views. Very good relationships were evident between service users and staff.

## Environment

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be well maintained. The exterior of the centre is currently work in progress as referenced in the estates inspection report dated 18 September 2014.

## Conclusion

In conclusion two requirements and five recommendations were made as a result of this inspection. Improvements related to notification of any accident occurring in the centre to RQIA, recording of the manager's duty time in the centre, recording within care plans, audit of care records and recording of complainants' satisfaction/dissatisfaction with the outcome of complaints and amendment to the incorrect title on monthly monitoring reports.

The inspector wishes to acknowledge the open and constructive approach of the manager and staff throughout the inspection process. Gratitude is extended to service users, who welcomed the inspector to the centre and contributed to the evaluation of the service provided and one visitor who afforded time to meet with the inspector.

**6.0 Follow-Up on Previous Issues**

| <b>No.</b> | <b>Minimum Standard Ref.</b> | <b>Recommendations</b>   | <b>Action Taken - As Confirmed During This Inspection</b>  | <b>Inspector's Validation Of Compliance</b> |
|------------|------------------------------|--|--|---|
| 1          | 15.3                         | The registered manager should make appropriate arrangements for the revised review report format to be reviewed by staff to ensure the content is meaningful and the format works and continues to work in the way it is intended. | Examination of review reports evidenced that review and revision had taken place as recommended. | 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 user information is kept in a personal working file, which is stored in a locked cabinet in the staff room. Keys to the cabinet are kept in a locked key box which only Daycare staff have access to. Additional personal information stored such as medication, incidents/accidents, VAs, are all stored in the locked cabinet alongside the personal working files. Personal information stored electronically is password protected with only Bryansford Road staff having knowledge of the password. Access to all personal information held is limited to staff working in Bryansford Road and information is only shared with those who need to know in line with the confidentiality policy and human rights legislation. | Compliant               |
| <b>Inspection Findings:</b>  | <b>COMPLIANCE LEVEL</b> |
| Information as illustrated in the managers self- assessment was validated through observation of storage systems, cursory view of policies/procedures entitled Confidentiality, Records Management and Access to Records, all of which were dated 2012.<br><br>Staff demonstrated knowledge on the legal and ethical duty of confidentiality in regard to service users’ personal information.   | Compliant               |

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| <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>   | <p><b>COMPLIANCE LEVEL</b></p> |
| <p><b>Provider's Self-Assessment:</b></p>  |                                |
| <p>Service users are made aware where their personal records/notes are stored and are informed that they, or a person acting on their behalf with their permission, can request to have access to these at any time should they so wish. A record is maintained of all requests for access to individual care records/notes and their outcomes where this is the case.</p> | <p>Compliant</p>               |
| <p><b>Inspection Findings:</b></p>   |                                |
| <p>Information as illustrated in the manager's self- assessment was verified through discussion with the manager who confirmed that service users/representatives are kept fully informed and access to their care records would always be accommodated. Access to information in this regard would always be recorded.</p>  | <p>Compliant</p>               |

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| <p><b>Criterion Assessed:</b></p> <p>7.4 Individual case records/notes (from referral to closure) related to activity within the day service are maintained for each service user, to include:</p> <ul style="list-style-type: none"> <li>• Assessments of need (Standards 2 &amp; 4); care plans (Standard 5) and care reviews (Standard 15);</li> <li>• All personal care and support provided;</li> <li>• Changes in the service user’s needs or behaviour and any action taken by staff;</li> <li>• Changes in objectives, expected outcomes and associated timeframes where relevant;</li> <li>• Changes in the service user’s usual programme;</li> <li>• Unusual or changed circumstances that affect the service user and any action taken by staff;</li> <li>• Contact with the service user’s representative about matters or concerns regarding the health and well-being of the service user;</li> <li>• Contact between the staff and primary health and social care services regarding the service user;</li> <li>• Records of medicines;</li> <li>• Incidents, accidents, or near misses occurring and action taken; and</li> <li>• The information, documents and other records set out in Appendix 1.</li> </ul> | <p><b>COMPLIANCE LEVEL</b></p>                                  |
| <p><b>Provider’s Self-Assessment:</b></p> <p>Individual case records/notes are kept in relation to each service user accessing the daycare setting. This includes assessments of need, care plans and care reviews. Information regarding the service user's care and support needs are documented in the About Me section of their working file. Changes in the needs, behaviour or normal programme of a service user are documented and relevant risk assessments and care plans are reviewed as necessary to reflect the change. Changes to objectives, outcomes or timeframes are documented in the evaluation of support plans/goals as well as in the monthly keyworker reports. Contact with service user's representatives or healthcare professionals is recorded, as are all incidents, accidents or near misses and any actions taken. Records of medications are kept and can be found both in the service user's personal working file and in the medication folder.</p>  | <p>Compliant</p>  |
| <p><b>Inspection Findings:</b></p> <p>Information as illustrated in the manager’s self -assessment was verified through examination of three randomly selected care records which evidenced that in the main these contained details as listed within this criterion and Appendix 1 of the Day Care Settings Minimum Standards. It is recommended that an audit of care records is</p>  | <p><b>COMPLIANCE LEVEL</b></p> <p>Moving towards compliance</p> |

