

Unannounced Care Inspection Report 15 July 2019



Livability - Newry

Type of Service: Day Care Service
Address: Cornmarket, Newry, BT35 8BG
Tel No: 028 3025 2501
Inspector: Maire Marley

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 from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

Livability Newry is a day care setting with 22 places that provides care and day time activities for people living with a learning disability. The service provides care and therapeutic activities, Monday to Friday each week. Closure takes place during statutory holidays. Further information on the day care service is reflected within the service user guide and statement of purpose.

3.0 Service details

Organisation/Registered Provider: Livability	Registered Manager: Jill Houston
Responsible Individual(s): Stuart Dryden	
Person in charge at the time of inspection: Jill McDowell	Date manager registered: Jill Houston Acting
Number of registered places: 22	

4.0 Inspection summary

An unannounced inspection took place on 15 July from 10.00 to 15.00 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 settings, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek 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. They should also experience the choices and freedoms associated with the day centre.

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.

During the inspection the inspector saw good evidence that the day care setting promoted service users' human rights particularly in relation to the areas of consent, autonomy, equality, decision making, privacy, dignity, confidentiality and service user involvement. Service users were observed moving freely around the centre and making independent choices in regard to activities and food provided.

Evidence of good practice was found throughout the inspection in relation to communication between service users, day centre staff and other key stakeholders, the environment and information on the values of the service. The culture and ethos of the day care setting promoted treating the service users with dignity and respect and maximising their independence.

Service users said:

- “I love coming here and meeting my friends.”
- “Staff gives me jobs to do and I really like that.”
- “I meet with my keyworker all the time and she helps me with different things.”
- “We all get on here and that is good.”
- “I am very safe here.”

Seven areas requiring improvement were identified during this inspection in regard to the availability of the up to date fire risk assessment, management arrangements, signing and dating care records, development of daily progress notes, frequency of supervision, auditing of accident/incident records and forwarding details of the trainer and the content of the first aid training course.

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
Total number of areas for improvement	1	5

Details of the Quality Improvement Plan (QIP) were discussed with Jill Houston regional manager and Jill McDowell, 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 18 June 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 18 June 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:

- the registration details of the day centre
- information and correspondence received by RQIA since the last inspection
- unannounced care inspection report dated 18 June 2019

During the inspection the inspector was introduced to all the service users, met with five service users individually and a relative. The inspector also met with two staff.

Staff comments during inspection:

- “Staffing levels meet the needs of the centre, we are a good team and we help each other out, when the manager was off for four months I felt that management support was limited and we could not keep up with records etc as our first priority was the service users, things are better now the manager is back.”
- “I believe we provide safe care as service users’ needs come first.”
- “We always need three people on the floor and we need people that know the service users.”

A range of documents, policies and procedures, relating to the service were reviewed during the inspection and are referred to within the body of the report.

Ten service user and/or relatives’ questionnaires were provided for distribution. No questionnaires were returned within the timescales for inclusion in this report.

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 18 June 2018

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

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 18 June 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Regulation 5 (1) (b)</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2018</p>	<p>The registered person shall produce a written guide to the day care setting which shall include—</p> <p>(b) the terms and conditions in respect of the services in the day care setting to be provided for service users, including details of the amount and method of payment of fees if appropriate;</p> <p>Ref: 6.5</p>	<p>Met</p>

	<p>Action taken as confirmed during the inspection: The information in the returned QIP along with a review of the document on the day of inspection found this area of improvement had been addressed.</p>	
<p>Area for improvement 2 Ref: Regulation 31 (a) Stated: First time To be completed by: 31 July 2018</p>	<p>The registered person shall ensure an application to register the manager of the day care setting is submitted to RQIA.</p> <p>Ref: 6.7</p> <p>Action taken as confirmed during the inspection: The information in the returned QIP and a review of information received by RQIA confirmed that an application for the manager had been submitted as requested. Changes to these arrangements are discussed in the main body of the report.</p>	Met
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
<p>Area for improvement 1 Ref: Standard 5.7 Stated: First time To be completed by: 30 September 2018</p>	<p>The registered person shall ensure that the service user's care plan includes details of any behaviour likely to pose a risk to the service user or others, the specific management arrangements and any restrictions arising from a risk assessment that has been undertaken by an appropriate professional.</p> <p>Ref: 6.4</p> <p>Action taken as confirmed during the inspection: Information in the returned QIP along with the review of four service users care plans established this area of improvement had been addressed.</p>	Met
<p>Area for improvement 2 Ref: Standard 15.5 Stated: First time To be completed by: 30 September 2018</p>	<p>The registered person shall ensure that the annual care review report is further developed and includes the progress the service user has made in regard to their personal goals and objectives.</p> <p>Ref: 6.5</p>	Met

	<p>Action taken as confirmed during the inspection: Information in the returned QIP and a review of the minutes of four care reviews found this area of improvement had been addressed.</p>	
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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.

