

Unannounced Care Inspection Report

23 November 2017



Magherafelt Day Centre

Type of Service: Day Care Setting
Address: 57 Hospital Road, Magherafelt, BT45 5EG
Tel No: 02879365075
Inspector: Dermott Knox

www.rqia.org.uk

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

This is a Day Care Setting with 30 places, providing care and day time activities for up to 10 people living with dementia, with the remaining places being allocated to people with assessed needs related to; physical disability, mental ill health, sensory impairment or learning disability.

3.0 Service details

Organisation/Registered Provider: Northern HSC Trust Responsible Individual(s): Dr Anthony Baxter Stevens	Registered Manager: Mrs. Eileen Doyle
Person in charge at the time of inspection: Mrs Eileen Doyle	Date manager registered: 24 September 2008
Number of registered places: 30 - DCS-DE, DCS-LD, DCS-MP, DCS-PH, DCS-SI	

4.0 Inspection summary

An unannounced inspection took place on 23 November 2017 from 10.15 to 16.45.

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 to determine if the day care service was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to planning, organisation, leadership, staff training, safety, assessment of peoples' needs, care planning, delivery of care for service users and reviews of care plans.

No areas requiring improvement were identified at this inspection.

Service users said:

- "This morning I was knitting and chatting and I got tea and a biscuit and now I've got my dinner.
- I can get help when I need it. What could be better than that?"
- "The staff here are so helpful and kind. We are all really well looked after."
- "We have a lovely time here. We do art and boccia and we like the word puzzles where you try to make as many words as you can out of one big word. M---- over there is really good at it. She knows words that I've barely heard of. Anybody who has a complaint about this place doesn't know what they're talking about".

The findings of this report will provide the day care service 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	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs. 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 26 January 2017.

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 26 January 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
- Quality Improvement Plan from the previous inspection on 26 January 2017
- The RQIA log of contacts with, or regarding Magherafelt Day Centre

During the inspection the inspector met with:

- Four service users in a group setting
- Three service users individually
- Three care staff in individual discussions
- The registered manager throughout the inspection
- The area manager at the conclusion of the inspection.

Questionnaires were left with the manager to be distributed to service users and a number of relatives or carers of service users. Six completed questionnaires were returned to RQIA by 08 December 2017, four from service users and two from relatives.

A poster was left with the manager to display for staff, asking them to complete an online survey on the quality of the service, for RQIA. No surveys were completed.

The following records were examined during the inspection:

- File records for four service users, including assessments and review reports
- Progress records for four service users
- Monitoring reports for the months August, September, October and November 2017

- Records of three staff meetings held in 2017
- Minutes of service users' meetings dated September, October and November 2017
- Selected training records for staff, including staffs' qualifications
- Records of staff supervision dates
- The Statement of Purpose
- The Service User Guide
- Records of the STEPS programme, including the translation into Polish which staff compiled
- Fire safety records
- Records of complaints, including outcomes
- Records of incidents and accidents
- Policy documents on 'Safeguarding Vulnerable Adults'

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met. The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

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6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 26 January 2017

The most recent inspection of the day centre 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 26 January 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 13.1 Stated: First time	The registered provider should ensure that review and revision of the adult safeguarding policy is undertaken to ensure this is in keeping with DOH policy/procedure titled Prevention and Protection in Partnership, July 2015. Staff refresher training will also be necessary.	Met

	Action taken as confirmed during the inspection: The Safeguarding Policy had been reviewed In line with the identified DOH policy and procedure and staff refresher training was provided in 2017.	
	The registered provider should ensure that an analysis of the responses recorded within the service user satisfaction survey is undertaken in order to determine the level of satisfaction with the service and if necessary an action plan is developed to address issues. Action taken as confirmed during the inspection: The manager explained that the analysis and report are now produced by the Trust's Governance Dept. They will be contacted to request a speedy completion of the report for 2017.	Met
Area for improvement 3 Ref: Standard 5.6 Stated: First time	The registered provider should ensure that changes in assessed needs of service users are reflected within the care plans. Action taken as confirmed during the inspection: The Trust's stated and positive response to this recommendation was verified in the examination of a sample of service users' records and through discussion with the manager.	Met

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.

