



The Regulation and
Quality Improvement
Authority

Enler Day Centre
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Dundonald
BT16 2QG

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**Unannounced Care Inspection
of
Enler Day Centre**

19 May 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1. Summary of Inspection

An unannounced care inspection took place on 19 May 2015 from 09.15 to 16.45. Overall on the day of the inspection the Day Care Service 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	1	2

The details of the QIP within this report were discussed with the Mr Gerard Robinson, Manager (registration pending) as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Martin Joseph Dillon	Registered Manager: Mr Gerard Robinson
Person in Charge of the Day Care Setting at the Time of Inspection: Ms Janette Hewitt (SDCW) in the morning and Mr Gerry (Gerard) Robinson in the afternoon	Date Manager Registered: Registration pending approval of application
Number of Service Users Accommodated on Day of Inspection: 39	Number of Registered Places: 50

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 inspection the following records were analysed: notifications of incidents sent to RQIA in compliance with regulation 29, RQIA duty log and activity log for this day care setting; and the quality improvement plan for the last care inspection undertaken on 28 July 2014.

During the inspection the inspector met with 17 service users; and three staff.

The following records were examined during the inspection: four service users individual care records including care plans, assessments and review documentation; service user meeting records; two complaints; sampled the settings monthly monitoring visit records; sampled the staff meeting records; and sampled the settings incidents and accident records.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the service was an announced care inspection dated 28 July 2014. The completed QIP was returned and approved by the specialist inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: 21.4	The registered manager should make arrangements for all of the staff in Emler to familiarise themselves with the deprivation of liberty safeguards circular from the HSSPS dated October 2010 and evaluate how this should be embedded into practice within this day care setting.	Met
	Action taken as confirmed during the inspection: The staff had read the circular and discussed the same in a team meeting after the last inspection.	
Recommendation 2 Ref: 7.2	The registered manager should make arrangements for service users to receive information regarding what records are kept and how service users and or their representatives can access this information, for example in the service user guide or service users agreement.	Met
	Action taken as confirmed during the inspection: This had been included in the service user agreement and service user information.	
Recommendation 3 Ref: 7.5	The registered manager should ensure arrangements are in place to improve the frequency of recording in file 2 and comply with this criterion.	Met
	Action taken as confirmed during the inspection: Recording arrangements had been reviewed with staff and recording is now compliant with this criterion.	

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

Is Care Safe? (Quality of Care)

The setting has a continence management policy and procedure in place which was due for review on 24 June 2014. Overall the inspection evidenced there is a large number of the policies and procedures for this setting which are due for review. Therefore a recommendation is made for the registered person to make appropriate arrangements for the settings policies and procedures to be audited and update those due for review. The inspector reviewed specific policies and procedures to ascertain if care safe were: the Infection control policy and procedure which includes management and use of personal protection equipment (PPE) whilst delivering continence care (review due July 2010); and the settings continence promotion policy. These need to be reviewed and improvement is made in a general recommendation to improve policies and procedures for this inspection.

The continence management policy promotes continence for service users by encouraging independence where possible. The policy promotes dignity of each individual and identifies individual assessment and care planning regarding continence is necessary. However the inspection of documents did not find this was reflected in the four service user's plans that were read. The review of four service user individual records identified the needs assessment; risk assessments and care plans are kept under continual review, amended as changes occur and kept up to date to accurately reflect at all times the needs and preferences of the service user; and the needs assessment. The care plans had been appropriately signed; and care plans included information regarding continence. The plans could be improved by detailing service user's preferences, specific details regarding what type of product that is being used, who will supply the products. There was no detail regarding their continence assessment, whom the professional contact is or how to request a review of need. A requirement is made in this regard.

The setting has a continence promotion policy which needs to be reviewed; a recommendation is made regarding this. However the inspection did conclude the content of this policy does provide a sound guide for staff regarding promoting continence for example how the management of the right seating, clothes, positioning of walking aids, doors, access to toilets, sign posting, fluid intake among many issues which can assist in promoting and maintaining continence in service users.

