

Announced Care Inspection Report 14 October 2019



Ards Training and Resource Centre

Type of Service: Day Care Service
Address: 205 South Street, Newtownards, BT23 4JY
Tel No: 02891815364
Inspector: Jim McBride
Observer: Corrie Visser

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 50 registered places that provides care and day time activities for people with a learning disability.

3.0 Service details

Organisation/Registered Provider: South Eastern Health & Social Care Trust	Registered Acting manager: Elaine Crawford
Responsible Individual: Seamus Mc Goran (Acting)	
Person in charge at the time of inspection: Acting manager	Date acting manager registered: Elaine Crawford – 6 January 2009
Number of registered places: 50	

4.0 Inspection summary

An announced inspection took place on 14 October 2019 from 09.30 to 13.30.

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

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. In our inspections of day care services, we are committed to ensuring that the rights of people who receive services are protected. This means we 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.

Evidence of good practice was found in relation to staff knowledge of adult safeguarding, supervision and appraisal. Further areas of good practice were also noted in regard to communication between service users and day centre staff and other key stakeholders; the provision of compassionate care; staff training; and quality assurance.

It was evident throughout the inspection that the centre promoted the service users' human rights; this was evident particularly in relation to the areas of consent, privacy, autonomy, equality, choice, dignity, confidentiality and service user involvement.

Service User comments:

- "I like to see friends."
- "Staff are good."
- "I can complain to staff if I need to."
- "I like outings."
- "I love it here."
- "I can make friends here."

- “I like speaking with staff.”
- “You get to know everyone.”
- “I get to do what I want to do.”
- “I like the food and ***** is very good.”
- “The advocacy group is good we discuss what’s been going on and what needs to change.”

Staff comments:

- “Good training and induction it prepares you for the role.”
- “Supervision is good and you have a good relationship with seniors.”
- “We promote independence, choice and autonomy for service users.”
- “Good care and support planning.”
- “We keep people safe and secure.”
- “We listen and respond effectively.”

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	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the acting 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.

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
- Unannounced care inspection report from 20 December 2018.

During the inspection, the inspector met with the acting manager and four staff. Introductions were made to service users during the course of a walk around the setting and there was individual interaction with a number of service users.

Ten service user and/or relatives’ questionnaires were provided for distribution; no service user/relatives’ questionnaires were returned to RQIA within the timeframe for inclusion in this report.

At the request of the inspector, the acting 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.

Questionnaire comments:

“We are a small staff team and therefore very supportive of each other, this includes management who are very approachable and supportive also.”

The respondent indicated that they were very unsatisfied to satisfied that the care provided in the day centre was safe, effective, compassionate and well led. However they had made positive comments above.

The inspector requested that the person in charge place a “Have we missed” you card in a prominent position in the day centre to allow service users and family members who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No feedback was received.

A range of documents, policies and procedures relating to the service were reviewed during the inspection and are referred to within the body of the report.

The inspector would like to thank the acting manager, service users and staff for their support 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 Inspection findings

6.2 Is care safe?

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

The inspector reviewed the day care setting’s systems in place to avoid and prevent harm to service users which included a review of staffing arrangements in place within the day centre.

The acting manager described the staffing levels which have been assessed as necessary to provide a safe service in the setting. Assurances were provided to the inspector by the acting manager that sufficiently qualified, competent and experienced persons are working at all times to meet the assessed needs of the service users, taking into account the size and layout of the premises, the number of service users accommodated, fire safety requirements and the statement of purpose. The staffing information evidenced that service users had a core staff team to help provide them with continuity of care and develop positive relationships. This can have a positive impact on the service users’ experience of a dignified service.

Discussions with the acting manager, staff, service users and observations during the inspection verified that staffing levels were sufficient to meet the assessed needs of service users on the day of the inspection.

Observation and discussion with staff on duty on the day of the inspection provided evidence that they were sufficiently experienced and trained to meet the assessed needs of the service users present, and were meeting those needs using the care plans and assessments to guide their approach.

The acting manager confirmed that an induction programme was available for newly appointed members of staff.

Staff consulted with on the day of inspection spoke positively about the training they receive and confirmed that they received sufficient training to enable them to fulfil the duties and responsibilities of their role and that training was of a good standard. Review of a sample of staff training records concluded staff had received mandatory and other training relevant to their roles and responsibilities since the previous care inspection such as human rights, information governance, GDPR, epilepsy and swallowing awareness. The development of a learning culture in the agency which promotes good practice will contribute to better quality of care and improved outcomes for service users.

The day care setting's arrangements in place to highlight and promote the identification of and management of risk were inspected. All incidents and accidents were recorded on an electronic system which are reviewed and audited by the acting manager and the SEHSCT governance department. There was evidence that the acting manager undertook a monthly audit of incidents and accidents to ensure follow up of any outstanding actions. Discussion with the acting manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. Four notifications had been made and were acted upon satisfactorily.

