



The **Regulation** and
Quality Improvement
Authority

Primary Announced Care Inspection

Name of Service and ID: Orchard Grove Day Centre (12181)
Date of Inspection: 13 October 2014
Inspector's Name: Suzanne Cunningham
Inspection No: IN020530

The Regulation And Quality Improvement Authority
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Name of centre:	Orchard Grove Day Centre
Address:	7 The Square Clough BT30 8RB
Telephone number:	028 44 811672
E mail address:	deidre@hollygate.net
Registered organisation/ Registered provider:	Orchard Grove Mr Ian George Emerson & Mr Craig Emerson
Registered manager:	Deirdre Burns
Person in Charge of the centre at the time of inspection:	Deirdre Burns
Categories of care:	DCS – LD
Number of registered places:	10
Number of service users accommodated on day of inspection:	9
Date and type of previous inspection:	20 March 2014 Primary announced inspection
Date and time of inspection:	13 October 2014 10:00 – 15:45
Name of inspector:	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	6
Staff	2
Relatives	0
Visiting Professionals	0

Questionnaires were provided, prior to the inspection, to staff to find out their views regarding the service. Matters raised from the questionnaires were addressed by the inspector in the course of this inspection.

Issued To	Number issued	Number returned
Staff	2	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:

Guidance - Compliance Statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	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
3 - Moving towards compliance	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
4 - Substantially Compliant	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
5 - Compliant	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

Orchard Grove Day Care Setting is located in the village of Clough in County Down. The setting provides day care services for a maximum of ten service users with learning disability. The services are provided each week from Monday to Friday between the hours of 9:30am and 3:30pm.

The premises being used for the purposes of the day care setting are located in the same building as Orchard Grove Residential Care Home; although the day centre is independent of the home's registration, and is situated to the rear of the home. A large room is provided for activity, other services are shared with the residential care home such as dining space, bathrooms, outside activity space. The day care service is co-ordinated with the community day care services attended by the residents who live in Orchard Grove Residential Care Home. This means that only a limited number of residents remain in the home during the times when the day care centre is operating. The Day care population is made up of some Orchard Grove residents and service users from the community who may be potential future residents.

Summary of Inspection

A primary inspection was undertaken in Orchard Grove Day Care Setting on 13 October 2014 from 10:00 to 15:45, this was a total inspection time of five hours and forty five minutes. The inspection was announced.

Prior to this inspection the provider submitted a self-assessment of the one standard and two themes inspected. The focus of the inspection was to assess the centre's compliance with the one standard and two themes chosen from the Day Care Settings minimum standards 2012 and the providers' statements were verified. During the inspection the inspector used the following evidence sources:

- Analysis of pre-inspection information and questionnaires
- Discussion with the registered manager, staff and service users
- Examination of a sample of service user individual file records including evidence of review and safeguarding information; the complaints record; staff training record; incidents and accidents record; evidence of service user consultation, monthly monitoring records; the centres statement of purpose; service users guide and policies & procedures
- Tour of the premises.

The inspector spoke to the two staff present during the inspection regarding the standards inspected and their views about working in the centre, this generated feedback regarding the management of records and reporting arrangements including arrangements for recording; ensuring records service users know records are accessible and the management arrangements in this day care setting. Staff described the arrangements for confidentiality are clear for example records are stored securely and an individual record is maintained for each service user. Staff meet privately with service users; and ensure records are locked away when not in use. Staff share reports openly with service users and if appropriate with their relatives to ensure they are kept informed and agree with the plans in place.

Staff gave an appropriate explanation of the meaning of exceptional circumstances however they explained they use diversion, their knowledge of service users mood and needs, communication, routines, identify triggers and talk to service users to calm and diffuse any escalating behaviours. The inspector confirmed restraint or restrictive practice is not currently part of any service users care plan in this setting and had not been used. Finally staff

discussed the management arrangements in the setting; they said they were satisfied with the current arrangements which is the registered manager is on site and an assistant manager in the residential part of the setting acts up in her absence. The staff confirmed they were receiving supervision at least once every three months, an annual appraisal and mandatory training.

