

Unannounced Care Inspection Report 30 July 2019



Ravara Training & Resource Centre

Type of Service: Day Care Service

**Address: 14 Ravara Gardens, Kilcooley Estate, Bangor,
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Tel No: 02891 271204

Inspector: Heather Sleator

www.rqia.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 which provides up to 82 day care places each day. The day care setting provides care, support and day time activities for adults who are living with a learning disability who may also have a physical disability, sensory disability, autism, mental health needs, behaviours that challenge and/or dementia.

3.0 Service details

Organisation/Registered Provider: Responsible Individual: Mr Seamus McGoran	Registered Manager: Sonia Byrne
Person in charge at the time of inspection: Sonia Byrne	Date manager registered: 8 August 2016
Number of registered places: 82	

4.0 Inspection summary

An unannounced inspection took place on 30 July 2019 from 09.20 to 16.30 hours.

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

As a public-sector body RQIA 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 since the last care inspection and to determine if the day centre was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the culture and ethos of the service, listening to and valuing service users, taking into account their views, choice and preferences. Good practice was demonstrated regarding the provision of therapeutic activities and recreational opportunities. Overall there was evidence of good staff training; professional development opportunities, supervision and appraisal, management of accidents/incidents and complaints and effective team working.

Areas for improvement were identified regarding; infection prevention and control measures the cessation of using door wedging on a designated fire door, governance arrangements in respect of the auditing of service users records, the monthly quality monitoring reports and the fire risk assessment report and the individual service agreements of service users.

Service users said that they enjoyed the centre, liked coming to see their friends (staff included) and were spontaneous in their interactions with other service users and staff.

A service user's representative said:

- "The atmosphere in the centre is great and it's due to the staff."

The findings of this report will provide the day centre 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	1	6

Details of the Quality Improvement Plan (QIP) were discussed with Sonia Byrne, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent care inspection dated 10 December 2018

No further actions were required to be taken following the most recent inspection on 10 December 2018.

5.0 How we inspect

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

- the registration details of the day care centre
- incident notifications submitted to RQIA since the last care inspection
- unannounced care inspection report and QIP of 10 December 2018

During the inspection the inspector met with:

- the registered manager, Sonia Byrne
- seven staff
- five service users on an individual basis and the remaining service users on a group basis
- two service users representatives

Questionnaires were given to the staff on duty to distribute between service users and relatives. There was one questionnaire completed and returned within the specified timescale from a service user and four from service users' representatives. The person in charge was provided with a poster to be displayed in the service advising of how staff could complete electronic questionnaires and submit these to RQIA. There were no questionnaires completed and returned by staff within the specified timescale.

The following records were examined during the inspection:

- four service users' care records
- a sample of daily staff rota
- two completed staff competency and capability assessments
- the complaints and compliments records
- incidents and accidents records
- the minutes of service user meetings
- the minutes of staff meetings
- supervision and annual appraisal planner
- three monthly quality monitoring reports
- a staff training matrix
- quality audits/governance arrangements for the centre
- the annual fire safety risk assessment dated June 2019
- records of fire drills undertaken during 2018/19
- the Statement of Purpose and Service User Guide
- the annual quality report of 2018/2019

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 10 December 2018

The most recent inspection of the day centre was an unannounced care inspection. There were no areas for improvement identified at this inspection.

6.2 Inspection findings

6.3 Is care safe?

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

The staff duty roster/daily work plan reflected the staff on duty, capacity and time worked was viewed. Staff and service users attended specific activities of their choice; the staffing arrangements promoted continuity of care and support and enhanced the relationship between the service users and staff. There were no completed satisfaction questionnaires from service users returned to RQIA and no issues regarding the staffing arrangements were raised during the inspection. We met with service users who expressed their satisfaction with the staff and staffing arrangements. One service user commented; "Staff are fantastic." No issues were raised by staff in respect of the staffing arrangements and there were no completed staff questionnaires were returned to RQIA within the specified timescale.

We met with the relatives of two service users who again were very complimentary about the staff team and commented, "The atmosphere in the centre is great and it's due to the staff." A service user's representative commented via a returned questionnaire:

"The problem in Ravara is not with the care provided. The staff are excellent. The problem is that there aren't enough of them to provide more activities for the trainees. The actual building is in need of urgent renewal, it's unfair out trainees have to cope with these conditions."

Competency and capability assessments had been completed for any person in charge of the centre in the absence of the registered manager; records of assessments retained and samples reviewed were found to be satisfactory.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff were provided. A schedule for mandatory training, annual appraisal and staff supervision was maintained and was reviewed during the inspection. Staff, who supervise others, for example the manager, had completed training in performance management.