Observation of and discussion with the acting manager and staff evidenced that staff were very knowledgeable regarding each service user and the support they required in order to ensure their safety. In addition, discussions evidenced that they had an understanding of the management of risk, and an ability to balance assessed risks with the wishes and human rights of individual service users.

Discussions with the acting manager and staff also confirmed that they were aware of their obligations in relation to raising concerns with respect to service users' wellbeing and poor practice, and were confident of an appropriate management response. The acting manager and staff were aware of the organisation's whistleblowing policy if they could not resolve their concerns locally but indicated that they would be unlikely to need this due to the transparent working relationships that existed within the team.

The acting manager confirmed that the organisation's safeguarding practices are directed by the regional Adult Safeguarding Prevention and Protection in Partnership, July 2015 and the associated Operational Procedures, September 2016.

Staff had received adult safeguarding training. Discussion with the acting manager and staff further established that they were aware of their roles and responsibilities in relation to reporting adult safeguarding concerns and maintaining factual records. There was a clear pathway for staff to follow in relation to referring safeguarding concerns to appropriate professionals.

The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and the inspector was advised that there is an identified ASC within the SEHSCT.

The acting manager confirmed that arrangements were in place in relation to the completion of the service’s annual adult safeguarding position report due in 2020.

An inspection of the environment was undertaken and confirmed that it was appropriately warm, had suitable lighting and furniture and no mal odour was noted. Discussion with the acting manager and observation of the environment confirmed that furniture, aids and appliances were fit for purpose for the needs of the service users. Infection prevention and control measures were in place, which included the availability of supplies of liquid soap and hand towels. No obvious health and safety hazards were identified and fire exits were clear and free from obstruction.

The day centre’s fire safety precaution records were reviewed. It was noted the last evacuation drill was undertaken in April 2019. An updated fire risk assessment was completed in April 2018 and is due again in August 2020. Fire exits were observed to be clear of clutter and obstruction. Records examined identified that a number of safety checks were undertaken including: fire safety drills to ensure service users can exit safely, fire extinguishers and weekly fire alarm tests.

There were arrangements in place to ensure that staff are registered with the Northern Ireland Social Care Council (NISCC). Information regarding registration details and renewal dates were maintained and available to the inspector.

Staff confirmed that they felt care was safe in this setting. They described how they observe service users, noting any change in dependency, ability or behaviour and proactively take appropriate measures to promote/ensure the safety and wellbeing of the service user.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, knowledge regarding adult safeguarding, knowledge and competency in respect to safe care.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3 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 (2019), Observations throughout the inspection confirmed that the day care setting was providing care in accordance with their Statement of Purpose.

The inspector reviewed elements of six service users' care files. Review reflected the assessments of needs, risk assessments, care plans and records of health and well-being of the service users were current and had been reviewed. Staff discussion confirmed they use these records to guide their practice and therefore recognised the importance of keeping records current and relevant. This information enables staff to adopt a consistent, user led approach, to support the service users.

Care records also reflected the multi-professional collaboration into the service users' health and social care needs. A record was kept of each service user's involvement and progress at the centre and entries were made in proportion to the frequency of attendance of the individual. Dates and signatures were present in all of the files examined.

The acting manager advised that service users typically had access to a care review on an annual basis or more frequently if required; involving their Health and Social Care Trust representatives and records viewed verified this. The care review records reviewed provided positive feedback from service users and their representatives with regards to the day care service.

Discussions with the acting manager and staff concluded that effective communication systems were in use within the staff team to ensure that staff receive information relevant to the care and support of service users.

Discussion with staff and service users evidenced that staff made sure that service users benefitted from their time in day care.

Discussion with the staff and service users assured the staff in this setting had responded to service users' wishes, feelings, opinion and concerns with the aim of ensuring service users were experiencing the most effective day care in this setting. Discussions between service users and staff were observed on the day of the inspection, staff encouraged service users to discuss their preferences and staff engaged them in developing their cognitive, physical and social skills through discussion and activities.

Discussion with staff during a walk around the setting evidenced awareness of the need for person centred interventions which facilitate engagement with service users and promote effective communication. They also identified service users whose independence and opportunities in the setting needed to be promoted and supported.

Observations of care showed staff were vigilant in responding to nonverbal cues as well as verbal communications and interventions were proactive and timely.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care planning and reviews, communication between service users, staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 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.

The inspection sought to assess the day care setting’s ability to treat service users with dignity, equality and respect and to fully involve service users in decisions affecting their care and support. Service users were informed about the RQIA inspector visiting the day care setting and staff encouraged them to engage with the inspector.

