

**Unannounced Care Inspection
of
Mount Oriel Day Centre incorporating 'Skyways Club'
27 & 28 May 2015**

1. Summary of Inspection

An unannounced care inspection took place on 27 May 2015 from 09.30 to 16.30 and 28 May 2015 from 09.00 to 12:00. Overall on the day of the inspection the Day Care Service was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Settings Regulations (Northern Ireland) 2007, The Day Care Settings Minimum Standards 2012.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	3

The details of the QIP within this report were discussed with the Suzanne Collins, Registered Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Martin Joseph Dillon	Registered Manager: Suzanne Collins
Person in Charge of the Day Care Setting at the Time of Inspection: Caroline Stephens Senior Day Care Worker. Suzanne Collins joined the inspection later on the first day of inspection and was present for the second day.	Date Manager Registered: Since registration of the service 11 February 2009
Number of Service Users Accommodated on Day of Inspection: 27 May 2015: Mount Oriel 35 elderly 18 LD Skyways 8 = 61 28 May 2015: Mount Oriel 35 elderly 18 LD Skyways 9 = 62	Number of Registered Places: 85

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

Standard 5 - Care plan: Where appropriate service users receive individual continence promotion and support.

Standard 8 - Service users' involvement: Service users' views and comments shape the quality of services and facilities provided by the Day Care Setting

4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed: seven incidents notifications sent to RQIA in compliance with regulation 29, RQIA duty log and activity log for this day care setting; and the quality improvement plan from the last care inspection on 12 & 13 August 2014.

During the inspection the inspector met with 22 service users and six staff in the main centre and skyways, which is the satellite day centre setting. Post inspection the inspector received six questionnaires from staff.

The following records were examined during the inspection: seven individual service users care files; 17 complaint records; the incidents and accident records for the service; relevant policies and procedures; general training records for a sample of day care and care worker grade staff; three regulation 28 monitoring records; the statement of purpose and service users guide.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the service was a secondary announced estates inspection dated 4 November 2014. The QIP was approved by the specialist inspector and there are no outstanding improvement concerns.

5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: 20 (1) (a)	<p>The registered person must make appropriate arrangements for a review of the current staffing numbers working in the day care setting to ensure the numbers working in the day care setting are appropriate and in compliance with this regulation.</p>	Met
	<p>The review must include needs of the service users; the staff ratios as defined in the care plans; staff current daily roles and responsibilities; the size of the day care setting, the activity schedule; training schedule; planned absences; the statement of purpose and the number of service users who attend the setting daily.</p>	
	<p>The returned quality improvement plan must report the outcome of this review and if there are identified gaps in staffing describe what actions will be taken to ensure service users' needs will continue to be met.</p>	
	<p>Action taken as confirmed during the inspection:</p> <p>Inspector confirmed staffing has been monitored by the manager, by the senior day care worker and through the regulation 28 visits. Evidence of this was available and up to date at the time of inspection. The arrangements evidenced staffing was continuously reviewed to ensure levels were appropriate to meet service user needs.</p>	

Requirement 2 Ref: 28 (4)	<p>The registered person must ensure the regulation 28 reports evidence the staffing arrangements in place for the month being inspected in the elderly programme of care and form a view regarding: the effectiveness of staffing arrangements; and compliance with regulations and standards regarding the same. Analysis must take into account part time staffing and if staffing numbers are low can the manager and senior day care worker effectively step into that gap or are they only on call if issues arise.</p> <p>Action taken as confirmed during the inspection: Inspector confirmed staffing has been monitored by the manager, senior day care worker and through the regulation 28 visits. Evidence of this was available and up to date at the time of inspection.</p>	Met
Previous Inspection Recommendations	Validation of Compliance	
Recommendation 1 Ref: 7.5	<p>The registered manager must improve the arrangements in this setting to record to ensure service users records are updated every five attendances.</p> <p>Notes such as writing in a diary or making hand written notes must be formalised and stored properly for each service user to ensure service users progress and significant informations can be recalled with ease.</p> <p>Action taken as confirmed during the inspection: Written notes were available and up to date at the time of inspection.</p>	Met

5.3 Standard 5 - Care plan: Where appropriate service users receive individual continence promotion and support

Is Care Safe? (Quality of Life)

There was a continence promotion policy and procedure in place and this was dated 23 June 2014. The document was accessible for staff. The continence promotion policy and procedure is easy to read, describes good practice and provides practical guidance for staff to effectively promote service users continence in the setting.

