

Unannounced Care Inspection Report 29 August 2019



Magherafelt Day Centre

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

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

Magherafelt Day Centre is a day care setting that is registered to provide care and day time activities for up to 30 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

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	

4.0 Inspection summary

An unannounced inspection took place on 29 August 2019 from 10.00 to 16.30 hours

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

As a public-sector body RQIA have a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. During inspections of day care services, RQIA are committed to ensuring that the rights of people who receive services are protected. This means RQIA will be seeking assurances from providers that they take all reasonable steps to promote people's rights. Users of day care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted.

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

Evidence of good practice was found in relation to the culture and ethos of the service, listening to and valuing service users, taking into account their views, choice and preferences. Good practice was demonstrated regarding the provision of therapeutic activities and recreational opportunities. Overall there was evidence of good governance arrangements; staff training, professional development opportunities, supervision and appraisal, management of accidents/incidents and complaints, continuous quality improvement and effective team working.

An area for improvement was identified regarding; the use of a potential restrictive practice.

Service users said that they enjoyed the centre, liked coming to see their friends (staff included) and were spontaneous in their interactions with other service users and staff.

One service user said:

“The girls (staff) are great, couldn’t ask for better.”

The findings of this report will provide the day care setting 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	1	1

Details of the inspection and Quality Improvement Plan (QIP) were discussed with Eileen Doyle, Registered 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 11 March 2019

No further actions were required to be taken following the most recent inspection on 11 March 2019.

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 care centre
- incident notifications submitted to RQIA since the last care inspection
- unannounced care inspection report and QIP of 11 March 2019
- information and correspondence received by RQIA since the last inspection.

During the inspection the inspector met with:

- the registered manager, Eileen Doyle
- six staff
- seven service users on an individual basis, the remaining service users in a group discussion
- two service users representatives.

Questionnaires were given to the staff on duty to distribute between service users and relatives. One questionnaire was returned from a service user and eight from service users’ representatives. The person in charge was provided with a poster to be displayed in the service advising of how staff could complete electronic questionnaires and submit these to RQIA. Four questionnaires were completed and returned to RQIA by staff.

The following records were examined during the inspection:

- three service users' care records
- a sample of daily staff rota's
- two completed staff competency and capability assessments
- the complaints and compliments records
- incidents and accidents records
- the minutes of service user self-advocacy group meetings
- the minutes of staff meetings
- supervision and annual appraisal planner
- three months of quality monitoring reports
- a staff training matrix
- quality audits/governance arrangements for the centre
- the annual fire safety risk assessment dated January 2018
- records of fire drills undertaken during 2019
- the Statement of Purpose and Service User Guide
- the annual quality report of 2018/2019

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 11 March 2019

The most recent inspection of the day centre was an unannounced care inspection.

6.2 Inspection findings

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

6.3 Is care safe?

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

The review of the staffing arrangements evidenced that the planned staffing levels were adhered to. The duty rotas reflected the staff on duty and the capacity in which they worked. Staff and service users attended specific activities of their choice; the staffing arrangements promoted continuity of care and support and enhanced the relationship between the service users and staff. One completed satisfaction questionnaire from a service user returned to RQIA raised no issues regarding the staffing arrangements. The inspector met with service users during the inspection who expressed their satisfaction with the staff and staffing arrangements. One service user commented; "Staff are wonderful and they keep me informed." No issues were raised by staff during the inspection in respect of the staffing arrangements and there were four completed staff questionnaires returned to RQIA and the respondents indicated that they were satisfied with the current staffing arrangements. The

inspector met with the relatives of two service users who again were very complimentary about the staff team and commented, "This centre has been our lifeline."

Competency and capability assessments had been completed for any person in charge of the centre in the absence of the registered manager; records of assessments retained and samples reviewed were found to be satisfactory.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff were provided. A schedule for mandatory training, annual appraisal and staff supervision was maintained and was reviewed during the inspection. Staff, who supervise others had completed training in supervision and appraisal.

The manager explained that all staff recruitment records were retained at the Northern Health and Social Care Trust (NHSCT) human resource department. The manager confirmed that electronic confirmation of compliance with employment legislation as set out within The Day Care Setting Regulations and Minimum Care Standards (2012) were provided prior to new staff commencing duty.

Arrangements were in place to monitor the registration status of care staff with their professional Body, the Northern Ireland Health and Social Care Council (NISCC). The registration status of staff is also monitored at supervision.

