

Unannounced Care Inspection Report 12 June 2018



Limavady Community Development Initiative

Type of Service: Day Care Setting

**Address: Roe Valley Hospital, 24a Benevenagh Drive, Limavady,
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Tel No: 02877765438

Inspector: Jim McBride

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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

Limavady Community Development Initiative provides day care for physically disabled adults aged 18-65yrs. The setting has been in operation for over twenty three years. The centre serves the Borough of Limavady and is contracted by The Western Health and Social Services Trust (WHSCT) to provide care for 23 service users - Monday to Friday.

3.0 Service details

Organisation/Registered Provider: Limavady Community Development Initiative Responsible Individual: Mr Michael James Cooke	Registered Manager: Mrs Gaynor Millar
Person in charge at the time of inspection: Day Care worker	Date manager registered: 18/01/2018
Number of registered places: 23	

4.0 Inspection summary

An unannounced inspection took place on 12 June 2018 from 09.00 to 14.00.

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

Evidence of good practice was found in relation to staff knowledge and competency in regard to safe care; risk management; the day care setting environment; service users individual care records; providing the right care, in the right place, at the right time; activities; the ethos of the day care setting; acting on service user's views and preferences; and maintaining good working relationships.

Service user comments:

- "The staff are all helpful."
- "The activities are all good and varied."
- "We all have the choice of what we do."
- "I love the staff at the centre."
- "***** is very supportive to us all."
- "The staff are always there for you and help us no end."

Staff comments:

- "My induction was good I had good support from the staff."
- "The service users have more independence here and we support this."
- "The training is great and helps with your everyday work."
- "The service users and staff have a good relationship."
- "A great effective manager."
- "The manager is supportive of ongoing and further training for staff."

Volunteer comments:

- “An excellent induction that prepared me for my role.”
- “The manager and staff are very supportive.”
- “The members are well cared for and have loads to do.”

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with The Day Care Worker on duty, as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent care inspection dated 24/4/17

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 27 April 2017.

5.0 How we inspect

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

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

- record of notifications of significant events
- record of complaints
- the previous inspection report and quality improvement plan (QIP)
- the RQIA log of contacts with, or regarding the day centre

During the inspection the inspector met the two day care staff one volunteer and the registered provider. The inspector also had the opportunity to meet with five service users whilst observing others taking part in activities.

The staff available gave a comprehensive overview of the centre. From discussion with staff it was evident they had a good person centred approach to service users.

No visiting professionals or visitors/representatives were available on the day of the inspection.

At the request of the inspector, staff were asked to display a poster within the day care setting's registered premises. The poster invites staff to give their views and provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision; no responses were received.

The inspector provided questionnaires to staff for circulation to service users/relatives seeking their views on the service. One questionnaire was returned.

The inspector requested that the registered manager place a "Have we missed you" card in a prominent position in the day care setting to allow service users, relatives and families who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No replies were received by RQIA.

The following records were examined during the inspection:

- statement of purpose (2018)
- service user's guide (2018)
- minutes of service users' meetings held in 2017/18
- minutes of staff meetings held in 2017/18
- reports of quality monitoring visits 2017/18
- annual review report (2018)
- fire risk assessment
- fire safety checks
- safeguarding policy (2018) Under Review
- staff training records including:
 - safeguarding
 - fire safety
 - health and safety
 - incidents
 - supervision and appraisal
 - records management
- record of incidents and accidents
- Six service users' files and risk assessment records

The inspector would like to thank the staff and service users for their support and co-operation throughout the inspection process.

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

6.0 The inspection

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

The most recent inspection of the establishment 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 27 April 2017

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
Area for improvement 1 Ref: Regulation 28(5) Stated: First time	The registered provider must ensure that all monthly monitoring reports are available in the day centre for the manager and for inspection.	Met
	Action taken as confirmed during the inspection: The inspector viewed a number of quality monitoring reports in place. The documentation in place was satisfactory.	
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 19.4 Stated: First time	The registered provider should ensure that all written records are appropriately signed and dated.	Met
	Action taken as confirmed during the inspection: All records viewed during the inspection had been signed by the appropriate people. The documentation in place was satisfactory.	
Area for improvement 2 Ref: Standard 8.1 Stated: First time	The registered provider should ensure that terminology used in the minutes of staff meetings, in all other records and in verbal references represents service users appropriately and respectfully. The values underpinning the standards should inform the content of records and discussions.	Met
	Action taken as confirmed during the inspection: The inspector read a number of minutes from staff meetings and the documentation in place was appropriate and satisfactory.	

