

Unannounced Day Care Setting Inspection Report 03 January 2017



Ards Training and Resource Centre

Type of service: Day Care Service
Address: 205 South Street, Newtownards, BT23 4JY
Tel no: 02891815364
Inspector: Suzanne Cunningham

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Ards Training and Resource Centre (TRC) took place on 03 January 2017 from 10.45 to 16.30 hours.

The inspection sought to assess progress with any issues raised during and 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.

Is care safe?

The inspection of three individual staff records, duty rotas, supervision and training; observations of the setting; discussions with service users and staff; and observations of care evidenced the care delivered was consistent with the settings statement of purpose and ethos.

The staff in Ards TRC were observed responding to a range of service users' needs. The staffing levels were responsive to service user's needs, welfare and safety. The premises presented as safe on the day of the inspection.

Overall the inspection of "is care safe?" concluded the minimum standards inspected were being met on the day of the inspection. Two recommendations were made for the manager to record evidence of compliance with standard 20.2 (recruitment checklist) for staff who work in this setting. Furthermore, a review of the environment should be undertaken by the trust to identify and remove the clutter in the setting.

Is care effective?

The inspection of four service users individual care records; incident recording; complaints recording; discussion with the service users; and staff concluded care was being delivered at the right time, in the right place, and with the good outcomes. Individual care needs had been assessed and the outcome was written into a plan. Review arrangements were in place to review the effectiveness and quality of care delivered to service users.

Overall the inspection of "is care effective?" concluded the minimum standards inspected were being met on the day of the inspection. No areas for improvement were identified regarding this domain.

Is care compassionate?

The inspection of records, observations of care and discussions with staff and service users revealed that service users were being treated with compassion, dignity and respect.

Overall the inspection of "is care compassionate?" concluded the minimum standards inspected were being met on the day of the inspection. No areas for improvement were identified regarding this domain.

Is the service well led?

Discussion with staff and service users regarding the management arrangements confirmed they were informed regarding who was in charge and the staffs role and responsibilities. Documents and records such as audit records, monthly monitoring reports and evidence of staff

support demonstrated there were arrangements in place to promote quality improvement in the setting.

Overall the inspection of “is care well led?” concluded the minimum standards inspected were being met on the day of the inspection. No areas for improvement were identified regarding this domain.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Elaine Crawford, registered 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.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 26 August 2015.

2.0 Service details

Registered organisation/registered person: South Eastern HSC Trust/Mr Hugh Henry McCaughey	Registered manager: Elaine Sarah Crawford
Person in charge of the service at the time of inspection: Elaine Crawford	Date manager registered: 06 January 2009

3.0 Methods/processes

Prior to inspection following records were analysed:

- The registration details of the day centre
- Information and correspondence received from the registered manager and South Eastern Health and Social Care Trust

- Incident notifications which revealed 26 incidents had been notified to RQIA since January 2016
- Unannounced care inspection report 26 August 2015 which made four requirements and three recommendations.

During the inspection the inspector met with:

- The manager
- The senior day care worker
- two staff
- Ten service users.

Questionnaires were given to the manager to distribute between service users, representatives and staff in Ards TRC. None were returned by service users, two by staff and one by a relative.

The following records were examined during the inspection:

- Four service users' care files including a sample of service users' daily records
- The complaint/issue of dissatisfaction record which had two entries recorded since 01 April 2015
- A sample of incidents and accidents records from January 2016 to January 2017
- The minutes a service user meetings held in March, June, August and November 2016
- A sample of the team meeting minutes for July, October and November 2016
- Staff supervision dates for 2016 and the planned dates for 2017
- Three staff records
- One competency assessment for the senior day care worker
- Three Monthly monitoring reports for October, November, and December 2016
- Samples of the weekly staff rota for December 2016 and January 2017
- A sample of the Fire safety records for 2016
- Statement of Purpose
- Service Users Guide.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 26 August 2015

The most recent inspection of the establishment was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. This QIP will be validated by the inspector at the care next inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 26 August 2015

