



The Regulation and
Quality Improvement
Authority

Arden Centre
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**Unannounced Care Inspection
of
Arden Centre**

9 June 2015

The Regulation and Quality Improvement Authority
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Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

Summary of Inspection

An unannounced care inspection took place on 9 June 2015 from 10.30 to 16.30. Overall on the day of the inspection the Day Care Setting was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Settings Regulations (Northern Ireland) 2007, The Day Care Settings Minimum Standards 2012.

1.1 Actions/Enforcement Taken Following the Last Inspection

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

1.2 Actions/Enforcement Resulting from this Inspection

Improvements were identified as a result of this inspection and are detailed in this report. The six areas for improvement are contained in the QIP. 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	2	5

The details of the QIP within this report were discussed with Ms Irene Smyth, manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Western HSC Trust/Mrs Elaine Way CBE	Registered Manager: Ms Irene Smyth
Person in Charge of the Day Care Setting at the Time of Inspection: Ms Irene Smyth	Date Manager Registered: 4 August 2014
Number of Service Users Accommodated on Day of Inspection: 15	Number of Registered Places: 20

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 - Each service user has an individual and up to date comprehensive care plan

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

4. Methods/Process

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

Prior to the inspection, the following records were examined:

- notifiable events for Arden Centre (none submitted since the previous care inspection)
- the registration status of the service
- written and verbal communication received since the previous care inspection
- the returned quality improvement plan (QIP) from the care inspection undertaken in the previous inspection year
- the previous care inspection report
- pre-inspection assessment audit

During the inspection, care delivery/care practices were observed by the inspector and a tour of the general environment took place. During the inspection process the inspector met with a total of eleven service users in a group and had individual discussions with three service users and two staff.

The following records were examined during the inspection:

- Complaints record (none recorded since the previous care inspection)
- Two accidents/untoward incidents
- Statement of Purpose
- Service user's guide
- Minutes of four service users meetings
- Five service user's care files
- One annual service users quality assurance report
- Policies and procedures regarding standards 5 and 8
- Three monthly monitoring reports

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 20 October 2014. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 7(a)	The manager must ensure that the statement of purpose and the service user guide should be reviewed and revised, as per discussion.	Partially Met
	Action taken as confirmed during the inspection: Arden Centre's statement of purpose and service users guide were reviewed on 28 November 2014. The acting manager is asked to further review these documents to accurately reflect the complaints process and the sizes of rooms in Arden Centre used by service users. This will be restated as a recommendation in the QIP.	
Requirement 2 Ref: Regulation 7(b)	The registered manager must ensure that a copy of the statement of purpose and of the service user guide should be sent to RQIA, preferably electronically.	Met
	Action taken as confirmed during the inspection: RQIA received email copies of both Arden Centre's statement of purpose and service users guide.	

<p>Requirement 3</p> <p>Ref: Regulation 14(1)(a)</p>	<p>The registered person should ensure that a risk assessment is carried out with regard to the unsupervised access to the centre and that any necessary measures are taken as soon as possible.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The acting manager completed a risk assessment regarding access to Arden Centre. A decision was made by the Trust that a door security system is no longer suitable due to the implementation of the Trust's Smoke Free policy in March 2014. This is because there are a high number of service users leaving and entering the front door of the building for smoke breaks. On entering the centre a service user or member of the public has access to the main day room where there would be a staff member present during opening hours. All other rooms on the ground floor are locked when not in use. Key pads are in place to enter the first floor (only staff use the first floor). A controlled door protocol is being developed for use within Adult Mental Health and Disability Services Directorate's facilities.</p>		
<p>Requirement 4</p> <p>Ref: Regulation 20(1)(c)(iii)</p>	<p>The registered person should ensure that the relevant training is provided for the acting manager to carry out annual staff appraisals.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The inspector was informed annual appraisal training was provided to the acting manager on 3 December 2014. Staff participated in their annual appraisal process following this.</p>		

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 22.2	The registered manager must ensure that records of staff supervision sessions include greater detail of the matters discussed and of any further actions agreed on the part of either the supervisor or the supervisee.	Met
	Action taken as confirmed during the inspection: This has been implemented.	
Recommendation 2 Ref: Standard 21(4)	The registered manager must ensure that qualified nurses in the day care team should be provided with refresher training in first aid.	Met
	Action taken as confirmed during the inspection: Refresher first aid training was provided to staff.	

