



The Regulation and  
Quality Improvement  
Authority

# Unannounced Care Inspection Report 8 March 2017



## Willowbank Day Care

**Type of Service: Day Care Setting**

**Address: The Junction, 12 Beechvalley Way, Dungannon BT70 1BS**

**Tel No: 02887713053**

**Inspector: Angela Graham**

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Willowbank Day Care took place on 8 March 2017 from 11.45 hours to 16.05 hours.

The inspection sought to assess progress with any issues raised during and since the pre-registration inspection and to determine if the day care service was delivering safe, effective and compassionate care and if the service was well led.

### Is care safe?

On the day of the inspection Willowbank Day Care was found to be delivering safe care. There was positive feedback from the service users, about the delivery of safe care in the day care setting. Observations of care practices showed there was a culture of ensuring service users were safe and protected from harm. Staff were knowledgeable of their specific roles and responsibilities in relation to adult safeguarding.

The staff in Willowbank Day Care were observed caring for a range of service users' needs. The staffing levels were responsive to service user's needs, welfare and safety.

Two areas for quality improvement were identified during the inspection regarding this domain. These matters concern the development of procedures in regard to the deployment of volunteers and the management of volunteers within the day care setting.

### Is care effective?

On the day of the inspection it was established that the care in Willowbank Day Care was effective. Observations of staff interactions with service users and discussion service users evidenced this. There were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users.

The inspection of elements of two service users care records, incident recording, discussion with service users and staff concluded care was being delivered at the right time, in the right place, and with the best outcome. Staff demonstrated a high level of commitment to ensure service users received the right care at the right time. Staff spoken with understood their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager.

Three areas for quality improvement were identified during the inspection regarding this domain. These matters concern the further development of care plans and risk assessments and improving the recording of progress records.

### Is care compassionate?

On the day of the inspection Willowbank Day Care was found to be delivering compassionate care. The inspection of records, observations of practice and discussions with staff and service users confirmed that service users were being treated with compassion, dignity and respect. Furthermore they were encouraged by staff to be involved in decisions affecting their care and support.

Staff were observed responding to service users' needs and requests promptly and professionally. Discussion with service users and observation provided evidence that service users were listened to, valued and communicated with in an appropriate manner.

**Is the service well led?**

On the day of the inspection there was evidence of effective leadership and management in Willowbank Day Care and a culture focused on the needs of service users. Staff confirmed that they were well supported in their roles and that good training is provided.

One area for quality improvement was identified during the inspection regarding this domain. This matter concerns the reporting of incidents under Regulation 29, of The Day Care Setting Regulations (Northern Ireland) 2007.

This inspection was underpinned by The Day Care Setting Regulations (Northern Ireland) 2007, the Day Care Settings Minimum Standards 2012.

**1.1 Inspection outcome**

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	3	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Kathleen Lappin, Deputy Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

**1.2 Actions/enforcement taken following the most recent care inspection**

The most recent inspection of the day care setting was an announced pre-registration care inspection undertaken on 21 September 2016. There were no further actions required to be taken following the most recent inspection.

Enforcement action did not result from the findings of this inspection.

**2.0 Service details**

<b>Registered organisation/registered person:</b> Willowbank Ltd/Ann McGlone	<b>Registered manager:</b> Ann McGlone
<b>Person in charge of the service at the time of inspection:</b> Kathleen Lappin, Deputy Manager	<b>Date manager registered:</b> 20 December 2016

### 3.0 Methods/processes

- The registration details of the day centre
- Written and verbal communication received since the previous care inspection
- The previous care inspection report

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

- Discussion with the deputy manager
- Discussion with two care staff
- Discussion with four service users
- Examination of records
- File audits
- Evaluation and feedback

The deputy manager was provided with five questionnaires to distribute to service users; five staff members and five relatives for their completion. The questionnaires asked for service user, staff and relatives views regarding the service, and requesting their return to RQIA. Four staff and five service users' questionnaires were returned to RQIA. The content of the questionnaires is discussed in the main body of the report.

The following records were examined during the inspection:

- Complaints and compliments records
- Accident/untoward incident record
- Staff roster
- Staff supervision and appraisal records
- Elements of two service users' care records
- Sample of policies and procedures
- Sample of quality assurance audits
- Staff training information
- Minutes of two staff meetings
- Minutes of a service user meeting
- A monthly monitoring report.

### 4.0 The inspection

#### 4.1 Review of requirements and recommendations from the last care inspection dated 21 September 2016.

There were no requirements or recommendations made as a result of the pre-registration care inspection.