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 28(3) Stated: Second time	The registered person must make appropriate arrangements for the regulation 28 visits to be a mix of announced and unannounced monthly visits during the year. Reports must specify if a visit is announced or unannounced.	Met
	Action taken as confirmed during the inspection: Inspector confirmed 12 regulation 28 visit reports were written in the last 12 months. The regulation 28 visit reports recorded if they were announced or unannounced visits and this confirmed both types of visit had been completed. The records were up to date at the time of inspection.	
Requirement 2 Ref: Regulation 28(3) Stated: First time	The registered person must make appropriate arrangements for the regulation 28 visits to be carried out at least once a month. The written report be available for inspection and the report must clearly evidence the frequency of the visit is compliant with this regulation. The report must also detail a written account of the conduct of the day care setting. The measures put in place must be detailed in the returned QIP and must evidence compliance with this regulation.	Met
	Action taken as confirmed during the inspection: Inspector confirmed 12 regulation 28 visit reports were written for the last 12 months visits. The records were up to date at the time of inspection.	
Requirement 3 Ref: Regulation 1 (2) Stated: First time	The registered manager must arrange for this setting to be assessed to determine if a hoist is required to enable staff to deliver safe care; and to ensure service users that require significant support when moving and handling do feel safe and comfortable when being moved. If a need is assessed the hoist should be supplied to this day centre without delay. The outcome of this assessment should be reported on the returned QIP.	Met

	<p>Action taken as confirmed during the inspection:</p> <p>Inspector confirmed the assessments and hoists in place which were reported on the returned QIP were achieving the best outcomes for the service users and staff using them. No concerns were revealed and assessments were available and up to date at the time of inspection.</p>	
<p>Requirement 4</p> <p>Ref: Regulation 20(1) (a) & (b)</p> <p>Stated: First time</p>	<p>The responsible person must review staffing arrangements in this setting and report to RQIA on QIP the outcome of this assessment and what measures are being put in place to ensure staffing is compliant with this regulation and future plans to ensure the staffing arrangements in this setting are stable.</p> <p>Action taken as confirmed during the inspection:</p> <p>Inspector confirmed staffing arrangements were reviewed and staffing arrangements were stable at the time of the inspection. Vacant posts had been forwarded to the appropriate department for recruitment and were covered by bank/agency staff until new staff could commence.</p>	<p>Met</p>
Last care inspection recommendations		Validation of compliance
<p>Recommendation 1</p> <p>Ref: Standard 27.3</p> <p>Stated: First time</p>	<p>The registered manager must make appropriate arrangements for service users continence products to be stored in a place that is not open to the group area, ideally in a closed box, cupboard or draw to protect the product. Furthermore the product should not be labelled with the name of the service user to protect the privacy of all service users. Staff could use symbols on a box or a number, colour etc.</p> <p>Action taken as confirmed during the inspection:</p> <p>Observation of the environment and discussion with staff confirmed the above arrangements were in place at the time of inspection.</p>	<p>Met</p>

Recommendation 2 Ref: Standard 21.4 Stated: First time	The registered manager should arrange for staff to receive training regarding in the area of continence care and promotion. The date of the training should be reported on the returned QIP. Action taken as confirmed during the inspection: The training had been delivered on 09/10/15.	Met
Recommendation 3 Ref: Standard 18 & Appendix 2 Stated: First time	The registered manager should ensure the policies and procedures detailed below are fully adapted for Ards TRC and made accessible for staff in a centrally indexed policy manual. <ul style="list-style-type: none"> • service users' meetings and forums • listening and responding to service users' views • service users' involvement in activities and events • communications with carers and representatives Action taken as confirmed during the inspection: The above policies and procedures were available and up to date at the time of inspection.	

4.3 Is care safe?

Discussion with the manager and staff revealed the day centre staffing arrangements were adequate to safely meet the needs of the service users in each activity room. Staff confirmed they had met the service users' assessed needs; and delivered care as described in the care plans. Observation of the care delivered and review of the staffing rota confirmed there were no areas not staffed or service users' whose needs were not being met. Staffing numbers had also been monitored with staff in team meetings and in monitoring visits; this had not revealed any concerns.

Since the last inspection a new senior day care worker had commenced their role in the day care setting. Staff commented this had been a positive change. They described the management team were accessible for advice and were providing staff with support. They said they had access to regular supervision, team meetings and the management team were on the floor as well as having had an open door for staff to access them at any time.

Discussion with staff members and the manager on the day of the inspection revealed there was staffing vacancies however, these were being covered by bank or agency staff to ensure care was safe and responsive to need. Samples of the staffing rota were inspected for December 2016 and January 2017. The record detailed the staff on duty each day and their role. The record was compliant with standard 23.7 which states a record should be kept of who is working and in what capacity. Advice was given to ensure there is a permanent record of

who was in charge of the day care setting each day, at the time of the inspection this was written on the communication board but not on the rota.

