

Unannounced Care Inspection Report

23 March 2018



Willowbank Day Care

Type of Service: Day Care Setting

**Address: The Junction, 12 Beechvalley Way, Dungannon,
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**Inspectors: Angela Graham
Jim Mc Bride**

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Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

Willowbank Day Care is a purpose built day care centre. The day care building is situated on the ground floor of a local complex with individual electronic access. The day care setting can provide day care placements for a maximum of fifteen service users on a daily basis.

3.0 Service details

Organisation/Registered Provider: Willowbank Ltd Responsible Individual: Ann Marie Mc Glone	Registered Manager: Ann Marie Mc Glone
Person in charge at the time of inspection: Kathleen Lappin (- Manager)	Date manager registered: 12/1/17
Number of registered places: 15 comprising: LD, PH, SI.	

4.0 Inspection summary

An unannounced inspection took place on 23 March 2018 from 09.45 to 14.00.

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

The inspection assessed progress with areas for improvement identified since the last care inspection and to determine if the establishment was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to:-

- Providing an attractive, safe and suitable environment for the service
- Ensuring clear communication with service users
- Involving service users in the running of the centre
- Promoting choice for service users
- Providing meaningful and fulfilling activities for service users
- Promoting staff development
- Sharing information in the team
- Quality monitoring
- Record keeping.

The inspector spoke with a number of service users who stated:

- "Great service."
- "I like playing Boccia, staff are very good to me."
- "I like the food we get, a choice every day."
- "Staff are very professional and well trained."
- "The centre is always clean, comfortable and warm."
- "I am well cared for."
- "I can talk to staff if I have any problems."

- “Staff listen if I have any suggestions for improvement.”
- “***** and all the staff are very kind to me.”
- “I really enjoy coming to the centre and all the activities are great.”
- “I like going out to lunch in the Deli on the green.”
- “I have no complaints staff help me when I need help.”

The inspector spoke with three staff members who stated:

- “The service users are safe with staff.”
- “We have good training and induction as well as ongoing development.”
- “We support personal goals and outcomes for service users.”
- “I know the care needs of individuals.”
- “We work with service users to develop individual care plans.”
- “I listen to the service users concerns and provide support when required.”
- “I respect the service users at all times.”
- “We have a good manager; she is always here to talk to.”
- “The manager supports and encourages all staff development.”

Two areas for improvement were identified during the inspection pertaining to:

- 1- Staff training
- 2 -Employment references for new staff.

The findings of this report will provide the establishment with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users’ experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	0

Details of the Quality Improvement Plan (QIP) were discussed with Kathleen Lappin (Acting 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.

4.2 Action/enforcement taken following the most recent care inspection dated 8 March 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 8 March 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- record of notifications of significant events

- record of complaints
- inspection report from the previous inspection
- the RQIA log of contacts with, or regarding, Willowbank Day Care.

During the inspection the inspector met more than six service users in their groups and spoke with three individually. Three day care staff were interviewed individually. No visiting professionals or service users' visitors/representatives were available on the day of the inspection.

At the request of the inspector, the acting manager was asked to display a poster within the day care setting's registered premises. The poster invites staff to give their views and provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision; no responses were received.

The inspector provided 10 questionnaires for service users/relatives seeking their views on the service.

Comments:

- "I'm happy with the care."

The following records were examined during the inspection:

- statement of purpose 2018
- service user's guide 2018
- minutes of service users' meetings held in 2017/18
- minutes of staff meetings held in 2017/18
- reports of quality monitoring visits 2017/18
- fire risk assessment
- fire safety checks
- staff duty rotas
- staff competency and capability assessments
- staff training records including:
 - safeguarding
 - manual handling
 - infection control
 - fire safety
 - food hygiene
 - COSHH
 - first aid
- record of complaints
- record of incidents and accidents
- three service users' files and risk assessment records
- day care setting's policies including:
 - pre-employment checks 2017
 - incident policy 2017
 - risk assessments 2017
 - care planning 2017
 - complaints 2017
 - safeguarding 2018

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 8 March 2017

The most recent inspection of the establishment was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 8 March 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 16 (1) Stated: First time	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 is to be met.	Met
	Action taken as confirmed during the inspection: The inspector confirmed and reviewed a number of care plans that were available and up to date at the time of inspection. The records in place were satisfactory.	
Area for improvement 2 Ref: Regulation 13 (1) (a) Stated: First time	The registered person must ensure risk assessments are completed to address all identified risks.	Met
	Action taken as confirmed during the inspection: The inspector confirmed a number of appropriate individual risk assessments were available and up to date at the time of inspection. The records in place were satisfactory.	

