

The Regulation and
Quality Improvement
Authority

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**Unannounced Care Inspection
of
Prospects**

15 December 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 15 December 2015 from 10.00 to 15.30. Overall on the day of the inspection the day care setting was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Settings Regulations (Northern Ireland) 2007, and The Day Care Settings Minimum Standards 2012.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	3	3

The details of the QIP within this report were discussed with Ivan McLerron, day care worker, and Jill McDowell, practice team leader, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Prospects NI/John Mervyn Bothwell	Registered Manager: Liza Wiseman (Acting)
Person in Charge of the Day Care Setting at the Time of Inspection: Ivan McLerron	Date Manager Registered: 1 April 2014 (Acting)
Number of Service Users Accommodated on Day of Inspection: 14	Number of Registered Places: 22

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

Standard 5: Care Plan - Where appropriate service users receive individual continence promotion and support.

Standard 8: Service Users' Involvement - Service users' views and comments shape the quality of services and facilities provided by the Day Care Setting.

4. Methods/Process

Prior to inspection the following records were analysed:

- the previous care inspection report and returned Quality Improvement Plan (QIP)
- a review of notifiable events submitted since the previous care inspection
- written and verbal communication received since the previous care inspection

Specific methods/processes used in this inspection include the following:

- discussion with the practice team leader
- telephone discussion with the acting manager
- discussion with 14 service users
- discussion with three day care staff
- telephone discussion with responsible person
- observation of practice and care delivery
- review of the environment
- evaluation and feedback

At the commencement of the inspection, a poster was displayed in the centre informing service users and their representatives that an inspection was taking place and inviting them to provide their views of the service by speaking to the inspector.

During the inspection the following records were examined:

- the statement of purpose
- the service user guide
- records of complaints recorded from 1 April 2015 to 30 November 2015
- samples of three monthly monitoring reports
- selected policies and procedures relevant to standard 5 and 8
- minutes of meetings of the service user group from April to September 2015
- file records for six service users
- staff duty rotas for October and November 2015
- two staff training records
- recruitment information

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the service was an announced care inspection dated 19 January 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 19 (2) Schedule 5. 7	<u>Staff Duty Roster</u> The manager is required to ensure that her hours spent within the day centre are recorded within the duty roster. (Ref: Theme 2). Action taken as confirmed during the inspection: The review of duty records dated 1 October 2015 to 14 December 2015 confirmed that the manager's hours were detailed in the duty record.	Met
Requirement 2 Ref: Regulation 29	<u>Accident/Incident Notifications</u> All accidents/incidents occurring in Prospects day care centre must be forwarded to RQIA within the three working day timescale. The registered manager must ensure that the <u>correct identification number</u> for Prospects Day Care Centre is recorded in notifications submitted to RQIA as four submissions sent during 2014 contained incorrect information resulting in RQIA logging data against another facility. Action taken as confirmed during the inspection: The records reviewed indicated there had been one incident within the centre that was reported to RQIA since the last inspection. The information submitted contained the appropriate details. Staff consulted on the day were fully aware of the importance of recording all information accurately.	Met
Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 23.3	<u>Competency and Capability Assessment</u> It is recommended that a competency and capability assessment should be carried out on the person who has responsibility for the day to day running the centre in the absence of the manager. Action taken as confirmed during the inspection: Evidence was presented at inspection that competency and capability assessments had been undertaken on staff left in charge of the centre in the	Met

	absence of the manager.	
Recommendation 2	<u>Complaint Template</u>	Met
Ref: Standard Appex 3. 9	It is recommended that a complaint template, with reference number, is developed so that all incoming complaint details are recorded. Action taken as confirmed during the inspection: On the day of this inspection there was evidence that the record of complaint had been amended as requested.	
Recommendation 3	<u>Care Records</u>	Partially Met
Ref: Standard 5.3	It is recommended that review of all care records is undertaken to ensure these are signed in accordance with criterion 5.3. Additionally a recommendation is made for further improvement related to ensuring no spaces are left between daily notes recorded in each service user's evaluation diary, and when staff make a correction in records this should be done by placing one line through the word and initialled. (Ref 7.7) Action taken as confirmed during the inspection: Management reported that care plans had been reviewed and those examined had been appropriately signed and dated. The review of the evaluation dairies to record the daily activities and circumstances for each service user found that not all entries were signed and dated by the staff member and there was no evidence that the records had been reviewed by the manager as requested. Spaces remain between entries. Management should ensure individual evaluations/notes related to activity within the day service are appropriately maintained for each service user. This recommendation is therefore restated in this the report.	