The manager explained that all staff recruitment records were retained at the South Eastern Health and Social Care Trust (SEHSCT) human resource department. The manager confirmed that electronic confirmation of compliance with employment legislation as set within The Day Care Setting Regulations (Northern Ireland) 2007 and Department of Health (DoH) Day Care Settings Minimum Care Standards (2012) were provided prior to new staff commencing duty. Arrangements were in place to monitor the registration status of care staff with their professional body with monitoring records retained.

We were advised that the use of potentially restrictive practices was very limited for example service users who are wheelchair users may use lap belts (their own choice and decision) and one to one staffing arrangements for service users where there is assessed need. A policy was available and discussion regarding such restrictions confirmed these were appropriately assessed, minimised and reviewed with the involvement of the multi-professional team, as required. The review of service users' care and support plans confirmed that the use of or need for a potentially restrictive practice was documented.

Discussion with staff and inspection of records confirmed that staff had a good understanding of adult safeguarding principles and their obligation in relation to raising awareness concerns about poor practice and whistleblowing. A review of staff training records evidence that mandatory training in adult safeguarding had been provided for all staff. In discussion with the manager it was stated that there was one safeguarding issues/referral from the previous inspection in December 2018. However, the documentation relating to the referral was incomplete. Evidence was present that the manager had consulted with the adult safeguarding team but the required documentation was not present in accordance with the regional guidelines. This has been identified as an area for improvement.

The premises was well maintained and in good decorative order. There were several rooms, of varying sizes, available for group activities and for individual work with service users, when necessary. There were notice boards throughout the centre providing service users, relatives and staff with information regarding activities, photographs of activities and events and information leaflets. We met with a service users' representative who commented that they felt the building was not suitable for its purpose due to the main room being partitioned into four smaller 'rooms'.

The partitioning did not go to ceiling level which meant the noise level in this area was high. The service users' representative stated that the trust had been made aware of the concerns and there were no firm plans to resolve the situation.

The manager, service users and staff, 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. Staff members had generally been employed in the centre for lengthy periods and expressed strong commitment to their work with service users, which, they confirmed, is enjoyable and rewarding.

The review of the premises evidenced that there was inappropriate storage of equipment, including hoists and slings in a number of bathroom/shower/toilet facilities which contravened infection prevention and control guidelines. The regular auditing of infection prevention and control in the centre should have identified this issue. An area for improvement has been identified.

Fire safety precautions were inspected and it was noted that fire exits were unobstructed. However, it was observed that the manager's office door was wedged open. The door was a designated fire door. This was discussed with the manager who stated that when the door was closed it created a barrier to service users if they wished to speak with her. The manager stated that it was important that she was readily available for service users. The wedging open of a designated fire door is prohibited. We acknowledged the need for service users to have ready access to the manager and maintain an 'open door' policy. Alternative arrangements need to be put in place regarding the identified door by the Trust. This was identified as an area for improvement. The most recent report from the fire risk assessor was viewed and dated June 2019. It was unclear from the review of the fire risk assessors report if all the recommendations made, specific to the centre's staff, had been actioned. The need for robust governance in respect of fire safety has been identified as an area for improvement. The fire safety records evidenced that there had been a number of fire drills and staffs attendance was recorded to evidence the required number of fire safety training events per year had been complied with. Service users also participated in fire evacuation drills.

Service users spoken with during the inspection gave positive feedback in regard to the safe care provided. No issues or concerns were raised or indicated. A service user commented:

"Trainees and staff would benefit from a new modern building, they deserve it."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal and adult safeguarding.

Areas for improvement

Area for improvement were identified regarding infection prevention and control measures, adult safeguarding procedures, fire safety (door wedging) and ensuring the recommendations of the fire risk assessors report are actioned.

	Regulations	Standards
Total number of areas for improvement	1	3

6.5 Is care effective?

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

A review of four service users' records confirmed that these were maintained in line with the legislation and standards. They included an assessment of need, life history, risk assessments, care plans and regular statement of health and well-being of the service user. Care needs assessment and risk assessments, including falls, moving and handling were reviewed and updated on a regular basis or as changes occurred. The review of the service users' records evidenced that where no recordable events occurred there was an entry at least for every five attendances which an individual service user had made.

The records also reflected the multi-professional input into the service users' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual service users. Service users and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the service user and/or their representative. Discussion with staff confirmed that a person centred approach underpinned practice and staff demonstrated their knowledge of individual service users throughout the inspection. However, the review of the service users' records did not evidence a consistent approach to the auditing of care records. Of the four records reviewed an audit was only present in one service user's record. This has been identified as an area for improvement.

Individual agreements setting out the terms of placement were not either in place or appropriately signed, the regular auditing of service users' records would facilitate this. This has been identified as an area for improvement. Records were stored safely and securely in line with data protection.

