

# Unannounced Care Inspection Report 5 February 2020



## Appleby Social Education Centre

**Type of Service: Day care**  
**Address: 43 Ballinahonemore Road, Armagh, BT60 1JD**  
**Tel No: 028 3752 4335**  
**Inspector: Maire Marley**

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

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service provider 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 that provides care and day time activities up to 105 services users who are living with a learning disability. The setting’s Statement of Purpose details that only 70 people can be accommodated on a daily basis.

The centre is open Monday to Friday and is closed for all public holidays and for one week at Easter, Christmas and the July Holiday period. Appleby SEC also closes for a number of additional days so that training can be undertaken by the entire staff team.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Southern HSC Trust  <b>Responsible Individual:</b> Shane Devlin	<b>Registered Manager:</b> Mairead Murphy
<b>Person in charge at the time of inspection:</b> Assistant Manager	<b>Date manager registered:</b> 15 August 2019

### 4.0 Inspection summary

An unannounced inspection took place on 5 February 2020 from 10.00 to 12.30 hours.

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

RQIA, as a public-sector body have a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of day care services, we are committed to ensuring that the rights of people who receive services are protected. This means we will be seeking assurances from providers that they take all reasonable steps to promote people's rights. Users of day care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted.

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 staff knowledge of service user's needs, activities provided, communication with health care professionals and families and the general environment.

One area of improvement was identified during this inspection in relation to the further development of recruitment documentation.

Those service users who were able to provide a view said:

- "I just love Appleby and love all the staff they are good"
- "This is a really good place; I want to come every day."
- "The staff are the best, we are good friends."

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>	1	0

Details of the Quality Improvement Plan (QIP) were discussed with Mairead Murphy manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

## 4.2 Action/enforcement taken following the most recent care inspection dated 26 February 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 26 February 2019.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- record of notifications of significant events
- record of complaints
- the previous inspection report and QIP dated 29 February 2019
- the RQIA log of contacts with, or regarding Appleby SEC

We ensured that the appropriate staff checks were in place before staff work with service users; we examined recruitment records specifically relating to Access NI and NISCC registration.

Questionnaires and “Have we missed you?” cards were provided to give service users and those who visit them the opportunity to contact us after the inspection with their views. A poster was provided for staff detailing how they could complete an electronic questionnaire.

Ten questionnaires were also provided for distribution to the service users and their representatives; two responses were returned, analysis and comments are included within the report.

RQIA information leaflets ‘How can I raise a concern about an independent health and social care service’ were also provided to be displayed appropriately in the setting.

During the inspection the inspector communicated with sixteen service users, five staff, and one visiting professional.

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 person in charge at the conclusion of the inspection.

## 6.0 The 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 21.8 Stated: First time	The registered person shall ensure that induction records are maintained accurately.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The information in the returned QIP along with a review of two induction records and discussion with staff confirmed that induction records were maintained appropriately.	
<b>Area for improvement 2</b> Ref: Standard 5.3 Stated: First time	The registered person shall ensure that all care plans and review reports are signed and dated.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The information in the returned QIP along with a review of five care records confirmed that the care plans and review reports were signed and dated. The manager reported that audits of these records were been undertaken on a regular basis.	
<b>Area for improvement 3</b> Ref: Standard 3.2 Stated: First time	The registered person shall ensure service users agreements are signed and dated.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The information in the returned QIP along with a review of five care records confirmed that the service user's agreements were signed and dated.	
<b>Area for improvement 4</b> Ref: Standard 17.6 Stated: First time	The registered person should review the Statement of Purpose to reflect the range of needs that the setting can meet and the number that can be accommodated daily. The overall number of service users to be provided with day care should be included in the document.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The statement of purpose was submitted to RQIA following the inspection. The document clearly stated that the centre provided care for seventy persons on a daily basis.	

<b>Area for improvement 5</b> <b>Ref:</b> Standard 17.8 <b>Stated:</b> First time	The registered person should review the Service User Guide as it was dated 2014.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the service user's guide found that it had been updated in January 2020.	
<b>Area for improvement 6</b> <b>Ref:</b> Standard 17.12 <b>Stated:</b> First time	The registered person shall ensure that the most up to date registration certificate is displayed at all times.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The current registration certificate was up to date and displayed in a prominent position.	
<b>Area for improvement 7</b> <b>Ref:</b> Standard 22.2 <b>Stated:</b> First time	The registered person shall improve the frequency of supervision to ensure that all staff receive individual formal supervision at least once every three months.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The review of three supervision records and discussion with the manager and staff confirmed that staff were in receipt of individual formal supervision quarterly.	

## 6.1 Inspection findings

Appleby centre provides a day care service for persons living with a learning disability. On the day of the inspection, the centre was well maintained and in good decorative order, with no obvious hazards for service users or staff noted.

During the inspection staff interactions with service users were observed to be compassionate, caring and timely. Staff were noted to stimulate and encourage service users to participate in a range of therapeutic activities that promoted positive outcomes for their health and well-being and encouraged meaningful social engagement. Service users approached staff freely, communicating their needs and making requests.