One service user told the inspector that the staff actively seeks theirs; and their representatives' views regarding need, including continence issues. The service user described feeling satisfied these are incorporated into practice, this ensures that choices and issues of concern are recorded and acted on.

The inspection of seven service users' needs assessments, risk assessments and care plans evidenced these had been kept under review, amended as changes had occurred and were kept up to date to reflect the needs and preferences of the service user. The needs assessment and care plans had been appropriately signed. The inspection of the continence section did identify the information could be improved by recording more information regarding service user choice and preferences, routines to be maintained, what products are used, where they are kept and describe the baseline assessment so potential improvement or deterioration can be monitored. It may also be useful for practice to be guided by the professional assessment. A recommendation is made in this regard.

Discussions with two of the six staff evidenced the staff are aware of continence products and Personal Protection Equipment (PPE). Staff described day to day practice which demonstrated they deliver the care detailed in the individual care plan. The staff discussed proactive examples of care where they have identified concerns and over time gained the trust of the service user to address the concerns. There was a clear focus for staff to gain the service user trust and ensure continence needs are met. The six staff identified the importance of gaining service user trust, making referrals with service user permission and liaison with community teams when meeting needs. The care practice that was described by staff evidenced compliance with current infection control guidance

The manager had identified staff would benefit from training in the area of continence management and promotion. This had been arranged prior to the inspection for the staff group on 6 July 2015, in the meantime the team will report any concerns regarding continence management to the district team.

The inspection included observations of the environment, including odour, location/storage of PPE and continence products. This confirmed there is no malodour in the day care settings and practice described presents as in keeping with infection control guidance.

In conclusion the inspection evidenced where appropriate, service users receive individual continence promotion and support. Practice is delivered individually to service users to ensure their care is responsive to their needs and they are safe in this setting.

Is Care Effective? (Quality of Management)

The review of the environment evidenced there is supplies of continence products available to meet a range of continence needs in the setting. Generally the service users bring their own supplies into the setting however, there is additional stock in case their supply runs out or they forget their own products. Discussion with staff evidenced the staff were knowledgeable regarding each individual care plan and how to meet assessed needs. Staff confirmed they have unrestricted access to these. Observations evidenced there are adequate supplies of and ease of access to PPE for staff.

One service user spoken to specifically mentioned how staff support her with her personal care needs and promote her independence. She said staff listen to her, respect her views and she described her dignity, sense of worth and independence had been promoted.

The discussion with staff and the manager evidenced the staff write observations which assist in identifying if there is a continence concern. Staff described they will consult with the service users, professionals and if appropriate the family to establish the best way to address concerns they have identified. If required there is a process in place to make referrals. Information will be sought from the appropriate professional or family to ensure the care plans are up to date.

In conclusion this inspection evidenced service users who have continence needs receive individual continence promotion and support, which is detailed in their care plan. The inspection evidenced the care in this regard was effective and the staff meet service users' needs in this regard reactively and proactively.

Is Care Compassionate? (Quality of Care)

Six staff were consulted with during the inspection regarding this standard and six questionnaires were completed by staff. The information collected confirmed the staff are very satisfied to satisfied with the content of the policy and procedure regarding continence, the support from the multi-disciplinary team regarding continence care, access to continence products; and that service user's privacy and dignity is protected in the day centre.

Consultation with twenty two service users during the inspection did not reveal any concerns in regard to this standard.

In conclusion the inspection evidenced staff are knowledgeable and plan to meet need using a person centred approach. This approach is key to delivering care and support that will effectively and compassionately meet individual continence needs and promote continence. At the time of this inspection staff discussion, review of records an observation concluded staff Identify service users needs and use appropriate methods and skills to ensure they compassionately and competently provide continence care and support.

Areas for Improvement

One recommendation is made:

- The registered manager should improve the section in the care plan which describes continence. More information should be recorded regarding service user choice and preferences, any routine to be maintained, what products are used, where they are kept and what is the baseline assessment. Potential improvement or deterioration should be monitored. It may also be useful for practice to be guided by the professional assessment.

