

Unannounced Care Inspection Report 15 August 2018



Arden Centre

Type of Service: Day Care Service
Address: Scroggy Road, Limavady, BT49 0AR
Tel No: 02877722123
Inspector: Suzanne Cunningham

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

This is a day care setting with 20 places that provides care and day time activities for people living with mental health diagnosis. The day care setting is open Monday to Friday. The service is delivered by the Western Health and Social Care Trust (WHSCT).

3.0 Service details

Organisation/Registered Provider: Western HSC Trust Responsible Individual(s): Dr Anne Kilgallen	Registered Manager: Irene Smyth
Person in charge at the time of inspection: Irene Smyth	Date manager registered: Application not yet submitted
Number of registered places: 20	

4.0 Inspection summary

An unannounced inspection took place on 15 August 2018 from 10.15 to 16.00.

This inspection was underpinned by the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

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

Evidence of good practice was found in relation to staff induction; training; risk management; the home's environment; care records, audits and reviews, communication between service users and staff; the culture and ethos of the day care setting, listening to and valuing service users; taking account of the views of service users; governance arrangements; management of complaints; quality improvement; and maintaining good working relationships.

Areas requiring improvement were identified in relation to confirming the competency of the person who acts up in the manager's absence and registration of the manager.

Service users said: staff are "brilliant"; "good"; "couldn't be better"; "staff are supportive"; "I look forward to coming". One service user returned a questionnaire and wrote "I have been attending the centre for quite a few years and have always been treated with kindness and respect".

The findings of this report will provide the establishment 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 Quality Improvement Plan (QIP) were discussed with Irene Smyth, 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 6 October 2017

No further actions were required to be taken following the most recent inspection on 6 October 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- the registration details of the day centre
- information and correspondence received by RQIA since the last inspection
- incident notifications which revealed no incidents had been notified to RQIA since the last care inspection on 6 October 2017
- unannounced care inspection report and quality improvement plan from 6 October 2017

During the inspection the inspector met with the manager, one staff member, and eight services users in the group setting.

The following records were examined during the inspection:

- Three service users' care records.
- One staff personnel record.
- The day centre's complaints/compliments record from October 2017 to 15 August 2018.
- Staff roster information during August 2018.
- Fire safety precautions.
- A sample of minutes of service users' meetings from May 2018 to July 2018.
- A sample of minutes of staff meetings for June to July 2018.
- The day centre's record of incidents and accidents since the last inspection.
- A sample of monthly quality monitoring reports from March to August 2018.
- The absence of the manager policy and procedure.
- The Statement of Purpose September 2018.

At the request of the inspector, the manager was asked to display a poster within the day centre. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; three responses were received.

Ten service user and/or relatives' questionnaires were provided for distribution; three questionnaires were returned to RQIA within the timeframe for inclusion in this report.

The inspector requested that the manager place a 'Have we missed you' card in a prominent position in the day centre to allow service users, relatives and staff who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received. An RQIA information leaflet 'how can I raise a concern about an independent health and social care service' was also provided to be displayed in the day care setting.

The inspector would like to thank the manager, service users, relatives and staff for taking time to give their views and co-operation throughout the inspection process.

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 06 October 2017

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 6 October 2017

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

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.

Discussion with the manager, staff, service users and a visiting professional confirmed that sufficiently competent and experienced persons were working in the centre to meet the assessed needs of service users. The manager was a qualified nurse and the other staff were a mix of care workers, nurse and occupational therapist (OT). A review of the staffing arrangements for August 2018 evidenced that the planned staffing levels were adhered to. The manager and two other staff had been present on a daily basis until recently when the OT commenced in the day care setting. Records showed the number of staff working each day, the capacity in which they worked, however who was in charge of the day centre each day was not identified. Advice was given to the manager to show in the record who is in charge daily.

In the manager's absence the other nurse in the staff team had acted up, the staff on duty and service users confirmed they were used to this arrangement. The staff arrangements was formalised in the settings policy and procedure for the absence of the manager. An

assessment of the staff member's competency and capability was not completed in this regard. The manager was asked to review this arrangement with the staff member to confirm that they were willing to assume responsibility as the person in charge of the setting in the manager's absence, that they had sufficient experience and was knowledgeable regarding relevant day care setting regulations and standards. An improvement is made in the QIP for this inspection.

