

# Unannounced Care Inspection Report 09 and 12 January 2018



## Ards Training and Resource Centre

**Type of Service: Day Care Setting**  
**Address: 205 South Street, Newtownards, BT23 4JY**  
**Tel No: 02891815364**  
**Inspector: Priscilla Clayton**

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

Assurance, Challenge and Improvement in Health and Social Care

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

<b>Organisation / Registered Provider:</b> South Eastern HSC Trust	<b>Registered Manager:</b> Elaine Crawford
<b>Responsible Individual:</b> Mr Hugh Henry McCaughey	
<b>Person in charge at the time of inspection:</b> Elaine Crawford	<b>Date manager registered:</b> 06 January 2009
<b>Number of registered places:</b> 50 - DCS-LD, DCS-LD(E)	

### 4.0 Inspection summary

An unannounced inspection took place on 09 January 2018 from 10.30 to 16.15 hours and on 12 January 2018 from 13.00 to 15.00 hours.

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 day care setting was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the culture and ethos of the centre that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of service users. Good governance systems and process were in place which included; staff induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management.

Responses received from service users and relatives within satisfaction questionnaires returned to RQIA following the inspection indicated satisfaction with the provision of safe, effective, compassionate and led care.

No areas requiring improvement were identified during this inspection.

The findings of this report will provide the day care setting with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

### 4.1 Inspection outcome

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

## 4.2 Action/enforcement taken following the most recent care inspection dated 03 January 2017.

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 03 January 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:

- RQIA Registration status
- inspection report dated 03 January 2017
- correspondence
- notifications of events

During the inspection the inspector met with all service users, four staff and two service users' representatives.

The following records were examined during the inspection:

- Statement of Purpose
- Service User Guide
- Staff induction programme
- SEHSC Trust-Confirmation of recruitment/selection e-mail
- Staff mandatory training
- Staff registration status
- Staff duty roster
- Senior staff competency and capability
- Accidents/incidents/events
- Policies/procedures relevant to this inspection
- Staff supervision/appraisal programme
- Northern Ireland adverse Incidents (NIAIC) alerts
- Care records X 3
- Audits
- Annual Quality Report
- Mechanical hoist maintenance
- Legionella risk assessment
- Fire risk assessment
- Fire equipment checks
- Monthly visits made on behalf of the registered provider

An inspection of the internal environment of the day centre was undertaken.

Ten service user/relative satisfaction questionnaires were provided for distribution, completion and return to RQIA.

A poster showing information was provided to inform care staff how to access, complete and return satisfaction questionnaires to RQIA via survey monkey or mobile phone scan. No staff questionnaires were returned within the time scale.

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

The findings of the inspection were provided to the Elaine Crawford, registered manager and Patrick Robinson, regulated service manager, at the conclusion of the inspection.

**6.0 The inspection**

**6.1 Review of areas for improvement from the most recent inspection dated 03 January 2017.**

The most recent inspection of the day care setting was an unannounced care inspection.

The completed QIP was returned to RQIA and approved by the care inspector.

**6.2 Review of areas for improvement from the last care inspection dated 03 January 2017**

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
<b>Area for improvement 1</b> Ref: Standard 20.2 Stated: First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection</b> Confirmation from HR Department was received in e-mail format. This was available at inspection.	

<b>Area for improvement 2</b> <b>Ref:</b> Standard 25.1 <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Action had been taken by the registered manager to remove all unwanted items. Inspection of the environment evidenced that no unwanted furniture or clutter was retained within the centre.	

### 6.3 Inspection findings

#### 6.4 Is care safe?

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

The registered manager confirmed the staffing levels for the centre and that these were subject to regular review to ensure the assessed needs of service users were being met

The registered manager and staff who met with the inspector advised that staffing levels were satisfactory and that staff were competent and experienced to meet the assessed needs of the service users; taking into account the size and layout of the premises, the number of service users in attendance each day, fire safety requirements and the statement of purpose. The registered manager advised that two new staff had recently been appointed to replace the vacancies used by commissioned agency staff.

