

# Unannounced Care Inspection Report 22 October 2019



## Arden Centre

**Type of Service: Day Care Service**  
**Address: Scroggy Road, Limavady, BT49 0AR**  
**Tel No: 02877722123**  
**Inspector: Heather Sleator**

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

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

**1.0 What we look for**



**2.0 Profile of service**

Arden Centre is a day care setting that provides therapeutic activities and support for up to 20 persons per day living with a mental health diagnosis. The centre is open Monday to Friday and is managed by the Western Health and Social Care Trust (WHSCT).

### 3.0 Service details

<b>Organisation/Registered Provider:</b> WHSCT  <b>Responsible Individual(s):</b> Anne Kilgallen	<b>Registered Manager:</b> Irene Smyth
<b>Person in charge at the time of inspection:</b> Irene Smyth	<b>Date manager registered:</b> 21/11/2018
<b>Number of registered places:</b> 20	

### 4.0 Inspection summary

An unannounced inspection took place on 22 October 2019 from 10.20 to 16.00 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.

There were no areas for improvement identified at the inspection.

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:

“You can trust the staff in here.”

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

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Irene Smyth, 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 15 August 2018

No further actions were required to be taken following the most recent inspection on 15 August 2018.

#### 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 15 August 2018
- information and correspondence received by RQIA since the last inspection.

During the inspection the inspector met with:

- the registered manager, Irene Smyth
- two staff
- eleven service users on an individual basis, the remaining service users in a group discussion

Questionnaires were given to the staff on duty to distribute between service users and relatives. Five questionnaires were returned from service users. 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. One questionnaire was 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 rotas
- one completed staff competency and capability assessment
- 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 2019
- records of fire drills undertaken during 2018/19
- the Statement of Purpose and Service User Guide
- the annual quality report of 2018/2019

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 15 August 2018

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

### 6.2 Review of areas for improvement from the last care inspection dated 15 August 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 9 <b>Stated:</b> First time	The registered person shall ensure a full manager application for registration is submitted to RQIA without delay for this setting in compliance with this regulation.	<b>Met</b>

<b>To be completed by:</b> 10 October 2018	<b>Action taken as confirmed during the inspection:</b> The application form was submitted to RQIA and the manager was registered with RQIA in November 2018.	
<b>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 23.3  <b>Stated:</b> First time  <b>To be completed by:</b> 10 October 2018	<p>The registered person shall review the cover arrangements for this setting when the manager is absent. Records should be in place to confirm the staff member is willing to assume responsibility as the person in charge of the setting in the manager's absence, that they have sufficient experience and are knowledgeable regarding their role and responsibility when they are acting up.</p> <p><b>Action taken as confirmed during the inspection:</b> A competency and capability assessment was in place and reviewed for the person in charge of the day centre in the absence of the registered manager. The review was satisfactory.</p>	<b>Met</b>

### 6.3 Inspection findings

#### 6.4 Is care safe?

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

The 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. Five completed satisfaction questionnaires from service users, 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 very efficient at their job, like a well-oiled machine." No issues were raised by staff during the inspection in respect of the staffing arrangements and there was one completed staff questionnaire returned to RQIA and the respondent indicated that they were satisfied with the current staffing arrangements.

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 Western Health and Social Care Trust (WHSCT) 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) and the Nursing and Midwifery Council (NMC). The registration status of staff is also monitored at supervision.

The inspector was advised that there were no potential restrictive practices in use at the day centre. Observations of the premises during the inspection evidenced that there were no obstructions or locked doors to prevent service users from leaving. The ethos of the centre was one of when service users attended the centre they could come and go at will. The inspector observed service users going out for lunch or other afternoon plans and saying to staff they were leaving.

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 August 2018.

The premises of Arden Centre were well maintained and in good decorative order. There were several rooms, of varying sizes, available for group activities and for individual work with service users, when necessary. There were notice boards throughout the centre providing service users and staff with information regarding activities and events and information leaflets. The manager stated that they were hoping to refurbish and upgrade the shower facilities and that a request had been made to the Trust regarding this.

Service users 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 commented: "The support is good, always someone to listen to you."

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. Staff from support services within the local Trust had also completed an audit of the environment and infection prevention and control measures on the day of the inspection. 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 January 2019. 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 October 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:

“You can trust the staff in here (day centre).”

### 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

No areas for improvement were identified during the inspection.

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

### 6.5 Is care effective?

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

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 confirmed that management operated an “open door” policy in regard to communication within the day centre and a staff member commented, “I know who to go to if I have to report anything.”

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:

“I could go to any of the staff if I needed to.”

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

#### 6.6 Is care compassionate?

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

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 commented, “Never heard anyone arguing in here so it’s a friendly place.”

Activities, such as art and crafts, music, quizzes, pool, walking groups and board games were part of the weekly programme. Staff also coordinate a number of specific programmes including; health and wellbeing and facilitate service users gaining employment/involvement in community work. 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 and the approachability of staff. Therefore, recreational and rehabilitative 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 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 the Arden Centre.

Service users spoken with during the inspection made the following comments:

- "They're a tight group of staff, they gel well together."
- "Staff are very friendly."
- "The support is good, always someone to listen to you."
- "The staff are lovely."
- "I like it here, gets you out of the house."
- "Group meetings give us a chance to put your views across."
- "There's always someone about so think the staffing is alright."
- "I could go to any of the staff if I needed to."
- Staff have a listening ear; they point you in the right direction."
- It's (centre) very well run, well organised."

There were five completed questionnaires returned to RQIA from service users. The respondents indicated that they were very satisfied that care was safe, effective, and compassionate and that the service was well led. Additional comments included:

- "I am totally happy with all my care, couldn't be better."
- "I enjoy my days at the Arden Centre, it keeps me level."
- "I like meeting people to talk to; I would be lost without the Arden Centre."

There was one completed questionnaire returned to RQIA from staff. The respondent indicated that they were very satisfied that care was safe, compassionate and effective and that the centre 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
<b>Total number of areas for improvement</b>	0	0

### 6.7 Is the service well led?

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

The registered manager, Irene Smyth, 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.

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 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.

Arden Centre and the Western 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:

"I brought something to the manager this morning and she's going to sort it out."

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

**7.0 Quality improvement plan**

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



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