Number of Requirements	0	Number of Recommendations:	1
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5.4 Standard 8 - Service users' involvement: Service users' views and comments shape the quality of services and facilities provided by the Day Care setting

Is Care Safe? (Quality of Life)

The inspection evidenced staff in the elderly and learning disability sections of the setting staff do actively seek service users' and their representatives' views which are incorporated into practice. This ensures that service user choices, issues of concern, complaints or risks are recorded and acted on. Evidence was gathered from the settings service users meeting records, monitoring reports, observation of staff communicating with service users, team briefings on the two mornings of the inspection, service user's individual records and discussion with service users and staff. The inspection concluded staff use service user's views and comments to ensure the service is safe and responsive to their needs.

Service users described feeling listened to and responded to by staff that are knowledgeable about their individual communication needs. The inspection of seven service users' individual records evidenced the needs assessment; risk assessments and care plans had been kept under continual review; amended when changes occurred and were kept up to date. This ensures they accurately reflect at all times the needs and preferences of the service user. The needs assessment and care plans had been appropriately signed. In conclusion the inspection evidenced service users' involvement is evident in day to day practice in this setting and is used to ensure care is delivered in a safe way that is responsive to individual service user's needs.

There are policies regarding:

- Service users' meetings and forums & listening and responding to service users' views & communications with carers and representatives are amalgamated into communications with service users/carers/representatives is in place and was reviewed 29 November 2013
- Procedure on planning and reviewing programmes and activities and service user involvement in the day care service and was reviewed 21 July 2014
- Communication arrangements with staff was 29 November 2013
- Safe and healthy working practices 22 July 2010 and again in 2014.

Is Care Effective? (Quality of Management)

The inspection identified there is a range of methods and processes where service users' and their representatives' views are sought. Views had been recorded with details of the action taken. For example day to day discussion, service user meetings in the setting, trust service user forums / meetings, monitoring of the setting, annual surveys, reviews, planning meetings, complaints and issues of dissatisfaction records; and activity meetings in each room. These processes promoted and enabled service users to influence the running of the day care setting. In conclusion using inspection of records, observation of practice and discussion with service users and staff identified these processes were effective in promoting service user involvement. Service users' views and comments were used to inform and shape the quality of services and facilities provided in Mount Oriel.

Service users' views and opinions were being sought on a formal basis for this year's annual survey. Last year's report identified a few issues of improvement and responses by the setting were recorded. The report had been displayed for service user's information. The report had not been looked at since actions were put in place; this approach should be improved. A

recommendation is made decisions and actions made are reviewed for effectiveness during the next year. For example, during the monitoring visit, in the next year's survey.

Discussion with service users throughout the inspection process and in the different programmes of care confirmed they felt they had been listened to and consulted with. Examples given were the choices of activities, specifics regarding their individual care plans, food choices and outing choices.

Discussion with staff evidenced service users' dignity and privacy is respected, for example staff gave scenarios when service user choice is promoted. Pictorial and written evidence of when this had been done was provided for this inspection. The complaints record detailed the service user's individual and group issues of dissatisfaction had been acknowledged and responded to in a timely manner, to ensure service users have a positive experience in this setting.

During the inspection the staff were observed informing service users and persons visiting the Day Care Setting that the inspection was taking place. Service users were encouraged to give their views about the standard of care delivered.

There were policies regarding:

- Inspections of the day care setting
- Consent
- Listening and responding to service users' views
- Management, control and monitoring of the setting
- Quality improvement
- Complaints

Is Care Compassionate? (Quality of Care)

The inspection concluded staff promotes service users involvement in the setting. There is a clear approach from staff to deliver compassionate care and be responsive to service users' views and comments. These are being used on an ongoing basis to shape the quality of services and facilities provided by Mount Oriel. Observation evidenced service users are listened and responded to by staff that is knowledgeable about individual service users' communication needs. Service users said they were kept informed about issues affecting them and are treated with respect. Staff presented as knowledgeable and did describe an approach to care that is based on person centred practice.

Six staff returned questionnaires which described they are satisfied to very satisfied that practice is safe and there is appropriate arrangements in place for safeguarding; challenging poor practice and whistleblowing. Staff reported they are satisfied with the training they receive; and support from staff and the management team. Staff reported they are very satisfied that service users are consulted with, their views and opinions are sought, service users can influence the running of the setting and they are kept informed.

Three staff questionnaires did identify improvements could be made with regard to accessing assessments and equipment to facilitate service users attendance in the setting. Discussion with the manager did identify some other professionals in the trust do not respond to the urgency of referrals made. The comments made were regarding physiotherapy assessments or occupational therapy assessments when service users were put on a general waiting list

because they were in day care. However the day care placement could not continue without the assessment. This approach is not responsive to need and a recommendation for this to be improved.