There was a staff duty roster in place. The registered manager advised that the format of the roster was being revised to include a record of staff shift times. This was a work in progress by the registered manager and will be viewed at the next inspection.

The centre had a policy on "Recruitment of Staff" which was dated February 2016. The registered manager confirmed that all staff were recruited in accordance with Regulation 21 of The Day Care Regulations (Northern Ireland) 2007 and that records were retained at the South Eastern Health and Social Care Trust (SEHSCT) Human Resource department. Compliance was evidenced within an e-mail held by the registered manager.

Competency and capability assessments had been completed for any person in charge of the centre in the absence of the registered manager.

Review of completed staff induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for all new staff appointments, relevant to their roles and responsibilities.

The registered manager confirmed that competency and capability assessments were undertaken for any person who is given responsibility of being in charge of the day centre for any period in the absence of the registered manager. One assessment reviewed was found to be comprehensive and based on Northern Ireland Social Care Council (NISCC) Standards.

Discussions with the registered manager, staff and review of records including staff mandatory training, supervision and appraisal of staff was regularly provided.

Discussion with the registered manager and review of accident and incidents notifications was undertaken. The registered manager advised that behavioural issues were of a low risk and that measures were in place to minimise recurrence. Care records reviewed contained behavioural management care plans which were prescribed and agreed in collaboration with trust professional staff and the service user/representative.

Recorded audits of accidents and incidents were in place with action taken to address trends and patterns. In addition accidents and incidents were monitored each month by the trust governance team and the designated the trust professional who undertakes review on behalf of the day centre's responsible person.

Discussion with the registered manager and staff alongside review of the behavioural management plan of one service user evidenced that identified risks were appropriately minimised, assessed, documented and reviewed with the involvement of the multi-professional behavioural team, as required. Discussion with staff and review of staff training records evidenced that training in challenging behaviour/restraint was provided and ongoing.

The registered manager explained the restrictions used within the centre namely; key pad entry system and lap strap for wheel chair users which had been risk assessed with multi-professional input and deemed necessary for the health, safety and wellbeing of service users in attendance. The centre had policies/procedures on Management of Violence and Aggression, Use of Restraint (January 2016) and Responding to Service User Behaviour (2016) which were known by staff who spoke with the inspector.

Discussion with the registered manager identified that the day care centre did not accommodate any service user whose assessed needs could not be met.

The centre had a policy on Adult Safeguarding policy (2017) which was consistent with Department of Health (DoH) regional policy/procedures and included the named champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact telephone information and documentation to be completed. The registered manager advised that no adult safeguarding matters were currently active.

Discussion with the registered manager and staff confirmed that they were aware of the trust new policy and procedures on adult safeguarding and that recent staff training had been provided. A review of staff training records evidenced that staff training had been provided during the staff learning programme held over a three day centre closure period during 2017.

The registered manager confirmed that equipment in use within the day centre was well maintained and serviced. Observation of mechanical hoists and review of maintenance records evidenced that hoists were maintained in accordance with Lifting Operations and Lifting Equipment Regulations (LOLER).

The centre had a corporate Infection Prevention and Control (IPC) policy and procedure (2015) which was readily available to staff. Training records viewed evidenced that staff had received training in accordance with their roles and responsibilities.

Inspection of the day centre evidenced that appropriate IPC resources were provided; liquid hand washing soaps, alcohol hand gels, disposable hand towels, disposable gloves, disposable aprons and pedal operated bins were all in place.

Observation of staff practice identified that staff adhere to IPC procedures. Good standards of hand hygiene were observed to be promoted among service users, staff and visitors. Pictorial notices depicting the seven step wash hand procedures were positioned at wash hand basins.

The centre's Fire Risk Assessment was dated April 2017. Two of the five recommendations made had been recorded and signed as actioned. The registered manager advised that remaining matters had been actioned. These were signed off during the inspection.

All areas within the day centre were clean, tidy and organised. Control of substances hazardous to health (COSHH) was observed to be appropriately managed; stored and locked within a secure area. Fire doors were closed and fire exits unobstructed. Review of records of staff training in fire safety and fire drill evidenced that training had been provided.

