

# Unannounced Care Inspection Report 11 March 2019



## Magherafelt Day Centre

Type of Service: Day Care Service  
Address: 57 Hospital Road, Magherafelt, BT45 5EG  
Tel No: 02879365075  
Inspector: Angela Graham

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

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

This is a day care setting that is registered to provide care and day time activities for up to 30 service users for older people over the age of 65, who may also be frail, have a physical disability, learning disability, sensory impairment, mental health need, and/or dementia. The day care setting is open Monday to Friday and is managed by the Northern Health and Social Care Trust (NHSCT).

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Northern Health and Social Care Trust  <b>Responsible Individual:</b> Dr Anthony Baxter Stevens	<b>Registered Manager:</b> Eileen Doyle
<b>Person in charge at the time of inspection:</b> Eileen Doyle	<b>Date manager registered:</b> 24 September 2008
<b>Number of registered places:</b> 30	

### 4.0 Inspection summary

An unannounced inspection took place on 11 March 2019 from 9.50 to 16.15.

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 any areas for improvement identified during and since the last care inspection and determined 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 staff training, adult safeguarding, risk management and the internal environment. Further areas of good practice were also noted in regard to audits and care reviews; communication between service users, staff and other key stakeholders; and the culture and ethos of the day care setting. It was also positive to note good practice in relation to existing governance arrangements, and a focus on quality improvement.

No areas for improvement were identified during this inspection.

Service users' comments are included throughout the report.

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
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Eileen Doyle, Registered Manager, as part of the inspection process and can be found in the main body of the report.

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

#### **4.2 Action/enforcement taken following the most recent care inspection dated 23 November 2017**

No further actions were required to be taken following the most recent inspection dated 23 November 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:

- The registration details of the day centre
- Information and correspondence received by RQIA since the last inspection
- Incident notifications which highlighted that one incident had been notified to RQIA since the last care inspection on 23 November 2017
- Unannounced care inspection report from 23 November 2017

During the inspection, the inspector met with two visiting relatives, the registered manager and four care staff. Introductions were made to service users during the course of a walk around the setting; with individual interaction with ten service users.

The following records were examined during the inspection:

- Three service users' care records.
- A sample of service users' daily records.
- A sample of staff supervision and appraisal records.
- A sample of competency and capability assessments.
- Staff training information.
- The day centre's complaints/compliments record since the last inspection.
- Staff roster information for February and March 2019.
- A sample of minutes of service users' meetings since the last inspection.
- A sample of minutes of staff meetings since the last inspection.
- The day centre's record of incidents and accidents since the last inspection.
- A sample of monthly quality monitoring reports since the last inspection.
- RQIA registration certificate.
- Fire Safety Information.

At the request of the inspector, the registered manager was asked to display a poster within the day centre. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; no responses were received.

Ten service user and/or relatives' questionnaires were provided for distribution; five service users and two relatives' questionnaires were returned to RQIA within the timeframe for inclusion in this report.

The inspector requested that the registered manager place a 'Have we missed you' card in a prominent position in the day centre to allow service users, relatives and staff who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received.

An RQIA information leaflet 'How can I raise a concern about an independent health and social care service' was also provided to be displayed in the day care setting.

The findings of the inspection were provided to Eileen Doyle, Registered Manager, at the conclusion of the inspection.

The inspector would like to thank the registered manager, service users, relatives and staff for their support and co-operation throughout the inspection process.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 23 November 2017

The most recent inspection of the establishment was an unannounced care inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 23 November 2017

There were no areas for improvement made as a result of the last care inspection.

## 6.3 Inspection findings

### 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 inspector reviewed the day care setting's systems in place to avoid and prevent harm to service users which included a review of staffing arrangements in place within the day centre.

The registered manager described the staffing levels which have been assessed as necessary to provide a safe service in the setting. Assurances were provided to the inspector by the registered manager that sufficiently qualified, competent and experienced persons are working at all times to meet the assessed needs of the service users, taking into account the size and

layout of the premises, the number of service users accommodated, fire safety requirements and the statement of purpose. Discussions with the registered manager and observations during the inspection verified that there were sufficient numbers of staff to meet the needs of service users. Discussions with the staff, relatives and service users further verified that staffing levels were sufficient to meet the assessed needs of service users.