A review of the day care setting's systems in place to avoid and prevent harm to service users which included a review of staffing arrangements was undertaken during the inspection.

On the day of inspection the staffing arrangements were found to be satisfactory and sufficient to meet the needs of service users. This was also confirmed by the staff on duty. Duty records examined contained details of the number of staff on duty, hours worked, and information of the specific care duties allocated to staff.

There had been no new staff employed since the last inspection however arrangements are in place to ensure new staff receive a structured orientation and are expected to undertake the NISCS Induction workbook.

A review of staff training records found that all staff had up to date mandatory training and had accessed additional training and development relevant to the needs of service users. There was evidence that staff were appropriately registered with their professional bodies.

The day care setting had arrangements in place to identify, manage and where possible eliminate unnecessary health and safety risks. This included regular health and safety checks that ensured a safe environment was maintained. The fire risk assessment presented on the day of inspection had been reviewed in 16 May 2018, the record stated it was due to be reviewed again on 9 May 2019, following the inspection a risk assessment dated 6 September 2018 was submitted to RQIA and the review date was 6 September 2019. A fire evacuation was undertaken in 20 June 2019.

Arrangements had been implemented in regard to the recording and reporting of accidents and incidents. A review of the accident records from January 2019 to 15 July 2019 confirmed there had been one accident during that period, the accident did not require reporting to RQIA, it was noted that no immediate first aid had been provided following a service user sustaining a minor burn. The accident record had been signed off by the manager in accordance with the Organisation's procedures. Management were informed they should ensure working practices are reviewed to assure themselves they are satisfied that staff deliver care that is consistent with first aid training and documented policies. Any learning from the review of accident/incident reports should also be shared with the staff team. Records showed that staff had received training in first aid on 30/01/2019 however on the day of inspection management were unable to clearly identify the action to be taken in the event of minor burns or scalds. Advice and guidance was provided by the inspector. The content of the first aid training

programme along with the name and qualifications of the trainer should be submitted to RQIA and is a further area identified for improvement.

A review of policies confirmed there was a policy and procedure on restrictive practice in keeping with Department of Health (DoH) Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and Human Rights Act (1998). It also included Deprivation of Liberty Safeguards (DoLS).

Staff consulted during inspection demonstrated an awareness of the impact of human rights legislation and could discuss how they ensured service users were afforded a range of rights whilst ensuring that any service users' behaviour did not harm themselves or others. A range of information on the values of the organisation were prominently displayed in the office for staff information and it was good to note human rights had been considered in the risk assessments and care plans reviewed.

Arrangements were in place to ensure service user care records and staff personnel records were stored securely in line with General Data Protection Regulation (GDPR). This meant people could be assured that their personal information remained confidential.

Safeguarding and whistleblowing policies and procedures were in place to help protect service users and help minimise the risks of abuse. Safeguarding procedures were understood by staff members who were spoken with during inspection, they confirmed that practice throughout the centre was of a high standard and that training had been provided for staff on 30 January 2019 and 11 June 2019. It was noted that the policies and procedures were in line with the regional guidance and Livability had a named Adult Safeguarding Champion.

Observation of the environment was undertaken during a walk around the day care setting, this confirmed that the environment was warm, clean, fresh smelling and had suitable lighting. The standard of hygiene observed throughout the centre was found to be good and appropriate measures were in place for the prevention and control of infection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, adult safeguarding, maintenance of environment and infection prevention and control.

Areas for improvement

Two areas for improvement were identified during the inspection of this domain in regard to the auditing of accident/incident records and submitting details of the trainer and the content of the first aid training course to RQIA.

	Regulations	Standards
Total number of areas for improvement	0	2

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 Service User Guide were reviewed and revealed that the documents accurately reflected the elements set out in the regulations and standards.

It was good to note that the Statement of Purpose contained reference to a commitment to promote the human rights of service users.

Prior to admission each person and or their representative visit the centre and are provided with a service user guide that informs them of their right to full involvement in all aspects of their care. Information on how to raise a concern or complaint regarding the quality of care is included. It was evident from records viewed and staff discussion that the centre organised and delivered services to meet individual needs and took account of individual preferences.

There was evidence that comprehensive risk assessments and care plans were completed inclusive of service users and when appropriate their representatives. A range of assessments were carried out and were specific to each person needs, for example moving and handling, falls risk, behaviour that may challenge, and transport. The assessments provided information to staff that assisted them to minimise risks and to keep service users safe and included a detailed care plan. Care records examined included the relevant information specified in the minimum standards. Dates and signatures were not always present in the care files examined. All care plans should be signed and dated by the service user, the staff member responsible for devising the care plan and the manager and is an area identified for improvement.