Service users who spoke with the inspector commented;

- "I like coming to the centre."
- "I know the manager well. Elaine always here to see to things."
- "We are always asked what we liked to do."
- "The staff are very good and kind."

Seven of the ten service user/ relatives' satisfaction questionnaires were completed and returned to RQIA within the timescale. Six respondents indicated they were "very satisfied" that the care provided was safe. One respondent indicated "satisfaction". Comments made within one anonymous questionnaire returned were shared with the registered manager.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the centre's environment.

### Areas for improvement

No areas for improvement were identified during the inspection.

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



## 6.5 Is care effective?

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

The Statement of Purpose was reviewed and discussed with the registered manager. Some minor amendments of the information contained within the document was addressed by the registered manager during the inspection. A copy of the amended Statement of Purpose is to be submitted to RQIA.

Three service user's care records were provided for review. Individualised comprehensive needs assessments were complemented with various risk assessments. Other documents included; life histories, care plans, progress notes and review records. Each service user had an individual written agreement that set out their terms of the day care placement. There was also recorded evidence of multi-professional collaboration in planned care. For example; behavioural management plans, speech and language assessments and recommendations to minimise identified risk.

Systems were in place to review the service user's placement to ensure this was appropriate in meeting their health and social care needs.

Staff who spoke with the inspector demonstrated knowledge on how to escalate concerns about care. No issues or concerns were raised or indicated by staff who spoke with the inspector during the inspection.

The registered manager and staff confirmed that systems were in place to ensure effective communication with service users, their representatives and other stakeholders. These included for example; pre-admission information, multi-professional reviews, service users meetings, staff meetings, and staff briefings held each morning. In addition; service user's notice boards contained pictorial information on health matters, pictorial communication cards were available for service users who are unable to speak and pictorial planned daily therapeutic activities were displayed. Plans to establish service users' representative meetings were being explored by the registered manager.

Service users and relatives who spoke with the inspector demonstrated awareness on how and to whom they could raise issues of concern.

Two relatives spoke with the inspector during the inspection. Issues raised included the lack of consist staff within service user groups and the volume of paper work which staff have to complete also had had an impact on staff time for providing care. The lack of the provision of representative meetings was also raised. This information was shared with the registered manager who explained that two new staff had been appointed and that the provision of service user representative meetings was being explored.

Seven service user/ relatives' satisfaction questionnaires were completed and returned to RQIA within the timescale. All respondents indicated they were "very satisfied" that the care provided was effective.

Service users who spoke with the inspector commented;

- "We really enjoy coming here were there are lots of good things to do."
- "If I wasn't happy I know who to talk to and it would be fixed."

## Areas of good practice

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

## Areas for improvement

No areas for improvement were identified during the inspection.

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

### 6.6 Is care compassionate?

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

The registered manager confirmed that staff in the centre promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of service users.

Discussion with service users and staff alongside periods of observation of their interactions throughout the inspection demonstrated that service users were treated with dignity and respect while promoting and maintaining their independence.

Service users who spoke with the inspector confirmed that their views and opinions were taken into account in all matters affecting them and how they were consulted by staff. For example; provision of person centred pictorial care plans, seeking service user views and preferences regarding activities were discussed each day and planning social events at service users meetings.

Service users were provided with information, in a format that they could understand which enabled them to make informed decisions regarding their care and treatment. For example; pictorial person centred care plans, pictorial communication cards and daily activity boards. In addition pictorial Makaton leaflets titled "Tell us what you think" were available within the hallway for service users. This leaflet was compiled by the trust advocates group.

Discussion with staff and service users and frequent observation of practice throughout the inspection confirmed that service users' needs were recognised and responded to in a prompt and courteous manner by staff.

The registered manager confirmed that the annual service users' satisfaction survey was in the process of being conducted and that the findings from consultation period April 2017/2018 would be collated into a summary report which would include action taken to address any identified areas for improvement. This report would be made available to service users, their representatives and other interested parties. The questionnaire template was viewed by the inspector.