Observation and discussion with staff on duty on the of the inspection provided evidence that they were sufficiently experienced and trained to meet the assessed needs of the service users present, and were meeting those needs using the care plans and assessments to guide their approach. A review of the staffing roster for weeks commencing 4 February 2019 until 11 March 2019 evidenced that the planned staffing levels were adhered to.

The day centre has a human resources (HR) department which oversee the recruitment process, including the completion of appropriate pre-employment checks. The registered manager described the procedure for ensuring that staff are not provided for work until all necessary checks have been completed and confirmed that the outcome of these checks are retained by the HR department.

The registered manager confirmed that an induction programme was available for newly appointed members of staff. A review of this induction programme noted that it was comprehensive and included areas such as confidentiality, whistleblowing, communication, health and safety and adult safeguarding.

A competency and capability assessment had been completed for the staff member who, on occasion, may be in charge of the centre in the absence of the registered manager. A review of the competency and capability assessment confirmed that the staff member was assessed as competent to undertake their role and responsibilities. It was positive to note that this assessment was subject to periodic review to ensure that it remained accurate. Discussion with the staff member confirmed that they were willing to undertake this role.

Observation of and discussion with staff on duty evidenced that staff were sufficiently trained, competent and experienced to meet the assessed needs of the service users present. Staff demonstrated a clear understanding of service users' needs and how those needs should be met. Discussion with staff confirmed that mandatory training and other professional development training was provided. 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 such as fire safety, dysphagia awareness, equality, diabetes awareness, respect and first aid. Staff who were spoken with stated that their training provided them with the skills and knowledge to fulfil their roles and responsibilities and that it was of a good standard.

Review of governance records confirmed that an effective incident/accident reporting policy and system was in place. The records inspected showed when accidents or incidents occurred they were recorded fully. All incidents and accidents were recorded on an electronic system which are reviewed and audited by the registered manager and the NHSCT governance department. Any incidents and accidents were reviewed on a monthly basis by the monitoring officer as part of the monthly quality monitoring visits. Discussion with the registered manager evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Observation of and discussion with the registered manager and day care worker evidenced that staff were very knowledgeable regarding each service user and the support they required in order to ensure their safety. In addition, discussions evidenced that they had an understanding of the management of risk, and an ability to balance assessed risks with the wishes and human rights of individual service users. The registered manager described a transparent learning culture within the setting in which staff are supported and encouraged to engage in reflective practice; the registered manager stated that this approach allows staff to consider any lessons learnt and review how to improve the day care experience for service users.

Discussions with the registered manager and staff also confirmed that they were aware of their obligations in relation to raising concerns with respect to service users' wellbeing and poor practice, and were confident of an appropriate management response. The registered manager and staff were aware of the organisation's whistleblowing policy if they could not resolve their concerns locally but indicated that they would be unlikely to need this due to the transparent working relationships that existed within the team.

There were no recent or current adult safeguarding referrals or investigation records to examine. The registered manager confirmed that the NHSCT safeguarding practices are directed by the regional Adult Safeguarding Prevention and Protection in Partnership, July 2015 and its associated Operational Procedures, September 2016. Staff had received adult safeguarding training. Discussion with the registered manager and day care worker further established that they were aware of their roles and responsibilities in relation to reporting adult safeguarding concerns, maintaining factual records and there was a clear pathway for staff to follow in relation to referring safeguarding concerns to appropriate professionals.

An inspection of the environment was undertaken and confirmed that it was appropriately warm, had suitable lighting and furniture and no mal odour was noted. Discussion with the registered manager and observation of the environment confirmed that furniture, aids and appliances were fit for purpose for the needs of the service users. Infection prevention and control measures were in place, which included the availability of supplies of liquid soap and hand towels mounted on the walls, foot pedal operated bins and seven step hand hygiene notices which were positioned at wash hand basins. Staff also had effective access to gloves and aprons as required. No obvious health and safety hazards were identified and fire exits were clear and free from obstruction.

The day centre's fire safety precaution records were reviewed. It was noted the last full evacuation drill was undertaken on 3 December 2018. Discussion with staff confirmed they were aware of the evacuation procedure. An updated fire risk assessment was completed on 3 July 2018 and the registered manager confirmed that the significant findings were addressed. Fire exits were observed to be clear of clutter and obstruction. Records examined identified that a number of safety checks were undertaken including: fire safety drills to ensure service users can exit safely, monthly safety checks of fire doors; fire extinguishers; emergency lighting and weekly fire alarm tests.

