

**Unannounced Care Inspection
of
Magherafelt Day Centre**

14 January 2016

1. Summary of Inspection

An unannounced care inspection took place on 14 January 2016 from 09.45 to 16.15. Overall on the day of the inspection the Day Care Setting was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Settings Regulations (Northern Ireland) 2007, The Day Care Settings Minimum Standards 2012.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	2

The details of the QIP within this report were discussed with Ms Bernie McGuckin, Day Care Worker responsible for the day service in the absence of the registered manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Northern Health and Social Care Trust/Dr Anthony Baxter Stevens	Registered Manager: Mrs Eileen Doyle
Person in Charge of the Day Care Setting at the Time of Inspection: Ms Bernie McGuckin, Day Care Worker	Date Manager Registered: 24 September 2008
Number of Service Users Accommodated on Day of Inspection: 22	Number of Registered Places: 30

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

Standard 5: Care Plan - where appropriate service users receive individual continence promotion and support.

Standard 8: Service Users' Involvement - service users' views and comments shape the quality of services and facilities provided by the Day Care Setting

4. Methods/Process

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

Prior to the inspection, the following records were examined:

- the registration status of the service
- written and verbal communication received since the previous care inspection
- the returned quality improvement plan (QIP) and it's report from the care inspection undertaken in the previous inspection year.

At the commencement of the inspection a poster was displayed informing services users and visitors that an RQIA inspection was taking place and inviting them to speak with the inspector to provide their views.

During the inspection, care delivery/care practices were observed by the inspector and a tour of the general environment took place. During the inspection process the inspector met with 19 service users and had discussions with four staff, three of whom were care staff.

The following records were examined during the inspection:

- Six complaints and five compliments
- Five accidents/untoward incidents
- Statement of Purpose
- Service user's guide
- Minutes of three service user's meetings
- Minutes of two staff meetings
- Five service users care files
- Service users annual quality assurance report
- Policies and procedures regarding standards 5 and 8
- Three monthly monitoring reports.

Following the inspection three staff questionnaires and five service user questionnaires were received and analysed by us.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the day service was an announced estates inspection dated 18 June 2015. The completed QIP was returned and approved by the estates inspector.

Areas to follow up/be addressed were the outcome of the Trust's Estates Department re-evaluation of the existing conservatory being incorporated into the dining room in the dementia

unit of the centre. On the day of this inspection the conservatory in the dementia unit was not being used. Some service users from the dementia unit now have their lunch in the main dining room and several others continue to eat their lunch in the small separate dining room in the dementia unit. The day care worker responsible for the centre in the absence of the Registered Manager said this arrangement is working well as the conservatory is too cold to use in the cold winter months. The Registered Manager emailed RQIA on 29 January 2016 and stated: "Due to the current financial restrictions this project is not seen as a priority for the trust and the current arrangements are working."

5.2 Review of Requirements and Recommendations from the last Care Inspection on 5 March 2015

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 29	<u>Notifications of Accidents/Incidents to RQIA</u> In accordance with regulation 29, the registered manager must ensure: <ul style="list-style-type: none"> (a) RQIA is notified of any accident involving service users; (b) The two identified accidents/incidents discussed during the inspection are retrospectively forwarded to RQIA. 	Met
	Action taken as confirmed during the inspection: RQIA has been notified in accordance with regulation 29 of accidents and incidents including the two identified accidents/incidents discussed during the care inspection on 05 March 2015.	

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 17.10	<u>Monthly Monitoring Visits</u> With regards to monthly monitoring visits and reports, the designated registered person should ensure: <ul style="list-style-type: none"> (a) systems are in place to obtain (where appropriate) the views and opinions of carers for example by telephone or email (b) the time of the monitoring visit is recorded. 	Met
	Action taken as confirmed during the inspection: Three monthly monitoring reports were randomly sampled during this inspection; these contained the	

	time of the monitoring visit. Systems are in place to obtain the views and opinions of carers.	
Recommendation 2 Ref: Standard 14.10	<p><u>Complaints Record</u></p> <p>The registered manager must ensure the outcome/s of the identified complaint are recorded in the complaints record. The record must state if the complainant is or is not satisfied with this.</p> <p>Action taken as confirmed during the inspection: Magherafelt Day Centre's complaints record was examined during this inspection. The outcomes of all complaints were recorded along with whether or not the complainant was satisfied with it.</p>	Met

5.3 Standard 5: Care Plan - Where appropriate service users receive individual continence promotion and support

Is Care Safe?

