

Unannounced Care Inspection Report 20 February 2018



Towerview Resource Centre

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

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a Day Care Setting with 50 places, registered for the provision of care and day time activity programmes to people who have one or more of a range of health conditions, disabilities or impairments which necessitate this support.

3.0 Service details

Organisation/Registered Provider: South Eastern HSC Trust	Registered Manager: Mr Darren Bradshaw
Responsible Individual(s): Mr Hugh Henry McCaughey	
Person in charge at the time of inspection: Mr Darren Bradshaw	Date manager registered: 05 March 2009
Number of registered places: 50 - DCS-DE, DCS-I, DCS-LD, DCS-LD(E), DCS-MP, DCS-MP(E), DCS-PH, DCS-PH(E)	

4.0 Inspection summary

An unannounced inspection took place on 20 February 2018 from 10.15 to 17.00.

This inspection was underpinned by the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

Evidence of good practice was found in relation to planning, organising, leadership, record keeping, policy development, teambuilding, staff training, supervision, risk management, involvement of service users and communication with families and carers.

Areas requiring improvement were identified in relation to the format and accessibility of care plans and, the timely completion of monitoring reports.

Service users said: --- "Towerview is very good for the mind. We do things that make you think and puzzle and also stuff like art and pottery which are really enjoyable."

"If it wasn't for this centre, I'd probably not get out of bed all week. I love doing crafts and pottery; things like that where I can make something."

"The lunches here are great. Staff (name) usually comes over and offers me more of whatever's going, so I'm well fed. We always have a bit of fun and a good laugh."

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	2

Details of the Quality Improvement Plan (QIP) were discussed with Darren Bradshaw, registered 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 27 February 2017

No further actions were required to be taken following the most recent inspection on 27 February 2017.

5.0 How we inspect

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

- record of notifications of events
- record of complaints
- the previous inspection report dated 27 February 2017

During the inspection the inspector met with:

- eight service users in group settings
- two care staff in individual discussions
- two care assistants while they were working with service users
- the registered manager throughout the inspection

Ten questionnaires were left with the manager to be distributed to service users and all ten were completed and returned to the inspector on the day of the inspection visit. The findings from the questionnaires are discussed in section 6.6 of this report.

The following records were examined during the inspection:

- The day centre's Certificate of Registration.
- The Statement of Purpose.
- The Service User Guide.
- File records for three service users, including assessments and review reports
- Progress records for three service users.
- Monitoring reports for the months of September, October and December 2017.
- Records of Team Briefs held on 20 and 29 January and 05 and 08 February 2018.
- Minutes of Service Users' Committee Meetings dated 01 February 2018 and 15 March 2018.
- Selected training records for staff.
- Two staff files containing training and formal supervision records.
- Policy for Management of Choking Risks in Adults with Dysphagia (2015).
- Procedure for Implementing and Reviewing Care Plans (2017).
- A report of the Annual Quality Review of the centre for 2017.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 27 February 2017

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

6.2 Review of areas for improvement from the last care inspection dated 27 February 2017

There were no areas for improvement made as a result of the last care inspection.

6.3 Inspection findings

6.4 Is care safe?

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

Towerview Resource Centre premises were well maintained and in good decorative order. No obvious potential hazards for service users or staff were identified during this inspection. Service users handle arts and crafts materials in the course of some of the activities, but risk assessments have been carried out and procedures introduced in order to minimise the risk of harm to any participant. Coping with identified risks and undertaking productive activities are regarded by staff and service users as important constituents of the programmes in which service users engage. The Service User Guide identifies eight rooms or areas in the premises which are allocated for group activities. Normally these are not all in use at the same time, but the variety of spaces allows for activities such as pottery or cookery to each have a dedicated room in which the activity and its materials can be made safe. More individual services or treatments are provided in smaller rooms, for example, the hairdressing room, or the treatment room, which is used by physiotherapists, podiatrists etc. Service users and staff spoke of the interest in the garden area and one person was hoping to have suitable outdoor weather very soon. There was evidence of preparatory work to ensure the outdoor areas were as safe as possible for service users.