5.3 Standard 5: Care Plan – Each service user has an individual and up to date comprehensive care plan

Is Care Safe?

The day service has corporate policies and procedures pertaining to assessment, care planning and review. These are entitled:

- Mental Health Pathway – Regional Mental Health Care Pathway (dated October 2014)
- Records Management
- Data protection and confidentiality

Service users are encouraged to make their own decisions, be independent and are discreetly supported by staff when this is needed. Staff presented as knowledgeable, experienced and compassionate. Discussions with staff reflected a person centred approach is used with service users, this is underpinned by strong core values.

The manager informed the inspector there is good multi-disciplinary working between the Arden Centre service, the onsite mental health team and other professionals. Examples were given of joint working sessions with professionals and service users.

Discussions with the manager and staff concluded most service users attending Arden Centre have stable mental ill health, however there can be periods when this fluctuates and as a result can affect their day to day ability to function normally. When service user's mental health deteriorates staff are available and respond in a sensitive, caring and non-judgemental way. Discussions with service users conclude this to be the case. Service users stated the manager and staff know them very well and they would be lost without the centre and the support it gives them.

Discussions with eleven service users and two staff; review of care records and general discreet observations of staff interactions with service users concluded safe care is delivered in the Arden Centre.

Is Care Effective?

The service's statement of purpose reflected service users are encouraged to be actively involved in completing their care plans. These are reviewed by staff with service user's on a yearly basis or sooner if changes are needed.

The inspector's review of five service user's care plans evidenced these did not meet minimum standard 5.2. They were brief and not fully reflective of the service user's support needs. One identified service user's care plan was not signed by the service user nor was there any explanation recorded as to why they did not sign this. One care plan was not dated. The day service needs to improve the quality of information in service user's care plans.

Discussions with eleven service users concluded they are aware they each have a care file, a care plan and said they are involved in decision making, have signed their care plan and are involved in the annual review of their placement.

The inspector reviewed random samples of service user's progress care notes. These were qualitative and informative regarding how the service user was feeling on the day and any activities, groups or classes they participated in.

Based on the inspector's review of five service user's care plans and discussions with service users, improvements are needed regarding the quality of information in service user's care plans and the signing of these. Care plans should fully and accurately reflect the support or assistance needed by service users and all other areas in minimum standard 5. Discussions with service users conclude care is effective in Arden Centre, this will be better evidenced when action is taken to review the information recorded in care plans.

Is Care Compassionate?

Discreet observations of care practices found that service users were treated with sensitivity, friendliness, care and respect. Service users were encouraged to make their own decisions, be independent and were discreetly supported by staff when this was needed. Staff presented as knowledgeable, experienced and compassionate. Discussions with staff reflected a person centred approach was used with service users, this was underpinned by strong core values.

Discussions with service users concluded the quality of their lives has improved significantly as a result of attendance at Arden Centre. Many said the ongoing support from staff and friendships with their peers helps them to maintain good mental health and coping mechanisms.

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

Areas for Improvement

Two identified areas for improvement are needed regarding RQIA's review of standard 5. These matters concern:

1. Improving the quality of information in service user's care plans.
2. Signing and dating of service users care plans.

Number of Requirements	0	Number Recommendations:	2
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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?

The manager was asked for the policies and procedures regarding standard 8. The following Trust policies and procedures were in place:

- Policy for the management of complaints (revised in March 2015)
- Communication guidance support guidelines (dated March 2015)
- Personal and public involvement strategy and action plan
- Personal and public involvement (PPI) Annual progress report 1 January 2013 -31 March 2014 : IMROC (Implementing Recovery through Organisational Change) Day care review

The Western HSC Trust have produced a departmental guide dated June 2015 which is entitled: Monthly Client /Staff Meetings, Service User Guide.

Discussions with eleven service user's, staff and management reflect how service user's are involved in the running of the service. Examples were given about how staff and management have responded to their suggestions, views and opinions. The inspector's review of the minutes of service users meetings and discreet observations of staff interactions with service users concluded safe care is delivered in Arden Centre.