Observation and discussion with the staff, visiting professional and service users on the day of inspection provided examples of how staff had met service users' needs and supported service users to improve their health outcomes and social experiences. Discussion with staff revealed they understood the service users' needs and how those needs should be met in day care.

The manager provided one staff induction record which informed the staff member regarding their role and responsibility, included familiarising themselves with the settings statement of purpose and staffing arrangements and had self-assessment tasks to be completed which would enable the staff member to explore how they would implement theory, policies and training into practice in the day care setting.

The manager had a record of staff training in place which evidenced that the staff had received mandatory training including additional training relevant to their roles and responsibilities. Discussion with a staff member on the day of inspection confirmed that they had received sufficient training to enable them to fulfil the duties and responsibilities of their role.

Review of governance records confirmed that an effective incident/accident reporting policy and system was in place.

Discussion with the manager confirmed that no restrictive practices were required for service users. It was observed that the entrance door to the day centre was accessible from the inside by both staff and service users without restriction. The manager advised that some rooms were locked in the setting however they were not used routinely because the setting was large and not all rooms could be staffed at all times. Furthermore service users confirmed they could ask staff if they wanted to use another room.

An inspection of the environment was undertaken and confirmed that it was appropriately warm, fresh smelling and had suitable lighting. There was one main room for the service users to socialise in, undertake activities and play pool. Adjoining the main room was the kitchen which service users could use and toilets were on the same corridor. On the day of inspection the inspector observed service users playing pool, undertaking craft activities, cooking and using the space to socialise. No obvious health and safety hazards were identified and fire exits were clear and free from obstruction. Discussion with the manager and observation of the environment confirmed that furniture, aids and appliances were fit for purpose for the needs of the service users.

Records examined identified that a number of checks and audits had been undertaken including fire alarm tests and cleaning. It was noted that the last full evacuation drill was undertaken on 25 May 2018, no improvements were identified. The fire risk assessment was available for the inspection; it was dated 4 January 2018 and was due for review on 3 January 2019. The action plan detailed two low risk items that were pending action by the trust and evidence was available that these were reported to the trust for action.

Discussion with staff confirmed they felt care was safe in the setting. They described the OT commencing their post had enabled staff to do more activities, provide one to one support for service users and facilitate smaller group activities. The staff confirmed they had access to and received training to ensure their practice is safe. Staff described they use risk assessments to ensure individuals have the right support to maintain their safety. Discussion with staff found they had a good knowledge of service users and communicate with them individually on a regular basis to ensure the assessment and care plans are current. Three staff returned questionnaires to RQIA. All responses indicated that they were satisfied the care provided to service users was safe.

Discussion with eight service users confirmed they can speak to staff when they need to and get one to one time with staff as needed. This was important for them because they do not see other professionals as frequently, furthermore they identified staff in the setting can be a lifeline. Service users said the staff was well trained to support them, the building was a safe place for them to come to and they did not feel restricted. Service users said they knew where to go in case of a fire and confirmed staff support them to be safe. The service users did identify the staffing numbers had been reduced prior to this inspection, the recruitment of the OT had improved this, however they said they would like staff to be permanent so they don't leave when they get permanent positions elsewhere. Three service users and/or relatives returned questionnaires to RQIA. All responses indicated that they were very satisfied that the care provided to service users was safe

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff induction, training, risk management and the home's environment.

Areas for improvement

One area for improvement was identified during the inspection in relation to confirming the competency of the person who acts up in the manager's absence.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

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

The inspector reviewed the day care setting's arrangements for appropriately responding to and meeting the needs of people who use the service. Information relating to the nature and range of services provided was outlined in the Statement of Purpose. Observations throughout the inspection confirmed that the day care setting was providing care in accordance with their Statement of Purpose.