The staff on duty during the inspection provided some information with the service users about their needs, preferences and care plans. The staff discussed the service users' needs using language service users understood. The staff included the service users in the conversation. A clear description of their needs and how those needs had been met was given. In summary it was clear staff knew who may need additional time to manage their behaviour and mood. They gave examples of how they would respond in a safe way to calm and redirect to service users for example, engaging them in activities that they enjoy or calm them. Service users were encouraged to be involved in their care; and staff had promoted service users choice and where possible independence. The staff were aware they needed to respond to individual needs as well as the groups needs which could be difficult, however they gave examples of how they had planned and worked together with service users to ensure their needs were met in a stimulating environment. In summary the discussion with staff confirmed they were proactively promoting safe care for service users in this setting.

Three staff records including one competency assessment were examined during this inspection. The competency assessment provided assurance the staff member had the knowledge and experience to act up in the manager's absence. The staff files did not contain confirmation that the recruitment procedures were robust and safe, for example no evidence the recruitment checklist was completed for each staff member prior to commencement of post, and as described in standard 20.2. This would have confirmed staff have the appropriate qualifications, experience, employment history, references, health checks and criminal records checks to commence employment in this setting. Discussion revealed this is completed by the trust recruitment team however; confirmation that all checks are satisfactory prior to employment should be stored on workers files. A recommendation is made in this regard.

Staff supervision arrangements were inspected. The frequency of the supervision meetings between staff and their supervisor in 2015 and 2016 was at least one supervision session no less than once every three months. A day care setting policy and procedure was also in place dated May 2016 which described the process of supervision. Discussion with staff revealed the meetings were supportive and the process had promoted safe practice within the setting.

Discussion with staff revealed they were familiar with the specific systems that assure service users safety in the setting. Examples of documentation were the assessment of need and risk; behaviour management plans; moving and handling assessments; Speech and Language swallowing assessments; and incident and accident recording. Samples of these records were inspected and they provided examples of when staff had safely identified and met service user's welfare and safety needs.

This day care setting had provided activity based care for service users whose needs and plans can range from intensive support to completing activities and tasks with minimal support. The staff were observed encouraging and empowering individuals to make safe choices and experience the benefits of social interaction in the day care setting. Service user's independence was also promoted by staff throughout this setting, for example encouraging service users to take part in office activities, garden maintenance and group activities such as the advocacy group.

The care was delivered in a range of rooms/spaces. Each area was allocated to a specific group to undertake activities. There was also a dining area and bathrooms, which were all

observed as accessible. The outside space was not regularly accessed by service users during the inspection due to the cold weather however, it presented as accessible.

The day centre environment was functional for this group and warm. Some improvements had been made to ensure the areas were maintained nevertheless, this is an old building that will continue to benefit from an ongoing refurbishment programme. There was evidence of clutter and potential for further improvement was identified. Overall a review of the environment should be undertaken by the trust to identify and remove the following items that are no longer used: furniture, items previously used for activities, games and aids. A recommendation is made in this regard.

The fire records were sampled for November and December 2016. The staff had undertaken monthly fire checks which had been recorded and this did not reveal any outstanding issues at the time of this inspection. The staff received fire training in April or November 2016 and the fire risk assessment had been reviewed in March 2016.

Ten service users were spoken to specifically about their experiences of day care during this inspection. They described this was a safe place for them to come to and they would speak to staff if they needed support or help. They recognised staff put in place things that helped them to be safe such as their placemats for meal times and plans. They confirmed staff had involved them in writing these to ensure they describe their preferences as well as needs.

One relative returned a questionnaire which stated they are very satisfied with the safe care in this setting. They responded their relative is safe and protected from harm, they could talk to staff, the environment is suitable to meet their relative's needs and they would report concerns to the manager. They wrote "Yes it is a perfectly safe environment but could do with some serious modernisation". The inspection or Ards TRC verified this comment as a reasonable assessment of the environment in this setting.

Two staff members returned questionnaires. They responded they were very satisfied with the safe care in this setting. They identified the care was safe because they had received training to care for service users safely, there are risk assessments and care plans in place for service users, they would report bad practice and they receive support to fulfil their roles and responsibilities

Areas for improvement

Two areas of improvement were identified regarding the manager to improve their evidence of compliance with standard 20.2 (recruitment checklist) for staff who work in this setting and a review of the environment should be undertaken by the trust to identify and remove the clutter in the setting.