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| <p>undertaken to ensure that assessments are updated where required, signed by the staff member and service user or their representative and that care plans are signed by the service user or where required their representative. Should the service user or their representative be unable to sign or refuse to do so this should be recorded. (Standard 4.3 &amp; 5.6)</p> <p>It is recommended that the term “tenancy” is removed from the personal detail templates of care records.</p> |                         |
| <p><b>Criterion Assessed:</b><br/>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>  | <b>COMPLIANCE LEVEL</b> |
| <p><b>Provider’s Self-Assessment:</b></p>  |                         |
| <p>Daily records are kept in relation to each service user, documenting their behaviour and detailing their activities throughout the day.</p>   | Compliant               |
| <p><b>Inspection Findings:</b></p>   | <b>COMPLIANCE LEVEL</b> |
| <p>Information as illustrated in the manager’s self-assessment was verified through examination of evaluations recorded within three randomly selected care records.</p>   | Compliant               |

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| <p><b>Criterion Assessed:</b><br/>                 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>   | <p><b>COMPLIANCE LEVEL</b></p>                  |
| <p><b>Provider’s Self-Assessment:</b></p> <p>Staff have had the relevant training in regards to Vulnerable Adults which offers guidance on what needs to be reported in relation to the protection and safeguarding of vulnerable adults. A flowchart in relation to the reporting of alleged, suspected or confirmed abuse is visible and available for reference within the service. Guidance on notifiable events and the reporting of these to RQIA is also visible and available for reference within the service. Staff have received training on dealing with compliments and complaints and are aware these needs to be reported to the Team Leader and the Registered Manager. Staff are also made aware of the reporting arrangements in relation to incidents/accidents and behaviour reports and are aware of referral arrangements in relation to assessments such as speech and language, OT, and physio. Policies and procedures are available within the service to provide staff with additional guidance in relation to reporting arrangements, Additional training is provided where relevant and all issues raising concern are reported to the Registered Manager and discussed with staff.</p> | <p>Compliant</p>                                |
| <p><b>Inspection Findings:</b></p> <p>The centre had in place the relevant corporate policies with regard to reporting and management of events. Staff presented as being confident and competent in their roles and clear in their reporting procedures to the manager, service user representatives and other professional staff.</p> <p>Examination of care records evidenced good multi-professional collaboration in planned care, reporting and sharing of information with representatives of service users.</p>  | <p><b>COMPLIANCE LEVEL</b></p> <p>Compliant</p> |

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| <p><b>Criterion Assessed:</b><br/>7.7 All records are legible, accurate, up to date, signed and dated by the person making the entry and periodically reviewed and signed-off by the registered manager.</p>   |   |
| <p><b>Provider's Self-Assessment:</b><br/>All records are legible, accurate, up to date, signed and dated by the person making the entry. Records are regularly reviewed and updated by the keyworker, and are periodically reviewed and signed off by the Registered Manager.</p>   | Compliant   |
| <p><b>Inspection Findings:</b><br/>Examination of three randomly selected care records evidenced that improvement is necessary to comply with this criterion.<br/><br/>It is recommended that an audit of care records is undertaken to ensure that assessments are updated where required, signed by the staff member and service user or their representative and that care plans are signed by the service user or where required their representative. Should the service user or their representative be unable to sign or refuse to do so this should be recorded (Standards 4.3 &amp; 5.6).</p> | <p><b>COMPLIANCE LEVEL</b><br/>Working towards compliance</p> |