5.3 Standard 5: Care Plan - Where appropriate service users receive individual continence promotion and support

Is Care Safe?

The organisation has a range of policies to direct and guide staff when service users need or require support with their continence needs. Staff confirmed the policies were available to them when required and expressed confidence in following the procedures. It was noted the policy Intimate Personal Care was due for review in June 2013 and is in need of updating.

During discussions with staff it was evident they were familiar with the assessed continence and personal care needs of each service user and could describe the care and support required for each person. Staff explained that the majority of service users were independent with their continence needs; however, some required varying levels of support, varying from prompts to wash hands or assistance with their clothing. Service users were observed to be supported by staff in a discreet manner when this care was needed.

Observation, review of staffing levels and service users' positive feedback confirmed there were sufficient numbers of staff employed in the day care setting to meet the identified needs of service users who attend.

Records examined confirmed staff were up to date with mandatory training regarding moving and handling and infection control training.

There was evidence that annual appraisals and formal supervisions had also taken place. During discussions staff expressed that supervision was provided regularly and focused on care records, activities and individual service users' assessed needs.

Two service users consulted in private confirmed that staff supported them with their personal care needs; they could describe the support staff provided and expressed that staff were always available when they needed assistance.

Staff presented as knowledgeable, experienced and compassionate. During discussions with staff they reflected the person centred approach used with service users and were also able to describe the different communication strategies adopted to maintain dignity and privacy.

Is Care Effective?

The inspector was informed that the acting manager was leaving her position on 24 December 2015 and the organisation was actively recruiting a manager. It was disappointing to note that the recruitment information advertising for a replacement manager did not include any reference to the qualifications or experience required for a registered manager. In a telephone discussion with the responsible person the requirements for a registered manager to manage a day care setting were outlined. The organisation must appoint a manager who has the qualifications, skills and experience necessary for managing the day care setting. A requirement is made in this report.

The care records of five service users were reviewed during this inspection and revealed that the organisation use generic care/enabling plans for each service user. Care records examined were found to be well organised and maintained in keeping with the organisation's template and procedures. Records were appropriately signed and dated.

In the five care records examined it was noted that the care plans generally lacked information regarding the personal outcomes sought by the service user and the daily care, support, and opportunities provided to the service user.

Risk assessment information contained in the records viewed were not individualised to service users. Risk assessments suggested that service users were assessed to be at risk when using knives; however there was no information to support these identified risks and during discussion with staff they were unable to provide any explanation for the identified risks. In addition, one risk assessment identified that there was an increased risk of choking; however, the record made no reference to or included the assessment undertaken by the Speech and Language Therapist. Specialist risk assessments that detail the management of associated risks must be visible for staff. It is required that assessments/protection plans are further developed to accurately reflect the risks pertinent to each service user. The management of risks must be clearly outlined.

Discussion centred on the purpose and content of the information contained within the daily evaluation dairies. Management should ensure individual evaluation records/notes related to activity within the day service are appropriately maintained for each service user in accordance with minimum standards. All records should be signed and dated by the person making the entry and periodically reviewed and signed off by the registered manager. The recommendation made in the previous report is restated in this report.

A review of the environment confirmed that sufficient numbers of toilet areas were available to meet the assessed needs of service users. It was observed that the wall in the female toilet was in need of repair. Staff explained the remedial work undertaken to address the issue and explained that further work was to be undertaken over the Christmas holidays when the centre was closed. Confirmation should be forwarded to RQIA that the proposed work has been completed with satisfactory outcomes.

Is Care Compassionate?

Staff interaction with service users was observed throughout the inspection period and presented evidence of a high level of compassionate care being delivered.

Staff advised of the importance of meeting members' assessed needs in a respectful, dignified manner.