Discussion with three staff evidenced they are aware of continence products and Personal Protection Equipment (PPE). Staff confidently described their care practice in this regard which reflected current infection control guidance. The training records revealed four care staff had received training in the areas of continence promotion and management in April 2015. The remaining day care staff will attend this training later this year.

During the inspection the inspector walked around the areas where intimate care is delivered. The observations of the environment confirmed there were no concerns regarding odour, location / storage of PPE. A small stock of continence products were kept in cupboards in the bathrooms and were behind a closed door. This is in keeping with infection control guidance and best practice regarding storage of continence products.

During the inspector's consultation with staff, they identified they actively seek service users and their representatives' views about care practices regarding continence management and promotion. Staff said this is incorporated into the care plan and practice, to ensure that choices, issues of concern, and risks are recorded and acted on. As identified from the audit of the service user records, the professional assessments in this regard are not referred to and there is minimal detail regarding the specifics of care required. A requirement made in this regard.

In conclusion the inspection of continence promotion and support evidenced care is safe in this setting however, practice will be further improved when the identified policies and procedures are reviewed; and care plans are improved.

Is Care Effective? (Quality of Management)

The inspector observed the staff have access to a large supply of continence products. The inspector also noted there are adequate supplies of and ease of access to PPE. Staff showed the inspector and discussed how they meet the assessed needs of service users. Staff confirmed they have unrestricted access to these products. The manager, senior day care worker and staff clearly explained to the inspector the system in place to identify continence issues, the referral system, evaluation and review of care plans.

General discussion with 17 service users during the inspection confirmed they feel listened to, and some of them talked about particular staff that they felt they could talk to more openly. The inspector was satisfied service users generally said all staff help to promote their independence. In conclusion the inspection of continence promotion and support evidenced staff are practicing in an effective way that is meeting the service users' needs.

Is Care Compassionate? (Quality of Life)

The inspection concluded on the day of the inspection that staff were knowledgeable regarding continence promotion and management and staff had incorporated infection control procedures into their practice. When staff described the care they deliver they used a person centred approach, which is required to compassionately care for service users who have continence needs. Discussions with the staff and observations on the day of the inspection led to the conclusion staff presented as compassionate and competent in providing continence care and support on the day of the inspection.

Areas for Improvement

Two areas of improvement were identified in the areas of continence promotion and support:

1. A recommendation is made that the registered person should make appropriate arrangements for the settings policies and procedures to be audited and update those due for review. The following policies and procedures were identified for review: continence management policy and procedure, continence promotion policy, Infection control policy and procedure which covers management and use of personal protection equipment (PPE) whilst delivering continence care (review due July 2010), the settings continence promotion policy.

2. A requirement is made that the four service user's individual records including the care plans are improved in the area of continence management, promotion and support. The plans should include as a minimum the service user's preferences regarding their continence care, specific details regarding what type of product is being used, who will supply the products, reference to the continence assessment or details regarding the assessment, who the professional contact is regarding any concerns and the process to be followed if there is a need for the assessment to be reviewed.

Number of Requirements	1	Number of Recommendations:	1
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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? (Quality of Care)

The inspector's discussion with staff, service users and review of records evidenced the manager and staff actively seek service users' and their representatives' views through day to day communication, meetings, reviews and questionnaires. The outcomes of these methods of communication are incorporated into practice to ensure that choices, issues of concern, complaints or risks are recorded and acted on. The inspection did note the staff and management team had facilitated service user's views and requests by empowering service users and their families to be fully involved in the change or improvement. This is a person centred approach that will improve outcomes for service users.

Discussions with staff and service users and review of records evidenced service users are listened to and responded to by staffs that are knowledgeable about their individual modes of communication.

The inspection evidenced the needs assessment, risk assessments and care plans are kept under continual review, amended as changes occur and kept up to date to accurately reflect at all times the needs and preferences of the service user. The needs assessment and care plans had been appropriately signed. The inspection concluded service users' views and comments shape the quality of services and facilities provided by the day care setting in a safe way. There are processes in place to improve the overall experience of service users who attend this setting.