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| <p><b>PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p> | <p><b>COMPLIANCE LEVEL</b><br/>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><br/>Working towards compliance</p> |
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| <b>Theme 1: The use of restrictive practice within the context of protecting service user’s human rights</b>  |                         |
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| <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>All staff are fully trained in the use of Positive Intervention strategies in order to fully support service users without the need for the use of restraint. This includes information and guidance on Human Rights legislation and Deprivation of Liberties. Where restraint is deemed necessary to secure the welfare of that or any other service user this would be fully documented in their personal Positive Intervention Support Plan and would be discussed and agreed by the relevant Health and Social Care representative. The use of any form of restraint would be documented for use only as a last resort, when all other positive intervention strategies had failed. Where used, restrictive practices are audited every month and reviewed every year as part of the service user's annual review.</p> | Compliant               |
| <b>Inspection Findings:</b>   |                         |
| <p>The manager confirmed that no form of physical restraint has been used within the centre. This was confirmed by staff who demonstrated good understanding and DHSSPS guidance on the subject and Deprivation of Liberty Safeguards.</p> <p>Staff training in positive intervention techniques, which includes the use of restraint, has been provided.</p> <p>Resource documents available to staff included; Making Sense of Human Rights, Code of Practice on Protecting and Human Rights Working Group on Restraint and Seclusion in HPSS (Aug 2005).</p> <p>One recommendation made related to ensuring the release times of wheel chair lap straps are reflected within care plans.</p>   | Compliant               |

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| <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>On any occasions on which a service user is subject to restraint the circumstances would be fully documented in an incident report and Behaviour Report form where relevant. The details of the use of restraint would be reported to RQIA by the Registered Manager as well as the relevant Health and Social Care representative.</p>  | <p>Compliant</p>  |
| <p><b>Inspection Findings:</b></p> <p>Information as illustrated by the manager in the self- assessment was verified through discussion with staff who demonstrated awareness of the reporting procedures should restraint ever be required.</p> <p>The manager explained there was a clear policy, which was known by staff, and training provided should this ever be necessary in the best interest of service users’ health and safety. This would include for example: multi-disciplinary planning for such events, risk management, engaging with service user/representative monitoring by staff of those practices, to ensure the comfort and well-being of the service users concerned.</p> <p>One recommendation made related to ensuring staff reflects the release times of wheelchair straps, which are in use for assessed safety reasons, within care plans.</p> | <p><b>COMPLIANCE LEVEL</b></p> <p>Substantially compliant</p> |

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| <p><b>PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p> | <p><b>COMPLIANCE LEVEL</b></p> <p>Compliant</p> |
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| <p><b>INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p> | <p><b>COMPLIANCE LEVEL</b></p> <p>Compliant</p> |
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| <p style="text-align: center;"><b>Theme 2 – Management and Control of Operations</b></p> <p><b>Management systems and arrangements are in place that support and promote the delivery of quality care services.</b></p> <p><b>Theme covers the level of competence of any person designated as being in charge in the absence of the registered manager.</b></p>   | <p style="text-align: center;"><b>COMPLIANCE LEVEL</b></p> |
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| <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>All staff working in the daycare setting have been appropriately inducted and trained for the role and responsibilities they carry out. All staff have been assessed as being competent through the use of staff support sessions, training, competency assessments, auditing of work products, discussions, and observations. The staffing level reflects the needs and numbers of the service users at all times. In the absence of the Registered Manager/Team Leader the most experienced and competent member of staff would be left in charge of the service, i.e. the Senior. Roles and responsibilities in regards to this would be fully discussed with the staff member and competency fully assessed through the processes described above.</p> <p>There is a defined management structure which is visible within the services and details lines of accountability. Specific roles and responsibilities for areas of activities are defined and have been discussed with staff. Details of areas of responsibility are documented and visible within the service.</p> | <p style="text-align: center;">Compliant</p>               |