A written review report was available in each file examined and included the views of the service user and/or their representative and was informed by the written progress notes. The progress notes were very repetitive and discussion was held on how these reports could be improved by reporting on the individual objectives and outcomes set for each service user and any changes or progress noted. This is an area identified for improvement.

Comments made by service users and/or their representatives during their annual care reviews were noted to be very positive. Contact sheets recorded the involvement of families and professionals. There was evidence of continuous improvement in the care planning and delivery process and regular audits of practices were completed.

There was evidence that the advice and input of other professionals had been requested when necessary and that staff worked closely with these professionals to deliver care that was effective and person centred.

Systems to promote effective communication between staff, service users and their representatives were reviewed during the inspection. There was evidence to indicate that communication supported the protection and promotion of individualised and person centred care for service users.

Discussion with staff revealed that they felt care provided to service users within the setting was effective, staff were knowledgeable regarding service users' needs and care plans; they described how intervention with each service user was person centred depending on their individual needs.

The interactions observed between staff and service users throughout the inspection confirmed that staff were suitably skilled and effective in communicating with all service users. There was good evidence of person centred interventions that assured service users were involved and communication opportunities maximised.

Discussion with staff and service users with regards to the provision of effective care included the following comments:

Service Users' comments:

- "I love coming to the centre we do different things, but I enjoy the gardening and walking best."
- The staff are all really very good."
- "We are looked after well."

Relative comments:

"As I have told you last year this centre is great and I have absolutely no complaints about the service provided to my daughter. One thing I did notice during the manager's recent absence was a lack of management support for staff, I felt they were just left to get on with it, they (staff) however remained cheerful and pleasant and service users didn't notice any difference."

Staff comments:

- "We treat everyone equally."
- "The centre is very good, staff work well together and service users' needs are to the fore of everything."

Service users and staff consulted on the day expressed positive views on the quality of service provided; staff also expressed the confidence they had in the practice of their colleagues.

Areas of good practice

There were examples of good practice found in relation to audits of records, communication between service users, staff and other key stakeholders.

Areas for improvement

Two areas for improvement were identified during the inspection of this domain and related to signatures and dates on care records and the further development of the daily progress records.

	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.

This inspection sought to assess the day care setting's ability to treat service users with dignity, equality and respect, and to fully involve services users in decisions affecting their care and support.

Observations of staff interactions with service users were observed to be compassionate, caring and timely. Staff spoken with reflected the ethos of the day care setting which promotes respect, openness, honesty, good quality care and individual attainable goals and social interactions.

Throughout the inspection staff were observed 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. On the day of inspection activities were facilitated by staff and the inspector noted service users approached staff freely, communicating their needs and making requests. Staff responses were noted to be cheerful and appropriate. Staff who engaged with the inspector spoke positively about the service and the ongoing benefits of the service to both service users and their carers.

Staff described the informal arrangements in place that ensured service users are consulted on a daily basis and their views and opinions sought. This included daily ongoing discussions with service users and checking out before the commencement of each activity that people were willing to participate. More formal arrangements to promote effective communication with service users and/or their representatives were facilitated through annual care reviews and service user meetings. A sample of the minutes of service meetings found evidence of service user involvement in the decision making process and also evidenced how each person's preferences was taken into consideration.

Evidence of additional opportunities for service users and their carers to express their views was contained in the annual satisfaction survey undertaken and reported on in the Annual Quality Report 2017-2018. Staff confirmed that the report was available to them and service users and their representatives. A copy of the Quality Report for 2018-2019 was emailed to RQIA following the inspection.

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 and taking account of the views of service users and their carer's.

Areas for improvement

No areas for improvement were identified during the inspection of this domain.

	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 acting manager, Jill McDowell had been on unplanned leave for four months and RQIA had been notified of the absence and interim arrangements for managing the day centre in the absence had been agreed. Jill Hudson regional manager had assumed responsibility for the day care services and delegated these duties to other staff within the organisation. However during the inspection staff and a relative spoke of the lack of management support during the absence of the acting manager and this was further evidenced in the improvements identified regarding supervision, care and daily progress records and auditing of accidents. A lengthy discussion was held with the regional manager in regard to the arrangements for the day care in the absence of the manager.

The inspector identified that the arrangements put in place and agreed by RQIA on this occasion were not always implemented. Management must ensure that in the absence of the manager any agreed arrangements with RQIA must be implemented. This is an area identified for improvement.

Jill McDowell has returned to work in the day care centre and had notified RQIA in writing of her return. During this inspection she demonstrated a very good understanding of The Day Care Setting Regulations, minimum standards and the systems and processes in place for the daily management of the setting. The manager reported that she was working towards the CQF Level 5 qualification and anticipated that this course would be completed by February 2020. The manager was aware that she would remain in an acting position until these qualifications were obtained.