No staff questionnaires were returned by staff members at the time of this inspection however staff did comment they work well together and the service users enjoy the social aspect of the day care provision.

The inspector talked informally with six service users regarding the standards inspected and their views about attending the day centre. The service users told the inspector they were aware of their records being kept by staff. Service users discussed how staff support them to work out any problems and issues. The service users identified Deidre is the manager and Maria is in charge in her absence. Service users said: 'I love it here, there are different things to do, the computer, cooking, knitting, exercise and socialising'. Overall service users described their experience of attending the setting in a positive way and look forward to the social contact with others; as well as undertaking a range of creative activities.

The previous announced follow up inspection carried out on 20 March 2014 had resulted in two requirements regarding improving the statement of purpose and regulation 28 visits which had not been fully improved, one is restated and one is part of a new requirement. Five recommendations were made regarding policy and procedure regarding service user reviews; and two files which had been improved. The remaining two regarding regulation 28 visits and policy and procedure regarding monitoring visits had not been improved and are restated. The lack of improvement with regard to the last quality improvement plan was a concern to the inspector and the importance of compliance with these matters was clearly explained to the manager who made a commitment to make improvements and achieve 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.

The six criterion criteria within this standard were reviewed during this inspection. Three of the criteria were assessed as compliant, one as substantially compliant and two as moving towards compliance. No requirements and three recommendations were made regarding providing service users and representatives with information regarding records that are kept about service users and how they can access them; improving monitoring of records in the setting; and improving the policy and procedure regarding reporting and recording care practices.

Discussions with service users and staff and review of two service users' individual files provided evidence that the centre do need to improve some arrangements for management of records. The setting and staff do record and work in a person centred way for example staff record specific information about each service user to ensure the care plan is informative and directive regarding meeting individual need and furthermore staff and service users were able to see clear recording of progress and where outcomes have improved.

The discussions with service users confirmed service users are aware a record is kept about them and service users said they were satisfied they can access their information by asking staff.

Based on the evidence reviewed the inspector assessed the centre as substantially compliant in this standard. No requirements and three recommendations have been made regarding this standard.

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

Two criterion from regulation 14 were inspected which examined compliance with the use of any restrictive practices in this day care setting within the context of human rights. One criterion was assessed as moving towards compliance and one criterion was assessed as not applicable because the setting does not use restraint or restrictions to manage behaviour in this setting. No requirements and two recommendations are made to improve the settings policies and procedures; also improve staff knowledge and understanding regarding service users' human rights and deprivation of liberty.

Discussions with the manager, staff and examination of records provided evidence that the centre was using clear operational systems and processes which promote the needs of the service users who attend the centre without using restraint and restrictions. The staff had undertaken training this year which had promoted the use of clear communication, diversion, calming, diffusing techniques and knowing their service users' needs and personalities when responding to service user behaviours to calm and support service users and ensure behaviour does not escalate. However the training had not covered the legislation in particular rights of the service users and information about the deprivation of liberty safeguards. This is addressed in the quality improvement plan for this inspection.

Based on the evidence reviewed the inspector assessed the centre as moving towards compliance in this theme, no requirements and two recommendations are made regarding this theme.

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

Two criteria from regulation 20 and one criterion from regulation 21 were inspected which provided the evidence to examine this theme. One of the criterion was assessed as compliant, one as substantially compliant and one as moving towards compliance. One requirement regarding the manager's supervision and appraisal arrangements is made and no recommendations are made regarding this theme.

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

Based on the evidence reviewed the inspector has assessed the centre as compliant in this theme; one requirement and no recommendations are made.

Additional Areas Examined

The inspector undertook a tour of the premises, reviewed the complaints record and examined two service users individual files, validated the registered manager's pre inspection questionnaire and reviewed monthly monitoring reports. This revealed the service users care plans could be further improved and a recommendation is made in this regard. Furthermore there is no service user's agreement in place and a requirement is made in this regard.