| <b>Inspection Findings:</b>  | <b>COMPLIANCE LEVEL</b> |
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| <p>The defined management structure is stated within the centre’s statement of purpose. Records retained showed evidence of induction programmes for new staff.</p> <p>Details in regard to roles and responsibilities of staff are clearly stated within job descriptions. Mandatory training is ongoing. Staff training in safeguarding has been organised for November 2014.</p> <p>Competency and capability assessment of staff in charge of the centre, during absence of the manager, were in place. Staff supervision is provided three monthly as reflected within records retained.</p> <p>Monthly unannounced monitoring visits are conducted in keeping with Regulation 29 of The Day Care Setting Regulations (Northern Ireland) 2007.</p> <p>Staff meetings are held on a monthly basis. Informal discussions take place on a daily basis.</p> <p>Two recommendations made relate firstly to the provision of annual staff updates in first aid and secondly the removal of the title “Domiciliary Care Agency” from the monthly monitoring reports conducted within Bryansford day care centre.</p> | <p>Compliant</p>        |

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| <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> |
| <b>Provider's Self-Assessment:</b>   |                         |
| <p>Staff are provided with one to one supervision sessions every 12 weeks in line with the Organisation's supervision policy. Appraisals are carried out annually. In the absence of the Registered Manager the most senior member of staff has responsibility for the regular supervision of staff, both in formal supervision sessions as well as oversight in the service and observations of practice.</p> | Compliant               |
| <b>Inspection Findings:</b>  |                         |
| <p>Verification of the manager's response, as illustrated in the self- assessment, was evidenced in records retained. Supervision is held in compliance with 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>                                  | <b>COMPLIANCE LEVEL</b> |
| <b>Provider's Self-Assessment:</b>   |                         |
| <p>All staff working within the daycare setting have the relevant skills, experience and training in order to be able to carry out their role competently and safely. Staff have access to appropriate training to further develop their skills and abilities and these training needs are identified through the supervision and appraisal processes.</p>   | Compliant               |
| <b>Inspection Findings:</b>  |                         |
| <p>Information as illustrated in the managers self-assessment was confirmed through discussion with the manager, staff and examination of documents including supervision, staff training and the managers response to RQIA in the pre-inspection documentation.</p>   | Compliant               |

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

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

## **7.0 Additional Areas Examined**

### **7.1 Management arrangements.**

Alison Robinson is the manager of the centre and is supported in her role by a mixed skill team of care and ancillary staff.

The manager has also responsibility for three other day care centres including Foreman centre (Newcastle) and recently Beechill Day Care Centre (Belfast) and Belfast Outreach Centre. The manager confirmed that the span of responsibility to manage the four centres was currently under review by Autism Initiatives senior management.

The manager confirmed that staffing levels within the centre were satisfactory for the number and dependency levels of service users in attendance.

Examination of the staff duty roster evidenced a record of care staff on duty each day. One requirement made related to ensuring that the manager's time spent in the centre is recorded.

### **7.2 Accidents/Incidents**

The policy on reporting of accidents/incidents was examined and discussed with the manager as no reference was made of the requirement to notify RQIA of accidents/events (Regulation 29 of The Day Care Setting Regulations (Northern Ireland) 2007). The manager and deputy stated they are not unaware that "any accident in the day centre" must be notified within three working day timescale.

The centre has a policy/procedure on reporting and management of accidents and incidents (2012) includes notification of accidents to RQIA.

Examination of the accident/incident records retained in the centre was cross referenced with those notified to RQIA.

One requirement was made in regard to ensuring RQIA are notified of any accident occurring in the centre in accordance with Regulation 29 (f) of The Day Care Settings Regulations (Northern Ireland) 2007.

### **7.3 Complaints.**

Records of complaints received were being retained as required. Examination of records evidence that investigations had been conducted however there was no recorded evidence in regard to the complainants satisfaction or otherwise. One recommendation was made in this regard.

### **7.4 Visitors views**

The inspector met with one relative during the inspection who gave positive feedback in regard to the quality of care provided and the environment. No issues or concerns were raised or indicated.

## 7.5 Service users views

The views of service users on the quality of the service provided were sought through discussions on an individual and group format. Feedback was positive, comments included:

- “I love coming here in the bus”
- “we have lots to do”
- “the staff are my friends, help us to make things”
- “can’t think how I could make it any better here”
- “like meeting up with my friends”
- “yes, we have meetings to lake about what we like to do”.

## 7.6 Environment

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be well maintained. The exterior of the centre is currently work in progress as referenced in the estates inspection report dated 18 September 2014.