Area for improvement 3 Ref: Standard 5 Stated: First time	The registered provider should ensure that an individual comprehensive care plan is drawn up for each service user, in keeping with Standard 5 of The Minimum Standards for Day Care Settings, 2012. The purpose of each person's placement at the day centre should be made clear through the stated objectives in the care plan. The required actions and activities and the desired and actual outcomes should be recorded and should relate to the stated objectives.	Met
	Action taken as confirmed during the inspection: The inspector viewed six care and support plans in place. These showed care and support was person centred and that outcomes and review was included. It was good to note that the care plans included easy read versions for the benefit of service users.	

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.

The staff confirmed the planned daily staffing levels for the day centre, and that these levels were subject to regular review to ensure the assessed needs of the service users were met. Staff confirmed that planned staffing levels were adequate to meet the assessed needs of the service users. Discussion with the staff evidenced that there were no concerns regarding staffing levels.

The staff confirmed the arrangements in place to ensure information pertaining to all of the matters specified in Schedule 2 and 5 of The Day Care Setting Regulations (Northern Ireland) 2007 were reviewed. Recruitment records reviewed were satisfactory. A checklist of information regarding pre-employment checks was forwarded to the manager prior to the staff member commencing employment, and this prompted an induction timetable for the new staff members to be developed.

There was an induction programme in place for all grades of staff which included the Northern Ireland Social Care Council (NISCC) competency standards. The induction assists new staff to identify skills they are confident in and areas they may need more development in.

The settings training records demonstrated that staff had received mandatory training and other training relevant to their roles and responsibilities. Discussion with staff confirmed they had received training that had assisted them to provide safe and effective care. Staff spoken with clearly demonstrated the knowledge, skill and experience necessary to fulfil their role,

function and responsibility. The inspector noted some of the comments staff made following their evaluation of their training:

- “Very informative.”
- “Very good I got a lot out of it.”
- “Interesting and informative.”

The review of six individual service users’ assessments and care plans found they had been reviewed and updated as necessary to ensure practice was safe and effective.

A review of documentation confirmed that any potential safeguarding concerns were managed appropriately in accordance with the regional safeguarding protocols and the Trust policies and procedures and RQIA were notified appropriately. Where any shortcomings were identified safeguards were put in place.

Discussions with the manager revealed that the WHSCT is reviewing and updating their policy and procedures to reflect information contained within the DHSSPS regional policy ‘Adult Safeguarding Prevention to Protection in Partnership’ issued in July 2015 and the Operational Procedures. The manager was satisfied this will provide the staff with a clear pathway to follow to refer any safeguarding concerns to the appropriate professionals and the organisation will have in place an identified Adult Safeguarding Champion (ASC).

The staff on duty on the day of inspection discussed the needs of the service users they were responsible for. They gave a clear description of their needs and how those needs are met.

The staff stated their main priorities is to ensure the service users are safe and enjoying their day care experience. The staff confirmed that if they had any concerns regarding safe practice they would discuss this with their colleagues and/or the management team who they described as accessible and supportive. Staff confirmed service users are encouraged to give their views, opinions and preferences.

The inspector noted some of the comments from service users during their annual care reviews:

- “I really enjoy arts and crafts.”
- “Great I really enjoy the activities.”
- “I’m happy with everything.”
- “I’m very happy with the care and support.”

Staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns.

Observations of the environment and inspection of records concluded the environment presented as clean and tidy, furniture, aids and appliances presented as fit for purpose. Fire safety precautions were inspected, fire exits seen were unobstructed. The centres fire risk assessment made available had been reviewed on 27 February 2018. Records of fire drills were in place for from September 2017.

One returned questionnaire from service users indicated that they were satisfied this was a safe service, by this they meant:

- There are enough staff to help you
- You feel protected and free from harm
- You can talk to staff if you have concerns
- The environment is safe and clean.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff knowledge and competency of safe care and the day care setting environment.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

Six service users' care files were viewed; they contained the service user's individual assessments and care plans which described their physical, social and emotional needs. The individual written plans/agreements were found in the service user individual records, these documents confirmed the day service was suitable and appropriate to meet the service user's needs.

The inspection of the care records found they were maintained in line with the legislation, the assessments of need, risk assessments, care plans and records of health and well-being of the service users were current and had been reviewed. Records were stored safely and securely in line with data protection. Staff discussion confirmed they use the service user's individual records daily to guide their practice and they recognised the importance of keeping records current and relevant. Overall the inspection found the settings management of service user records enabled staff to recognise service users' needs and respond to them effectively.

Records were made available for inspection concerning audits of care records, accidents/incidents and evidenced that actions identified for improvement had been completed.

Evidence was provided to verify systems were in place to ensure effective communication with service users, their representatives and key stakeholders. This included pre-admission information, care reviews, service users' meetings and staff meetings. The manager confirmed that staff and service user meetings were held regularly.

The inspector noted some of the areas for discussion during the service users' meetings:

- activities/outings
- volunteers

- complaints
- new support plans
- keyworkers

The inspector also noted some of the areas for discussion during staff meetings:

- activities
- reviews
- assessments
- support plans
- rotas
- training
- RQIA

Discussion with the staff confirmed that the manager operated an open door policy in regard to communication within the day care setting. Staff stated that there was effective teamwork and each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the manager. All staff consulted clearly demonstrated the ability to communicate effectively with their colleagues, service users, relatives and other health care professionals.