The inspector was advised that the use of restrictive practices was very limited, for example; the entrance to the designated rooms for the support of persons living with dementia, are locked. This was discussed with the manager who stated that this is not a daily occurrence and a risk management approach was in place depending on who was attending the day centre. A number of issues arose regarding this arrangement. The locking of doors which inhibit the free movement of an individual is a potential restrictive practice and a deprivation of liberty in terms of also restricting the movement of others who may not be assessed as at risk. The Statement of Purpose of the day centre and the care documentation for the identified service users must reflect the rationale for the need for the locking of doors. Evidence should also be present regarding consultation with the service user, the service user's representative and the multidisciplinary team. The locking mechanism in use at the entrance to the unit should be reviewed. Currently staff need to let people into and out of the day centre. The locking mechanism should be replaced with one which gives free access to the centre; for example a switch which opens the door to gain entry. This would also stop the need for staff having to leave residents to answer the door. The above areas have been identified as areas for improvement.

Discussion with staff and inspection of records confirmed that staff had a good understanding of adult safeguarding principles and their obligation in relation to raising concerns about poor practice and whistleblowing. A review of staff training records evidenced that mandatory training in adult safeguarding had been provided for all staff. The review of records evidenced that there had been no safeguarding referrals made from the previous inspection in March 2019.

The premises of Magherafelt Day Centre were well maintained and in good decorative order. There are several rooms, of varying sizes, available for group activities and for individual work with service users, when necessary. There is a small garden area to the side of the centre which service users have use of and this is a popular place in the better weather. There were notice boards throughout the centre providing service users, relatives and staff with information regarding activities, photographs of activities and events and information leaflets.

Service users and/or their representatives and staff, 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. Staff members had generally been employed in the centre for lengthy periods and expressed strong commitment to their work with service users, which, they confirmed, is enjoyable and rewarding. A service user's representative commented: "You feel welcome, you're never a burden."

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 most recent report from the fire risk assessor was viewed and dated July 2018. There were no recommendations made in the report. The fire safety records evidenced that there had been a number of fire drills and staffs attendance was recorded to evidence the required number of fire safety training events per year had been complied with. Service users also participated in fire evacuation drills and records indicated that the last evacuation drill was in July 2019.

Service users spoken with during the inspection gave positive feedback in regard to the safe care provided. No issues or concerns were raised or indicated. A service user commented:

"Its (day centre) invaluable to me."

Areas of good practice

Examples of good practice found throughout the inspection included: staff work rotas, staff induction, staff training, adult safeguarding, fire safety records and service user and staff engagement.

Areas for improvement

Areas for improvement were identified regarding restrictive practice. The locking mechanism on the door to the designated part of the day centre where persons living with dementia are supported should be reviewed and documentation; including the Statement of Purpose and service users care records should accurately reflect the use of a restrictive practice.

	Regulations	Standards
Total number of areas for improvement	1	1

6.4 Is care effective?

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

A review of three service users' records confirmed that these were maintained in line with the legislation and standards. They included an assessment of need, life history, risk assessments, care plans and regular statement of health and well-being of the service user. Care needs assessment and risk assessments, including falls, moving and handling were reviewed and updated on a regular basis or as changes occurred.

The records also reflected the multi-professional input into the service users' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual service users. Service users and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the service user and/or their representative. Individual agreements, setting out the terms of placement were in place and appropriately signed. Records were stored safely and securely. Discussion with staff confirmed that a person centred approach underpinned practice and staff demonstrated their knowledge of individual service users throughout the inspection. Audits of care records were conducted with random selection reviewed at staff supervision and monthly monitoring visits.

The inspector confirmed that systems were in place to ensure effective communication with service users, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, monthly quality monitoring visits, service users' meetings and staff meetings. The staff and a service user's representative confirmed that management operated an "open door" policy in regard to communication within the day centre. A service user's representative commented, "I can go to Eileen (manager) or anyone, they're (staff) just fantastic."

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the service users. Staff confirmed that arrangements were in place, in line with the legislation, to support and advocate for service users.

A service user commented about the day centre:

- "Great companionship."

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 service users' representatives.

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 compassionate?

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

On the day of this inspection, the atmosphere in centre was welcoming and purposeful and service users, arriving at the centre, were greeted warmly by their friends and by staff members. Observations of interactions throughout the day provided evidence of service users relating positively to staff and to each other. Service users were engaged by staff with respect and encouragement at all times. While service users were assigned to specific groups and activities in both morning and afternoon sessions, staff respected the wishes of any person who did not wish to participate. A service user's representative commented, "It's just like family, it starts at the door as you come in."

Activities, such as art, music, quizzes, crafts and board games were part of the weekly programme. Staff also coordinate a number of specific programmes including; Health and Wellbeing which includes information on healthy eating, physical activity, keeping safe and preventing falls and advice regarding smoking and alcohol. Service users spoke very positively in respect of the range of activities available and were appreciative of any outings which were arranged. Service users stated they would like more outings but understood it was not always possible due to transport and staff availability. Service users confirmed that staff listen to them and encourage them to take a full part in developing their plans for day care through the members meetings, suggestion box and the approachability of staff. Therefore, activity programmes are organised with each individual's agreement and service users contributed positive comments on its value to them. Staff members were observed interacting sensitively with service users and being attentive to each person's needs.