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 needs to see improved focus on fully achieving improvements in this setting to ensure future compliance in the areas identified.

As a result of the inspection a total of four requirements are made. One is restated regarding the settings statement of purpose; and additionally the service user guide must also be compliant. Two further requirements are made regarding the manager's supervision and appraisal; and a service user agreement must be in place for all service users with regard to their day care placement. Seven recommendations are made; two are restated regarding improving the content of the regulation 28 visits; improving the settings policies and procedures regarding regulation 28 visits. A further five recommendations were made regarding informing service users what records are kept about them and how they can access them; improving evidence of audit and monitoring; improving the settings policies and procedures in compliance with Appendix 2; improving staff knowledge regarding human rights and deprivation of liberty legislation and guidance; and improving care planning.

This was reported to the manager at the conclusion of the inspection and assurances were made these would be addressed as a priority.

Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	4.1, Appendix 1 5.1 7 (a)	<p>The responsible person must ensure the settings statement of purpose and service user guide is reviewed and updated to ensure full compliance with the regulations and appendix 1. For example this must describe the process of reviewing service users and arrangements in place to ensure this is a person centred experience.</p> <p>The amended statement of purpose and service user guide should be submitted to RQIA with the completed QIP.</p>	<p>The inspector was given the updated statement of purpose and confirmed the document now described reviews clearly and arrangements were consistent with day care setting standards. However the document does require more information regarding staff, the manager, registered provider, a room plan, status and constitution of the day care setting, organisational structure and arrangements for contact. This requirement is therefore restated for a second time.</p>	Moving towards compliance
2.	28.5	<p>The responsible person must ensure service users and or their representatives are fully informed regarding the regulation 28 visits and availability of reports. For example in the service user guide, service user meetings or a notice on the day care setting notice board.</p> <p>Improvements made in this regard must be reported on the returned QIP.</p>	<p>The service user guide did not have any information regarding these visits and the document requires review to ensure it is compliant with regulation 5 (1). This is stated in a new requirement.</p>	Substantially compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	15.1	The responsible persons should ensure the settings policy and procedure regarding the review of service user's care which is in place is reviewed and expanded to include the purpose of the review, the timescales of the initial and annual review and arrangements in place to undertake the review in a person centred way.	This document was provided for the inspection and detailed improvement.	Compliant
2.	15.3	The registered manager should update file 3 to evidence the planning for a four week review for the new service user; arrangements must be consistent with the settings policy and procedure regarding the same, the service user guide and statement of purpose.	This had been improved.	Compliant
3.	13.8	The registered manager should review file 2, and update the recording to include the outcome of the vulnerable adult concerns. There should also be examination of the impact if any on the current care plan. Any future incidents must be fully recorded to include the outcome and if this has any impact on the service user's assessment and care plan while in the day care setting.	This had been improved.	Compliant
4.	17.10	The responsible person should make appropriate arrangements for the monitoring report to be expanded to include records of service user meetings; records of staff meetings; any quality assurance audits, monitoring of reviews undertaken, service user representative's views, monitoring of staff training undertaken. The visitor could also examine a criterion from the standards during each visit to give more focus to the visit and avoid the repetitive nature of the recording in the reporting.	The monitoring reports had been undertaken by the responsible person, inspection revealed areas for improvement were noted in the content which should describe the conduct of the day care setting. Reports should be more focused on the conduct and avoid repetition. This is restated for a second time.	Moving towards compliance

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
5.	17.10	The responsible person should make appropriate arrangements for this day care setting to have a policy and procedure "management, control and monitoring of the setting" in place which describes the content and process of conducting the monthly quality service audit and report, the writing of the report, the responsibility for undertaking identified actions and the dissemination of reports.	The policy and procedure was in place but it references regulation 29 instead of regulation 28, the content is also very brief and lacks detail about the process. This recommendation is restated.	Moving towards compliance