Discussion with staff found they were informed regarding the ethos of the day care setting which promoted choice and ensured service users had access to a friendly, caring and stimulating atmosphere. Staff also discussed how they support and encourage service users to remain active and independent in the setting by ensuring they are able to access activities that they can engage in and the space they use facilitates their independence.

Discussions with staff established that they were aware of their responsibilities and requirements to ensure service user confidentiality and consent. They recognised that giving and obtaining consent is a process, not a one off event.

Discussions with staff and observation of care during the inspection showed that the promotion of values such as choice, dignity and respect were embedded in the culture and ethos of the day centre. Staff interactions with service users were observed to be cheerful, compassionate, caring and timely, with staff providing clear information, using appropriate language, demonstrating active listening skills, checking understanding and service users’ expectations.

The inspector observed on numerous occasions, staff offering service users choice regarding the activity they wished to do or where they wished to go. Staff took time to find out what services users wanted when it was not always apparent. Staff were also observed responding sensitively and in a timely manner to the non-verbal cues of service users with limited verbal communication. Staff were noted to be busy attending to the needs of service users and they took time to listen and reassure services users as needed. It was apparent that service users were familiar with staff as they appeared relaxed and comfortable in their surroundings and interactions. There was genuine warmth in the engagement by staff with service users.

The acting manager confirmed that service user/advocacy meetings are held regularly. A review of minutes of meetings since the last inspection verified this. A number of topics are discussed including:

- Staffing
- Activities
- Assessments

- Reviews
- Health and safety
- Menus

The inspector noted a number of staff meetings facilitated by the acting manager at which staff discussed the following:

- Training
- Staffing
- Complaints/compliments
- Safe effective care
- Good practice
- Client issues
- Staff issues
- Risk assessment

Staff described the value they place on ensuring that service users are supported in an individualised manner in which their preferences and wishes are taken into account.

Discussions with service users confirmed that their views and opinions are taken into account in all matters affecting them. Service users advised they were consulted at service user meetings, care reviews and informally through daily discussions with staff.

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

6.5 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 inspector sought to assess the day centre's leadership, management and governance arrangements to meet the assessed needs of service users.

The centre is managed on a day to day basis by the manager, with the support of a team of day care staff. It was identified that the agency has effective systems of management and governance in place.

There was a clear organisational structure and this information was outlined in the day care settings Statement of Purpose. Staff demonstrated awareness of their roles, responsibilities

and accountability. Discussion with the acting manager confirmed that they had a good understanding of their role and responsibilities under the legislation.

The registration certificate was up to date and displayed appropriately.

The acting manager and staff advised there were a range of policies and procedures in place to guide and inform staff. Discussion with the acting manager confirmed that the policies and procedures had been reviewed in line with legislation. The inspector noted the following policies in place:

- Safeguarding
- Complaints
- Whistleblowing

Service users are advised of what they can do if they are not happy with the service within the Statement of Purpose and Service User Guide.

A complaints and compliments record was maintained in the day centre. Review of the complaints record evidenced that two complaints had been recorded since the previous care inspection and were resolved satisfactorily. Discussion with staff confirmed that they knew how to receive and deal with complaints and ensure that the acting manager was made aware of any complaints.

Discussions with the acting manager confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. This included the availability of continuous update training alongside supervision/appraisal processes, an open door policy for discussions with the management team and observation of staff practice.

A review of a sample of records verified that staff received three monthly supervision sessions or more often and that annual appraisal is undertaken. Staff members viewed supervision as a useful part of their accountability feedback system and of their individual development.

The inspector discussed the monitoring arrangements under regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. The records viewed showed that visits were undertaken monthly by another manager within the SEHSCT. A sample of reports evidenced consultation with service users and their representatives including a review of the conduct of the day centre. The inspector noted a number of comments received from, service users, staff and others.

Service users:

- “Good ideas about trips.”
- “We enjoy fitness Friday.”
- “I’m happy to be here.”
- “I like to work with my day care worker.”

Staff:

- “I’m happy with the standard of care.”
- “The centre is managed well.”
- “The clients are considered first.”

Relatives:

- “My ***** is very happy here.”
- “I always feel welcome.”
- “My *** is very happy in the centre.”

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The acting manager confirmed that this was addressed with staff through their induction, training, supervision and appraisal process. In addition, the acting manager confirmed that the day care setting had not received any complaints with respect to equality issues from service users and/or their representatives.

The inspector noted that the day care setting collects equality information in relation to service users, during the referral and assessment process. The acting manager confirmed that this data is used for the purpose of developing person centred care plans and risk assessments.

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

- Effective communication
- Service user involvement
- Advocacy
- Equity of care and support
- Individualised person centred care
- Individualised risk assessment
- Disability awareness

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

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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