

Care Inspection Report

31 May 2017



Knockbracken Day Centre

Type of service: Day Care Service

Address: Knockbracken Healthcare Park, Saintfield Road, Belfast, BT8
8BH

Tel no: 02890638835

Inspector: Dermott Knox

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Knockbracken Day Centre took place on 31 May 2017 from 10:00 to 17:15.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the day care service was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

Knockbracken Day Centre premises were clean, well-furnished and in good condition, with no obvious hazards for service users or staff. There is a range of rooms available for group or individual work and activities with service users. The centre includes an attractive and safe garden area. Discussions with staff and service users confirmed that staffing levels met the assessed needs of the service users. Safeguarding procedures were understood by staff who were interviewed. Staff members confirmed their trust in the caring qualities of their colleagues. Risk assessments were carried out routinely, in order to minimise risks and to manage them consistently. Observation of the delivery of care throughout the inspection provided evidence that service users' needs were met safely by the staff on duty. One concern, regarding a suspected fuel oil leak beside the premises, is being satisfactorily addressed by the Trust. No areas for improvement were identified at this inspection with regard to the provision of safe care.

Is care effective?

Detailed assessment information supported the planning and delivery of effective care for the four service users whose records were examined at this inspection. Progress notes for service users were recorded in good detail on the Trust's computer network, and the examples seen were of a good standard. Several service users and two relatives, who met with the inspector, spoke about the importance of the day care service to their day to day wellbeing. There was written evidence in review reports to indicate that service users and their representatives were very satisfied with the outcomes of day care and the quality of the service. Staff were deployed in a manner that made good use of their skills and experience. Three staff members spoke of supportive and positive working relationships within the team. The evidence indicates that Knockbracken Day Centre is providing a good quality, effective day care service.

Is care compassionate?

Interactions between staff members and service users were seen and heard to be caring, encouraging and respectful. Personal care and private matters were dealt with discreetly and sensitively. Progress records, written at least once for every five attendances of each service user were individualised and reflected the caring nature of the practices observed. All of the service users and two relatives, communicated very positive feelings about the benefits of attending the centre and of activities that are provided. Overall, the evidence presented at this inspection indicated that compassionate care was being provided consistently in Knockbracken Day Centre.

Is the service well led?

Knockbracken Day Centre has systems in place to inform staff on the responsibilities of their various roles and the expected standards of practice. There is a programme of training covering the identified needs of staff and there was evidence of opportunities for staff to participate in a range of relevant training. Staff members confirmed that they enjoy good leadership, with formal supervision about every six to eight weeks, and that they have good support from their colleagues in the team. Monthly monitoring reports were clear and, mostly well presented, although some were too brief and did not adequately represent the views of individual service users. A recommendation is made in this regard.

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	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Esther Brimage, 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 05 September 2016.

2.0 Service details

Registered organisation/registered person: Belfast HSC Trust/Mr Martin Joseph Dillon	Registered manager: Ms Esther Brimage
Person in charge of the service at the time of inspection: Ms Esther Brimage	Date manager registered: 11 February 2009

3.0 Methods/processes

Prior to inspection we analysed the following records:

- Record of notifications of events

- Record of complaints
- Quality Improvement Plan from the previous inspection on 05 September 2016
- The Statement of Purpose
- The Service User Guide.

During the inspection the inspector met with:

- Ten service users in group settings
- Two service users individually
- Two relatives/carers of service users, individually
- Three care staff in individual discussions
- The registered manager at the commencement and conclusion of the inspection
- The assistant service manager, who visited the centre.

Questionnaires were left with the manager to be distributed to service users, staff and a number of relatives or carers of service users. Nine completed questionnaires were returned to RQIA by 14 June 2017, four from relatives of service users, three from staff members and two from service users.