There were arrangements in place to ensure that staff are registered with the Northern Ireland Social Care Council (NISCC). Information regarding registration details and renewal dates were maintained.

Discussion with service users, their relatives and staff evidenced that they felt the care was safe. The following is a sample of comments made:



**Service users’ comments:**

- “This is an excellent centre. I have lost my sight and the centre is a safe place for me and the staff are fully aware of my needs.”
- “All is good here; we’re safe and comfortable in the centre.”

**Relatives’ comments:**

- “The centre has been invaluable to me; I am totally reassured that xxxx is safe and well looked after when he is here.”
- “A very safe and efficient service.”

**Staff comments:**

- “We are offered excellent training, supervision and there is good communication in the centre. All of these things support safe care.”
- “When I started working in the centre I had a very detailed induction and was very well supported by the manager.”

Five service users returned questionnaires to RQIA post inspection. The service users confirmed they were “very satisfied” regarding questions on “is care safe” in this setting. The service users confirmed there were enough staff to help them, they felt protected and free from harm, they could talk to staff if they had concerns and the environment was safe and clean.

Two relatives returned questionnaires to RQIA post inspection. The relatives confirmed that they were “very satisfied” with the safe care in this setting. They confirmed that their relative is safe and protected from harm, they could talk to staff, and the environment is suitable to meet their relative’s needs.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff training, knowledge of adult safeguarding, risk management and infection prevention and control.

**Areas for improvement**

No areas for improvement were identified in this domain during the inspection.

<b>Total number of areas for improvement</b>	0	0
--	---	---

**6.5 Is care effective?**

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

The inspector reviewed the day care setting’s arrangements for appropriately responding to and meeting the needs of people who use the service. Information relating to the nature and range of services provided was outlined in the Statement of Purpose. Observations



throughout the inspection confirmed that the day care setting was providing care in accordance with their Statement of Purpose.

The inspector reviewed elements of three service users' care files. The inspection of the care records found they were maintained in line with the legislation, the assessments of need, risk assessments, care plans and records of health and well-being of the service users were current and had been reviewed. Staff discussion confirmed they use these records to guide their practice and therefore recognised the importance of keeping records current and relevant. Overall the inspection found the settings management of service user records enabled staff to recognise service users' needs and respond to them effectively.

Care records also reflected the multi-professional input into the service users' health and social care needs. 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.

Discussion with the registered manager and review of arrangements concerning the storage of confidential records confirmed that service users' records were stored safely and securely in compliance with legislative. Staff recognised the importance of maintaining accurate and contemporaneous records to guide their practice and ensure that care provided was safe, effective and timely.

Discussion with the registered manager and review of records confirmed there were systems in place to review service user's placements within the centre and ensure that they are appropriate to meet their health and social care needs. There was evidence of annual care reviews in partnership with service users and/or their relatives and community keyworkers; these provided positive feedback from service users and their representatives with regards to the day care service.

Discussion with staff provided evidence that they were knowledgeable regarding service users' individual needs. Discussion with staff during a walk around the setting evidenced awareness of the need for person centred interventions which facilitate engagement with service users and promote effective communication. They also identified service users whose independence and opportunities in the setting needed to be promoted and supported. Observations of care showed staff were vigilant in responding to nonverbal cues as well as verbal communications and interventions were proactive and timely.

Discussions with the registered manager and day care worker described effective communication between service users, their relatives and the multi-disciplinary team. This was verified during discussions on the day of inspection with two service users' relatives who provided highly positive feedback regarding communication from staff with respect to the health and wellbeing of the service user. They described this communication as being timely and effective, often resulting in better outcomes for service users.

The registered 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 environment, staff training, fire safety, supervision and appraisal and care records and evidenced that actions identified for improvement had been completed.

Discussion with service users, their relatives and staff evidenced that they felt the care was effective. The following is a sample of comments made:

**Service users’ comments:**

- “The care and attention I get is second to none. All my needs and wants are met here.”
- “Staff treat me with respect and always ask for my views.”