Four service users consulted in private confirmed that they were each very satisfied with the care and support they received when attending the day care service. They felt their care needs were met in a discreet way by staff trained for their roles. Comments made on the day were:

- "I really like coming here; we get out and about and do lots of different things."
- "I feel safe here and I would go to ---- if I had any worries."
- "The staff all know us and they ask us what we want to do."
- "We meet with our keyworker every couple of weeks and we say what we want to do; I like my key worker meetings because you can tell them different things."
- "Staff know how to look after me."

As part of the inspection process RQIA distributed three staff questionnaires which were completed and returned to this office. The responses reviewed post inspection confirmed that staff were either very satisfied or satisfied with:

- the training received by the organisation in core values
- communication methods
- personal care management
- personal protective equipment (PPE)
- how to assist and support members with their personal care needs

Areas for Improvement

Five areas for improvement were identified regarding this theme. One concerned the responsible person confirming that appropriate recruitment arrangements are in place for the appointment of a manager. A requirement was made regarding the need to confirm the remedial work in the female toilets had been completed satisfactorily. A further requirement was made regarding the development of risk assessments. Two recommendations are made concerning a policy that was in need of review and the further development of care plans. One recommendation is restated regarding the daily notes/evaluation records.

Number of Requirements:	3	Number of Recommendations:	3
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5.4 Standard 8: Service Users' Involvement - Service users' views and comments shape the quality of services and facilities provided by the day care setting

The day centre had in place a range of policies that promote service user involvement and empowerment and these were available for inspection. Staff confirmed policies were available to them at all times. Policies examined included:

- Service User Involvement
- Compliments, Comments and Complaints
- Person Centred Approaches
- Safeguarding Vulnerable Adults from Abuse
- Whistleblowing

The organisation had a Compliments, Comments and Complaints Policy that was available to staff; the document outlines the procedure in handling complaints. Staff consulted were fully familiar with the action to take in the event of a service user making a complaint. A review of the complaint record found there had been no recorded complaints during the period 1 January 2015 to 31 March 2015.

Relevant policies regarding the protection of vulnerable adults from abuse and whistle blowing were available and records examined confirmed that staff were in receipt of the required training. Staff could describe the process for engaging with HSC trust representatives in the event of any concerns regarding a service user and it was evident in records viewed that concerns identified had been referred to the appropriate agency.

The inspector spoke individually with service users in the activity/dining room, met with a group of three service users privately and met with one individual service user privately. During those discussions examples were given about how staff and management have responded to

the suggestions, views and opinions of service users. The following is a sample of comments made on the day:

- "We are always asked what we want to do."
- "We meet with our keyworker and we have our group meetings."
- "I like it here; it is good."
- "I like going out to places."
- "Staff ask us what we want to do in our meetings."

Discussions with the service users, three staff and the practice team leader reflected how service users were involved in the running of the service. A review of the minutes of service users' meetings and discreet observations of staff interactions with service users concluded that safe care was delivered in this centre.

Is Care Effective

The day centre has a range of methods and processes where service users' views and their representatives' views are sought.

There was evidence that management seek the views of service users informally each day and more formally in monthly or quarterly meetings. Photographs of the range of activities and outings service users participated in provided evidence that activities were varied, flexible and organised in response to service users' preferences.

Staff confirmed their confidence in the systems for information sharing, practice guidance, supervision and training. They detailed the arrangements that ensured service users were involved and actively participated in the decision making process.

Examination of six care records provided evidence that annual care review meetings were taking place and service users and their representatives were encouraged to take part and actively contribute to the process.

The records viewed and discussions with service users demonstrated that they are encouraged to maintain their independence and exercise control and choice when they are in the day centre.

The agency's quality monitoring documentation for the period August 2015 until December 2015 was examined and confirmed that monthly monitoring visits are completed by the responsible person and included the views of service users.

The organization has a National Forum in England that includes a representative from Northern Ireland. Information on topics of interest is available in a range of formats to all service users and their representatives.

Is Care Compassionate?

The discussions held with service users provided evidence that staff support them to ensure they get the most from their attendance at the day care centre.