Staff members expressed strong commitment to making participation safe in all of the programmes to which they contributed. New staff undertake a detailed induction programme, which takes account of the NISCC Induction Standards. Safeguarding procedures are revisited in bi-annual staff training and were understood by staff members who were interviewed, each of whom confirmed that they have confidence in the safe practice of all of their colleagues. All expressed the view that practice throughout the centre is of a high quality and that team members work well together and support each other. There was evidence in the records of

team briefs and from discussions with staff, to show that the manager and staff strive continually to improve the service, including the safety of each individual. Untoward events and accidents are regarded by the manager as learning opportunities and records verified that “lessons to be learned” was a focus of enquiries into accidents and near misses.

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, carers. Risk assessments with regard to transport, mobility, or other areas, specific to an individual, were present where relevant and each one had been signed as agreed, either by the service user or a representative. There is a strong focus on keeping people safe in all of the centre’s programmes and activities.

During the inspection visit, several service users spoke positively of their enjoyment of attending the centre and confirmed that they felt safe and well cared for in the premises and in the transport vehicles. 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 and information had been provided for service users to help them understand and use the procedures for making their views known to staff. The monitoring officer includes safety checks in each monthly visit, reports of two of which were examined. An examination of the Fire Safety Log showed that all fire safety measures have been carried out regularly, as scheduled. Fire alarm systems checks were carried out and recorded on a weekly basis and fire exits were seen to be unobstructed.

The evidence presented supports the conclusion that safe care is provided in Towerview Resource Centre, with staff making every effort to ensure that identified risks are well managed.

Areas of good practice

Examples of good practice found throughout the inspection included, maintaining the environment, implementing safety procedures, staff training, empowerment of service users, adult safeguarding, infection prevention and control, COSHH procedures, risk assessment and management.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

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 Service User’s Guide includes large print for written information and clearly identified, separate sections on the various aspects of the centre’s operations. The sections include, Activities, Staff members, Lunch and

Refreshments, Code of Conduct, A Typical Day at the Centre, Advocacy, Service Users' Group and Complaints.

Three service users' files were examined and each contained 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 participation. Care planning information was presented in a format that should be clearer and better structured to be more easily accessed by service users. This is identified as an area for improvement.

Each of the files examined contained clear risk assessments appropriate to the individual service user, making the risks clear for staff involved in specific aspects of the work with that person. A record was kept of each service user's involvement and progress at the centre and entries were made in proportion to the frequency of attendance of the individual, which was recorded on a calendar in each file. This clear and simple system provides a ready check for keyworkers on the required frequency of progress recording. 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, informed by progress notes and including the service user's views, where possible, were included, dated and signed in all of the files examined.

The premises are spacious and all on one floor, making access easy to the service users' groups and activities. A wide range of activities is provided in the centre to support both physical and mental stimulation, skills development and self-confidence for service users. There is good outdoor space, with a garden area in which gardening activities are designed to facilitate the involvement and enjoyment of service users. Service users spoke about their experiences of participating in the centre's activities and all were positive about the benefits they gained from these. Quarterly re-selection of activity groups promotes as wide a range as possible of therapeutic experiences for each person.

Most people who attend Towerview are provided with transport to and from the centre, which employs three bus drivers, one full-time and two part-time. Drivers are also involved in activity group work or other duties within the centre. Two service users confirmed that the transport arrangements were satisfactory and that the bus drivers were supportive and respectful in their work with service users. The manager outlined plans in place to improve the transport experience of service users, having had occasions when one bus was unavailable, leading to delays in the collection times and to some service users becoming unsettled and unhappy with that situation. A study of the routes was carried out by staff and drivers and a trial commenced in the week of this inspection, with recording of the relevant findings to support any further changes to transport arrangements.