Number of requirements	0	Number of recommendations	2
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4.4 Is care effective?

The content of the Ards TRC statement of purpose was sampled. The content of this document was consistent with the registration details held by RQIA. The document described the aim of this service is to provide an individual person centred plan that identifies development opportunities for each service user, values their strengths and identifies challenges. The inspection of four individual service user files evidenced the statement of purpose was being put

into practice. For example each service users' needs had been assessed and this had been used to draw up a plan, if possible with the service users; which had been reviewed at least annually.

The planning and review recording in the four files was presented in a service user friendly way, for example pictures, symbols and easy read words. The review of each service user's plan had been led, when possible, by the service users with staff support. This process aimed to empower the service users to identify their progress and set objectives they would like to achieve in the day care setting. The examples inspected focused on promotion of service user's independence through activities and communication.

Discussion with staff revealed they were aware of the individual service users' communication needs and cognitive abilities in each room/ area. They identified this can impact on what activities they can plan for. Staff described there is flexibility in where they work so if staffing numbers needed to be increased in one area, for an activity or a service user needs they adapted and worked together to ensure all needs were met as identified. Observations of care being given noted service users were encouraged to be involved in the activities delivered. To promote involvement in activities some service users were given more individualised support, this presented as an effective way to meet their needs and respond to the service user's preferences and objectives.

Discussion with staff in one room revealed they had undertaken training regarding supporting people who have a learning difficulty and dementia. Staff recognised they needed to change their way of communicating and responding to service users who were showing the signs of dementia. For example recognising memory loss can make a service user to feel confused or frustrated; and this would need a different response to their previous plan. However, the aim remained to support, assure and calm the service user. This was evidenced when discussing one service user's care plan and examples were given by the staff of how they had supported the service user so they felt settled and safe.

The record keeping formats stored in four service users' individual files were produced and completed in accordance with legislation, standards and best practice guidance. For example risk assessments had been completed when necessary, and were reviewed at least annually. The care plans incorporated the outcome of the assessment and the risk assessment in a service user friendly format.

One relative's questionnaires responded they were very satisfied with the effective care in the setting. They identified their relative gets the right care, at the right time, in the right place; they are satisfied with communication with staff; their awareness of their relative's needs; preferences and choices and that these are incorporated into the care they receive; and they are involved in their relative's annual review.

Two staff questionnaires identified they are very satisfied with the effective care in the setting. They stated service users are involved in their care plan, care plans inform the care provided, monitoring of quality is in place and that staff respond to service users in a timely manner.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.5 Is care compassionate?

This inspection included observation of the morning and afternoon activities in Ards TRC staff were observed responding to and supporting service users in a compassionate way. For example the staff communicated with the service users individually and in groups. Staff used a range of communication such as Makaton, signs, symbols and body language. Staff presented as knowledgeable regarding the best way to communicate with service users. Service users presented as relaxed when communicating with staff. The staff were observed warmly and gently encouraging service users to be involved in their day care and promoting their independence.

The service users discussed how they had been enabled and supported to participate in the setting; they specifically discussed the advocacy group that they attend in the setting. They said “staff work with us” and explained they bring points to the meeting for discussion and the day care worker helped them to record and make decisions. However, they were clear the day care worker only helped them form their suggestions into decisions.

This setting provided evidence they had communicated and consulted with service users regarding the care they receive. Examples were service user/advocacy meetings and the annual survey for the whole setting. The meeting minutes detailed the service users were informed about management arrangements and staffing; food; activities; inspections; an assembly minister’s visit; and service user’s experiences. The service users also brought their views, preferences and suggestions to the meeting; this was ensuring care was centred on the service users’ group needs. The annual report had addressed service users’ views regarding safety and quality experience, health and wellbeing, staff, engagement and efficiency and reform. Consultation with service users including the annual report had led to the building, busses and activities being highlighted as areas they would focus on in the next year.

One relative responded in questionnaire that they were satisfied with the compassionate care in the setting. They identified their relative was treated with dignity and respect and involved in decisions affecting their care. They identified they do not have any concerns and their relative is treated well.