The day service has corporate Trust policies and procedures pertaining to assessment, care planning and review. Discussions with staff concluded these are available and readily accessible in the centre. There was also associated guidance and information available for staff.

The policy and centre's internal procedures defined personal and intimate care and gave guidance to staff involved with service users who had assessed continence needs.

With regards to continence promotion, discussions with care staff concluded there were an identified number of service users attending the centre assessed to need staff support and assistance with their personal care. Discussions with service users concluded staff were discreet when approaching them to provide support and assistance; they were sensitive and respectful; they preserved their dignity and that they try their best to make them feel at ease and comfortable throughout the personal care process. Service users able to converse stated care staff know them very well. No issues were raised.

Discussions with three care staff confirmed they were satisfied with arrangements for access to personal protective equipment, and that they possessed sufficient knowledge, skills and experience on how to assist service users with their personal needs.

Observation and service users' feedback confirmed that sufficient numbers of staff were employed in the day care setting to meet the identified needs of those individuals who attend. There are also sufficient numbers of toilets and bathrooms. Staff have received information in continence management and explained what they learned and how they benefitted from this.

On the day of inspection staff were observed to be confident in carrying out their duties. These duties were carried out in an organised unhurried manner. Discussions with staff confirmed that they were able to demonstrate an understanding of individual's assessed needs.

Service users consulted reported that they felt safe in the day centre and were confident that staff had the skills and experience to assist them with their assessed needs. Staff, where appropriate and safe, encouraged and enabled service users to make their own decisions and be as independent as possible. Service users were discreetly supported by staff when this was needed. Discussions with staff reflected a person centred approach was used with service users.

On the day of this inspection, it can be concluded care was safe in Magherafelt Day Centre.

Is Care Effective?

Staff confirmed service users bring in their own continence protection which is retained by the service user or stored in a cupboard in the bathroom for use when needed.

A review of the environment confirmed a number of bathrooms were available to meet the assessed needs of the service users. Staff confirmed that a sufficient supply of personal protection equipment is available to them. Hand washing dispensers were also available throughout the centre. Discussion with three care staff concluded they have a working knowledge of current best practice with regards to infection, prevention and control and have received training on this.

Discussions with three care staff also concluded staff were respectful, sensitive and diplomatic in the language used to support and assist service users. Staff described how they ensured service user's privacy and dignity were respected; and were knowledgeable about the use of hoists, slings, personal protective equipment and where continence products are stored. Staff explained some service users only need staff support to orientate them to the bathroom; others need one staff member and some require the help of two staff. Several service users have a preference regarding the bathroom they use.

The inspector sought verbal permission to inspect care records during this inspection. Five service user's assessments and care plans were reviewed and focused on the quality of information pertaining to continence promotion and support. The assessments and care plans met standards 4 and 5, were dated and signed by all relevant parties. The care records inspected confirmed that continence care needs are discussed as part of the core assessment completed on admission. Should a service user's continence needs change, their respective assessment and care plan is updated and re-signed by service user or their representative, the staff member reviewing it and the manager. Where there is an assessed need for continence care, the support and assistance needed from staff was recorded in the service user's respective care plan. Risks were highlighted and the management of these risks recorded. Positive comments were shared about the quality of recording in service user's care files.

The care plans were person centred, comprehensive and reflective of the individual's needs. The continence support section of care plans reflected:

- How the service user is approached
- The language used by staff
- If a preferred bathroom is used
- The name and size of continence product used and where this is stored

- The name and type of equipment used and the type and size of sling
- The number of staff needed to provide assistance
- The level of staff support and assistance needed
- If a change of clothes is available and where these are located.

On this occasion there was evidence to confirm care in Magherafelt Day Centre was effective.

Is Care Compassionate?

Staff interaction with service users was observed throughout the inspection as polite, friendly, warm and supportive. Staff discussed with the inspector the importance of meeting service users' continence care in a respectful, sensitive and dignified manner. Where appropriate service users were encouraged to make their own decisions, be independent and were supported by staff when this was needed. Staff presented as knowledgeable, experienced and compassionate.

During periods of observation it was noted that continence care was undertaken in a discreet private way.

Discussions took place with a total of 19 service users, mostly in small groups around tables in their group room or in the dining room and individually with several others. Service users said staff were patient, sensitive and respectful if they needed support or assistance with going to the toilet. During conversations service users said staff encouraged them to be as independent as possible and preserved their dignity.