Ten service users completed RQIA questionnaires during the inspection and all were positive about the care and the service provided in Towerview Resource Centre. Eighty five percent of responses were at the highest rating, '5', 'Very satisfied', with the remaining fifteen percent being rated '4', indicating 'Satisfied'. One person added the following comment:

"Excellent; could not do without Towerview help and care. Brilliant, good team."

The evidence indicates that the care provided in Towerview Resource Centre is effective in terms of promoting each service user's involvement, development, enjoyment and wellbeing.

Areas of good practice

Examples of good practice in effective care, found throughout the inspection, included assessment of strengths and needs, detailed progress records, care reviews, communication between service users and their carers and the management and staff of the centre. There was evidence of positive links and relationships between the centre and a number of community organisations, in addition to the constructive involvement of a number of community-based professionals within the SE Trust.

Areas for improvement

The registered person shall ensure that the care plans are made available to service users in a language and format suitable for them.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is care compassionate?

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

On the day of this inspection, the atmosphere in Towerview Resource Centre was welcoming and relaxed. Most of the service users were brought into the centre by a Trust's transport bus and two people specifically praised this service and the transport driver. Observations of interactions throughout the day provided evidence of service users being engaged by staff with respect and encouragement at all times and relating positively to staff and to each other. While most people were involved in specific group activities throughout the day, staff respected the wishes of any person who did not wish to participate. Two people said that their main enjoyment was in meeting and chatting with others who had become their friends.

There is a range of activities, such as art and crafts, pottery, choir, dominoes, storytelling, bingo and armchair exercising. Service users confirmed that staff encourage them to take part in those aspects of the day care service that they find useful and appealing and that their ideas are sought and encouraged. Every three months service users are asked to select the activity groups in which they would like to participate for the coming quarter. Quarterly programming enables service users to experience a wide range of activities and to learn from others about the enjoyment and benefits of activities that they may not yet have tried. Several people spoke of their learning and enjoyment when they tried something different, such as pottery, and the achievement of producing an object from the raw material through to a finished and decorated item.

Staff demonstrated an understanding of each person's needs as identified within the individual's referral records, assessments and his or her care plan. The provision of compassionate care was reflected in the caring tone of the written progress records.

The systems in place to ensure that the views and opinions of members were sought and taken into account included regular service users' committee meetings, held ten times per year with the manager. Staff and service users also identified the daily discussions with people in groups or individually as useful channels of communication. The minutes of two service users'

meetings provided evidence of a strong focus on involving and empowering people to contribute to decisions about the way in which the day care service is run. Each meeting is chaired and minutes are taken by service users, with support provided by the manager who also contributes to the minutes and arranges for them to be typed and printed. Service users’ meetings are also attended by an appointed advocate who was reported to be a strong voice representing service users’ interests. A review of the decisions and agreed actions from the previous meeting is included in the proceedings, providing opportunities for people to comment again or to seek clarification on any matter that was not fully understood.

During each monthly monitoring visit the views of a sample of service users were sought and their views were reflected in good detail in both of the monthly monitoring reports that were reviewed. Each person’s file contained progress notes relating to his or her involvement and wellbeing and these reflected the caring nature of the relationships and interactions observed during the inspection. Observations provided clear examples of warm and compassionate interactions between staff and service users, who were clearly at ease with the staff and with the operations of the centre. Staff members’ comments and actions, along with the views expressed by service users, confirmed that compassionate care was being provided consistently in Towerview Resource Centre.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the day care setting, listening to and valuing service users’ views, demonstrations of caring attitudes in minute by minute practice, facilitating service users’ choices and their involvement in the activities.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

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

Discussions with the manager, eight service users and three staff members, and an examination of a range of records, including team briefing minutes, staff training schedules, monitoring reports and the annual quality review report for 2017, provided evidence that effective leadership and management arrangements are in place in Towerview Resource Centre. There was evidence in the centre’s most recent annual quality report to show that service users rated the service positively, identifying ‘companionship’ and ‘sense of purpose’ as two of the principal benefits to them, or, ‘what keeps them coming back to the centre’. Almost 45% of service users identified ‘wider variety of groups’ as something that would be an improvement in the service. The management team used this information constructively, exploring options for additional activities to build on service users’ engagement, enjoyment and

fulfilment. The annual report also provided commentary on feedback from other professionals, from carers and from monthly monitoring visits by a representative of the registered person.