During the inspection the setting's leadership, management and governance arrangements were assessed and found them to be in line with the regulatory framework. Inspection of the premises confirmed that the current RQIA certificate of registration and The Public Liability Insurance certificate were up to date and displayed within a prominent position.

There was a clear organisational structure and staff consulted demonstrated knowledge of their roles, responsibility and accountability. A competency and capability assessment was in place for the person left in charge of the centre in the absence of the manager.

A range of policies and procedures were in place to guide and inform staff. During the inspection staff discussed their knowledge of policies in regard to whistleblowing, safeguarding and complaints, it was evident they were fully familiar with the action required to be taken by them in the event of any concern.

In discussions with staff it was evident they enjoyed working in the day care setting and enjoyed good working relationships with their colleagues and the manager, they gave very positive feedback in respect of good team working. Staff stated "The team are really good, now the manager is back things will return to normal."

There are arrangements in place to ensure staff are registered with the relevant regulatory bodies such as the Northern Ireland Social Care Council (NISCC). Information regarding staff registration details and renewal dates were maintained.

Review of staff records established that staff had received appraisals, however it was noted that supervision for one member of staff was not in keeping with the minimum standards or the organisation's policies and is an area identified for improvement.

Examination of the complaints record found the centre had no complaints since the last inspection. Discussion with staff confirmed that they knew how to receive and deal with complaints and of their responsibility to ensure that management were made aware of any complaints. Information on the complaints procedure was displayed in areas throughout the day centre.

Records examined provided evidence that regular staff meetings were held and records of the meetings maintained. The record included the names of staff in attendance and agenda items. Relevant information was discussed regarding the needs of service users, forward planning and the arrangements to ensure the delivery of safe and effective care.

The inspector can confirm there was evidence of arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. A range of audits are undertaken weekly and monthly and included health and safety audits, audits on care records, cleanliness audits, staff training, supervision, fire prevention and checks on professional registration.

The Regulation 28 monthly quality monitoring visit reports for the months of April May and June, were reviewed and found to be in keeping with regulation and standards.

The inspector noted that the day care setting collects equality information in relation to service users, during the referral and assessment process. The data is used effectively and with individual service user involvement when a person centred care plan is developed. Records showed that equality information included communication methods, adult safeguarding and risk assessments where a risk was identified.

Discussion with service users and staff evidenced that in the main they felt the care provided was well led. They confirmed the manager operates an open door policy and their views and opinions are sought on a regular basis.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to audits undertaken, monitoring quality improvements and maintaining good staff working relationships.

Areas for improvement

Two areas for improvement were identified during the inspection of this domain and related to ensuring the arrangements in the absence of the manager and the frequency of supervision.

	Regulations	Standards
Total number of areas for improvement	1	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 Jill Hudson regional manager, Jill McDowell 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 30 (2) (e)</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2019</p>	<p>The registered person shall ensure that interim arrangements agreed by RQIA in the absence of the registered manager are implemented.</p> <p>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Any such future interim arrangements will be checked weekly to ensure they are implemented fully. Any issues will be communicated to the RQIA.</p>

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

<p>Area for improvement 1</p> <p>Ref: Standard 27.3</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2019</p>	<p>The registered person shall ensure working practices in regard to accidents/incidents are reviewed and the person undertaking the review is satisfied that the care staff deliver is consistent with first aid training and documented policies. Any learning from the review of accident/incident reports should also be shared with the staff team.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Accidents and incidents will be reviewed at staff meetings and where necessary during staff supervision.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 21.8</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2019</p>	<p>The registered person shall ensure that the content of the first aid training programme along with the name and qualifications of the trainer is submitted to RQIA.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Details of the first aid training programme and the name/ qualification of the trainer will be supplied to th RQIA</p>
<p>Area for improvement 3</p> <p>Ref: Standard 7.4</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2019</p>	<p>The registered person shall ensure that the daily progress records are further developed and are completed in accordance with all of the elements of Standard 7.4.</p> <p>Ref 6.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The progress notes will be reviewed by the manager of the service.</p>

<p>Area for improvement 4 Ref: Standard 5.3 Stated: First time To be completed by: 31 August 2019</p>	<p>The registered person shall ensure that all care plans are signed and dated by the service user, the staff member responsible for devising the care plan and the manager.</p> <p>Ref 6.5</p>
<p>Area for improvement 5 Ref: Standard 22.2 Stated: First time To be completed by: 31 August 2019</p>	<p>The registered person shall ensure all staff receives formal supervision as detailed in policies and minimum standards.</p> <p>Ref 6.5</p> <p>Response by registered person detailing the actions taken: The manager of the service will request that the people supported sign their support plans. This will be checked as part of the regular review of each care file.</p> <p>Response by registered person detailing the actions taken: A plan for supervisions has been developed for the year ahead and will be tracked during monitoring visits.</p>

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



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