

Care Inspection Report

27 February 2017



Towerview Resource Centre

Type of service: Day Care Service
Address: 60 Bristol Park, Newtownards, BT23 4RJ
Tel no: 02891817080
Inspector: Dermott Knox

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Towerview Resource Centre took place on 27 February 2017 from 10:15 to 16:45.

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?

Towerview Resource Centre premises were clean, fresh, and in good condition, with no obvious hazards for service users or staff. There are sufficient, well-furnished spaces available for group activities, including a computer suite for service users. Staffing records and discussions with staff and service users confirmed that staffing levels are sufficient to meet the needs of service users. All staff members who were interviewed demonstrated a good understanding of safeguarding procedures. Staff members confirmed their confidence in the caring qualities and commitment of their colleagues and were confident that poor practice would be challenged and reported by team members. Risk assessments were being carried out regularly in an effort to minimize risks and to manage them consistently. Observations 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. No areas for improvement were identified at this inspection with regard to the provision of safe care.

Is care effective?

Service users' records that were examined at this inspection contained well-detailed assessment information, which supported the development of clear care plans and the delivery of effective care. The positive value of the day care service was confirmed by all of the service users and staff members who met with the inspector. There was written evidence in review reports to verify that there are effective outcomes of the day care service in terms of benefits for service users. Staff were well trained and well informed and 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 Towerview Resource Centre is providing a good level of effective care that the manager and staff continually seek to develop and improve. No areas for improvement were identified at this inspection with regard to the provision of effective care.

Is care compassionate?

Ten service users contributed a variety of positive comments on their enjoyment of attending the centre and on its value to them socially and mentally. Interactions between staff members and service users were seen and heard to be warm, respectful and caring. Staff who met with the inspector emphasised the importance of respecting and promoting the dignity of each service user. The caring nature of practices that were observed was reflected in high quality progress records, written more often than weekly for each service user. Service user meetings provided regular opportunities for views to be aired. An internal audit (ISO 9000) of service user involvement rated the practice as 'Excellent'. The evidence presented at this inspection indicates that compassionate care is provided consistently by the staff team in Towerview Resource Centre.

Is the service well led?

Towerview Resource Care Centre and the SEHSC Trust have systems in place to ensure that staff are well-informed on the responsibilities of their roles and the expected standards of practice. There is a well-planned programme of training and staff are supervised and well supported within the team. Team members confirmed that they have the confidence and support of the manager and of their colleagues. Service users in the centre stated that the service was well organised by very caring people. Required records were well kept and up to date. Monthly monitoring reports fulfilled the regulatory requirement providing evidence that monitoring visits were made regularly. There was evidence to show that management and leadership of the service has been provided at a consistently high quality level and that the senior staff were working constructively to support and lead the staff team.

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	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Darren Bradshaw, Registered Manager, as part of the inspection process and can be found in the main body of the report.

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 18 June 2015.

2.0 Service details

Registered organisation/registered person: South Eastern HSC Trust/Mr. Hugh Henry McCaughey	Registered manager: Mr Darren Bradshaw
Person in charge of the service at the time of inspection: Mr Darren Bradshaw	Date manager registered: 05 March 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 18 June 2015.

During the inspection the inspector met with:

- Eight service users in group settings
- Two service users individually
- Three care staff, in individual discussions
- The registered manager at the commencement and conclusion of the inspection.

Questionnaires were left with the manager to be distributed to service users, staff and a number of relatives or carers of service users. By Monday 13 March 2017, no completed questionnaires had been returned to RQIA.

The following records were examined during the inspection:

- File records for three service users, including assessments and review reports
- Progress records for three service users
- Monitoring reports for the months of October, November and December 2016 and for January and February 2017
- Records of weekly Team Briefings throughout February 2017
- The centre's annual report for 2016
- Record of complaints
- Training records for staff
- Competence checks for Band 5 staff members
- Procedures for Implementing and Reviewing Care Plans
- Procedures for Managing Service Users' Monies
- Procedures for Advocating for Service Users
- The statement of purpose for the centre (Reviewed August 2016).

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 18 June 2015

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

4.2 Review of requirements and recommendations from the last care inspection dated 18 June 2015

Last care inspection recommendations		Validation of compliance
Ref: Standard 17.10 Stated: First time To be Completed by: 13 August 2015	The registered person should make appropriate arrangements to ensure all monitoring visits in this setting follow the same format. Reports must describe and clearly report on the conduct of the day care setting. Actions taken to ensure compliance with the minimum standards must be clearly stated in the action plans included in the report.	Met
	Action taken as confirmed during the inspection: Reports of monitoring visits, examined during this inspection, were in compliance with this recommendation.	

4.3 Is care safe?

The day centre premises were in good condition with no obvious hazards for service users or staff. There are several rooms and open spaces available for group activities and for individual work with service users, when necessary. The manager and three staff members, 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 had significant experience in care settings and expressed strong commitment to their work with service users, which, they confirmed, is enjoyable and satisfying. All new staff undertake a detailed induction programme.

Safeguarding procedures were understood by staff members who were interviewed. 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. Risk assessments with regard to transport, mobility and moving and handling, were present where relevant and each one had been signed as agreed, either by the service user or a representative. Risks had been assessed collectively using a 'Risk Quantification Matrix', which provided a useful overview of risk and vulnerability for each person. An ISO 9000 Audit, dated 15 Sept. 2016, rated medication safety in the centre as 'Excellent'. 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.