The following records were examined during the inspection:

- File records for four service users, including assessments and review reports
- Progress records for four service users
- Monitoring reports for the months of January, February, March and April 2017
- Records of staff meetings held in February, March and April 2017
- The centre manager's report for April 2017
- Minutes of Client Committee Meetings for January, February and March 2017
- Selected training records for staff, including staffs' qualifications
- Procedures for the use of restrictive practices
- Policy for Adult Safeguarding, (Reviewed in 2016)
- Eight completed Quality Survey 2016 questionnaires from professionals who work closely with the day centre, its service users and staff
- Three completed Quality Survey 2016 questionnaires from relatives of service users
- Service User Committee meeting minutes for January, April and May 2017.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 05 September 2016

The most recent inspection of the service was an unannounced care inspection. The completed QIP was returned and approved by the specialist inspector. This QIP has been validated by the care inspector at the present care inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 05 September 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 20 Stated: First time	<p>The registered provider must improve evidence of the registered manager's oversight of the operations of the day care setting. They should evidence how often and for how long they are in the day care setting.</p>	Met
	<p>The management and staffing arrangements must be reviewed to ensure all tasks, as well as day to day direct care tasks are safely met in compliance with the minimum standards and regulations.</p>	
	<p>Action taken as confirmed during the inspection: The registered manager returned, full-time, to her post in Knockbracken Day Centre in January 2017, prior to which the acting-manager had completed QCF Level 5 in Leadership and Management.</p>	
Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 20.2 Stated: First time	<p>The registered provider should make appropriate arrangements for the day care setting to evidence that staff, including volunteers, are recruited and employed in accordance with relevant Legislation. Confirmation the checks and documentation listed in this standard are completed prior to staff commencing post in the day centre is required. It should also be noted this should be in place for staff that have been redeployed with clear evidence they are suitable for the post they are being redeployed to.</p>	Met
	<p>Action taken as confirmed during the inspection: The registered manager confirmed that staff and volunteers are recruited and employed in accordance with relevant legislation and that all necessary checks are completed by the Trust's HR Dept. prior to the individual's commencement at work.</p>	

Recommendation 2 Ref: Standard 22.2 Stated: First time	The registered provider should improve staff supervision arrangements. Evidence should be available that shows staff have received one individual supervision session no less than once every three months.	Met
	Action taken as confirmed during the inspection: The manager and three staff confirmed that formal supervision meetings are held every six to eight weeks. The manager confirmed that there is now an electronic system in place to advise staff of scheduled supervision dates and times.	

4.3 Is care safe?

Knockbracken Day Centre premises were well maintained and in good decorative order, with no obvious hazards for service users or staff. One concern, regarding a smell of fuel oil in the office area of the building, had been investigated by the Trust's Estates Department. Following the inspection, the manager informed RQIA that a satisfactory solution to this problem had been found and that remedial work was being arranged. This will require the removal of a disused oil tank and underground fuel supply pipe.

There are several rooms and open spaces available for group activities and for individual work with service users, when necessary. The attractively developed, enclosed garden is paved smoothly to enable service users to access it safely, either accompanied or by themselves, as appropriate. Staff reported that one service user walked alone in the garden every day and appeared to benefit from this routine activity. The manager, three staff members and two relatives, who met with the inspector, confirmed that they have confidence in the practice of all members of the staff team in their work with service users. All three staff members expressed strong commitment to their work with service users, which, they confirmed, is enjoyable and rewarding. All new staff undertake a detailed induction programme, in keeping with the Trust's procedures and NISCC induction standards.

Safeguarding procedures were understood by staff members who were interviewed, who all confirmed that they would report poor practice, should they identify it. However, all expressed the view that practice throughout the centre was of excellent quality and this was emphasised by two relatives, each of whom has a spouse who attends the centre. There were systems in place to ensure that risks to service users were assessed regularly and managed appropriately and this included inputs by community based professionals, service users and, where appropriate, a carer. One relative, whose wife's initial review had been held recently, stated that both his wife and he had been apprehensive about her attending the centre, but that, within a few days, both had been convinced of the safe and excellent quality service provided. Four relatives returned completed questionnaires to RQIA and these were unanimously positive in the ratings given, not only with regard to the provision of safe care, but in all aspects of the service.

Fire alarm systems checks were carried out and recorded on a weekly basis and fire exits were seen to be unobstructed. One day care worker spoke of her recent refresher training for the

role of 'fire warden'. Risk assessments with regard to transport, mobility and moving and handling, or other areas specific to the individual, were present where relevant and each one had been signed as agreed, either by the service user or a representative. The manager carries out regular audits of a range of the centre's operations and data is presented monthly in a well detailed 'Manager's Report'.

During the inspection visit, ten service users spoke positively of the enjoyable activities at the centre and confirmed that they felt safe and well cared for. Staff presented as being well informed of the needs of each service user and of methods of helping to meet those needs safely. Staff members were observed interacting sensitively with service users and being attentive to each person's needs. Observation of the delivery of care, throughout the period of the inspection, provided evidence that service users' needs were being met safely by the staff on duty. Service users' rights and feelings, and the methods available to them of raising a concern or making a complaint were set out in the service user guide. One complaint, made in August 2016 by a relative, concerned the care of an item of a service user's clothing. Positive action was taken to try to ensure there would be no recurrence of this accidental matter and the complainant was fully satisfied.