We confirmed that systems were in place to ensure effective communication with service users, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, service users' meetings and staff meetings. The staff and a service user's representative confirmed that management operated an "open door" policy in regard to communication within the day centre.

Service users spoken with and observation of practice during a morning and afternoon activity evidenced that staff were able to communicate and engage effectively with service users using communication methods that were appropriate to each individual such as Makaton and visual cues. Minutes of service users' meetings were viewed during the inspection and we were able to confirm that suggestions made at service users meetings were actioned by staff.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the service users. Staff confirmed that arrangements were in place, in line with the legislation, to support and advocate for service users.

Staff and a service user's representative spoken to commented:

- "I attend my review and give my opinion." (Service user)
- "Very particular about care plans, particularly the nurses'." (Service user's representative)

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records and communication between service users, staff and service users' representatives.

Areas for improvement

An area for improvement was identified regarding a consistent approach to the auditing of service users' records and ensuring individual service user agreements are in place and are signed and dated.

	Regulations	Standards
Total number of areas for improvement	0	2

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 centre was welcoming and purposeful and service users, arriving at the centre, were greeted warmly by their friends and by staff members. Observations of interactions throughout the day provided evidence of service users relating positively to staff and to each other. Service users were engaged by staff with respect and encouragement at all times. While service users were assigned to specific groups and activities in both morning and afternoon sessions, staff respected the wishes of any person who did not wish to participate.

Activities, such as art, music, quizzes, dander ball and board games were part of the weekly programme. It was commendable to note the variety and number of outings; on the day of the inspection a number of service users were going to the cinema. A service user's representative commented that the 'Friends of' group had organised for 'Fitness Freddie' to come and this was really enjoyed by the service users. We met with service users in the morning activities, service users spoke very positively in respect of the range of activities available and were appreciative of the outings which were thoroughly enjoyed. Service users confirmed that staff listen to them and encourage them to take a full part in developing their plans for day care through the members meetings, including the 'meet and speak for yourself group' and the approachability of staff. Therefore, activity programmes are organised with each individual's agreement and service users contributed positive comments on its value to them. Staff members were observed interacting sensitively with service users and being attentive to each person's needs.

The systems in place to ensure that the views and opinions of service users were sought and taken into account included regular service user meetings, an annual quality survey of service users and their carers or relatives and daily discussions with service users in groups or individually. The minutes of the service users meetings, as previously discussed, provided evidence of a strong focus on involving and empowering service users to contribute to decisions

about the way in which the day care service is run. Preparation for each person's annual review included a meeting with the key worker to discuss the value of attending the centre and appropriateness of the existing programme of activities.

During each monthly monitoring visit the views of a sample of service users were sought and their views were reflected in good detail in the monthly monitoring reports that were reviewed. Each person's file contained progress notes relating to that person's involvement and wellbeing and these reflected the caring nature of the relationships and interactions observed during the inspection. Staff members' comments and actions, along with the views expressed by service users, and confirmed that compassionate care was being provided consistently in Ravara Training and Resource Centre.

We reviewed the compliments record, comments included:

- "Sincerely thank everyone, including the drivers, in Ravara for the excellent care and attention given to our (service user). We will be forever grateful."

Service users spoken with during the inspection made the following comments:

- "I like it here."
- "Staff are nice."

Service users' representatives spoken with during the inspection made the following comments:

- "Sonia (manager) is very good at keeping me informed."
- "I would recommend this centre especially because of the manager and deputy manager."
- "Sonia is a very good manager."
- "The atmosphere in the centre is great and that's due to the staff."

There were four completed questionnaires returned to RQIA from service users' representatives. All responded that they were either satisfied or very satisfied that care was safe, effective and compassionate and that the service was well led. Additional comments included:

- "My relative looks forward each morning in going to Ravara. He/she is very much at home there and has a great rapport with staff. A few years ago my relatives mum died and staff were wonderful in supporting and caring for him/her."

We spoke to staff during the inspection and comments included:

- "We all work as a team, good communication and good support."

There were no completed questionnaires returned to RQIA from staff within the specified timescale.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the centre, listening to and valuing service users and taking account of their views and a varied and full activities programme.

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.

The registered manager, Sonia Byrne, facilitated the inspection and demonstrated a very good understanding of The Day Care Setting Regulations, minimum standards and the systems and process in place for the daily management of the day centre. A wide range of documentary evidence to inform the inspection's findings, including minutes of staff meetings, service users meetings, monitoring reports, audit records, work rotas, service users' files, staffing information and written policies and procedures were made available. We reviewed the centre's statement of purpose and service users' guide. In discussion with the manager it was agreed that the statement of purpose would be updated to accurately reflect the staffing arrangements of the centre. The manager forwarded the revised statement of purpose to RQIA on 31 July 2019. We discussed a range of the centre's current strengths and the aspects that require further development, as identified in 6.4, 6.5 and 6.7.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DOH) guidance on complaints handling. Service users and/or their representatives were made aware of how to make a complaint by way of meetings, service user's guide and trust information leaflets displayed. The review of records evidenced that complaints received had been fully investigated and resolved to the complainant's satisfaction.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process.

