

Unannounced Care Inspection Report 20 September 2016



Prospects

Type of service: Day Care Service
Address: Ballybot House, Cornmarket, Newry BT35 8BG
Tel no: 02830252501
Inspector: Maire Marley

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Prospects took place on 20 September 2016 from 10.00 to 14.30 hours.

The focus of this inspection was to monitor the management arrangements, and to review the progress with the agreed action plan submitted to RQIA following the previous inspection undertaken in 23 May 2016.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	4	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Rachel Smith, (registration pending), and Jill McDowell, practice team leader, 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.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 23 May 2016.

2.0 Service details

Registered organisation/registered person: Prospects NI/Stuart Dryden	Registered manager: Rachel Smith (Registration pending)
Person in charge of the home at the time of inspection: Ivan McLernon, Shift Leader	Date manager registered: Rachel Smith - application received - "registration pending".

3.0 Methods/processes

Prior to inspection we analysed the following records:

- Previous inspection report and returned QIP
- Previous inspection and returned Quality Improvement Plan
- Submitted action plan

- Any correspondence received from the organisation

During the inspection the inspector met with five service users and two care staff. In addition, discussions were held with the manager and practice team leader.

The following records were examined during the inspection:

- Staff duty roster
- Record of staff meetings
- Record of staff training
- Incident records
- Elements of care records
- Accident records
- Monthly reports

4.0 The inspection

4.1 Review of requirements and recommendations from the last care inspection dated 23 May 2016

The focus of this inspection was on the progress attained in relation to the submitted action plan regarding the management arrangements and progress made in in regard to the requirements and recommendations made in the previous QIP.

Last care inspection statutory requirements		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulation 13 (1) (a)</p> <p>Stated: Second time</p>	<p>The registered 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>The registered person should also confirm that</p> <p>(a) missing identified SALT assessments have been obtained and</p> <p>(b) missing documents relating to other health care interventions have been replaced in service users' files.</p>	<p>Met</p>

	<p>Action taken as confirmed during the inspection: A review of three service users' files confirmed that staff had updated service users' assessments on 9 September 2016 and 26 August 2016. The inspector was informed that work is ongoing to ensure that all relevant risk assessments have been reviewed and updated. The files examined contained SALT assessments and these were clearly visible in the files examined.</p> <p>The registered manager confirmed that all missing documents relating to other health care interventions have been replaced in service users' files.</p>	
<p>Requirement 2 Ref: Regulation 20 (1) Stated: First time</p>	<p>The registered person must review the deployment of staff in the centre and ensure that suitably experienced staff accompanies service users on community outings.</p> <p>Action taken as confirmed during the inspection: The inspector was informed of the action taken following the last inspection. This included discussion during supervision with those staff responsible for the day centre in the absence of the manager. The information provided was confirmed in discussion with staff.</p>	Met
<p>Requirement 3 Ref: Regulation 11 (1) Stated: First time</p>	<p>The registered person must ensure the day care setting is managed with sufficient care, competence and skill. Sufficient time must be allocated to the manager to enable her to manage the day care setting effectively.</p> <p>Action taken as confirmed during the inspection: A review of the management arrangements that included discussion with the manager, staff and examination of the duty roster established that the manager had spent considerable time in the day centre in May, June and July 2016. The duty roster examined provided evidence of the presence of the manager mainly two days a week along with the practice team leader. In August and September it was noted that the manager presence was limited to a morning or afternoon weekly. In discussion with the manager she reported that demands of the other services had impacted on her time. The registered person must ensure sufficient time is allocated to the manager</p>	Partially met