Three service users' individual files were inspected. They contained referral information; service user agreements, assessments; individualised care plans with risk assessments; and multi-disciplinary assessment information as applicable. Care plans presented as comprehensive, and person centred, and they clearly described service users' needs and individual service user's objectives.

There were systems in place to review service users' placements within the setting to ensure it was the best place to meet their health and social care needs. There was also evidence of annual care reviews in partnership with the service user and the mental health team representative. On each record there was evidence service users were supported to be involved in the annual review process and their care plan by staff, if a service user refused to be involved this was recorded and further recording of communication regarding encouraging the service users to be involved was evident.

In summary service user care records were well organised, and stored safely and securely in line with data protection requirements. File audits had also been undertaken to assure the minimum standard was achieved.

Discussion with staff provided evidence that they were knowledgeable regarding service users' individual needs. They had undertaken training to expand the activity schedule, for example I can cook it training and walking group training. Staff explained they follow the care plans, use the policies and procedures and communication at all levels to ensure they provide the most effective care they can. They identified the monthly meetings with service users, weekly team meetings and communication with the mental health team weekly were effective ways of ensuring they were providing effective care.

Three staff returned questionnaires to RQIA. All responses indicated that they were very satisfied that the care provided was effective.

Discussion with one visiting professional revealed they were impressed with the staffs' communication with the OT team. They described they felt they work well together setting up groups and setting up new pathways for service users that may involve other community groups or supportive organisations. The professional described staff had strived to empower service users to be independent when possible; as well as promote their safety. They described staff engaged with service users by being flexible and innovative regarding how needs can be met, encouraging new social activities, involving other community groups and always seeking new opportunities.

Discussion with service users, confirmed that they felt the care provided was effective. They said they had been involved in the writing of their care plan; and staff had reviewed their assessment and care information with them to ensure it was current. The service users said if they felt something was written incorrectly they could challenge this with staff or ask for information to be changed. The service users all agreed staff were supportive and if they did not come to the day care setting when they were expected staff follow up with them to ensure they are safe.

Three service users and/or relatives returned questionnaires to RQIA. All responses indicated that they were very satisfied that the care provided was effective.

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 and staff.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

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

Observations of staff interactions with service users were observed to be compassionate, caring and timely. The main activity room displayed service users' craft work and the service users explained the work had a particular focus and meaning which they explained.

Staff spoken with reflected the ethos of the day care setting which promotes respect, openness, honesty, high quality care, attainable goals and recovery principles.

On the day of inspection, a variety of different activities were facilitated by staff including: a pool competition, cooking, art and craft, and discussion groups. During observation of the activities the inspector observed service users approaching staff freely, communicating their needs and making requests. Staff responses were noted to be cheerful and appropriate. Service users who engaged with the inspector spoke positively about the staff and that they felt staff treated them with dignity and respect.

Consultation with service users and when appropriate and their relatives was evidenced in the records relating to the assessment, care planning and review process. In addition, governance arrangements to promote effective communication with service users and/or their relatives included service user meetings that occurred at least monthly and an annual quality satisfaction questionnaire. Samples of minutes from service user meetings were reviewed for May, June and July 2018 which provided evidence service users had been consulted about a range of matters related to the day care setting such as activities and the settings environment with positive feedback provided. The pool table had been recovered and other items had been improved through this forum. The discussion with service users confirmed they felt service users meetings had been effective.

Results from the annual service user/relative quality assurance survey evidenced that all respondents gave positive feedback. The responses were reported back to the service users in the May service users meeting.

Discussion with service users provided evidence that they felt the care provided was compassionate. They identified they talk in the service users meeting about what they want to do and feel they all have the chance to say what they want to do. Service users identified they liked the group but could ask for 1 to 1 time if they need this, they also identified staff notice if

they are upset or not themselves and will offer support without them having to ask. They said staff notice what the family can't see, "there is a trust between us and respect".

Three service users returned questionnaires to RQIA. All responses indicated that they were very satisfied that the care provided was compassionate.

Discussion with the staff revealed they were open to staff approaching them about what they want or need and like to put their requests into practice. However the staff described they had also looked for opportunities for the service users to be involved in to widen their social opportunities and independence in the community.