Inspection Findings

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.	
<p>Criterion Assessed: 7.1 The legal and an ethical duty of confidentiality in respect of service users’ personal information is maintained, where this does not infringe the rights of other people.</p>	COMPLIANCE LEVEL
Provider’s Self-Assessment:	
<p>Service Users personal information is maintained and stored in a locked office.</p>	Substantially compliant
Inspection Findings:	
<p>The inspector reviewed a sample of two service user records which presented as described in schedule 4; and other records to be kept in a day care setting, as described in schedule 5. Records are kept in a locked cabinet and accessed for recording purposes. Records present as an individualised record using person centred documentation to ensure the focus is on the individual and their needs.</p> <p>The setting has 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. The policies and procedures are written in a simple style and lack detail however generally this is described. The policies and procedures are available for staff reference.</p> <p>Discussion with staff validated management and staff knowledge about the duty of confidentiality and their role and responsibility regarding the need to record, the quality of recording and management of service user’s personal information commensurate with their role and responsibility. Discussion with service users and or representatives confirmed they understood their information is kept securely and is only accessed by the staff member or service user.</p>	Compliant`

<p>Criterion Assessed:</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>	COMPLIANCE LEVEL
Provider's Self-Assessment:	
<p>Service Users are involved in developing their needs assessment care plan and review records. At any stage they or their persons acting on their behalf are welcome to see their records.</p>	Substantially compliant
Inspection Findings:	
<p>The inspector was not given and did not view any evidence the service users were made aware that a record is kept and maintained regarding each of them and how they can access this record. The inspector recommends information is given to service users and their representatives in written form where they can indicate consent for example in the service user guide and service user agreement.</p> <p>The settings policy and procedure states service users can access their records however; it does not detail how this will be managed, who will deal with enquiries of this nature and how third party information is managed. The policy and procedure should be expanded in this regard.</p> <p>Discussion with staff working in the centre validated their knowledge commensurate with their role and responsibilities. Staff discussed how they ensure a person centred approach to their recording by using person centred formats and ensuring recording is individual and features the person. Staff working in the centre explained service users are told about records being kept when they commence in the setting and see their records such as care plan and review when working on the documents with staff. Service users told the inspector they knew a service user record is kept and said if they wanted to access their records, they would ask staff.</p>	Moving towards compliance

<p>Criterion Assessed:</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"> • Assessments of need (Standards 2 & 4); care plans (Standard 5) and care reviews (Standard 15); • All personal care and support provided; • Changes in the service user’s needs or behaviour and any action taken by staff; • Changes in objectives, expected outcomes and associated timeframes where relevant; • Changes in the service user’s usual programme; • Unusual or changed circumstances that affect the service user and any action taken by staff; • Contact with the service user’s representative about matters or concerns regarding the health and well-being of the service user; • Contact between the staff and primary health and social care services regarding the service user; • Records of medicines; • Incidents, accidents, or near misses occurring and action taken; and • The information, documents and other records set out in Appendix 1. 	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p>	
<p>Each service users file provides care plans reviews, needs assessments - incidents, accidents are recorded in appropriate file</p>	<p>Moving towards compliance</p>
<p>Inspection Findings:</p>	<p>COMPLIANCE LEVEL</p>
<p>The examination of a sample of two service user individual records evidences the above records and notes had been maintained. The inspector did note there was no evidence of monitoring of records for example file audits and the regulation 28 reports did not detail working practices are systematically audited in this regard. A recommendation is made in this regard.</p>	<p>Substantially compliant</p>

<p>Criterion Assessed: 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>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment:</p>	
<p>daily records are completed on all service users attending daycare</p>	Substantially compliant
<p>Inspection Findings:</p>	COMPLIANCE LEVEL
<p>The inspector examined a sample of two service user care records and they had a written entry at least once every five attendances for each individual service user.</p>	Compliant
<p>Criterion Assessed: 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"> • The registered manager; • The service user's representative; • The referral agent; and • Other relevant health or social care professionals. 	COMPLIANCE LEVEL
<p>Provider's Self-Assessment:</p>	
<p>policy is in place providing guidance for staff</p>	Moving towards compliance
<p>Inspection Findings:</p>	COMPLIANCE LEVEL
<p>The policy and procedure pertaining to recording and reporting care practices were under review at the time of this inspection and there was a lack of guidance available for staff in this regard. A recommendation is made in this regard.</p> <p>Discussion with staff confirmed they are aware of their role and responsibility to report and refer information and record the outcomes achieved. They discussed service users and or representatives are informed regarding information that may be reported or referred and were aware of consent issues, to ensure information is reported to the right people and outcomes are recorded.</p>	Moving towards compliance