<p>Area for improvement 3</p> <p>Ref: Regulation 29 (1) (d)</p> <p>Stated: First time</p>	<p>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.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection: The inspector confirmed that the day care centre has in place an incident reporting policy and procedure (2017).The procedure outlines the process for reporting to the RQIA were appropriate.</p>		
<p>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</p>		<p>Validation of compliance</p>
<p>Recommendation 1</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>	<p>Met</p>
<p>Action taken as confirmed during the inspection: The inspector confirmed that the day centre has in place a volunteer recruitment policy and procedure. The procedures outline the processes that ensure their recruitment and training arrangements.</p>		
<p>Recommendation 2</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>	<p>Met</p>
<p>Action taken as confirmed during the inspection: The inspector noted that the day centre has in place role descriptions for volunteers a number of the records were reviewed and were found to be satisfactory.</p>		
<p>Recommendation 3</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>	<p>Met</p>
<p>Action taken as confirmed during the inspection: Records in place were found to be legible, signed and dated correctly by staff. The acting manager described her review system and the information passed to staff to ensure record keeping meets the identified improvement.</p>		

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The day centre premises were well maintained and in good decorative order, with no obvious hazards for service users or staff. There are two rooms available for group activities and for individual work with service users.

All staff members expressed strong commitment to their work with service users, which, they confirmed, is enjoyable and fulfilling. All new staff are required to undertake a detailed induction programme, as described by one recently appointed day care worker. The staff members, who met with the inspector, confirmed that they have confidence in the practice of all members of the staff team in their work with service users.

The inspector noted the arrangement in place for a number of volunteers who are supplied to work in the centre and confirmed the following arrangements:

- Working patterns
- Personal details
- Access Ni record
- Completed Induction checklist
- Training records
- Pre supply checks.

The inspector discussed with the acting manager the requirements of training for staff and that all staff must be trained to meet the individual needs of service users. An area for improvement has been identified pertaining to training of staff.

The inspector discussed the recruitment records in place with the manager. The registered person must be satisfied on reasonable grounds as to the authenticity of the references received for staff provided to work within the day centre setting. An area for improvement has been identified pertaining to staff employment references.

Safeguarding procedures were understood by staff members who were interviewed. Staff confirmed that they had the confidence to report poor practice, should they identify it. However, all expressed the view that practice throughout the centre was of excellent quality and that team members worked well together. There were systems in place to ensure that risks to service users were assessed regularly and managed appropriately and this included inputs by community based professionals, service users and, where appropriate carers.

Risk assessments with regard to transport, mobility and moving and handling and other areas specific to individuals, were present where relevant and each one had been signed as agreed, either by the service user or a representative. Staff members were observed interacting sensitively with service users and being attentive to each person's needs. Observation of the delivery of care, throughout the period of the inspection, provided evidence that service users' needs were being met safely by the staff on duty.

Fire alarm systems checks were carried out and recorded on a weekly basis and fire exits were seen to be unobstructed. Fire safety training has been provided for all staff members on an annual basis.

During the inspection visit, several service users spoke positively of their enjoyment of attending the centre and confirmed that they felt safe and well cared for in the premises. Staff presented as being well informed of the needs of service users and of methods of helping to meet these needs safely. Service users' rights and feelings, and the methods available to them of raising a concern or making a complaint were set out in the service user guide and training had been provided for service users to help them understand and use the procedures for making their views known to staff. The quality monitoring officer includes safety checks and audits in each monthly visit.

It was indicated from discussions with staff and service users that the day care setting aims to ensure that there is at all times an appropriate number of skilled persons available to meet the assessed needs of service users. The inspector viewed the day care setting's staff rota information from the 26/2/18 to 23/3/18 and noted it reflected staffing levels as described by the acting manager. The rotas highlighted the person in charge each day.

The agency's policies and procedures in relation to safeguarding adults and whistleblowing were reviewed. The 'Safeguarding' policy and procedure provided information and guidance in accordance with the required standards. The policy has been updated in line with the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) updated adult safeguarding guidance issued in July 2015 ('Adult Safeguarding Prevention and Protection in Partnership'). The day care setting has highlighted the identification and role of an Adult Safeguarding Champion. The policy was reviewed in March 2018.

The evidence presented supports the conclusion that safe care is provided in Willowbank Day Care.

Five returned questionnaires from service users indicated that a safe service meant:

- There are enough staff to help you
- You feel protected and free from harm
- You can talk to staff if you have concerns
- The environment is safe and clean.

Areas of good practice

Examples of good practice found throughout the inspection included, staff induction, supervision and appraisal, empowerment of service users, adult safeguarding, infection prevention and control, risk management and the environment.