The systems in place to ensure that the views and opinions of service users were sought and taken into account included regular service user meetings, an annual quality survey of service users and their carers or relatives and daily discussions with service users in groups or individually. The minutes of the service users meetings provided evidence of a strong focus on involving and empowering service users to contribute to decisions about the way in which the day care service is run. Preparation for each person's annual review included a meeting with the key worker to discuss the value of attending the centre and appropriateness of the existing programme of activities.

During each monthly monitoring visit the views of a sample of service users were sought and their views were reflected in good detail in all three of the monthly monitoring reports that were reviewed. Each person's file contained progress notes relating to that person's involvement and wellbeing and these reflected the caring nature of the relationships and interactions observed during the inspection. Staff members' comments and actions, along with the views expressed by service users, and confirmed that compassionate care was being provided consistently in Magherafelt Day Centre.

A service user responded by questionnaire to RQIA that they were very satisfied with all aspects of the care and management of the day centre and commented, "My care is very good."

Eight questionnaires were returned from service users’ representatives. All respondents indicated that they were very satisfied that care was safe, effective and compassionate and that the service was well led. Additional comments included:

- “Everything is excellent.”
- “Very satisfied with my (relative) care
- “Everything excellent with aspects of my (relative) care.”
- “Very happy with all aspects of care.”

We spoke to staff during the inspection and comments included:

- “I really enjoy working here because everyone is so friendly and helpful.”
- “Staff meetings are very good, can talk about anything, learning alerts are discussed here.”
- “It’s a brilliant place to work.”
- “No problem going to the manager if I needed to.”

There were four completed questionnaires returned to RQIA from staff within the specified timescale. The respondents were very satisfied that service users were safe and protected from harm, were treated with compassion, the delivery of care was effective and that the service was well led.

Areas of good practice

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

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 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 registered manager, Eileen Doyle, facilitated the inspection and demonstrated a very good understanding of The Day Care Setting Regulations, minimum standards and the systems and process in place for the daily management of the day centre. A wide range of documentary evidence to inform the inspection’s findings, including minutes of staff meetings, service users meetings, monitoring reports, audit records, work rotas, service users’ files, staffing information and written policies and procedures were made available. We discussed a range of the centre’s current strengths and the aspects that require further development, as identified in 6. 3.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DOH) guidance on complaints handling. Service users and/or their representatives were made aware of how to make a complaint by way of meetings, service user’s guide and trust information leaflets displayed. The review of records evidenced that complaints received had been fully investigated and resolved to the complainant’s satisfaction.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process.

A monthly monitoring visit was undertaken in accordance with Regulation 28. Records of the past three months were reviewed, the reports showed the visits were both announced and unannounced, provided a view regarding the conduct of the setting, included outcomes/action plans and qualitatively reflected service users and staff views and opinions.

Magherafelt Day Centre and the Northern Health and Social Care Trust have systems in place to ensure that staff were well-informed on the responsibilities of their roles and the expected standards of practice. Staff confirmed that there were good working relationships within the day centre and that the manager was always responsive to suggestions and/or concerns raised. One service user commented:

“Any problem you go to them, staff are very good, you can talk to them, they’re not stand offish.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of accidents/incidents, ongoing quality improvement and maintaining good working relationships.

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

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Eileen Doyle, Registered 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 14 (4)</p> <p>Stated: First time</p> <p>To be completed by: 14 October 2019</p>	<p>The registered person shall review the door locking mechanism on the identified door to ensure that it is the least restrictive mechanism for service users, visitors and staff to use to gain entrance to the identified area.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: Following discussion with Estates Services re most appropriate method of securing the building and the secure unit particularly a works request has been forwarded to estates to put this in place.</p>

Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012

<p>Area for improvement 1</p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by: 5 October 2019</p>	<p>The registered person shall ensure that the statement of purpose, service users guide and care documentation reflect that use of a restrictive practice (locking of doors)/ deprivation of liberty and that the service users, service users representatives and the multidisciplinary team have been consulted regarding the issue.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: The statement of purpose, service user guide and care documentation have been updated to reflect the use of restrictive practice of locking doors and deprivation of liberty. This has been discussed with service users their representatives and carers. Work is also ongoing with multidisciplinary teams in line with the Mental Capacity Act (Northern Ireland) 2016 partial implementation coming into effect on 2nd December 2019.</p>

Please ensure this document is completed in full and returned via Web Portal



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