Staff interaction with service users was discreetly observed at different intervals throughout the inspection period, and it was noted that staff addressed service users in a respectful caring manner.

As part of the inspection process five questionnaires were distributed to service users/representatives and returned completed to the RQIA. The responses indicated that service users were very satisfied with the care provided, were very satisfied that staff knew how to care for them and very satisfied that they were safe and secure in the centre.

Service users who spoke privately with the inspector confirmed that they felt well supported by staff in the service; comments provided regarding the staff team and attendance at the centre were very positive. A random selection of service users comments on the day include:

- "I like coming here; we go out to college and do drama and swimming."
- "The meals are good; I eat it all."
- "I am safe here; staff look after us well."
- "Staff ask what we want to do; we have keyworkers meetings and we can see our social worker too if we want."

Several service users confirmed that they always felt safe and well cared for in the centre.

Areas for Improvement

There were no areas identified for improvement during the inspection of this theme.

Number of Requirements:	0	Number of Recommendations:	0
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5.5 Additional Areas Examined

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Jill McDowell, practice team leader, and Ivan McLerron, day care worker, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation)

(Northern Ireland) Order 2003 and The Day Care Settings Regulations (Northern Ireland) 2007.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Day Care Settings Minimum Standards 2012. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to day.care@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the service.

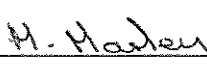
Quality Improvement Plan

Statutory Requirements

<p>Requirement 1</p> <p>Ref: Regulation 10 (2) (b) (i)</p> <p>Stated: First time</p> <p>To be Completed by: 28 February 2016</p>	<p>The responsible person must confirm that suitable arrangements are in place to recruit and appoint a manager who has the qualifications, skills and experience necessary for managing the day care setting.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The appointed Manager has a QCF level 5 in Health & Social care along with a BSc in Psychology.</p>
<p>Requirement 2</p> <p>Ref: Regulation 26 (2) (b)</p> <p>Stated: First time</p> <p>To be Completed by: 28 February 2016</p>	<p>The responsible person must confirm that the remedial work in the female toilets has been completed satisfactorily.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: This is currently underway and will be completed by March 2016</p>
<p>Requirement 3</p> <p>Ref: Regulation 13 (1) (a)</p> <p>Stated: First time</p> <p>To be Completed by: 28 February 2016</p>	<p>The responsible person must confirm that :</p> <ul style="list-style-type: none"> • Assessments have been reviewed and developed to accurately reflect the risks relevant to each service user. • The management of identified risks has been clearly outlined. • Specialist risk assessments that detail the management of associated risks are visible for staff. <p>Response by Registered Person(s) Detailing the Actions Taken: Date booked in on 17th February to re-assess the needs of all people supported using the client profile pro-forma to begin the process of reviewing needs and preference.</p>

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 18.1</p> <p>Stated: First time</p> <p>To be Completed by: 28 February 2016</p>	<p>The responsible person should ensure that the Intimate Personal Care Policy has been revised and updated.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: This is currently under review by the Quality Team with a predicted date of 1st march for distribution.</p>
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Recommendation 2 Ref: Standard Stated: First time To be Completed by: 28 February 2016	The responsible person should ensure that care plans include the personal outcomes sought by the service user and the daily care, support, and opportunities provided by staff to the service user.		
Recommendation 3 Ref: Standard 7.4 Stated: Second time To be Completed by: 28 February 2016	Response by Registered Person(s) Detailing the Actions Taken: Date booked in on 18 th & 19 th to assess needs from client profiles and amend and review all plans relating to current support needs. These will then be put into place using the Enabling Plans and Risk Assessments, these will include outcomes and monitoring and measuring tools used to evidence the outcomes.		
	Response by Registered Person(s) Detailing the Actions Taken: Unit procedure implimented for correct signing of daily diaries for guidance to ensure these are managed correctly.		
Registered Manager Completing QIP	Charlotte Light	Date Completed	11/02/16
Registered Person Approving QIP	Mervyn Bothwell	Date Approved	12/02/16
RQIA Inspector Assessing Response		Date Approved	16/02/16

Please ensure this document is completed in full and returned to day.care@rqia.org.uk from the authorised email address

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