**Relatives’ comments:**

- “The care is excellent. The staff are very welcoming and always keep me updated on xxxx day in the centre”
- “I am happy with the care. Staff are professional and respectful in all engagement.”

**Staff comments:**

- “Care plans and risk assessments are updated when changes occur and the updates are always shared with the staff.”
- “I feel the care in the centre is very effective. We strive to meet all the service users individual needs.”

Five service users returned questionnaires to RQIA post inspection. The service users confirmed that they were “very satisfied” regarding questions on “is care effective” in this setting. The service users stated that they receive the right care, at the right time, in the right place.

Two relatives returned questionnaires to RQIA post inspection. The relatives confirmed that they were “very satisfied” regarding questions on “is care effective” in this setting. They stated that their relative receives the right care, at the right time, in the right place.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between service users, staff and other key stakeholders.

**Areas for improvement**

No areas for improvement were identified in this domain during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	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.**

The inspection sought to assess the day care setting’s ability to treat service users with dignity, equality and respect and to fully involve service users in decisions affecting their care and

support. Service users were informed regarding the RQIA inspector visiting the day care setting and staff encouraged them to engage with the inspector.

There was evidence that service users were enabled and supported to engage and participate in a range of meaningful activities. The day centre provides a range of activities including: games, boccia, creative crafts, armchair exercises, bingo, cook it programme and reminiscence. There was also evidence that the registered manager was proactive in developing an activity programme which promoted new opportunities and new skills.

Discussion with staff found they were informed regarding the ethos of the day care setting which promoted choice and ensured service users had access to a friendly, caring and stimulating atmosphere. Staff also discussed how they support and encourage service users to remain active and independent in the setting by ensuring they are able to access activities that they can engage in and the space they use facilitates their independence.

Staff described there was also informal arrangements in place that ensured service users were consulted and their views and opinions were sought on a daily basis. Consultation with service users and when appropriate their relatives was recorded in service users individual records and were used to inform the assessment, care planning and review process.

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. Condiments were available for service users' use if required. Staff treated service users with dignity and respect affording adequate time for service users to make decisions and choices and offered reassurance and assistance appropriately. The food appeared nutritious and appetising. Staff wore appropriate aprons when serving the lunch time meal. Staff interactions with service users were observed to be compassionate, caring and timely. Staff also ensured the SALT recommendations for service users were adhered by allocating staff to support service users.

Staff approaches and responses to services users was noted to be caring, cheerful and compassionate. Discussions with the day care worker established that they were aware of their responsibilities and requirements to ensure service users' confidentiality and consent. It was acknowledged that service users require varying degrees of support with their care needs, and that service user independence should be promoted in a discreet manner. The inspector observed staff discreetly responding to service users who required such assistance.

The registered manager confirmed that service user meetings are held at least quarterly. A review of minutes of meetings since the last inspection verified this. A review of a sample of minutes for meetings in December, November and September 2018 evidenced service user feedback being sought in regards to transport, meals and activities. The minutes also reflected information provided to service users with regard to health and safety.

Discussions with service users confirmed that their views and opinions are taken into account in all matters affecting them. Service users advised they were consulted at service user meetings, care reviews and informally through daily discussions with staff.

Discussion with service users, their relatives, and staff evidenced that they felt the care was compassionate. The following is a sample of comments made:

**Service users’ comments:**

- “The staff are always kind and helpful. The food is lovely and we always get enough to eat.”
- “I enjoy coming to the centre and doing all the activities. Staff promote my independence at all times.”

**Relatives’ comments:**

- “Xxxx really enjoys coming to the centre and staff see to all his needs.”
- “The service is great and xxxx is treated with respect and warmth.”

**Staff comments:**

- “We treat the service users with dignity and respect and it is very important to involve them in choices of things like activities and meals.”
- “I feel this is a good service and the care we deliver is compassionate.”

Five service users returned questionnaires to RQIA post inspection. The service users confirmed that they were “very satisfied” regarding questions on “is care compassionate” in this setting.

Two relatives returned questionnaires to RQIA post inspection. The relatives confirmed that they were “very satisfied” regarding questions on “is care compassionate” in this setting.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the day care setting, listening to and valuing service users and taking account of the views of service users.

**Areas for improvement**

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.7 Is the service well led?**

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

The inspector sought to assess the day centre’s leadership, management and governance arrangements to meet the assessed needs of service users.