The evidence presented supports the conclusion that safe care is provided consistently in Knockbracken Day Centre.

Areas for improvement

No areas for improvement, with regard to safe care, were identified during the inspection.

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

The centre's Statement of Purpose and the Service User's Guide provide the information required by regulations and minimum standards. Ten service users and two relatives provided verbal feedback, in the course of the inspection. This was entirely positive, including on the effectiveness of the care provided. Both of the relatives stated that the day care service had contributed very positively to the lives of their family member who attended the centre and to their own ability to managing the provision of care at home. In the centre's quality survey, carried out in 2016, relatives of several service users commented on the service, as follows:-

"An excellent support for both client and carer."

"Assessment, care plan and review process very thorough and the support workers are excellent in determining the needs of the client."

"The day centre delivers an exceptional service—we couldn't manage without it".

Four service users' files were examined during this inspection and each was found to contain detailed referral and assessment information on the individual and on his or her functioning, along with a written agreement on the terms of the individual's attendance. Each file also contained a signed consent form for information to be accessed appropriately by other professionals. Care plans identified service users' needs in good detail, setting out the objectives for each person's care and the actions required by day care staff, in order to meet the objectives. The focussed work and written evidence of this are commendable.

Each of the files examined contained risk assessments appropriate to the individual service user, making the risk and vulnerability levels clear for staff involved in the work with that person. Written records were kept of each service user's involvement and progress at the centre. Entries were made in response to the significance of events and exceeded the frequency stipulated by the minimum standards. Records of annual reviews for each person demonstrated that an evaluation of the overall suitability of the placement had been discussed in detail and agreed. Well written review records were available in each of the files examined and, where possible, these included the service user's views and were informed by the written progress records. Every week, each keyworker provides the manager with a written update on the progress of service users within their group. These summaries are available to all staff members, thus enabling them to maintain current knowledge of all service users who attend the centre. This system of recording and information sharing contributes constructively to the delivery of good quality care. Dates and signatures were present in all of the care records examined and attention to detail generally was of a high standard.

There are spacious rooms available for group activities and the centre currently operates in three main groups, whose numbers are dictated by the complexity of service users' needs. Each group has a minimum of two staff at all times and this had been assessed as necessary for the provision of safe and effective care. Where assistance was required, for example with a service user's feeding or going to the toilet, staff provided it discretely. Ten service users presented positive views of the enjoyment and support that they gained from taking part in the centre's activities, such as quizzes, gardening and arts and crafts. Service users confirmed that meals were always of a good standard. Two people spoke of the value they gained from each other's company.

Evidence from discussions with service users, from written records and from observations of interactions between service users and staff, confirmed that service users viewed the centre as an enjoyable place in which to spend their time. The manager and staff worked purposefully to involve service users in a variety of experiences, making full use of the available facilities. Three staff members returned completed questionnaires to RQIA, following the inspection visit. All three indicated that they were very satisfied with the quality of the service, its safety, effectiveness, compassion and the leadership of the team. One person expressed dissatisfaction with the effectiveness of communication with senior managers in the Trust. The manager was made aware of this matter and agreed to investigate it.

The evidence indicates that the care provided is effective in actively pursuing the objectives of each service user's care plan and in promoting service users' wellbeing and fulfilment.

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?

On the day of this inspection, the atmosphere throughout Knockbracken Day Centre was calm, purposeful and encouraging. Observations of activities throughout the centre provided evidence of service users relating positively to staff and to each other. Centre-based activities were planned for service users in each of the three groups. In all of the activities and interactions observed, service users were engaged by staff with gentle respect and encouragement. In one group, some people chose to follow an individual interest, such as

knitting or reading the paper, while others, in groups, were painting, exploring the history and meanings of popular sayings, or taking part in a sing-a-long. The safe, enclosed garden area was being used by several service users, with hats provided to prevent skin damage from the sunshine.