Three staff returned questionnaires to RQIA. All responses indicated that they were very satisfied that the care provided was compassionate.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

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

The day care setting has a manager in post that is not registered with RQIA, this arrangement has been in place since 2014 and discussion revealed there was no application for registered manager planned. It is clear in the Day Care Setting Regulations that a day centre must have a registered manager. Temporary arrangements accepted for a short period of time to enable an organisation to recruit a manager because of a vacancy or to cover for short term absence. In this example the temporary arrangements have been in place for four years and this is not consistent with regulation 9. An improvement is made in this regard.

The Statement of Purpose for the day care service was reviewed. The document clearly describes the nature and range of the service to be provided and addresses all of the matters required by Regulation 4(1) of The Day Care Setting Regulations (NI) 2007.

The registration certificate was up to date and displayed appropriately.

Discussion with the manager and staff confirmed they were aware of their roles, responsibilities and accountability. They confirmed that they had a good understanding of their role and responsibilities under the legislation.

A review of governance records evidenced that staff typically received individual, formal supervision at least quarterly and an annual appraisal. Staff confirmed that there were systems in place to ensure they received support and guidance from the manager as needed.

Staff gave positive feedback in respect of leadership and good team working. Staff stated that this is achieved through effective communication, supervision, staff meetings and the open door approach provided by the manager.

Evidence that staff meetings were held weekly were maintained. The records included the date of the meeting, names of those in attendance, updates from the previous meeting, a record of discussion and any agreed actions.

A complaints and compliments record was maintained in the day centre. There had been two complaints recorded since the previous inspection, these had been responded to by the manager and effective actions were taken to resolve the complaints. Samples of compliments were available for review and evidenced a high level of satisfaction with the service provided.

The inspector discussed the monitoring arrangements in compliance with regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. Monthly and annual quality monitoring reports were completed by the service and the last six months reports were inspected. These records demonstrated that at appropriate intervals the effectiveness and quality of care delivery was monitored, audited and reviewed in order to identify and act upon any improvements required. The reports were a mix of announced and unannounced visits. The monitoring arrangements identified improvements, carried forward and reviewed them as part of each subsequent monthly monitoring visit.

The manager and staff advised there were a range of policies and procedures in place to guide and inform staff, they knew they were stored on the staff intranet which everyone confirmed they could access.

The inspector noted that the day care setting collects equality information in relation to service users, during the referral and assessment process. The data is used effectively and with individual service user involvement when a person centred care plan is developed.

Some of the areas of equality awareness identified during the inspection include:

- effective communication
- service user involvement
- Adult Safeguarding
- Advocacy
- equity of care and support
- individualised person centred care
- individualised risk assessment

Discussion with service users evidenced that they felt the care provided was well led. They knew Irene was the manager and who acts up in her absence, they described the service was well planned and they confirmed they are asked to be involved in the monitoring visits.

Three service users and/or relatives returned questionnaires to RQIA. All responses indicated that they were very satisfied that the care provided was well led.

Discussion with staff revealed they felt well supported by the manager. They described service users were central to the service and they need to ensure care and support was safe, effective and compassionate. They identified they were well supported by management in staff meetings, supervision and the manager makes herself available as needed.

Three staff returned questionnaires to RQIA. All responses indicated that they were very satisfied that the care provided was well led.

Areas of good practice

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

Areas for improvement

One area for improvement was identified during the inspection in relation to the registration of the manager.

	Regulations	Standards
Total number of areas for improvement	1	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 Irene Smyth, 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 9</p> <p>Stated: First time</p> <p>To be completed by: 10 October 2018</p>	<p>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.</p> <p>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken: I have completed application on the RQIA web portal on 21/09/18..</p>

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

<p>Area for improvement 1</p> <p>Ref: Standard 23.3</p> <p>Stated: First time</p> <p>To be completed by: 10 October 2018</p>	<p>The registered person shall review the cover arrangements in 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>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: The person in charge in absence of the temporary acting manager is a senior staff nurse. I have completed a Staff Competence and capability Assessment with her regarding same. This was completed on the 17/08/18.</p>



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