Twenty two service users were consulted with during this inspection and completed questionnaires. The service users reported they were very satisfied with the care and support they receive and they said their views and opinions are sought. Overall they said the care was compassionate. Service users said: "I'm very happy to come here", "it lifts me", "I look forward to the day", "Staff talk to me and involve me".

The service users reported they feel care is effective, they said they are very satisfied staff know how to care for them and respond to their needs. Service users said "I like doing drawing", "it's very good", "this is like a democracy, we work together", "staff are the best".

The service users reported they are very satisfied they feel safe and secure in the day care setting and there are enough staff to meet their needs. Service users said: "people are nice and staff are nice", "staff are very good to me".

Areas for Improvement

Two recommendations are made regarding:

- The registered manager should ensure actions and decisions that are put in place following the annual service user survey are reviewed for effectiveness during the next year. For example during the monitoring visit or in the next year's survey.
- The registered persons should review the difficulty this service has in accessing support from occupational therapy and physiotherapy services which is required to ensure placements can continue.

Number of Requirements	0	Number of Recommendations:	2
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5.5 Additional Areas Examined

5.5.1 Service user records

The inspector reviewed seven service user's care files. They contained evidence of file audit; assessment; care planning documentation; activity and care recording; risk assessment; review documentation and minutes. The review of these files did not identify any improvements in this regard.

5.5.2 Complaints record

11 complaints had been recorded in the complaints record in 2014. These had been recorded, investigated and responded to within timescales set in the policy and procedure. They were all local issues and were resolved by the manager / senior staff in the day care setting to the complainant's satisfaction. In 2015 six complaints were recorded and similarly to the records for 2014 the review of records did not reveal any concerns regarding the recording, management of complaints, the resolution and compliance with policies and procedures.

5.5.3 Monitoring reports

Three monthly monitoring reporting arrangements and reports for 2015 were inspected. The reports presented an assessment of conduct with action plans that seek to improve the delivery of care in this setting.

5.5.4 Incidents and accident record

Records were inspected from August 2014 to May 2015. No improvements or concerns were noted.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Suzanne Collins, registered manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Day Care Settings Regulations (Northern Ireland) 2007.

6.2 Recommendations

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

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/ registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to day.care@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Recommendations	
Recommendation 1 Ref: Standard 5.2 Stated: First time To be Completed by: 23 July 2015	<p>The registered manager should improve the continence section of the care plan. More information should be recorded regarding service user choice and preferences, any routine to be maintained, what products are used, where they are kept. What is the baseline assessment so potential improvement or deterioration can be monitored. It may also be useful for practice to be guided by the professional assessment.</p> <p>Progress in this regard should be reported in the returned QIP</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The Manager will meet with the staff team on 29th June to discuss and take forward this recommendation. Continence Awareness Training is planned for the team for 6th July to further improve the understanding and approach required for completion of the continence section of the care plan.</p>
Recommendation 2 Ref: Standard 8.3 Stated: First time To be Completed by: 23 July 2015	<p>The registered manager should ensure actions and decisions that are put in place following the annual service user survey are reviewed for effectiveness during the next year. For example during the monitoring visit or in the next year's survey.</p> <p>Progress in this regard should be reported in the returned QIP</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The current Annual Satisfaction Questionnaire has just been completed for 2015 and analysis is due to take place. Any actions and decisions from the outcomes of this survey will be discussed with staff in supervision/team meeting and in user group meetings with actions and effectiveness monitored at monthly monitoring visits</p>
Recommendation 3 Ref: Standard 9.5 & 9.6 Stated: First time To be Completed by: 23 July 2015	<p>The registered persons should review the difficulty this service has in accessing support from occupational therapy and physiotherapy services which is required to ensure placements can continue. Improvements should be made to ensure identified service user need is met.</p> <p>Progress in this regard should be reported in the returned QIP</p> <p>Response by Registered Person(s) Detailing the Actions Taken: This recommendation will be escalated to the relevant Service Managers through Trust processes for further discussion with Community Team Leader and AHP Leads.</p>

Registered Manager Completing QIP	Suzanne Collins	Date Completed	26.06.15
Registered Person Approving QIP	Martin Dillon	Date Approved	30.06.15
RQIA Inspector Assessing Response	Suzanne Cunningham	Date Approved	03/07/15

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