Areas for improvement

Two areas for improvement were raised pertaining to staff training and staff recruitment. These issues were discussed with the manager during the inspection. The manager was informed that these areas would be included in the quality improvement plan attached to this report.

	Regulations	Standards
Total number of areas for improvement	2	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

The centre's Statement of Purpose and the Service User's Guide 2018 provide all of the information required by the regulations and the minimum standards. The Service User's Guide includes pictorial support for the written information, helping to make it accessible to many of the service users.

Three service users' files were examined and each was found to contain detailed referral and assessment information on the individual and on his or her functioning, along with a written agreement on the terms of the individual's participation.

Care planning information was included in the records of reviews and referred to the intended outcomes for service users and the extent to which these had been achieved. Care plans clearly reflected the support and assistance required by the individual to achieve his or her goals or objectives. The content of each person-centred care plan was written, appropriately, in and each one presented a clearly individualised plan containing evidence of that person's involvement.

Each of the files examined contained clear risk assessments appropriate to the individual service user, making the risks clear for staff involved in specific aspects of the work with that person. A record was kept of each service user's involvement and progress at the centre and entries were made in proportion to the frequency of attendance of the individual. Dates and signatures were present in all of the files examined. Records of annual reviews for each person demonstrated that an evaluation of the overall suitability of the placement had been discussed in detail and agreed. Well written review records, informed by detailed progress notes and including the service user's views, where possible, were available in all files examined.

The inspector noted some of the comments made by service user during their review:

- "I like to get out and meet people."
- "I'm happy with the support offered."
- "I enjoy the independence I have here."
- "I have no concerns here."
- "I love doing the classes and the activities."
- "I have no problems with the staff here."
- "My personal care needs are met."
- "I have adapted well to the new building and I like the environment."

The premises are spacious on the ground floor and accessible for service users' groups and activities.

A wide range of activities is provided in the centre to support development of knowledge, skills and confidence with service users. There is good outdoor space, that includes being close to a supermarket and café area for the enjoyment of service users and staff.

Service users spoke about their experiences of participating in the centre's wide range of activities and all were positive about the benefits they gained from these. During the inspection a number of service users participated in a game of Boccia.

The centre facilitates service user meetings that allow service users to comment on any areas relating to them or the centre. The inspector noted some of the areas recently discussed during meetings:

- Activities
- Staffing
- Meals
- Transport
- Personal safety.

The centre also facilitates team meeting at which the following areas are discussed:

- Service user updates
- Activities
- Staffing
- Training.

The evidence indicates that the care provided in Willowbank Day Care is effective in terms of promoting each service user's involvement, development, enjoyment and wellbeing.

Five returned questionnaires from service users indicated that an effective service meant:

- You get the right care, at the right time in the right place
- The staff know your care needs
- You are kept aware of your care plans
- Your care meets your expectations.

Areas of good practice

Examples of good practice in effective care, found throughout the inspection, included assessment of strengths and needs, person-centred care planning, detailed progress records, care reviews, communication between service users, their representatives, the management and staff of the centre. There was evidence of positive links and relationships between community-based professionals within the local HSC Trust.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Observations of activities provided evidence of service users and staff relating positively to each other in a respectful and adult manner. All of the service users were introduced to the inspector and were enthusiastic in showing examples of the activities in which they engaged. Service users confirmed that staff involve them in deciding what they want to do during their time in the day centre including shopping and eating out. Several people stated that they enjoy everything about the centre and that it is important for them to have contact and friendships with others. The service user comments displays enthusiasm about the enjoyment they get from attending the centre.

Staff members presented as being committed to providing service users with purposeful and enjoyable experience at the centre and in other activities. In all of the interactions observed, service users were engaged by staff with warmth, and encouragement. Staff demonstrated a comprehensive understanding of each service user's assessed needs and individual care plan. Observation of practice confirmed that service users were afforded choice and were seen to be encouraged by staff in fulfilling and enjoyable activities. This area of good practice has to be commended.

The systems in place to ensure that the views and opinions of service users were sought and taken into account included an annual satisfaction survey and reviews of specific aspects of the service. There were a number of good examples of the involvement of service users in influencing decisions in specific aspects of the service.

Records for service users were presented in appropriate formats that helped each person to understand the content. During each monthly monitoring visit, the views of a sample of service users were sought in all of the monthly monitoring reports examined. The evidence presented at this inspection confirms that compassionate care is provided consistently in Willowbank Day Care.

Five returned questionnaires from service users indicated that a compassionate service meant:

- Staff treat you with kindness
- Staff ensure you are respected and that your privacy and dignity is maintained
- Staff inform you about your care
- Staff support you to make decisions about your care.