	to enable the day care setting to be managed effectively. This requirement is stated for the second time in this report.	
Requirement 4 Ref: Regulation 20 (1) (c) and 20 (2) Stated: First time	<p>The registered person must ensure staff receives training and supervision to enable them to undertake their roles effectively.</p> <p>Action taken as confirmed during the inspection: There was evidence that supervision had been provided for staff and a range of mandatory training had also been provided; however, one staff member's mandatory training was out of date. Safeguarding vulnerable adults from abuse had not been updated. This requirement is stated in this report for the second time.</p>	Partially Met
Requirement 5 Ref: Regulation 28 (1) Stated: First time	<p>The registered person must visit the day centre in accordance with Regulation 28.</p> <p>Action taken as confirmed during the inspection: The reports of the monthly monitoring visits for June, July, August and September 2016 provided evidence that visits in accordance with Regulation 28 were taking place and a copy of each visit was available for inspection.</p>	Met
Requirement 6 Ref: Regulation 4 Stated: First time	<p>The registered person must ensure that the statement of purpose is revised and incorporates all elements of Regulation 4.</p> <p>Action taken as confirmed during the inspection: The statement of purpose had been revised in June 2016 and contained all relevant information.</p>	Met
Requirement 7 Ref: Regulation 5 Stated: First time	<p>The registered person must ensure the service user guide is revised and incorporates all elements of Regulation 5.</p> <p>Action taken as confirmed during the inspection: The service user guide had been revised and was available in a pictorial format for service users.</p>	Met

<p>Requirement 8</p> <p>Ref: Regulation 17 (1) (a) (b)</p> <p>Stated: First time</p>	<p>The registered person must</p> <p>(a) establish and maintain a system for monitoring the matters set out in Schedule 3 and for improving the quality of care provided in the day care setting.</p> <p>(b) report in respect of the review of these systems must be prepared and available to service users and their representatives and should be available for inspection.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The inspector was informed that this requirement had been met through the annual survey completed along with a meeting attended by parents and representatives. During this meeting parents/representatives were consulted about the management and conduct of the centre. There was evidence that their views had been addressed by the manager and evidence was provided that the organisation was working on the annual report. The completed report will be viewed at the next inspection.</p>		
<p>Last care inspection recommendations</p>		<p>Validation of compliance</p>
<p>Recommendation 1</p> <p>Ref: Standard 18.1</p> <p>Stated: Second time</p>	<p>The registered person should ensure that the Intimate Personal Care Policy has been revised and updated.</p>	<p>Not Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The inspector was informed that this policy had not been updated.</p>		
<p>Recommendation 2</p> <p>Ref: Standard 5.2</p> <p>Stated: Second time</p>	<p>The registered 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.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>On the day of inspection elements of three care files were reviewed and contained the personal outcomes for the service users and included the care, support and opportunities provided by staff to the service users.</p>		

<p>Recommendation 3</p> <p>Ref: Standard 7.4</p> <p>Stated: Second time</p>	<p>The registered person should ensure that individual case records/notes (from referral to closure) related to activity within the day service is appropriately maintained for each service user. This includes maintaining a daily record/evaluation note that is signed and dated by the person making the entry and periodically reviewed and signed off by the registered manager.</p> <p>Action taken as confirmed during the inspection: Three care records examined contained the relevant information.</p> <p>A review of two personal dairies found that staff were signing and dating the entries made in the dairies.</p>	<p>Met</p>
<p>Recommendation 4</p> <p>Ref: Standard 23.8</p> <p>Stated: First time</p>	<p>The registered person should ensure that staff meetings take place on a regular basis and at least quarterly. Records should be kept of the meetings.</p> <p>Action taken as confirmed during the inspection: Records provided evidence that staff meetings had been held in June, July, August and September 2016. Dates had also been scheduled for the forthcoming three months.</p>	<p>Met</p>
<p>Recommendation 5</p> <p>Ref: Standard 18.5</p> <p>Stated: First time</p>	<p>The registered person should ensure that all policies are systemically reviewed every three years or more frequently if required.</p> <p>The registered person should ensure that the Preventing Harm to Vulnerable Adults Policy is revised in accordance with the regional policy.</p> <p>Action taken as confirmed during the inspection: The policies had not been reviewed and this recommendation is restated for the second time in this report.</p> <p>There was no evidence that the organisation had revised their policy, Preventing Harm to Vulnerable Adults Policy, to reflect the regional policy issued in July 2015.</p>	<p>Not Met</p>

<p>Recommendation 6</p> <p>Ref: Standard 5.1</p> <p>Stated: First time</p>	<p>The manager should ensure that the sensory team is contacted for advice and guidance regarding service users with visual impairments. .</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>There was evidence that a referral had been made to the sensory team.</p>		

4.2 Inspection Findings

Management arrangements

Following the inspection undertaken on 23 May 2016 a meeting was held with the responsible individual and manager. This resulted in the organisation submitting an action plan clearly detailing the improvements that required attention in relation to the management of the day centre and the replacement of missing documents. This unannounced inspection focused on the progress attained relating to the submitted plan and the returned QIP.