## 4.2 Is care safe?

The deputy manager confirmed the planned daily staffing levels for the day care centre, and that these levels were subject to regular review to ensure the assessed needs of the service users were met. A review of the staffing roster for weeks commencing 13 February until 8 March 2017 evidenced that the planned staffing levels were adhered to.

Staff consulted confirmed that staffing levels met the assessed needs of the service users. Observation of the delivery of care evidenced that service users' needs were met by the numbers of staff on duty.

On the day of inspection a volunteer was supporting care staff in the day care setting. The inspector discussed the role of the volunteer with the deputy manager. Discussion with the deputy manager confirmed that a procedure for the involvement of volunteers detailing the arrangements for their recruitment, vetting, training and management was not in place. Discussion also confirmed that records detailing the scope of activity and responsibilities of volunteers were not in place. Two recommendations have been made to address these issues.

Discussion with the deputy manager confirmed that staff were recruited in line with Regulation 21, Schedule 2 of The Day Care Setting Regulations (Northern Ireland) 2007 and that records were retained in this regard.

The deputy manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the centre for any period in the absence of the registered manager. Records of competency and capability assessments were retained and examined during the inspection.

Review of a sample of staff training records concluded staff had received mandatory and other training relevant to their roles and responsibilities since the previous care inspection.

The staff on duty on the day of inspection discussed the needs of the service users they were looking after. They gave a clear description of their needs and how those needs will be met. They knew who may need additional time to manage and support their behaviour and gave examples of how they respond in a safe way to calm and redirect service users. Overall the staff stated their aim was for service users to enjoy their time in the day service by undertaking stimulating activities and for service users to feel comfortable and safe in the group environment. The staff confirmed that if they had any concerns regarding safe practice they would discuss this with their colleagues and/or the management team who they described as accessible and supportive. Staff confirmed service users are encouraged to give their views, opinions and preferences. In summary the discussion with staff confirmed they were proactively promoting safe care for service users in this setting.

The deputy manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. The deputy manager stated that there were no current or ongoing safeguarding concerns.

A review of the day centre's environment was undertaken and the day centre was found to be warm, fresh smelling and clean throughout. There was evidence that hand hygiene was promoted through notices, handwashing supplies and facilities.

There were no obvious hazards to the health and safety of service users, visitors or staff. Fire exits and corridors were observed to be clear of clutter and obstruction.

Five service users completed questionnaires for this inspection. These service users confirmed they felt safe in the setting; they could talk to staff if they were unhappy or had any issues or concerns, they could tell someone if they were worried about someone being treated badly, the setting is comfortable and they knew what to do if the fire alarm sounded.

Four staff members returned questionnaires to RQIA post inspection. These staff members confirmed that the care was safe, they had received training in safeguarding vulnerable adults, there are risk assessments and care plans in place for service users, they would report poor practice and they receive support to fulfil their roles and responsibilities.

### Areas for improvement

Two areas for quality improvement were identified during the inspection regarding this domain. These matters concern:

1. The development of a procedure for the involvement of volunteers within the day care setting.
2. The development of records detailing the scope of activity and responsibilities of each volunteer.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	2
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### 4.3 Is care effective?

Discussion with the deputy manager established that staff in the day care setting responded appropriately to and met the assessed needs of the service users.

The inspector reviewed elements of two service users care records. Review of a service user's progress records identified that an incident had occurred on 13 February 2017 that required the development of a risk assessment and care plan. Discussion with the deputy manager confirmed that a risk assessment and care plan had not been developed. Two requirements have been made to address these issues.

The entry in the service user's progress records detailing the incident was not signed or dated. A recommendation has been made to address this issue.

The second care record reviewed was found to be satisfactory.

Service users and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process. Care recording for every five attendances was being maintained.

Review of elements of two service users' care records confirmed annual reviews of the individual's day care placement had taken place in the previous year.

It was observed during this inspection that records were stored safely and securely in line with data protection.

The deputy manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users at appropriate intervals.

Records were made available for inspection concerning audits of the complaints and compliments, accidents/incidents, staff training and staff supervision and evidenced that actions identified for improvement had been completed.

Evidence was provided to verify that systems were in place to ensure effective communication with service users, their representatives and key stakeholders. These included pre-admission information, multi-professional reviews, service users and staff meetings.

Discussion with the deputy manager and staff confirmed that management operated an open door policy in regard to communication within the day care setting. Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other health care professionals.

Discussion with the deputy manager confirmed that service user meetings are to be held monthly. The last meeting was held on 27 February 2017 and minutes were made available.