Staff who spoke with the inspector during the inspection commented;

- “This is a good centre, safe, effective, compassionate and well led.”
- “We always consult with service users daily about their care.”

Service users who spoke with the inspector commented;

- “Staff are very good, they always look after us, I like them all.”
- “Some of us use cards to talk to the staff, I think it’s good.”

Seven service user/ relatives’ satisfaction questionnaires were completed and returned to RQIA within the timescale. Six respondents indicated they were “very satisfied” that the care provided was compassionate. One respondent indicated “satisfaction”.

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

**6.7 Is the service well led?**

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

The registered manager outlined the management arrangements and governance systems and processes in place within the day centre. The registered manager and staff confirmed that the needs of service users were met in accordance with the centre’s Statement of Purpose and category of care as cited within the RQIA registration certificate.

The RQIA registration certificate for the centre was noted to be current and displayed in a prominent position within the centre.

A wide range of policies and procedures were in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff.

The day centre’s policies titled “Incident Reporting” (2010) and Staff Supervision (2014) were discussed with the registered manager as both were not reviewed in accordance with The Day Care Settings Minimum Standards which recommends three yearly reviews. Following the inspection RQIA received communication from the registered manager to advise that she was unaware that both policies had been reviewed and revised by senior management prior to the inspection and that circulation was expected soon. These will be reviewed at the next care RQIA inspection to the centre.

The centre had a Whistleblowing policy and procedure. Staff who spoke with the inspector demonstrated knowledge regarding this policy and procedure to follow.

There was a complaints policy in place which was in accordance with legislation and DoH guidance on complaints handling. Service users were made aware of how to make a complaint by way of the Service User Guide and Makaton information leaflets available within the reception hallway. Discussion with staff confirmed they were knowledgeable about how to receive and deal with complaints. Service users advised they would contact the manager if they were unhappy about anything in the day centre. Review of complaints records and discussion with the registered manager confirmed that no complaints had been received since the previous care inspection.

There were quality assurance systems in place to drive continuous quality improvement which included an annual satisfaction survey and regular audits of care records, accidents/incidents, environmental, fire safety. The outcomes including action plans to address issues and improvements were recorded. The registered manager advised that an audit of transport service was a work in progress. The outcome of this audit will be reviewed by RQIA at the next inspection of the day centre.

Monthly monitoring visits were undertaken as required under Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007; reports were produced and made available for service users/representatives, staff, trust representatives. Monthly monitoring visits were undertaken on behalf of the registered provider with reports compiled and retained within the day centre.

The registered manager advised that the centre had an ISO 9000 internal audit conducted during September 2017. The outcome report of this audit was noted to be positive in many areas. Recorded action was taken to address some identified improvements.

Staff have recorded individual, formal supervision bi-monthly and annual appraisal. Records were retained.

Staff meetings were being held bi-monthly with minutes and attendance recorded.

In accordance with Regulation 17 of The Day Care Setting Regulations (Northern Ireland) 2007 the day centre's annual quality report had been developed as required. The report, dated April 2016 to March 2017 reflected various modes of communication to seek the views of service users, representatives and staff through distribution and analysis of annual satisfaction questionnaires and monthly consultations with service users and staff made by the trust monitoring officer. In addition commentary on various aspects of care, for example; person centre care plan reviews, staff supervision, daily menus, accidents/incidents, complaints (none received), safeguarding, risk assessments and medication management. An action plan with timescales for improvement had been addressed by the registered manager and included within the report.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

Seven of the ten service user/ relatives' satisfaction questionnaires were completed and returned to RQIA within the timescale. Six respondents indicated they were "very satisfied" that the care was "well led". One respondent indicated "satisfaction". Comments made within one anonymous questionnaire returned to RQIA were shared with the registered manager.

**Areas of good practice**

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

**Areas for improvement**

No areas for improvement were identified during the inspection.

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

**7.0 Quality improvement plan**

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



The Regulation and  
Quality Improvement  
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

**Tel** 028 9051 7500

**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)

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

**Twitter** @RQIANews