## **Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Alison Robinson, 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**



## Quality Improvement Plan

### Primary Announced Care Inspection

#### Bryansford Road incorporating Pumpkin Pastures

27 October 2014

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

The specific actions set out in the Quality Improvement Plan were discussed with Alison Robinson, registered manager at the 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 29 (f) of The Day Care Settings Regulations (Northern Ireland) 2007. | <p><b><u>Notifications</u></b></p> <p>The registered manager must ensure RQIA are notified of any accident occurring in the centre.</p> <p>(Ref: Section 7.2)</p>  | One                    | The Registered Manager will ensure that RQIA are notified of any accident occurring in the centre as per regulations and guidance. Guidance is available for all staff in the centre in case of absence of the Registered Manager. | Immediate and ongoing |
| 2   | Regulation 19 (2) Sch 5.7.  | <p><b><u>Duty Roster</u></b></p> <p>The staff duty roster must reflect persons working in the day care setting.</p> <p>The manager's duty time spent in the centre must be recorded to comply with this requirement.</p> <p>(Ref: 7.1)</p> | One                    | Duty time spent by the manager in the centre is now fully recorded on the weekly rota, with records available for inspection   | Immediate and ongoing |

**Recommendations**

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

| No. | Minimum Standard Reference | Recommendations   | Number Of Times Stated | Details of Action Taken By Registered Person(S)  | Timescale        |
|-----|----------------------------|---|------------------------|--|------------------|
| 1   | Standard 7.4               | <p><b><u>Care records</u></b></p> <p>It is recommended that an audit of care records is undertaken to ensure that assessments are updated where required, signed by the staff member and service user or their representative and that care plans are signed by the service user or where required their representative. Should the service user or their representative be unable to sign or refuse to do so this should be recorded. (Standard 4.3 &amp; 5.6)</p> <p>It is recommended that the term “tenancy” is removed from the personal detail templates of care records.</p> | Once                   | <p>An audit of care records is underway and assessments are being updated by the relevant keyworker. Assessments and care plans are signed by the service users, or their representative where required.</p> <p>"Tenancy" has been removed from the personal detail templates of care records.</p> | 31 January 2015  |
| 2   | Standard 5.2               | <p><b><u>Lap straps.</u></b></p> <p>Ensure the release times of wheel chair lap straps are reflected within care plans.</p> <p>(Ref Theme 1)</p>  | One                    | The release times of wheelchair lap straps are now reflected within the care plans.  | 31 December 2014 |

|   |   |   |     |  |                             |
|---|---|---|-----|--|-----------------------------|
| 3 | Guidance on Mandatory Training for Providers of Care in Regulated Services (2013) | <p><b><u>First Aid training</u></b></p> <p>It is recommended that annual first aid is provided for care staff</p> <p>(Ref; Theme 2)</p>   | One | Learning and Development department are now arranging for staff to receive first aid training annually | 31 January 2014 and ongoing |
| 4 | Standard 14.10  | <p><b><u>Complaints records</u></b></p> <p>It is recommended that records of complaints retained show evidence of complainant satisfaction or otherwise with the outcome of investigation conducted.</p> <p>(Ref;7.2)</p>       | One | Evidence of complainant satisfaction or otherwise has now been recorded.                               | 31 December 2014            |
| 5 | Standard 17.10  | <p><b><u>Monthly Monitoring Visits</u></b></p> <p>The incorrect title “Domiciliary Agency” to be removed from the monthly monitoring visits record made on behalf of the registered provider to Bryansford Road Day Centre.</p> | One | The incorrect title has been removed as of the end of September 2014.                                  | 31 December 2014            |

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

|   |  |
|---|--|
| <b>Name of Registered Manager Completing Qip</b>                                | Alison Robinson                              |
| <b>Name of Responsible Person / Identified Responsible Person Approving Qip</b> | Grainne Close (on behalf of Andrew Grainger) |

| <b>QIP Position Based on Comments from Registered Persons</b> | <b>Yes</b> | <b>Inspector</b> | <b>Date</b> |
|---|------------|------------------|-------------|
| Response assessed by inspector as acceptable                  | Yes        | P.Clayton        | 17 Dec 2014 |
| Further information requested from provider                   |            |                  |             |