On this occasion there was evidence to confirm that continence care and promotion provided in the centre was compassionate.

RQIA Questionnaires

As part of the inspection process RQIA questionnaires were issued to staff and service users.

Questionnaire's issued to	Number issued	Number returned
Staff	5	3
Service Users	5	5

Review of completed questionnaires evidenced all of the service users were either very satisfied or satisfied regarding the care and support they receive; that staff respond to their needs and that they feel safe and secure in the centre. The following qualitative comments were recorded by service users or their representatives:

- "Staff are very helpful and supportive of me with all your needs. Excellent care".
- "Overall quite satisfied, that is why I came here".

Completed staff RQIA questionnaires stated they were either very satisfied or satisfied with:

- The training received by the Trust in core values;
- Communication methods;
- Mental health including dementia;

- Continence management;
- Access to continence products;
- Personal protective equipment (PPE);
- How to assist and support a service user with their personal care needs.

The overall assessment of this standard showed the quality of care to be compassionate, safe and effective.

Areas for Improvement

There were no identified areas for improvement needed regarding RQIA's review of standard 5. This is commendable.

Number of Requirements:	0	Number of Recommendations:	0
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5.4 Standard 8: Service Users' Involvement - Service users' views and comments shape the quality of services and facilities provided by the Day Care setting

Is Care Safe?

A range of policies were available to promote service users involvement in the day centre and each policy sets out the principles for involving service users to ensure they have an active role in the service delivery.

Review of the complaints records found evidence to confirm that expressions of dissatisfaction are taken seriously and managed appropriately.

Service users confirmed that they felt comfortable to raise any issues of concern with the Registered Manager or staff. They also confirmed these would be appropriately dealt with.

Five care plans inspected provided evidence that service users were encouraged to be involved in the planning of their care and, where possible actively participate in their annual care reviews.

Discussions with 19 service users and three care staff reflected how service users were involved in the running of the service. Examples were given about how staff and management have responded to their suggestions, views and opinions. Review of the minutes of service users meetings and discreet observations of staff interactions with service users concluded safe care was delivered in Magherafelt Day Centre during this inspection.

Is Care Effective?

Discussions with the manager, 19 service users and review of documentation show management and staff actively encouraged service user involvement in all aspects of their work.

Examples were given by service users of how staff ensured these were obtained for example: informal discussions with staff, service user meetings; annual quality assurance surveys and their annual review of their day care placement.

Discussions with three staff concluded service users' meetings are held on a monthly basis. The minutes of three service users meetings which had taken place in October, November and December 2015 were examined. The records were qualitative, informative and clearly reflected the involvement of service users.

In accordance with day care regulations, day services are involved in the annual reviews of service user's day care placements. Review of five service user's annual review reports took place during this inspection. All five review reports contained either the service user's or their representative's views and opinions of the day service. These were all very positive and complimentary about the quality of the Magherafelt Day Centre service.

The culture in the centre also supported the wellbeing of service users, enabling them to feel valued while also promoting and supporting their engagement and participation in the day centre. Some of the service users who took part in group discussions confirmed that they were involved in discussions about what took place in the centre. All comments received from service users were very positive.

Standard 8.4 states service user's views and opinions about the running and quality of the service are sought on a yearly basis. The most recent annual quality assurance service user survey was distributed to service users and their representatives in October 2015. The surveys encompassed all aspects of day care provision. Two day care workers stated the evaluation report containing the findings of the surveys was discussed with service users during one of their meetings.

Complaints

Six complaints were randomly examined since the previous care inspection in Magherafelt Day Centre's complaints record. These had been investigated and summaries of the investigation were recorded. A 'lessons learned' template is in place.

Discussions with service users concluded they are aware of the centre's complaints process. Service users said they would have no difficulty raising any areas of dissatisfaction, concern or complaint with staff or the manager.

Compliments

Five compliments were randomly examined since the centre's previous inspection. These were in the form of thank you cards or positive comments made by service users, their carers or family members complimenting staff on their attitude, work and support.

Monthly Monitoring Reports

Three monthly monitoring reports were reviewed during this inspection. The monthly monitoring reports of July, September and October 2015 reflected the views and opinions of two service users on each visit. The monthly monitoring reports of June or August 2015 were not in either of the two files examined during this inspection. A discussion took place with the day care worker responsible for the centre in the absence of the manager that there must be monthly monitoring visits. The reports from these visits should be made available for inspection. This is an identified area for improvement.