The registered person had informed RQIA in writing that they would be leaving their post on 12th August 2016. In the interim period the organisation put forward a responsible person however to date RQIA have not received their application form. In accordance with The Day Care Setting Regulations (Northern Ireland) 2007, the organisation must submit to RQIA an application detailing the name of the individual who is responsible for supervising the management of the day care setting and meets the requirements of the regulations. A requirement is made in this report.

On 13 September 2016, the manager who was pending registration with RQIA informed us that they were also leaving the organisation to take up another position. The application for registration for this manager was subsequently withdrawn.

On arrival at the centre it was noted there were three staff on duty, and a support worker level 2 was in charge of the centre in the absence of the manager; these details corresponded with the information recorded in the duty roster.

The manager and practice leader joined the inspection at 11.30 am and were available for the remainder of the inspection. A review of the management arrangements was undertaken that included discussion with the manager, staff and a review of the duty roster. This review established that the manager had spent considerable time in the day centre in May, June and July 2016. The duty roster examined provided evidence of the presence of the manager mainly two days a week, and the practice team leader a further day. The increased management presence had been beneficial and this was reflected in the improved quality of care records, staff supervision, team meetings and the general overall management arrangements.

In August and September 2016, it was noted that the manager presence was limited to a morning or afternoon weekly. In discussion with the manager she reported that demands of the other services had impacted on her time. This is not in keeping with the action plan submitted to RQIA or the response detailed in the returned QIP.

Discussion regarding the forthcoming absence of the manager was discussed and the inspector was told that no arrangements to date had been organised. RQIA must be assured that the day centre continues to be managed appropriately; the requirement made in the previous report is stated for the second time at this inspection.

The registered person must ensure the day care setting is managed with sufficient care, competence and skill. Sufficient time must be allocated to the manager to enable him/her to manage the day care setting effectively.

Daily Activities

The inspector found a warm welcoming atmosphere in the centre. On arrival, service users were provided with a warm drink and are greeted by name. During the inspection a podiatrist visited the centre and it was observed this service was provided in a quiet room. The inspector joined a Makaton activity that was facilitated by a service user and this initiative was commended. The group contained 15 service users and it was noted that the service user facilitating the group had difficulty getting individuals to participate; although a staff member was with the group they were not involved in the session. Staff with knowledge of Makaton should assist the service user to ensure that the session is meaningful for everyone. This activity should be reviewed.

Monthly monitoring visits

There was evidence that the monthly monitoring visits were completed in accordance with Regulation 28. The monthly monitoring reports for July, August and September 2016 were examined and no improvements were identified. Given the pending changes to the management team and as there is no responsible person registered, a copy of the monthly report must be submitted to RQIA for November and December 2016, and January and February 2017.

Policies and Procedures

A review of a random selection of policies noted that these had not been reviewed; however, the management team reported the organisation is working towards getting all policies reviewed.

The Intimate Personal Care Policy presented for inspection had not been revised and is a further area for improvement.

The manager described how the day centre was going to response to the DHSSPS regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. It was noted that the centre had a copy of the document, however Prospects had not updated their policy and procedures to reflect information contained within the policy. Staff consulted were not aware of the new policy.

The registered person should ensure that all policies are systemically reviewed every three years or more frequently if changes occur. This recommendation is stated for the third time.

Staff Supervision

There was evidence in records examined that staff employed in the service had received supervision and this was confirmed in discussions with two staff on the day. Dates of forthcoming scheduled supervision sessions were also available and visible in the office.

Team meetings

A review of the minutes of staff meetings found meetings had been held in June, July, August and September 2016. The content of the meetings were relevant to the day care setting.

Staff training

Records relating to staff training were examined and established that staff training was updated. It was noted that one member of staff required refresher training in safeguarding vulnerable adults and is an area identified for improvement.

Care Records

A review of three service users' files confirmed that staff had updated service users' assessments on 9 September 2016 and 26 August 2016. The inspector was informed that work is ongoing to ensure that all relevant risk assessments are reviewed and updated. The files examined contained SALT assessments and these were clearly visible in the files examined.