<p>Criterion Assessed: 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>Provider’s Self-Assessment: all records and monthly reports are up to date - and reviewed by the manager</p>	Substantially compliant
<p>Inspection Findings: The inspector examined a sample of service user individual records and was satisfied they met this criterion. Discussion with staff working in the centre confirmed they understand this criterion, staff also stated the manager periodically reviews records to ensure compliance.</p>	<p>COMPLIANCE LEVEL Compliant</p>

<p>PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Substantially compliant</p>
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<p>INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Substantially compliant</p>
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Theme 1: The use of restrictive practice within the context of protecting service user’s human rights	
Theme of “overall human rights” assessment to include:	
<p>Regulation 14 (4) which states:</p> <p>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.</p>	COMPLIANCE LEVEL
Provider’s Self-Assessment:	
<p>no service users are subjected to restraint use of wheel chair is only used for means of transport</p>	Substantially compliant
Inspection Findings:	
<p>The inspector examined a sample of two service users’ individual records. At the time of this inspection no service users had restraint or restrictions regarding behaviour required from assessment or in their care plan. One service user did use mobility aids during his time in day care however, these were written to facilitate his movement rather than restrict his movement.</p> <p>Staff had attended a challenging behaviour course in April 2014 and the content of the training was made available for inspection. The inspector noted the training focussed on calming, diffusing and diversion techniques and encouraged staff to assess behaviour on an ongoing basis and reflect on their responses and the service users behaviour. However, the training did not include information regarding legislation and in particular protecting human rights and deprivation of liberty, recommendation this is reviewed with staff</p> <p>The inspector recommends the manager reviews the settings policies and procedures pertaining to: managing aggression and challenging behaviours; recording and reporting care practices; responding to service users behaviour; and restraint to ensure there is a consistent message to staff regarding what their role and responsibility is and how staff must manage and respond to behaviour in this day care setting. A recommendation is made in this regard.</p>	COMPLIANCE LEVEL Moving towards compliance

<p>Discussion with staff validated management and staff knowledge of exceptional circumstances and staff were clear no one is restrained in this setting. Staff discussed their role regarding protecting service user’s human rights and felt this was an advocacy role for them as there are no restrictions in place in this day care setting. Service users confirmed their views and opinions are sought when planning for their care and at reviews.</p>	
<p>Regulation 14 (5) which states:</p> <p>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.</p>	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment:</p>	
<p>within daycare service users are not subjected to restraint</p>	Substantially compliant
<p>Inspection Findings:</p>	COMPLIANCE LEVEL
<p>No service users had been subject to restraint and this setting and staff do not anticipate any need for the use of restraint in this service with the current group of service users. Staff are currently using approaches such as sound planning, understanding the service user’s needs, clear communication, diversion, one to one time, distraction and activities to avoid any escalation of behaviours. This approach is consistent with the settings ethos, statement of purpose and aims of the service. <i>Guidance on Restraint and Seclusion in Health and Personal Social Services</i>, Department of Health, Social Services and Public Safety, Human Rights Working Group, August 2005 is available for staff information.</p>	Not Applicable