Fire alarm systems checks were carried out and recorded on a weekly basis and fire exits were seen to be unobstructed. The centre has a clear procedure for the management of service users' lunch monies, which includes balance checks being carried out by two staff, one of whom must be a senior member of the care staff.

During the inspection visit, ten service users spoke very positively of the quality of care provided at the centre and confirmed that they felt safe in the centre and in the transport bus. Staff presented as being well informed of the needs of service users and of methods of helping to meet these needs safely. 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.

The evidence presented supports the conclusion that safe care is provided consistently in Towerview Resource 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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4.4 Is care effective?

The centre's Statement of Purpose and the Service User's Guide provide all of the information required by the regulations and the minimum standards. The manager stated that a more inviting and easily accessed version of the guide is being developed. An ISO 9000 Audit Report, dated 15 September 2016, rated service user involvement in the service as 'Excellent'.

Three 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. Care plans addressed identified needs accurately and with good attention to detail, particularly where specific conditions, such as epilepsy, were present. Discussion took place with the manager regarding the development of additional goal statements with more clearly measurable outcomes.

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 specific aspects of the work with that person. Well 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. Each file contained a record keeping checklist. Dates and signatures were present in all of the care records examined and attention to detail generally was of a high standard.

The layout of the premises is conducive to meeting the needs of the service users who attend, several of whom were observed moving from one area to another without staff assistance. Where assistance was required, staff provided it discretely and skilfully. The centre has a computer suite in which people have been helped to develop basic computer skills. The manager spoke of the possibility of re-designing one area of the centre to facilitate the provision of a more specialised and semi-separate unit for people with more advanced dementias than those who currently attend.

Service users confirmed that meals were always of a good standard and were suitable for each individual's needs. Four service users spoke in detail about their experiences of participating in the centre's activities and all presented positive views of their enjoyment and the support that they gained from these.

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 a supportive place in which to spend their time. The manager and staff worked creatively to involve service users in a variety of experiences, making full use of the available facilities. The evidence indicates that the care provided is effective in terms of promoting each service user's involvement, enjoyment and physical and mental wellbeing.

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?

Observations of activities throughout the centre provided evidence of service users relating positively to staff and to each other. The centre provides a range of activities including, cookery, woodwork, art, boccia, dominoes, new age curling, sing-alongs and reminiscence. In all of the activities and interactions observed, service users were engaged with warmth, respect and encouragement.

Service users confirmed that staff listen to them and involve them in deciding what they want to do during their time in the day centre. Ten service users contributed a variety of positive comments on their enjoyment of attending the centre and on its value to them socially, emotionally and for their health. Interactions between staff members and service users were seen and heard to be warm, respectful and caring. Service users were afforded choice and were seen to be encouraged by staff and gently reminded or re-focused in constructive activities. Staff demonstrated a good knowledge of each service user's assessed needs as identified within the individual's care plan.

There were systems in place to ensure that the views and opinions of service users were sought and taken into account in all matters affecting them. During each monthly monitoring visit the views of a sample of service users were sought and their views were reflected in all of the monthly monitoring reports that were reviewed. The minutes of three staff briefing meetings, in the month prior to this inspection, provided evidence of good consultation with service users and a strong focus on providing compassionate care to them.

Staff who met with the inspector emphasised the importance of respecting and promoting the dignity of each service user. The caring nature of practices that were observed was reflected in high quality progress records, written more often than weekly for each service user. Service user meetings provided regular opportunities for views to be aired. In the centre's most recent annual quality survey for 2016, 93% of respondents rated the activities provided in the centre as 'very good'. The evidence presented at this inspection indicates that compassionate care is provided consistently by the staff team in Towerview Resource 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?

At the beginning of the inspection the manager provided information on the operation of the centre and presented a wide range of documentary evidence to inform the inspection's findings. These included minutes of staff meetings, staff training schedules, care plans and review reports, monitoring reports, audit reports, written procedures and the annual report for 2016. Towerview Resource Care Centre and the SEHSC Trust have systems in place to ensure that staff are well-informed on the responsibilities of their roles and the expected standards of practice.

During each monthly monitoring visit, the views of a sample of service users and staff were sought and their comments were included in all five of the monitoring reports examined, which were for October, November and December 2016 and for January and February 2017. Monitoring visits and a report was completed every month. Monitoring reports showed that all of the required aspects of the centre's operations were checked, with action plans completed to ensure that identified, necessary improvements would be addressed within a specified timescale. The two most recent monitoring reports that were outstanding on the day of the inspection were emailed to RQIA shortly afterwards.

There was evidence in records and from discussions with staff members to verify that staff training was well planned and delivered in a way that enabled staff members to connect the theoretical aspects of the training with their day to day practice. Supervisory staff were knowledgeable and enthusiastic on the subject of staff's learning and development and this had a noticeably motivating influence on the work of team members and on the overall team morale.

There was evidence from discussions and from the minutes of staff meetings to confirm that working relationships within the staff team were supportive and positive. Weekly briefing meetings were regarded by staff as a key part of the effective communications in the team. Staff commented that the manager's leadership style was both constructive and reflective and helped team members to accept responsibility for their work and for the overall effectiveness of the centre. Discussions with staff confirmed that staff meetings had been held at least quarterly and that staff had met with their supervisor at least quarterly for supervision.

Staff members viewed supervision as a useful part of their accountability feedback system and of their individual development support. Overall, the evidence available at this inspection confirmed that management and leadership of the service has been provided at a consistently high quality level and that the senior staff have developed a culture of continuous improvement within the team.

Areas for improvement

No areas for improvement were identified during the inspection.

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

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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.



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