The registered manager confirmed that all missing documents relating to other health care interventions have been replaced in all service users' files.

Statement of Purpose

The statement of purpose dated June 2016 was examined; the document detailed that the service provides day opportunities for 18 service users per day for adults with a learning disability. This reflects the registration information held by RQIA and was supported by direct observation during the inspection. Additional information as detailed in the Day Care Setting Regulations (Northern Ireland) 2007 Schedule 1 was detailed in the document. It was noted that the statement of purpose had a review date of June 2015 and the inspector accepted this was a typing error and would be amended with immediate effect.

Service User Guide

A service user guide was available for inspection. It was good to note that a pictorial service user guide was in place and detailed the relevant information for service users.

Areas for improvement

Two requirements have been made in this report regarding the submission of an application for the responsible person and the submission of a copy of the monthly visits. Two requirements are stated for the second time and relate to the arrangements in place to ensure the day care centre continues to be managed in the absence of the manager with sufficient care, competence and skill; and training is provided for all staff in safeguarding vulnerable adults from abuse.

Recommendations are made in relation to staff assisting with Makaton activities and the need for the organisation to ratify the statement of purpose and service user guide.

Number of requirements:	4	Number of recommendations:	2
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Rachel Smith, manager and Jill McDowell, practice team leader, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 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 the RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Day Care Setting Regulations (Northern Ireland) 2007.

5.2 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 provider/manager may enhance service, quality and delivery.

5.3 Actions taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to day.care@rqia.org.uk for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Statutory requirements	
Requirement 1 Ref: Regulation 11.3 Stated: Second time time To be completed by: 30 November 2016	The registered provider must ensure the day care setting is managed with sufficient care, competence and skill. Sufficient time must be allocated to the manager to enable him/her to manage the day care setting effectively.
	Response by registered provider detailing the actions taken: Prospects is allocating management cover at the service 3 days per week. This will take place on differing days across the week so as to ensure that the management team has a comprehensive overview of the service as delivered.
Requirement 2 Ref: Regulation 20 (1) (c) Stated: Second time To be completed by: 30 November 2016	The registered provider must ensure staff receive training to enable them to undertake their roles effectively. This is with reference to safeguarding vulnerable adults from abuse.
	Response by registered provider detailing the actions taken: All staff will undertake training relating to safeguarding vulnerable adults.
Requirement 3 Ref: Regulation 8 (2)(c) Stated: First time To be completed by: 20 October 2016	The organisation must submit to RQIA an application detailing the name of the individual who is responsible for supervising the management of the day care setting and meets the requirements of the regulations.
	Response by registered provider detailing the actions taken: Since the inspection has taken place the manager of the service has resigned. A notification form has been submitted to RQIA outlining the interim arrangements. Prospects has completed a review of the management function in Northern Ireland and is awaiting confirmation from the Executive Board of Livability that a management restructure can now take place.
Requirement 4 Ref: Regulation 28 Stated: First time To be completed by: 20 October 2016	The organisation must submit a copy of the report of the monthly visits to the day care centre to RQIA for the months of November, December 2016 and January and February 2017.
	Response by registered provider detailing the actions taken: Prospects will submit the monthly monitoring reports in November, December 2016 and January, February 2017 as requested.

Recommendations	
Recommendation 1 Ref: Standard 18.1 Stated: Third time To be completed by: 30 November 2016	The registered provider should ensure that the Intimate Personal Care Policy has been revised and updated.
	Response by registered provider detailing the actions taken: Prospects will review and where necessary revise the policy on Intimate Personal care. Prospects has now merged with another care provider, Livability and policies need to be agreed by the newly merged organisation and then disseminated.
Recommendation 2 Ref: Standard 18.3 Stated: Second time To be completed by: 30 November 2016	The registered provider should ensure that all policies are systemically reviewed every three years or more frequently if required. The registered person should ensure that the Preventing Harm to Vulnerable Adults Policy is revised in accordance with the regional policy.
	Response by registered provider detailing the actions taken: Prospects' policies are currently undergoing a review following the organisation's merger with another organisation, Livability. Policies will need to be agreed by the newly merged organisation and then will be disseminated accordingly.

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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