There was information available to staff, service users and representatives in relation to advocacy arrangements.

Observation of practices evidenced that staff were able to communicate effectively with service users.

Five service users completed questionnaires. These service users confirmed they were getting the right care at the right time; staff were communicating well with them; their choices are listened to; they choose the activities they take part in and they had been involved in the annual review of their day centre placement.

Four staff members returned questionnaires to RQIA post inspection. These staff members confirmed that service users are involved in their care plan, care plans inform the care provided, monitoring of quality is in place and that staff respond to service users in a timely manner.

### Areas for improvement

Three areas for quality improvement were identified during the inspection regarding this domain. These matters concern:

1. The completion of risks assessments for all identified risks.
2. Further development of care plans.
3. Improving the recording of progress records.

<b>Number of requirements</b>	2	<b>Number of recommendations</b>	1
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#### 4.4 Is care compassionate?

The deputy manager confirmed that staff in the day care setting promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of the service users.

Discussion with staff regarding the activities they were delivering confirmed the activities were tailored to meet the needs of the service users, as well as promoting their strengths and providing choice. Observations of service users taking part in activities showed participation was good. Furthermore those service users assessed to need staff support, received this in a timely manner so they were involved in the activity.

During the observation and discussions staff were observed checking that service users were comfortable, that their needs and preferences were being met. If the staff identified someone needed additional support they sensitively and discretely got their attention and accompanied the service user to where they could get more individualised care and privacy. Overall staff were observed supporting service users in a compassionate way, encouraging service users to be involved in their care and promoting their independence.

An observation of the lunch time meal confirmed that service users were given a choice in regards to where they preferred to dine, food and fluid choices and the level of help and support requested. Staff treated service users with dignity and respect affording adequate time for service users to make decisions and choices and staff offered reassurance and assistance appropriately. Staff interactions with service users were observed to be compassionate, caring and timely.

Staff were aware of each service user's individual needs and were observed to respond positively and warmly. During discussion staff presented as knowledgeable and informed regarding each service user's needs.

The staff stated they consult with service users informally when they are in the day care setting regarding their needs, preferences and choices. They stated that consultation is not always discussion; it can also be gauging preferences through body language or behaviour.

Service users are consulted on a formal basis via service users' meetings and the annual review of their day care placement.

Service users spoken with during the inspection commented positively in regard to the care they received. Examples of some of the comments made by service users are listed below:

- "I like the new building. It is a very nice building."
- "Staff are lovely and very good to me."
- "We choose what we want for dinner."
- "I like doing all the activities."

Consultation with service users regarding compassionate care and service users' questionnaires identified they were treated with respect and are involved in decisions affecting them, the staff are kind and caring, their privacy is respected; they have choices and are involved in decisions.



Four staff questionnaires confirmed service users are treated with dignity and respect, encouraged to be independent and their views are sought and acted upon.

#### Areas for improvement

Number of requirements	0	Number of recommendations	0
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#### 4.5 Is the service well led?

The deputy manager confirmed that there were management and governance systems in place to meet the needs of service users.

A range of policies and procedures were in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Staff confirmed that they had access to the day centre's policies and procedures.

Discussion with staff confirmed that they knew how to respond to a range of situations such as responding to issues of dissatisfaction or a vulnerable adult concern. The staff confirmed there is good communication across the team and clear working together practices. They described the management team as supportive and they knew they could speak to them for guidance or advice. All grades of staff were clear who they report to and what to do if they had a concern about a staff member or service user. Discussions with staff also confirmed that management were responsive to any suggestions or concerns raised.

Discussion with the deputy manager and staff confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. A schedule for annual staff appraisals and staff supervision was maintained and was available for inspection.

A review of the schedule confirmed that supervisions were completed for staff on a quarterly basis, or more frequently, and staff appraisals were completed annually. Discussion with staff confirmed that they had received supervision and appraisal accordingly.

Discussion with the deputy manager confirmed that staff meetings were held monthly, and records verified this. The last meeting was held on 1 February 2017 and minutes were available. The previous staff meeting had been undertaken on 24 January 2017. The deputy manager confirmed that the minutes of staff meetings were made available for staff to consult.

The inspector reviewed the complaints record. No complaints were recorded. Compliments records were recorded and maintained by staff.

Discussion with the deputy manager and review of records evidenced that Regulation 28 monthly monitoring visits were completed in accordance with the regulations. A copy of the report was maintained and available in the day centre. The inspector reviewed February's monitoring report. A visit had also been undertaken in March 2017.