Six service users completed RQIA questionnaires regarding their views of the Arden Centre. All questionnaires stated service users were either very satisfied or satisfied the quality of day care provision in the centre was safe, effective and compassionate.

Is Care Effective?

Discussions with the manager and service users and review of documentation show management and staff actively encourage service user involvement in all aspects of their work. Examples were given by service users of how staff ensure their views and opinions were obtained: informal discussions, service user meetings and their annual review of their day care placement. Service users said several of them chose to be a nominated person to show potential new service users around the building. One of the service user's informed the inspector the manager asked if any of them would like to chair their service users meetings. Service users meetings occur on a bi-monthly basis. Service users stated they were encouraged and supported to facilitate and run these meetings. A review of the minutes of four meetings showed these to be user led, qualitative and informative. The most recent meeting took place on 5 June 2015. There was evidence that service users views and opinions are sought and form the basis of all discussions.

Discussions with service users evidenced the service is very responsive to their need, for example: if service user's are experiencing a decline in their mental health, they feel they can ring staff and they listen and respond appropriately. Additional days of attendance are offered to them as and when needed. Service users informed the inspector this provides relief and comfort to them. They stated they greatly value the support provided by management and staff.

In accordance with day care regulations, day services are involved in the annual reviews of service user's day care placements. Review of five service user's annual review reports took place during this inspection. One of the five review reports contained all of the relevant information as stated in minimum standard 15.5. This is an area identified for improvement.

Standard 8.4 states service user's views and opinions about the running and quality of the service are sought on a yearly basis. The most recent annual quality assurance service user questionnaire was distributed in the Arden Centre service in November 2013 as part of the Trust's day care review. The questionnaires focused on service user's views and opinions of the service and how they are treated by staff. There were no questions on the quality of transport, classes/groups etc. Standard 8.5 states an evaluation report incorporating the comments and issues raised by service users and any actions to be taken in response is completed. This should be shared with service users. The manager informed the inspector she has not received an evaluation report. Improvements are needed in the area of annual quality assurance.

The care inspector reviewed Arden Centre's complaints record during this inspection. No complaints had been recorded since the service's last inspection. Discussions with service user's conclude they are aware of the Trust's complaints process. Service users said they would have no difficulty raising any areas of dissatisfaction, concern or complaint with staff or the manager.

RQIA Questionnaires

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

Questionnaire's issued to	Number issued	Number returned
Staff	8	2
Service Users	8	6

The inspector's review of the questionnaires evidenced all of the service users were very happy with the quality of care provision in Arden Centre and felt it was safe, effective and compassionate. With the exception of one question with one service user, everyone stated they were either very satisfied or satisfied with their day care service. One identified service user stated they are unsatisfied staffing levels are appropriate at all times. This response was shared with the acting manager by email on 29 June 2015. A bank staff nurse is being provided over the summer months to replace staff who will be taking annual leave. The manager informed the inspector the service user is satisfied with this response from the Trust.

The inspector concludes the quality of care provision in Arden Centre is effective, however improvements are needed concerning annual quality assurance of service users views and opinions.

Is Care Compassionate?

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

Refer to sections 5.5.1 for qualitative comments made by service users about the Arden Centre day service.

Discussions with eleven service users conclude they are treated very well and with respect by the manager, staff and volunteers. Several service users stated the manager and staff go above the call of duty to ensure everyone is treated fairly. It can be concluded the quality of care provision in Arden Centre is compassionate.

Areas for Improvement

Two areas for improvement were identified as a result of the inspector's examination of this standard. These concerned:

1. Annual quality assurance questionnaires and evaluation report.
2. Service user's annual review reports.

Number of Requirements	0	Number Recommendations:	2
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5.5 Additional Areas Examined

5.5.1 Service Users' Views

The inspector met with eleven service users during this inspection. Most discussions took place with service users in a large group in the main room, three of whom met individually with the inspector in a private room. All of the comments were positive and qualitative, several service users said there can be occasions when activities can be postponed due to staff shortages. Some of the comments made included:

- *"This place has helped me come to terms with my mental illness and to accept that some days will be hard but I know I'll get through it. Everyone is kind and there's great support here. People listen. Arden stops me from dwelling on things on things and worrying. It gives me a different focus and that helps a lot."*
- *"Arden has helped me so much, I feel supported by everyone and there's no pressure put on you. The staff know us and they take time to meet with us. It's a great relief knowing that when I'm having a bad day I can pick up the phone. I can come in on a day I'm not usually supposed to be in."*
- *"It's like a safe haven to come to a place where people understand you and listen. I'm involved in the centre. We completed health and safety questionnaires recently about working on the allotment. Staff take action appropriately on anything we raise, they can't do enough."*

- *“This place has helped me gain confidence and learn new skills and coping mechanisms. The manager and staff are brilliant and they are here for you.”*

Several service users informed the inspector that since the previous manager has left and Irene became acting manager, there have been staff shortages because her substantive post has not been replaced. These service users stated this has meant a decline in the frequency of outings. A requirement is made in the QIP for the Trust to review staffing arrangements in Arden Centre.

5.5.2 Staff Views

The inspector had discussions with two staff employed in Arden Centre. Staff spoke positively about their roles and duties, staff morale, teamwork and managerial support. Staff informed the inspector they felt a good quality of day service is provided to service users. No concerns were expressed.

Two staff RQIA questionnaires were returned to the care inspector. Staff stated they were either very satisfied or satisfied regarding all of the questions about is care in Arden Centre safe, effective and compassionate. Several qualitative comments were made. One staff member stated:

- *“The centre is service user led. All service users are involved in monthly meetings where they have a say in the centre’s activities and plan activities that they are interested in.”*

5.5.3 General Environment

The inspector undertook a tour of Arden Centre. The environment was clean and tidy. There were good housekeeping arrangements in place. There was a range of service user information displayed on walls or notice boards regarding the programmes and activities on offer. The general décor and furnishings were fit for purpose.

Exercise bicycles have been donated to Arden Centre and are currently awaiting the Trust’s Estates Department to test these and undertake an electrical safety inspection. The inspector advised the manager to ensure risk assessments are completed on all service users wishing to use the exercise equipment. This is an identified area for improvement.

5.5.4 Accident/Incident Reports

The inspector reviewed two accident and incidents reports since the previous inspection. These were being maintained in accordance with regulation 29.

Areas for Improvement

Two areas for improvement were identified as a result of the inspector’s examination of this standard. These concerned:

1. A review of Arden Centre’s staffing arrangements.
2. The exercise equipment is subjected to electrical safety inspection and testing in line with the provisions of the Electricity at Work Regulations, and records are retained accordingly.

Risk assessments must be carried out with service users wishing to use the exercise equipment.

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

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Irene Smyth, manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

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

6.2 Recommendations

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

6.3 Actions Taken by the Registered Manager/Registered Person

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

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the 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

<p>Requirement 1</p> <p>Ref: Regulation 20(1)(a) and (b)</p> <p>Stated: First time</p> <p>To be Completed by: 10 August 2015</p>	<p>The Trust has recently undertaken a review of day care service provision. The registered persons must carry out a review of staffing arrangements in Arden Centre and record on the completed quality improvement plan the outcome of this review regarding:</p> <p>(a) The 'acting' manager position which commenced in August 2014;</p> <p>(b) The arrangements to replace the current vacant band 5 post as this person is the current acting manager.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: (a)The Review of Western Trust Mental Health Day Centres is due to go to consultation in September 2015. The assistant Director and manager of Day Care are currently finalizing the staffing profile and management arrangements for Mental Health Day Centres.Final details and timescales for recruitment will be provided as soon as this is agreed. (b)A request to recruit a temporary Band 5 on a temporary basis, has been submitted for approval.</p>
<p>Requirement 2</p> <p>Ref: Regulation 26 2(c) and (n)</p> <p>Stated: First time</p> <p>To be Completed by: 30 September 2015</p>	<p>With regards to the identified exercise equipment; the registered persons must ensure:</p> <p>(a) The equipment is subjected to electrical safety inspection and testing in line with the provisions of the Electricity at Work Regulations, and records are retained accordingly.</p> <p>(b) Risk assessments are completed on all service users wishing to use the exercise equipment.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The manager had requested that equipment be tested by estate sevices on 11/03/15 and 8/6/15. This was completed on 10/06/15. Service users have been asked to get a letter of approval from their GP to use equipment. The manager has also displayed a Gym use departmental guide.</p>

Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 5.2 and 5.3</p> <p>Stated: First time</p> <p>To be Completed by: 10 August 2015</p>	<p>The manager should ensure each service user has an individual comprehensive care plan which includes details of:</p> <ul style="list-style-type: none"> • Any personal outcomes sought by the service user • The daily care, support, opportunities, services and facilities provided to the service user • How specific needs and preferences of the individual are to be met by the service, including any outreach activity and how it will be managed • The service user's daily and weekly programme • The management of any identified risks (including how any safeguarding concerns to or for the service user should be addressed) • Transport arrangements to and from the service which are aimed at maximising independence • Strategies or programmes to manage specified behaviours • Progress against objectives and expected outcomes is being achieved. <p>The care plan is signed and dated by the service user, the member of staff responsible for completing it and the manager.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The Manager has included all of the above on a new care plan. Risk was and is recorded on e-risk on epex but will also be included in their care plan. Staff in the past recorded progress in their nursing process but now there has been a progress sheet added to the care plan. All staff were trained on E-Pex on 12th June 2015 and are now recording progress notes in the clinical section.</p>
<p>Recommendation 2</p> <p>Ref: Standard 5.6</p> <p>Stated: First time</p> <p>To be Completed by: Immediate and Ongoing</p>	<p>The manager should ensure the care plan is kept up to date and reflects the service user's current needs. Where changes are made to the care plan, the service user, member of staff making the changes and the manager sign and date the revised care plan. Where the service user is unable or chooses not to sign any document, this should be recorded and the basis of his or her agreement to participate noted.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The manager will ensure that all care plans are up to date, signed and show service users views and needs and the reason if the service user decides not to sign. The manager is in the process of doing a audit of all service users notes.</p>

<p>Recommendation 3</p> <p>Ref: Standard 8.4 and 8.5</p> <p>Stated: First time</p> <p>To be Completed by: 30 September 2015</p>	<p>The registered persons should ensure service users' views and opinions about the running of the service are sought:</p> <p>(a) On a formal basis at least once per year. This quality assurance questionnaire should cover all aspects of the service's day care provision including the quality of:</p> <ul style="list-style-type: none"> • Transport • Activities/classes/groups • How they are treated • Environment. <p>(b) Ensure an evaluation report is completed that contains any areas identified for action, timeframes for same and who is responsible for these.</p> <p>(c) The subsequent evaluation report for the following year should detail a summary of the action/s taken from the previous year.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The manager and services users have commenced the drawing up of a questionnaire regarding the above. The manager will ensure an evaluation will be completed and an action plan carried forward.</p>
<p>Recommendation 4</p> <p>Ref: Standard 15.5</p> <p>Stated: First time</p> <p>To be Completed by: Immediate and Ongoing</p>	<p>The manager should ensure that the annual review report completed with the service user contains all of the relevant information stated in standard 15.5.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The manager has improved the annual review reports to include all the relevant information stated standard 15.5.</p>
<p>Recommendation 5</p> <p>Ref: Standard 17.6 and 17.8</p> <p>Stated: Second time</p> <p>To be Completed by: 30 September 2015</p>	<p>The manager should review Arden Centre's statement of purpose so it includes:</p> <p>(a) An accurate complaints process in line with current guidance and the Trust's complaints policy</p> <p>(b) The sizes of rooms in the centre.</p> <p>The manager must also ensure Arden Centre's service users guide contains a summary of the statement of purpose and includes all of the information stated in standard 1.2.</p>

	<p>Response by Registered Person(s) Detailing the Actions Taken: The manager has included the sizes of the rooms in the statement of purpose and included an accurate complaints process in line with current guidelines and the Trust complaints policy. The manager is in the process of adding a summary of the statement of purpose to the service user guide.</p>
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Registered Manager Completing QIP	IRENE SMYTH	Date Completed	21/07/15
Registered Person Approving QIP	ELAINE WAY	Date Approved	24/07/15
RQIA Inspector Assessing Response	Louise McCabe	Date Approved	31.07.15

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