Training records confirmed that staff had received mandatory training and training specific to the needs of service users in this setting. Staff members were very positive about the training provided and indicated commitment to the continuous development and improvement of the service. The manager provided a printed record of percentage compliance with mandatory training and a sample of the individual staff records that feed into these calculations. Instances where compliance was not 100% at this late stage of the reporting year were explained by one staff having been seconded recently to another post and a second staff member having been off ill. Additional training topics during 2017 included, Epilepsy Awareness, Basic Life Support, Continence Awareness and Management of Challenging Behaviours.

Records confirmed that team briefings were held weekly or more often if updates to key information were required. Staff confirmed that they were consulted on a range of decision making aspects of the service. There was evidence from the clear and well detailed records and from discussions with staff, to confirm that working relationships within the team were positive and supportive and that team morale was good, even though the centre has been through a period of staff shortages, with vacant posts taking a long time to fill. The manager said that he was due to interview for one of these posts on the day after this inspection.

Staff members viewed supervision positively and it was good to see that formal supervision was taking place considerably more often than the minimum standard requirement, with day care workers having monthly supervision and care assistants bi-monthly. There was evidence from discussions with staff to confirm that ideas for improvement are encouraged. The manager demonstrated a strong commitment to promoting the learning and development of all staff members. Staff felt they were well supported following any incidents that they found challenging in their work. High levels of enthusiasm for the work of the centre were displayed by all staff who contributed to this inspection.

At the outset of this inspection, the most recent monthly monitoring report available was for October 2017 and all reports prior to that date were present in the centre. The manager stated that monitoring was being done by peer managers of other facilities and that many found it difficult to fit the monitoring role into their schedules of work. The manager contacted the monitoring officer and the missing reports were emailed to him by the end of the inspection day. The registered person should review the arrangements for Regulation 28 monitoring visits to ensure that they are suitable and will comply with the requirements. Monitoring reports were found to address all of the matters required by regulation. Each report contained feedback from discussions with service users and with one or two staff members. A sample of service user records was checked during each visit and a check completed of areas of compliance with regulations or standards. Any resulting necessary improvements were set out in an action plan. Overall, the evidence available at this inspection confirmed that Towerview Resource Centre is well led.

Areas of good practice

Examples of good practice found throughout the inspection included, planning, organising, staffing, leadership, staff training, supervision, building good working relationships, information sharing, management of complaints and management of incidents and accidents.

Areas for improvement

The registered person should review the arrangements for monthly monitoring visits and the completion of monitoring reports to ensure that they are suitable and will comply with the minimum standards.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr. Darren Bradshaw, registered 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.

Quality Improvement Plan	
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007	
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012	
Area for improvement 1 Ref: Standard 17.10 Stated: First time To be completed by: 30 April 2018	<p>The registered person shall ensure that a monitoring report is completed on a monthly basis, which summarises any actions taken by the registered person or the registered manager to ensure that the organisation is being managed in accordance with minimum standards.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: A Plan for Monitoring Visits has been devised for April 2018- March 2019. Additional staff are being trained to carry out these visits to ensure that during periods of leave they are still compliant.</p>
Area for improvement 2 Ref: Standard 5.4 Stated: First time To be completed by: 29 June 2018	<p>The registered person shall ensure that care plans are made available to the service users in a format that is most suitable for them.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: A review of support plans will be undertaken in partnership with service users</p>

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



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