Magherafelt Day Centre premises were well maintained and in good decorative order, with no obvious hazards for service users or staff. The centre is purpose built and has been awarded 'Best Kept Day Centre' twice since it opened in 2002. Services are provided in the centre in several groups, operating in spacious rooms that are suited to the size of the group and the nature of the activity. Small rooms are available for individual work with service users, when necessary. The centre has outdoor space for service users' enjoyment in fine weather. The

manager described the staffing arrangements for working with the various groups, which are planned to ensure safety for each service user who participates.

The manager and three staff members, who met with the inspector, confirmed that they have confidence in the practice of all members of the team, in their work with service users. Staff commented on the open nature of discussions, emphasising that differing views may be aired and agreement reached on practice issues. If this process is problematic, the manager's decision is sought and respected. One staff member said that she learned as much through this process and in day to day discussions as she did through participation in training courses. Staff expressed strong commitment to their work with service users and confirmed that the work is enjoyable and rewarding. Staff described the range of interests and activities in which they each take a leading role and they confirmed the satisfaction they gained in supporting service users to benefit from their participation. There was evidence that staff had been trained appropriately for their specific areas of responsibility.

Safeguarding procedures were understood by staff members who were interviewed and they confirmed that care practice in the centre was of a high quality. Safeguarding training had been provided for all staff and was identified in the training records for 2016--17. There were systems in place to ensure that risks to service users were assessed and managed appropriately and this included inputs by community based professionals. RQIA was notified of one accident since the previous inspection. This event was managed appropriately.

Fire alarm systems checks were carried out and recorded on a weekly basis and fire exits were seen to be unobstructed. Fire safety training for staff had been provided on three dates during this year, in order to ensure that all staff had access to it. A fire risk assessment was completed on 03 July 2017, with the outcome that no actions were required. The relevant Fire Safety Policy had been reviewed and updated on 26 September 2017. Risk assessments with regard to transport, mobility and moving and handling, or other areas specific to the individual, were present where relevant and each one had been signed as agreed, either by the service user or a representative. The monitoring officer carries out regular audits of a range of the centre's operations and findings are presented in each monthly monitoring report.

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. There was evidence from service users, a relative and from records of service users' meetings to confirm that efforts were made consistently to promote feedback from service users on their satisfaction with the service provided. Three complaints had been received within the period since the previous care inspection and records indicated that they had been managed appropriately.

Staff presented as being well informed of the needs of each service user and of methods of helping to meet those needs safely. 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 and the wider evidence confirms that the manager and staff are focussed clearly on the provision of safe care in Magherafelt Day Centre.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to risk management, fire safety, the physical environment, staff training, staff supervision, adult safeguarding and the involvement of service users and relatives in evaluating the service.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	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 provide all the information required by the regulations and the minimum standards.

Four 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 clearly set out and identified the support and assistance required by the individual to achieve his or her objectives. Each care plan was dated and signed by either the service user or a representative and the key worker and manager of the day care service. The content of each care plan related accurately to the identified needs of the individual, as set out in written assessments. Deprivation of Liberty standards were checked for each service user using a pro-forma list.

Risk assessments, appropriate to the individual service user, were present in each file and provided clear information to guide a staff member working with that person. Records were kept of each service user's involvement and progress at the centre and the frequency of entries was in proportion to the person's attendance at the centre. 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. Each person's progress at the centre had been reviewed within the current year. Well written review records, informed by progress notes and, where possible, including the service user's views, were available in all files examined. A record of regular file audits was included in each file, providing evidence of detailed quality checking and notes on any improvements required. The outcome of this close attention to detail and accuracy is evident in the very good quality service user records.

The premises are spacious, accommodating a wide range of service users' groups and activities to support each person's care plan. There are attractive and well maintained garden areas around the premises providing safe outdoor spaces for the enjoyment of service users in fine weather.

Service users spoke about their experiences of participating in the centre's activities and all were positive about the benefits they gained from these. Activities included music, art, quizzes, and some structured programmes, such as 'STEPS' (Stepping Toward Enhanced Postural Stability) and 'Health and Wellbeing'. These programmes were provided on a repeating basis throughout the year, with different groups of service users participating in response to their assessed needs. Efforts by the centre's staff team to engage and involve minority groups in the programmes are commendable. Using internet resources, staff completed a detailed translation

of the STEPS programme's instructions from English to Polish, in order to assist two service users to participate. A relative was consulted on the accuracy of the translation in the booklet.