Areas of good practice

Examples of good practice found throughout the inspection included, communicating with service users appropriately, listening to and valuing service users, individualised communication methods with each person, involving service users' views in the decision making process, identifying meaningful development opportunities for service users.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

Discussions with the manager, and staff and an examination of a range of records, including minutes of staff meetings, staff training schedules, monitoring reports and review reports, provided evidence that effective leadership and management arrangements are in place in the centre.

Discussions with staff and examination of records confirmed that staff meetings had been facilitated. Staff reported that the manager provided detailed information to staff and that they were regularly consulted on a range of decision making aspects of the service. There was evidence from the minutes, from discussions with staff to confirm that working relationships within the staff team were supportive and positive and that team morale was good. Staff commented that the manager's leadership style was constructive and motivated team members to accept responsibility for their work and for the overall effectiveness of the centre.

The staff who met with the inspector appeared well informed on all aspects of the centre's operations and proved very capable in responding to all of the RQIA requirements for this inspection. It was good to see that staff are supported by the manager to develop their personal skills and avail of any training opportunities. One staff member stated: *"I'm well supported by the manager and appreciate her style of management and individual support."*

Staff members viewed supervision as a useful part of their accountability feedback system and of their individual development. In the formal supervision structure, staff are supervised by the manager. Staff reported that this system works well and confirmed that they meet with their supervisor regularly.

There was evidence from discussions with staff to confirm that the ethos of the team is positive and mutually supportive and that ideas for improvement are encouraged. Staff felt they were well supported following any incidents that they found particularly challenging in their work with a service user. Staff described the supervision system as one to one and a safe place to discuss any issues.

The manager prepares a monthly management report for discussion with the day centre's directors. This is a method of ensuring they are kept apprised about continuing the quality of the service.

The inspector noted some of the areas that the acting manager reports on to the directors:

- Activities
- Current issues
- Complaints
- New classes
- Staff training
- Supervision
- Appraisal
- Risk management
- Safeguarding.

Staff are required to be registered with the Northern Ireland Social Care Council (NISCC) details of individual staff member's registration status are retained by the day care setting. Discussions with the manager provided assurances that the day care setting has a process for monitoring the registration status of staff.

Monthly quality monitoring reports were examined and were found to address all of the matters required by regulation. Each report contained reflections from discussions with service users and with staff members. Following quality monitoring any resulting necessary improvements were clearly set out in an action plan. This structured and detailed approach to monthly monitoring aligns well with the centre's commitment to the provision of a high quality service.

The registered provider has worked effectively with RQIA and maintained their roles and responsibilities in accordance with legislation. The Statement of Purpose (2018) is kept under review, and has been revised when necessary. The registered person has shown an ability to respond appropriately to regulatory matters and led the organisation in maintaining compliance with Regulations and Minimum Standards.

Overall, the evidence available at this inspection confirmed that Willowbank Day Care Service is well led.

Five returned questionnaires from service users indicated that a well led service meant:

- You always know who is in charge at any time
- You feel the service is well managed
- Your views are sought about your care and the quality of the service
- You know how to make a complaint.

Areas of good practice

Examples of good practice found throughout the inspection included, induction, supervision, appropriate delegation, building good working relationships with the HSC Trust, keeping staff and service users well informed, governance arrangements, management of complaints, management of incidents, quality monitoring and promoting fulfilment for service users.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Kathleen Lappin Acting Manager as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences.

It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 setting. 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.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007	
<p>Area for improvement 1</p> <p>Ref: Regulation 21.3 (b)</p> <p>Stated: First time</p> <p>To be completed by: From the inspection date.</p>	<p>The registered person shall ensure that all staff have the qualifications or training suitable to the work that he is to perform, and the skills and experience necessary for such work.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Re-drafting of the application form is being effected and will be used for all new appointments, in line with the current regulations as referenced in this report and will seek to ensure that staff have the relevant qualifications, skills and experience for the role they are being employed to carry out.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 21.1 (b) (c)</p> <p>Stated: First time</p> <p>To be completed by: From the inspection date.</p>	<p>The registered person shall not employ a person to work in the day care setting unless he has obtained in respect of that person the information and documents specified in Schedule 2 of the regulations.</p> <p>The registered person must be satisfied on reasonable grounds as to the authenticity of the references referred to in paragraph 3 of Schedule 2 in respect of that person.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>In line with the inspectors recommendations pre-employment checks will be carried out and references authenticated on reasonable grounds to ensure that staff employed in the service have the required skills needed for the role they are being employed to fulfill.</p>



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