On this occasion it can be concluded the quality of care provision in Magherafelt Day Centre was effective.

Is Care Compassionate?

Discreet observations of care practices found that service users' were treated with respect, kindness and care.

Discussions with a total of 19 service users, individually or in groups of two or three around tables in their group room or dining room at tea break and after lunch. It can be concluded the quality of their lives has improved significantly as a result of their attendance at Magherafelt Day Centre. Service users informed the inspector staff frequently ask them for their views and opinions about different aspects of the day service.

A sample of the comments made by service users about the day service included:

- "This is a great place and I enjoy coming here. I'm treated very well and the staff are kind. They help us when we need it. I like the programmes".
- "This is an excellent service and we highly recommend it. We had no idea of what day centres do or anything about them. We can't get over the great atmosphere and friendliness of staff. We have benefitted from the STEPS programme and feel it's improved our mobility and balance. The staff are more than kind and go out of their way to help when it's needed. We can't sing the centre's praises highly enough. It brightens up our day and we look forward to it".
- "The centre is a lovely place. The chat is good and I look forward to it. The staff are excellent".
- "We are all spoiled rotten by the staff. They are gracious, polite, caring and friendly. It's a home from home. They are all very good to us. You couldn't have any complaints about this place".
- "We enjoy coming here, it's a great place".
- "You couldn't get a better place than here. I come here two days per week and would come seven days if I could! The company and craic are mighty. The girls are all excellent".
- "I had a stroke and prior to that I didn't know places like this existed. There's a great atmosphere here and there's never a cross word between the staff. This place has really helped me, particularly the STEPS programme. Coming here has also helped with my depression".

It can be concluded the quality of care provision in Magherafelt Day Centre was safe, effective and compassionate.

Areas for Improvement

One area for improvement was identified as a result of examination of this standard. This regarded monthly monitoring visits and their reports being made available for inspection.

Number of Requirements:	0	Number of Recommendations:	1
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5.5 Additional Areas Examined

5.5.1. Accidents and Untoward Incidents

Five accident and untoward incident forms were randomly sampled during this inspection. The service's accident and untoward incident records were being maintained in accordance with regulation 29.

5.5.2. Menu

It was noted there is a two week menu plan, this is not in accordance with minimum standard 10.7 which states: "menus are rotated over a three week cycle...taking into account service users' views." This is an identified area for improvement and was discussed with the day care worker responsible for the centre in the absence of the manager.

5.5.3. Environment

The general décor and furnishings were fit for purpose and there were displays of service user's photographs, art work and pictures on walls and notice boards around the centre. The centre was observed to be clean, tidy and well maintained.

Several large boxes were noted to be on the floor in the hairdressing room. The day care worker said these boxes contained a flat packed aluminium shed for the garden. The Registered Manager emailed RQIA on 29 January 2016 and explained representatives from the Trust's Estates Department would be building the shed in early February pending weather.

5.5.4. Areas for Improvement

One area for improvement was identified as a result of the examination of additional areas. This concerned the provision of a three week menu plan.

Number of Requirements:	0	Number of Recommendations:	1
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6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Bernie McGuckin, Day Care Worker responsible for the centre in the absence of the registered manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

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

6.2 Recommendations

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

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/ registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to day.care@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home/agency/service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Recommendations

Recommendation 1 Ref: Standard 10.7 Stated: First time To be Completed by: 15 April 2016	<p>The Registered Manager should ensure there is a three week menu plan for lunch for service users in Magherafelt Day Centre.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: This has been raised with Catering Dept. and will be implemented over the next few months. Consultation and food sampling events have been organised to facilitate client choice in this area.</p>
Recommendation 2 Ref: Standard 17.10 Stated: First time To be Completed by: from 15 January 2016	<p>The Registered Person should ensure the designated person undertakes monthly monitoring visits of Magherafelt Day Centre. The monthly monitoring reports are retained and made available for inspection purposes.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: All hard copies, but one, of the monthly monitoring reports are available on site for inspection. August 2015 report is missing due to a combination of annual leave by parties involved and the re-scheduling of a cancelled visit being overlooked.</p>

Registered Manager Completing QIP	Eileen Doyle	Date Completed	09.02.16
Registered Person Approving QIP	Dr Tony Stevens Una Cuning	Date Approved	16.02.16
RQIA Inspector Assessing Response	Louise McCabe	Date Approved	17.02.16

Please ensure this document is completed in full and returned to day.care@rqia.org.uk from the authorised email address