Completed questionnaires were returned by four service users and two relatives, all rating the service as 'very satisfactory'.

Overall, the evidence indicates that the centre provides an effective service.

Areas of good practice

Examples of good practice in effective care, found throughout the inspection, included assessment of strengths and needs, care planning, care reviews, involvement of minority groups, communication between service users and their carers and the management and staff of the centre. There was evidence of positive links and relationships between the centre and a number of community-based services.

Areas for improvement

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.

Most of the service users attending on the day were introduced to the inspector and were enthusiastic in discussing examples of the activities in which they engage during their time in the centre. Two service users confirmed that staff involve them in deciding what they want to do during their day in the centre, while others said that they were involved in following a specific programme to help their health or mobility. Several people stated that they enjoy everything about the centre and that it is essential for them to have friendships with others. Two service users met individually with the inspector and both provided enthusiastic comments on the enjoyment they got from attending the centre. Observations of activities throughout the centre provided evidence of service users and staff relating positively to each other in a respectful and caring manner.

Staff members presented as being committed to providing service users with purposeful and enjoyable experience at the centre. In all of the interactions observed, service users were engaged by staff with warmth, and encouragement. Staff demonstrated an 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 activities.

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 meetings with the monitoring officer who visits the centre each month on behalf of the registered provider. The views expressed were very positive and included:

- “You can make yourself at home here.”
- “We both enjoy the company and the activities. Dinners are very good.”
- “I look forward to coming here.” (attends two days per week)

Minutes of three service users’ meetings, held in September, October and November 2017, were examined and provided evidence of wide-ranging agenda topics. Each meeting’s minutes included items of information and discussion on service users’ health, safety and wellbeing, not only in the day centre, but also to encourage good self-care at home. Examples of these were, ‘Preventing trips and falls’, ‘Warmth over the winter’ and ‘Getting flu jabs’.

During each monthly monitoring visit, the views of two or three service users were sought and their comments were included in all of the monthly monitoring reports examined. Each person’s initials were recorded, showing that a broad representative sample of views was captured. The evidence presented at this inspection confirms that compassionate care is provided consistently in Magherafelt Day Centre.

Areas of good practice

Examples of good practice found throughout the inspection included, communicating with service users appropriately, listening to and valuing service users, involving service users’ views in the decision making process, encouraging service users’ understanding of safe and healthy lifestyles.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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.

Discussions with the manager and three staff members, 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 Magherafelt Day Centre.

Staff training records confirmed that staff had received mandatory training and training specific to the needs of the service users in this setting. The annual training plan for mandatory training is set out in a matrix, with course completion dates being recorded as each staff member

participates. Individual records, holding certificates of course completion and relevant training materials, are maintained in keeping with each person's NISCC registration requirements. Day Care Workers, who take charge of the Day Centre in the manager's absence, had all completed competence and capability assessments for this role.

Discussions with the manager, staff members and examination of records confirmed that staff meetings were held at least monthly and team members confirmed that they had ready access to the manager for necessary day to day communication. Staff reported that the manager provided information updates regularly to staff and that they were consulted on a range of decision making aspects of the service. There was evidence from the minutes of staff meetings and from discussions with staff to confirm that working relationships within the staff team were supportive and positive.

Records of staff supervision schedules were available for inspection and staff members confirmed that supervision was a useful part of their learning experience in addition to providing feedback on their performance in the job. There was evidence from discussions with staff to confirm that ideas for improvement are encouraged. Staff felt they were well supported in all aspects of their work and said that team morale was good.

Four monthly monitoring reports were examined and were found to address all of the matters required by regulation. Each report contained well-detailed feedback from discussions with service users and with one or two staff members. Observations of the work and activities were recorded and added a flavour of the atmosphere in the centre. A sample of service user records was checked during each monitoring visit and an audit completed of the centre's compliance with a selected area of performance. Any resulting necessary improvements were clearly set out in an improvement plan. This structured approach to monthly monitoring supports and aligns well with the centre's commitment to the provision of a high quality service.

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

Areas of good practice

Examples of good practice found throughout the inspection included, planning and organisation, liaising with relatives and carers, keeping staff and service users well informed, care planning and reviews, staff supervision, staff training, delegation, building good working relationships with the local community, governance arrangements, record keeping, management of complaints, management of incidents and accidents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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.



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