The inspection evidenced staff have access to policies and procedures regarding:

- Service users' meetings and forums – this policy was due for review in March 2013.
- Listening and responding to service users' views is integrated into policies and procedures regarding communications with carers and representatives. There is a specific policy on communicating with service users who have a diagnosis of dementia however this policy is due for review. The content describes the service user meetings will be used to influence the running of the setting. During the inspection the inspector identified service user meetings are not the only driver of service user influencing the setting and delivery of care. Therefore this area could be improved to describe current practice when this policy is reviewed.
- Service users' involvement in activities and events – this policy was due for review in March 2013

Is Care Effective? (Quality of Management)

The inspection concluded there is a range of methods and processes where service users' and their representatives' views are sought, recorded and include details of the action taken such as service users meetings, day to day communications, meetings and questionnaires. These processes evidenced service users are enabled to be involved in and given opportunities to influence the running of the day care setting, therefore care presented as effective on the day of the inspection.

The review of the records pertaining to service user involvement evidenced service users (or their representatives) are encouraged and enabled to participate in decisions about the care and support services they receive. Staff particularly discussed how service users are encouraged and enabled to exercise choice and control over their lifestyle and staff are mindful involvement should not infringe on the rights of others. Discussion with staff identified how they ensure service users' dignity and privacy is respected and that they have choices. Staff described examples of how they have empowered and facilitated service users to take direct action themselves to improve their care. Review of records and discussion with staff and service users evidenced this approach had been welcomed by service users who were able to be fully involved in improvement and change.

During the inspection the staff informed service users that the inspection was taking place and facilitated opportunity for service users and staff to give their views about the standard of care delivered and the conduct of the day care setting to the inspector. The staff were observed doing this in an open and encouraging way to promote open communication.

The inspection evidenced staff have access to policies and procedures regarding:

- Inspections of the day care setting, this should have been reviewed from February 2013
- Consent, this should have been reviewed from May 2012
- Management, Control and Monitoring of the Setting, this should have been reviewed from September 2013.

Is Care Compassionate? (Quality of Life)

The inspection evidenced the service users in this setting are listened and responded to by staff. On the day of the inspection staff presented as knowledgeable about individual service users' communication needs and care using a person centred approach. Staff and service users discussed they felt they are kept informed about issues affecting them and are treated with respect; staff were also described as knowledgeable. In conclusion on the day of the inspection staff used a compassionate and respectful approach in their communication with service users' which enables the staff to record the service user's views. The inspection evidenced service user's comments have been and are being used to shape the quality of services and facilities provided by this day care setting.

Areas for Improvement

One area of improvement was identified which was also stated in the examination of service user's involvement:

- A recommendation is made that the registered person should make appropriate arrangements for the settings policies and procedures to be audited and update those due for review. The following policies and procedures were identified for review during this inspection:
 - Service users' meetings and forums – this policy was due for review in March 2013.
 - Listening and responding to service users' views which are integrated into policies and procedures regarding communications with carers and representatives and a specific policy on communicating with service users who have a diagnosis of dementia. This policy is due for review.
 - Service users' involvement in activities and events, this policy was due for review in March 2013.
 - Inspections of the day care setting, this should have been reviewed from February 2013; consent, this should have been reviewed from May 2012.
 - Management, control and monitoring of the setting, this should have been reviewed from September 2013.

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

5.5.2 Service user records

Four service user's care records were reviewed; these were kept in individual files. They contained evidence of assessment; care planning documentation; activity records; risk assessment; review documentation and minutes. The review of these files did identify one improvement regarding the detail in the plan to meet continence needs. A requirement has been made in this regard.

5.5.3 Incidents and accident record

Samples of entries made in this record from the date of the last inspection to the day of this inspection were examined and this did not reveal any improvements or concerns that require further discussion.

5.5.4 Complaints record

The complaints record was reviewed and this revealed one complaint was made in 2014 which was investigated and responded to in compliance with the settings policy and procedure. The complainant was satisfied with the response and this was not raised again.

5.5.5 Monthly Monitoring reports

Samples of monthly monitoring reports were inspected for the period from January 2015 until April 2015. The monitoring reports detail contact with families and representatives and the report presents a review of what the setting has done including action plans that seek to improve the delivery of care in this setting. However, the content should be improved for example detailing monitoring of files, checking are reviews happening in compliance with the settings standard, checking are assessments that inform care plans adequate, is staffing numbers; training; and support adequate to meet needs of setting and service users. Generally the reports could focus on standards including those being inspected, the report must also review the last action plan to evidence improvement or detail additional actions required. A requirement is made in this regard.