It was noted that while some of the service users do not use verbal communication, staff use a variety of methods to support effective communication such as makaton, hand gestures, picture cards and communication books. Person centred care plans are also used to provide detailed information in relation to the communication needs of individuals. Activities on the morning of the inspection included music and exercise, arts and crafts, community activities and relaxation. Staff responses throughout were noted to be cheerful and appropriate.

Service users who engaged with the inspector spoke positively about the service and the ongoing benefits of attending the centre.

**Service Users' comments:**

- “We love Appleby it’s a great place.”
- “I enjoy every day here.”
- “The staff are lovely they would do anything for you.”
- “I get on with everyone, all problems I would tell ----- (staff).”

**Professional’s Comments:**

The inspector had the opportunity to speak with the Speech and Language Therapist who visits the centre at least twice a week.

- “Service is extremely well managed; the manager and staff are always looking for ways to improve things for the service users.”
- “The centre provides very safe care, particular attention is paid to cleanliness and health and safety.”
- “Staff note changes in service user’s swallowing or indeed anything that might present a risk of choking and they would communicate with me immediately.”
- “Communication very effective and if we change or make improvements to a service users schedule or assessment, all staff are briefed to ensure they are aware of the changes.”
- “The centre is promoting the 5 Good communication skills and together we are looking at improving the signage throughout the centre for service users.”

**Staff Comments:**

- “Care is very good, staff has a good understanding of their role, training is very good and the team have great experience and are competent in their work.”
- Staffing has greatly improved, things are at their best now, and work is very enjoyable.”
- “Care is very good, we have a good team, and the centre is well managed, issues always get sorted,
- Staffing levels are good; and they are maintained, plenty of information provided so we all know what is happening.”
- “Good support, we all have supervision on a monthly basis and there are regular staff meetings.”
- “First class centre and really well run.”
- “We have a stable group of service users and the team know their needs, atmosphere is very relaxed.”
- Absolutely no concerns about any aspect of care delivered, but I would have no hesitation speaking up if I had a concern, I know management would support me.”
- Everyone is responsible for safety within the centre, we are all aware of the need to be mindful of health and safety matters.”

The assistant manager described the staffing arrangements which had been assessed as necessary to provide a safe service in the setting. Assurances were provided that sufficiently qualified, competent and experienced persons are working in the centre to meet the range of needs accommodated.

A sample of duty records examined for the months of December 2019 and January 2020 contained details of the number of staff on duty; hours worked and confirmed that staffing levels were maintained. During discussions staff expressed that they felt there was sufficient staff to maintain the safety of service users in the centre. Observation during the inspection found the needs of the service users were effectively met by the staff on duty.

The Trust has a human resources department (HR) that oversees the recruitment processes including pre-employment checks. The assistant manager described the procedure for ensuring that staff are not provided for work until all necessary checks are completed and confirmed that the outcomes of these checks are retained in HR department. On completion of satisfactory pre-employment checks and verification of supporting documentation the manager receives an email from the H.R department to confirm the staff member can commence duty. The Trust recently introduced a “Final offer Checklist for Managers.” It was good to note that on the first day of duty new staff are requested to present a range of documents to confirm their identity.

A review of two staff records relating to the recruitment process found the information requested by the Trust as detailed previously was in place, there was no proof of the date of the Enhanced Disclosure Access N.I check or the reference number. Access N.I disclosure certificates are only accurate on the date of issue and therefore a record of the date the check was completed along with the reference number should be maintained. This is stated as an area of improvement.

Arrangements are in place to ensure that all staff are registered with The Northern Ireland Social Care Council (NISCC). Information in regard to registration and renewable dates are maintained and were available for inspection. A review of these records and discussion with the manager confirmed that all staff are currently registered with NISCC. Staff records viewed confirmed that staff undertake an induction programme relevant to their role and responsibility and there was evidence that new staff complete the NISCC induction standards.

### **Areas of good practice**

There were samples of good practice found throughout the inspection in relation to staff knowledge of service users’ needs and safe care, and the general environment.

### **Area for improvement**

One area for improvement was identified during the inspection and related to the further development of recruitment documentation.

## **7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mairead Murphy, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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.

### **7.1 Areas for improvement**

Areas for improvement have been identified where action is required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

### **7.2 Actions to be taken by the service**

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.



A completed Quality Improvement Plan from the inspection of this service has not yet been returned.

If you have any further enquiries regarding this report please contact RQIA through the e-mail address [info@rqia.org.uk](mailto:info@rqia.org.uk)

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 21 (3) (d)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 March 2020</p>	<p>The registered person shall ensure that the day care setting maintains evidence of photographic identification along with proof of the date of the Enhanced Disclosure Access N.I. check and the reference number.</p> <p>Ref: 6.3</p>
	<p><b>Response by registered person detailing the actions taken:</b></p>

*\*Please ensure this document is completed in full and returned via Web Portal\**



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