The certificate of registration issued by RQIA was displayed in a prominent position in the day care setting.

Review of a service user's progress records identified that an incident had occurred on 13 February 2017. This incident was not reported to RQIA in line with Regulation 29, of The Day Care Setting Regulations (Northern Ireland) 2007. A requirement has been made to address this issue.

Based on the findings of this care inspection RQIA concluded that the day care service was well led. There was evidence of good leadership, robust and effective management and governance systems in Willowbank Day Care which were focused on the needs of service users.

Five service users' questionnaires confirmed the service was managed well. The service users confirmed they knew the manager and could talk to the manager if they had any concerns. The service users also confirmed staff had responded well to them and they are asked what they would like to do in the setting.

Four staff questionnaires confirmed that the service is managed well, the service is monitored, and communication between the staff and management is effective.

**Areas for improvement**

One area for quality improvement was identified during the inspection regarding this domain. This matter concerns the reporting of incidents under Regulation 29, of The Day Care Setting Regulations (Northern Ireland) 2007.

<b>Number of requirements</b>	1	<b>Number of recommendations</b>	0
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**5.0 Quality improvement plan**

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Deputy Manager, Kathleen Lappin as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP 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 the day care service. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

**5.1 Statutory requirements**

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Day Care Setting Regulations (Northern Ireland) 2007.

## 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Day Care Settings Minimum Standards 2012. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

## 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to RQIA's office for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Statutory requirements

#### Requirement 1

Ref: Regulation 16 (1)

Stated: First time

To be completed by:  
31 March 2017

The registered person, where appropriate, shall ensure that a written care plan is prepared in consultation with the service user or the service user's representative as how the service user's needs in respect of his/her day care are to be met.

**Response by registered provider detailing the actions taken:**

Care plans are in place for all service users, these are person centred and completed in consultation with the service user and detail how the service users needs are to be met.

#### Requirement 2

Ref: Regulation 13 (1)  
(a)

Stated: First time

To be completed by:  
31 March 2017

The registered person must ensure risk assessments are completed to address all identified risks.

**Response by registered provider detailing the actions taken:**

Risk assessments in terms of activities & space are in place & reviewed regularly. Support staff are competent in carrying out relevant risk assessments

#### Requirement 3

Ref: Regulation 29 (1)  
(d)

Stated: First time

To be completed by:  
31 March 2017

The registered person shall give notice to the Regulation and Improvement Authority without delay of the occurrence of any event in the day care setting which adversely affects the wellbeing or safety of any service user.

**Response by registered provider detailing the actions taken:**

All staff have received refresher training regarding notifiable incidents. Where there is an event which adversely affects the wellbeing or safety of a service user the incident will be reported to RQIA.

Recommendations	
<p><b>Recommendation 1</b></p> <p>Ref: Standard 24.1</p> <p>Stated: First time</p> <p>To be completed by: 31 May 2017</p>	<p>The registered person should ensure that a procedure for the involvement of volunteers detailing the arrangements for their recruitment, vetting, training and management be developed.</p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b>                      Policy in place regarding use of and recruitment of Volunteers, vetting procedures are in place. Supervision is the same as for paid staff. Volunteers will under training relevant to their role. Line Management is the same as for paid staff.</p>
<p><b>Recommendation 2</b></p> <p>Ref: Standard 24.3</p> <p>Stated: First time</p> <p>To be completed by: 30 April 2017</p>	<p>The registered person should ensure that the scope of activity and responsibilities of each volunteer is specified in writing.</p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b>                      Job role descriptions for Volunteers are in place + stored in a personnel file.</p>
<p><b>Recommendation 3</b></p> <p>Ref: Standard 7.7</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2017</p>	<p>The registered person should ensure that 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> <hr/> <p><b>Response by registered provider detailing the actions taken:</b>                      Staff have been reminded of the need for records to be legible, up to date signed + dated by the person making the entry. The registered Manager will ensure they are periodically reviewed and signed off.</p>

<b>Name of registered manager/person completing QIP</b>	Ann McGlone		
<b>Signature of registered manager/person completing QIP</b>	Ann McGlone.	<b>Date completed</b>	10/4/17
<b>Name of registered provider approving QIP</b>	Ann McGlone		
<b>Signature of registered provider approving QIP</b>	Ann McGlone	<b>Date approved</b>	10/4/17
<b>Name of RQIA inspector assessing response</b>			
<b>Signature of RQIA inspector assessing response</b>	ANGELA GRAHAM	<b>Date approved</b>	21/4/17



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