5.5.6 Service user meeting minutes

The inspection of the minutes of service user meetings for November 2014, March and February 2015 evidenced the records detailed events in the setting, past and plans for future events. The minutes discussed activities and detail a sub group has been set up to develop the activity programme. Transport had been discussed and issues raised by service users led the staff facilitating the group to writing to the trust regarding one of the buses not being suitable. There was detailed discussion regarding food, new staff commencing and care assistants role and responsibilities in the day care setting changing. The review of this document evidenced a good range of areas are discussed with service users and there is a clear focus on improvement and integrating service users views, opinions and suggestions. A copy of the minutes are kept on the service user information board and each day care worker is given a copy for their room. This makes the process effective and facilitates service users' views and comments shaping the quality of services and facilities provided by Enler day centre.

5.5.7 Staff meeting minutes

The inspection sampled the staff meeting minutes for March and February 2015 and this did not reveal any areas of concern or improvement for this inspection.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Gerry Robinson, Manager (registration pending) 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 service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/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 person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory Requirements

Requirement 1

Ref: Regulation 16 (1)

Stated: First time

To be Completed by:
30 June 2015

The registered person must make appropriate arrangements for the service user's individual records including the care plans to be improved in the area of continence management, promotion and support.

The plans should include the service user's preferences regarding their continence care, specific details regarding what type of product is being used, who will supply the products, reference to the continence assessment or details regarding the assessment, who the professional contact is regarding any concerns and the process to be followed if there is a need for the assessment to be reviewed.

Response by Registered Person(s) Detailing the Actions Taken:

From June 2015 Individual Continence Plans (ICP`s) will be part of the initial referral process. All newly referred Service Users Care Plans will include a comprehensive section on continence issues that will include the Service User/Carers preferences & Multi-Disciplinary Team input. All existing clients will be facilitated with an ICP by December 2015. All ICP`s will be reviewed as part of the Annual Review process thereafter or when referrals are required to Continence Team.

Requirement 2

Ref: Regulation 28 (4)

Stated: First time

To be Completed by:
30 June 2015

The registered person must make appropriate arrangements to improve the monthly monitoring reports for this setting.

The content should be improved to include details regarding the monitoring of files; review arrangements, do assessments inform care plans; are staffing numbers adequate; are staff receiving adequate training and support to meet needs of setting and service users. Generally the reports could focus on minimum standards and day care settings regulations. Furthermore any actions identified must be reviewed on the follow up visit to evidence improvement or detail additional actions required.

Response by Registered Person(s) Detailing the Actions Taken:

The ASM completing the monthly monitoring reports will take note of the areas to be improved and adapt the template provided to include monthly audit of files to include assessments, care plans and reviews. Staffing will be monitored to include assessment of adequate staffing levels and their training and support needs. Focus will be on minimum standards and day care setting regulations with improvements identified followed up the following month

Recommendations			
Recommendation 1 Ref: Standard 18 Stated: First time To be Completed by: 19 September 2015	The registered person should make appropriate arrangements for the settings policies and procedures to be audited and updated. The following policies and procedures were specifically identified for review during this inspection: <ul style="list-style-type: none"> • continence management; • continence promotion; • Infection control; • service users' meetings and forums; • communications with carers and representatives; • communicating with service users who have a diagnosis of dementia; • service users' involvement in activities and events; • Inspections of the day care setting; • consent; • management, control and monitoring of the setting. 		
	Response by Registered Person(s) Detailing the Actions Taken: A full audit of facilities Policy and Procedures file has been requested and all Policies will be updated to the latest versions available by 19 th September 2015.		
Registered Manager Completing QIP	Gerard Robinson	Date Completed	26/06/15
Registered Person Approving QIP	Martin Dillion	Date Approved	
RQIA Inspector Assessing Response	Suzanne Cunningham	Date Approved	3/09/15

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