<p>PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p style="text-align: center;">COMPLIANCE LEVEL Substantially compliant</p>
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<p>INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p style="text-align: center;">COMPLIANCE LEVEL Moving towards compliance</p>
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Theme 2 – Management and Control of Operations	COMPLIANCE LEVEL
<p>Management systems and arrangements are in place that support and promote the delivery of quality care services. Theme covers the level of competence of any person designated as being in charge in the absence of the registered manager.</p>	
<p>Regulation 20 (1) which states:</p> <p>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 - (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;</p> <p>Standard 17.1 which states:</p> <p>There is a defined management structure that clearly identifies lines of accountability, specifies roles and details responsibilities for areas of activity.</p>	
<p>Provider’s Self Assessment: Competent daycare staff and lines of accountability are in place within our staff structure</p>	Substantially compliant
<p>Inspection Findings:</p> <p>The manager has experience of working at this level and was registered manager prior to the implementation of the day care setting standards therefore; she does fall under the transitional arrangements for registration. The inspector noted the QCF level 5 had been discussed in a past appraisal and she had just commenced the course.</p> <p>In the managers absence there is an identified staff member who will act up and she has a competency assessment in place which did not identify any gaps in knowledge or skill to undertake this role.</p> <p>The staff training record did not reveal any gaps in training for staff however, the inspector did identify the manager does not have a supervision record written in her file since November 2012 or an appraisal. The manager’s supervision and appraisal record must be compliant with the standard and a requirement is made in this regard.</p>	<p>COMPLIANCE LEVEL</p> <p>Moving towards compliance</p>

<p>The staffing arrangements in this setting are two staff on the floor and supported by the manager. Observation and discussion did not reveal any concerns regarding the staffing numbers and distribution of staff across the day care setting.</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 should they seek support or guidance from; who supervises them and the effectiveness of the same.</p> <p>Discussion with service users confirmed they were aware of the management structure in place.</p>	
<p>Regulation 20 (2) which states:</p> <ul style="list-style-type: none"> The registered person shall ensure that persons working in the day care setting are appropriately supervised 	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment:</p> <p>staff are appropriately supervised by the registered person</p>	Substantially compliant
<p>Inspection Findings:</p> <p>Examination of the training, and discussion with staff regarding supervision confirmed the provider’s self-assessment for the staff however the manager’s record did not meet this criterion. A requirement is made in this regard.</p>	COMPLIANCE LEVEL Substantially compliant

<p>Regulation 21 (3) (b) which states:</p> <ul style="list-style-type: none"> • (3) For the purposes of paragraphs (1) and (2), a person is not fit to work at a day care setting unless – • (b) he has qualifications or training suitable to the work that he is to perform, and the skills and experience necessary for such work 	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p>	
<p>training is provided and staff on duty have experience and qualifications to work within the setting</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p>	
<p>Examination of the training record for staff , and discussion with staff confirmed the provider’s self-assessment.</p>	<p>COMPLIANCE LEVEL Compliant</p>

<p>PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Substantially compliant</p>
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<p>INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Substantially compliant</p>
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Additional Areas Examined

Complaints

The complaints record was reviewed as part of this inspection. The annual complaints return for 2013 identified no complaints had been recorded. The inspector reviewed the complaints record which confirmed the return to RQIA and did not reveal any concerns regarding the content of the record; furthermore in 2014 no complaints or issues of dissatisfaction had been recorded.

Service User Records

Two service user files were inspected as part of this inspection and this revealed the following improvements:

The individual service user care plans should be reviewed to ensure they also include guidance for staff regarding what day care is going to do to improve outcomes for each service user, setting individual objectives for each service user may also be useful in this regard. A recommendation is made in this regard.

There must be a service user agreement in place for service users to sign as an agreement to the terms and conditions of their individual placement. A requirement is made in this regard.