There was a clear organisational structure and this information was outlined in the day care settings Statement of Purpose. Staff demonstrated awareness of their roles, responsibilities

and accountability. Discussion with the day care worker confirmed that they had a good understanding of their role and responsibilities under the legislation.

The registration certificate was up to date and displayed appropriately.

The Statement of Purpose for the day care service was reviewed and updated by the manager in May 2018. The document describes the nature and range of the service to be provided and addresses all of the matters required by Regulation 4(1) of The Day Care Setting Regulations (Northern Ireland) 2007. Evidence gathered at this inspection indicates that the service is currently operating in keeping with its Statement of Purpose.

The registered manager and staff advised there were a range of policies and procedures in place to guide and inform staff. They are easily accessible to staff via paper copy or in electronic format.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The registered manager confirmed that this was addressed with staff through their induction, training, supervision and appraisal process. In addition, the registered manager confirmed that the day care setting had not received any complaints with respect to equality issues from service users and/or their representatives.

The inspector noted that the day care setting collects equality information in relation to service users, during the referral and assessment process. The registered manager confirmed that this data is used for the purpose of developing person centred care plans and risk assessments.

Some of the areas of equality awareness identified during the inspection include:

- effective communication
- service user involvement
- advocacy
- equity of care and support
- individualised person centred care
- individualised risk assessment
- disability awareness

Discussions with the registered manager confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. This included the availability of continuous update training alongside supervision/appraisal processes, an open door policy for discussions with the management team and observation of staff practice. A review of a sample of records verified that staff received three monthly supervision sessions or more often and that annual appraisal is undertaken. Staff members viewed supervision as a useful part of their accountability feedback system and of their individual development.

A review of staff meetings since the last inspection evidenced that they were held monthly. The meetings held in February 2019, January 2019 and November 2018 identified a focus on fire safety, policies and procedures, adult safeguarding and staff access to staff training opportunities.

A complaints and compliments record was maintained in the day centre. Review of the complaints record evidenced that two complaints had been recorded since the previous inspection. Investigation had been undertaken and local resolution had been achieved. Discussion with staff confirmed that they knew how to receive and deal with complaints and ensure that the registered manager was made aware of any complaints. The complaints procedure was displayed in areas throughout the day centre. Samples of compliments were available for review and evidenced a high level of satisfaction with the service provided.

The inspector discussed the monitoring arrangements in compliance with Regulation 28 of The Day Care Settings Regulations (Northern Ireland) 2007. The Regulation 28 quality monitoring visits had been undertaken monthly by an independent monitoring officer within the organisation who demonstrated a good understanding of the setting. A sample of reports viewed from March 2019 to January 2019 provided evidence that the visits were a mix of announced and unannounced visits and the format of the reports adhered to RQIA guidelines, evidenced engagement with service users, staff and professionals, with positive feedback recorded. Action plans were identified, carried forward and reviewed as part of each subsequent monthly monitoring visit.

Discussion with service users, their relatives and staff evidenced that they felt the service was well led. The following is a sample of comments made:

**Service users' comments:**

- "I have been told how to make a complaint but this place is the best you'll get."
- "All runs smoothly here."

**Relatives' comments:**

- "In my opinion the centre is very well run and I have no complaints."
- "I find the staff are always pleasant and very accommodating."

**Staff comments:**

- "We have regular supervision and staff meetings however the manager is very approachable and always available; you can discuss any issues at the time."
- "I am well supported in my role and I have access to policies and procedures and other reference material."

Five service users returned questionnaires to RQIA. The service users confirmed they were "very satisfied" or "satisfied" regarding questions on "is care well led/managed" in this setting. They confirmed that they knew who was in charge of the setting at any time, the service was well managed, their views were sought about their care and quality of service and they knew how to make a complaint.

Two relatives returned questionnaires to RQIA post inspection. The relatives confirmed that they were "very satisfied" regarding questions on "is care well led/managed" in this setting. The relatives confirmed that the service was managed well and they knew how to make a complaint.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to governance arrangements, quality improvement, staff supervision and maintaining good working relationships.

**Areas for improvement**

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**7.0 Quality improvement plan**

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.





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

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
**Twitter** @RQIANews