A monthly monitoring visit was undertaken in accordance with Regulation 28 of The Day Care Settings Regulations (Northern Ireland) 2007. Not all of the requested reports were available for review at the time of the inspection and were submitted via email, by the manager on 31 July 2019. The reports provided a view regarding the conduct of the setting, included outcomes/action plans and qualitatively reflected service users and staff views and opinions. However, as the reports include outcomes and actions plans of the visits which are to be addressed by the manager at the next monitoring visit it is important, in accordance with robust governance arrangements, that all reports are available for review to ensure that any recommendations or outcomes for actioning have been addressed. This has been identified as an area for improvement.

Ravara Training and Resource Centre and the South Eastern Health and Social Care Trust have systems in place to ensure that staff were well-informed on the responsibilities of their roles and the expected standards of practice. Staff confirmed that there were good working relationships within the day centre and that the manager was always responsive to suggestions and/or concerns raised. One service user's representative commented:

"Sonia is a very good manager."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to management of accidents/incidents and complaints and maintaining good working relationships.

Areas for improvement

An area for improvement was identified regarding the monthly monitoring quality reports.

	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 Sonia Byrne, 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

<p>Area for improvement 1</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: 2 September 2019</p>	<p>The registered person shall ensure that the bathroom/shower/toilet areas are used for inappropriate storage and are maintained in accordance with infection prevention and control (IPC) regional guidelines.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The registered person has ensured that the bathroom/shower/toilet area is not used for inappropriate storage, in line with infection prevention and control (IPC) regional guidelines. The equipment is now stored in an appropriate storage area.</p>

Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012

<p>Area for improvement 1</p> <p>Ref: Standard 13.7</p> <p>Stated: First time</p> <p>To be completed by: Immediate</p>	<p>The registered person shall ensure that written records are kept of all safeguarding concerns and include details of any investigation, the outcome and action taken by the day care setting.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The registered person ensures that written records are already kept in relation to all safeguarding concerns , which includes details of investigations and outcomes taken. The issue on the day of inspection was in relation to a discussion between the registered manager and the Designated adult protection officer, which was written in the file, that the safeguarding referral should not proceed. However an email had not been received from the DAPO to confirm this decision. An email has now been received and is on record.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 28.2</p> <p>Stated: First time</p> <p>To be completed by: 9 September 2019</p>	<p>The registered person shall improve the fire safety precautions in the centre. The fire door wedged open, (registered managers office door) should have an automatic door closure or similar fitted as recommended by the fire safety officer who inspects the centre. This will enable the registered manager to maintain an 'open door' policy. The actions and timescale for completion should be reported on the returned QIP.</p> <p>Ref: 6.4</p>
<p>Area for improvement 3</p> <p>Ref: Standard 28.1 and 28.3</p> <p>Stated: First time</p> <p>To be completed by: 2 September 2019</p>	<p>The registered person shall ensure that recommendations made in the fire risk assessors report are actioned, dated and validated by the registered manager</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The registered person requested an assessment by the Estates fire safety officer who inspects the centre. He has advised that the door which was wedged open(registered managers office door), is not a fire door. The registered manager has requested in August that estates remove the self closing mechanism from the door. In the interim the door will remain closed.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 3</p> <p>Stated: First time</p> <p>To be completed by: 9 September 2019</p>	<p>The registered person shall ensure that an up to date and signed individual agreement is within each service user's record.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: The registered manager has put a process in place to ensure that individual agreements are on each service users file. This process ensures compliance through audit of files during individual staff supervision, and a database has been created containing audit results.</p>

<p>Area for improvement 5</p> <p>Ref: Standard 17.2</p> <p>Stated: First time</p> <p>To be completed by: 31 September 2019</p>	<p>The registered person shall ensure that a robust system of the auditing of service users' records is implemented.</p> <p>Ref: 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: The registered manager has put a process in place to ensure that each service user file is audited. This process ensures compliance through audit of files during individual staff supervision, and a database has been created containing audit results. This will ensure regular and ongoing audit of service user records.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 17.10</p> <p>Stated: First time</p> <p>To be completed by: Immediate</p>	<p>The registered person shall ensure that all consecutive monthly monitoring reports are available in the centre and any actions previously identified have been addressed.</p> <p>Ref: 6.7</p> <hr/> <p>Response by registered person detailing the actions taken: The registered person has ensured that all consecutive monthly monitoring reports are available and have been actioned. They are stored in an E file and a manual file within the manager's office.</p>

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



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