Two staff questionnaires identified they were very satisfied the compassionate care in the setting. They stated service users were treated with dignity and respect, encouraged to be independent; their views are sought and acted upon.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

The manager was present during the inspection. She has the QCF level 5 qualifications, she also has the relevant management and work experience with this service user group. The manager was supported by a senior day care worker who was acting up from a day care worker position. Discussion with these staff revealed they were informed regarding The Day Care

Setting Regulations (NI) 2007 and The Day Care Settings Minimum Standards (2012), their settings policies, procedures, role and responsibilities. The review of the settings statement of purpose evidenced management arrangements were described in the settings statement of purpose. The staff commented the management arrangements were effective and had promoted safe, effective and compassionate care.

The manager provided examples of management and governance systems they had in place which ensured the setting was safe, well managed and service users' needs were met in compliance with the Day Care Settings Regulations (NI) 2007 and Standards 2012. For example the monthly monitoring visits; the audits of the settings records undertaken by the manager and supervision arrangements for staff. The records of audits completed did not identify any concerns regarding the centres compliance.

The monthly monitoring visits and reports were inspected for October, November and December 2016. The reports available evidenced visits had taken place once per month as required in regulation 28. The reports did report on the matters to be monitored by the registered person as detailed in Schedule 3. The reports were detailed and described the conduct of the setting.

Policies and procedures were accessible for staff reference. They consisted of trust policies and procedures, as well as day care specific policies and procedures. A range of the policies and procedures were sampled for compliance with standard 18 such as safeguarding vulnerable adults; responding to service users' behaviours, risk assessment and risk management; supervision; and complaints. This did not reveal any improvements.

The complaints record was reviewed and this revealed two had been received. They had been responded to in accordance with the settings complaints policy and procedure. They recorded an outcome of satisfaction and lessons to be learnt had been integrated into practice.

Discussion with staff confirmed they knew how to respond to a range of situations such as responding to issues of dissatisfaction or a safeguarding concern communicated by service users. The staff described the management team as supportive and they described support was available in a range of formal and informal ways. The staff also recognised they support each other daily and work together to meet the trainees needs, which they agreed was priority. They identified as well as having access to regular supervision and training there were regular staff meetings. The minutes showed there was a set agenda and the items for discussion were recorded under the headings of safe, effective, compassionate and well led care.

The manager had an inspection folder set up for staff reference if she was not present for the inspection. This prompted staff to provide evidence of safe, effective, compassionate and well led care for the inspection. This folder had been introduced to staff and was left for their reference. The manager had also facilitated discussions regarding staff values, delegation of responsibilities, reporting and referring information and the management systems in the directorate. This evidenced the manager had promoted staffs knowledge and confidence in the day care setting.

Discussion with service users revealed they knew who to talk to about any concerns, requests, advice or issues/concerns. The service users named the manager and staff who work in their room. Service users described the staff in positive terms and said they could talk to them if they had a concern.

One relative's questionnaire described they were very satisfied care was well led in this setting. They identified the service was managed well; staff and the manager are approachable, professional and caring. They have a copy of the service user's guide.

Two staff questionnaires identified they were very satisfied with the well led care in this setting. They identified the service is managed well, the service is monitored, and communication between the staff and management is effective.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Elaine Crawford, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Day Care Setting Regulations (Northern Ireland) 2007.

5.2 Recommendations

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

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to day.care@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 20.2</p> <p>Stated: First time</p> <p>To be completed by: 28 February 2017</p>	<p>The registered provider should improve their evidence stored in this day care setting that staff have been recruited using robust and safe procedures which confirms staff have the appropriate qualifications, experience, employment history, references, health checks and criminal records checks to commence employment in this setting.</p> <p>Response by registered provider detailing the actions taken: The Registered provider requested the above from Human Resources. Response was provided by email and stored on individuals supervision file date actioned 4.1.17. This procedure will be completed for all newly appointed staff.</p>
<p>Recommendation 2</p> <p>Ref: Standard 25.1</p> <p>Stated: First time</p> <p>To be completed by: 28 February 2017</p>	<p>The registered provider should put in place appropriate arrangements to review the environment to identify and remove the following items that are no longer used: furniture, items previously used for activities, games and aids. Overall the clutter in the environment should be removed.</p> <p>Response by registered provider detailing the actions taken: The Registered provider ordered a skip on 4.1.17. Received 9.1.17 clutter placed in skip and skip removed on 11.1.17. Environment free from clutter.</p>

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



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