Registered Manager Questionnaire

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

Statement of Purpose & Service Users Guide

These documents were submitted for this inspection and the inspector made reference to them during the inspection. Examination of these documents did reveal the documents still require improvement and this is detailed in the quality improvement plan.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Deirdre Burns, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

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



Quality Improvement Plan

Primary Announced Care Inspection

Orchard Grove Day Centre

13 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 Deirdre Burns (registered manager/ person receiving feedback) either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Statutory Requirements

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Day Care Settings Regulations (NI) 2007

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	4.1, Appendix 1	<p>The responsible person must the ensure settings statement of purpose is reviewed and updated to ensure full compliance with the regulations and appendix 1. For example this must describe the process of reviewing service users and arrangements in place to ensure this is a person centred experience.</p> <p>The amended statement of purpose should be submitted to RQIA with the completed QIP.</p>	Second	Statement of purpose has been update and submitted to Rqia	8 December 2014
2.	5.1	<p>The responsible person must the ensure settings service user guide is reviewed and updated to ensure full compliance with this regulation. For example this must describe the process of reviewing service users and arrangements in place to ensure this is a person centred experience and the guide can also refer to the regulation 28 visits and availability of reports</p> <p>The amended service user guide should be submitted to RQIA with the completed QIP.</p>	First	Service users guide has been reviewed and submitted to RQIA	8 December 2014

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
3.	20 (1) & (2)	<p>The registered person must put appropriate measures in place to provide the manager of this day care setting with individual supervision at least once every three months and appraisal annually.</p> <p>Arrangements to achieve this must be reported on the returned quality improvement plan.</p>	First	Supervision date arranged for managers supervision	8 December 2014
4.	5 (1) (c)	<p>The registered manager must ensure there is a service user agreement in place for service users to sign as an agreement to the terms and conditions of their individual placement. A requirement is made in this regard.</p>	First	an individual agreement has been completed - and given to service users	8 December 2014

Recommendations

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

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details of Action Taken By Registered Person(S)	Timescale
1.	17.10	<p>The responsible person should make appropriate arrangements for the monitoring report to be expanded to include records of service user meetings; records of staff meetings; any quality assurance audits, monitoring of reviews undertaken, service user representative's views, monitoring of staff training undertaken.</p> <p>The visitor could also examine a criterion from the standards during each visit to give more focus to the visit and avoid the repetitive nature of the recording in the reports.</p>	Second	monthly monitoring records have now been expanded to include service users records/meetings/ staff training quality assurance.	8 December 2014
2.	17.10	The responsible person should make appropriate arrangements for this day care setting to have a policy and procedure "management, control and monitoring of the setting" in place which describes the content and process of conducting the monthly quality service audit and report, the writing of the report, the responsibility for undertaking identified actions and the dissemination of reports.	Second	New Policy in place	8 December 2014

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details of Action Taken By Registered Person(S)	Timescale
3.	7.2	<p>The registered manager should provide information for service users regarding the records kept and maintained regarding each service user and how they can access this record.</p> <p>The inspector recommends information is given to service users and their representatives in written form where they can indicate consent for example in the service user guide and or service user agreement.</p>	First	this information is included in the individual agreement	8 December 2014
4.	17.9	The registered person should put arrangements in place to monitor records for example file audits and the regulation 28 reports should detail working practices are systematically audited in this regard.	First	care record audits are in place to monitor files	8 December 2014
5.	18	The registered person must review and improve the settings policies and procedures pertaining to: managing aggression and challenging behaviours; recording and reporting care practices; responding to service users behaviour; and restraint to ensure there is a consistent message to staff regarding what their role and responsibility is and how staff must manage and respond to behaviour in this day care setting.	First	all policies have been updated	8 December 2014

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details of Action Taken By Registered Person(S)	Timescale
6.	21.4	The registered manager should improve staff knowledge following the delivery of the challenging behaviour course in April 2014 and ensure staff are also informed regarding legislation and in particular protecting human rights and deprivation of liberty of service users in the day care setting.	First	information on deprivation of liberty and human rights for adults with learning disabilities has been issued to all staff	8 December 2014
7.	5.2	The registered manager should review individual service user care plans to ensure they also include guidance for staff regarding what day care is going to do to improve outcomes for each service user, care plans should also aim to set individual objectives for each service user.	First	Service Users Plans now include agreed actions and outcomes for service users	8 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:

Name of Registered Manager Completing QIP	Deirdre Burns
Name of Responsible Person / Identified Responsible Person Approving QIP	Craig Emerson

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	yes	Suzanne Cunningham	17/12/2014
Further information requested from provider			