Service users confirmed that staff listen to them and encourage them to take part in their activity plans for day care. Activity programmes are worked out with each individual's agreement and there was evidence of changes being introduced in order to maintain peoples' interest and involvement. Five service users contributed positive comments on their enjoyment of attending the centre and on its value to them socially. Comments included, "Wonderful staff", "Second to none" and "Very helpful and kind". Two questionnaires, completed by service users, indicated that they were very satisfied with all aspects of the service.

The systems in place to ensure that the views and opinions of service users were sought and taken into account included the recording of personal histories and the regular bi-monthly committee meetings at which service users' views were sought by a staff member on matters including, activities, transport, staffing, meals, policies and procedures. On this final matter, one policy or procedure was explained to service users at each meeting and their views were sought. This is good practice.

The minutes of three staff meetings, held in February, March and April 2017, provided evidence of good consultation with service users and a strong focus on ensuring compassionate care was provided consistently. Each person's file contained a completed personal information and wishes form titled, 'Important for me, important to me', bringing together information from several sources, including family carers, so that staff would be well informed of the individual's preferences and needs.

Staff who met with the inspector emphasised the importance of recognising and promoting the dignity of each service user. The caring nature of practices that were observed was reflected in high quality progress records, written in response to matters of significance and at least weekly for each service user. These were summarised every month in the manager's report. The evidence presented at this inspection indicates that good quality, compassionate care is provided consistently by the staff team in the Knockbracken Day Centre.

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?

Discussions with the manager and three staff members, and an examination of a range of records, including minutes of staff meetings, the manager's monthly report, monthly monitoring reports and review reports, provided evidence that effective leadership and management arrangements are in place in Knockbracken Day Centre. There was evidence in a sample of the centre's quality survey questionnaires for 2016 to show that service users' relatives and community based professionals viewed the service as very satisfactory. A student placement facilitator wrote, "the students have evaluated very positively regarding their nursing placement in Knockbracken" and another professional wrote, "communication with staff in Knockbracken

could not be better ---“. Comments such as these reflect the good quality leadership and the high standards expected by the manager.

Training records confirmed that staff had received mandatory training and training specific to the needs of the service users in this setting. Discussion with staff and examination of minutes confirmed that staff meetings had been held monthly and that the manager had provided detailed information to staff, consultation on a range of decision making aspects of the service and opportunities for staff members to contribute ideas for the centre's continuing development. There was evidence from these minutes and from discussions with staff to confirm that working relationships within the staff team were supportive and positive and this was further evidenced by examples of staffs' willingness to cover for one another when circumstances necessitated this. Staff commented that the manager's leadership style was informative and supportive and motivated team members to take responsibility for their work and for the overall effectiveness of the centre.

Staff members viewed supervision as a useful part of their accountability feedback system and of their individual development. In the formal supervision structure, care assistants are supervised by day care workers, who are supervised by the manager. Staff reported that this system works well and confirmed that, normally, they meet with their supervisor at least bi-monthly. The close-knit nature of the team's operations means that matters arising on a day to day basis can be brought for discussion to a more senior staff member, if necessary, and staff confirmed that there was a good level of management availability and support in this regard.

Four monthly monitoring reports were examined and were found to address all of the matters required by regulation. A sample of service users' records was checked at each monitoring visit and any necessary improvements were set out in an action plan at the conclusion of the report. Two of the reports contained well-detailed feedback from discussions with service users and staff members, while the other two were less detailed in these areas and had errors or omissions. Monthly monitoring reports should be a valuable source of evidence of many aspects of the centre's performance, giving the service provider the opportunity to develop a culture of continuous improvement. A recommendation is made in this regard.

Overall, the evidence available at this inspection confirmed that Knockbracken Day Care Service is well led.

Areas for improvement

It is recommended that all monitoring reports should include a similar level of detail of the monitoring officer's interviews with service users, as was found in the report for April 2017.

Number of requirements	0	Number of recommendations	1
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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 Esther Brimage, 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 service. 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 web portal 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

Recommendation 1

Ref: Standard 17.10

Stated: First time

To be completed by:
30 June 2017

It is recommended that all monthly monitoring reports should include a similar level of detail of the monitoring officer's interviews with service users, as was found in the report for April 2017.

Response by registered provider detailing the actions taken:

The Assistant Services Manager completes the Monitoring Reports for Knockbracken Day Centre and will ensure that all future reports contain the required level of detail as was found in the report for April 2017. Due to changes in admin staff Knockbracken Day Centre had not received the completed report from the ASM's secretary. Process has been put in place to ensure reports are not circulated with approval of ASM.

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