The centre's Statement of Purpose and the Service User's Guide provide information required by the regulations and the minimum standards.

One returned questionnaire from a service user indicated that they were satisfied this was an effective service by this they meant:

- You Get The Right Care, At The Right Time In The Right Place
- The Staff Know Your Care Needs
- You Are Kept Aware Of Your Care Plans
- Your care meets your expectations.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to service users individual care records; providing the right care, in the right place, at the right time; and activities.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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.

Discussions with staff regarding the activities they were delivering confirmed the activities were tailored to meet the needs of the service users, as well as promoting their strengths and providing choice. Service users were being enabled and supported by staff to engage and participate in meaningful activities and outings. Staff discussed the range of activities service users could take part in. The activity programme was noted as developing social opportunities for service users as well as their hobbies and interests.

Staff members presented as committed to providing service users with purposeful and enjoyable experiences at the centre and in other activities outside of the centre. Staff demonstrated a comprehensive understanding of each service user's assessed needs and individual care plan.

The systems in place to ensure that the views and opinions of service users were sought and taken into account included an annual satisfaction survey and reviews of specific aspects of the service. The inspector noted some of the comments made by service users during the annual quality survey:

- "Very good to meet people".
- "Very satisfied with the procedure".
- "We like to play games and can take part if we want to".
- "I would like to thank the staff for being so kind and helpful, because if it wasn't for day care I would not get out and meet my friends".

Records for service users were presented in appropriate formats that helped each person to understand the content. During each monthly quality monitoring visit, the views of sample of service users were sought in all of the monthly monitoring reports examined. The evidence presented at this inspection confirms that compassionate care is provided consistently in the centre.

One returned questionnaire from a service user indicated that they were satisfied this was a compassionate service, by this they meant:

- Staff treat you with kindness
- Staff ensure you are respected and that your privacy and dignity is maintained
- Staff inform you about your care
- Staff support you to make decisions about your care.

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; dignity and privacy; listening to and valuing service users; and taking account of the views of service users.

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 registration certificate was up to date and displayed appropriately. Staff confirmed they had access to a range of policies and procedures in place that they use to guide and inform their practice. Supervision and appraisal records detailed staff had received individual, formal supervision at least every three months and this was recorded.

No complaints had been recorded since the previous care inspection and discussion with the staff confirmed that no complaints had been received.

The Regulation 28 monthly quality monitoring visits had been undertaken monthly on behalf of the registered provider.

The reports showed the visits included unannounced visits and qualitatively reflected service users and staff views and opinions, the reports commented on the conduct of the setting and did not reveal any concerns that were outstanding.

The inspector noted some of the positive comments received from, service users, staff and relatives.

Service users' comments:

- "I'm really happy coming here."
- "The place is good."
- "The support is great."
- "It's great seeing everyone."

Staff comments:

- "I really enjoy working in the centre."
- "A high standard of care is provided in the centre."
- "It's a great day centre."
- "I'm positive about the future of the centre."

Relative's comments:

- “We would be lost without it.”
- “My *****really enjoys coming here.”
- “I’m very happy and thankful for the service that the centre provides.”
- “A comfortable setting that gives me peace of mind.”

The staff were asked what their opinion was regarding leadership in the centre; they complimented manager in place currently. Staff described and stated that they knew what was expected of them, the manager was approachable, the lines of accountability were clear and the manager had an open door policy. They said if they had any concerns they have a whistleblowing policy however, they worked well with their colleagues and hoped any concerns would be dealt with at an early stage with their colleagues.

Overall the inspection showed the management team are providing good examples of leadership that is promoting improvement in this centre.

The inspector noted that the agency collects equality information in relation to service users, during the referral process. The data was used effectively to develop the individual person centred care and support plan with individual service user. The manager discussed the ways in which staff development and training enables staff to engage with a diverse range of service users; some of whom have complex needs.

Discussions with the staff highlighted staff were promoting and supporting service users’ equal opportunities regardless of their abilities, their background or their lifestyle. Some of the areas of equality awareness available to service users identified during the inspection were:

- effective communication
- service user involvement
- safeguarding
- advocacy
- equal care and support
- individual person centred care
- individual risk assessment
- disability awareness

The agency’s commitment to equality and individual person centred care is an area of positive practice and is commended.

The staff were aware that all staff were required to be registered with the Northern Ireland social Care Council (NISCC) or other regulatory bodies as appropriate. The service was retaining a list of staff registration details and expiry dates; a record was also maintained by the human resource department. Records viewed by the inspector indicated that all staff are registered appropriately.

The registered person has worked effectively with RQIA to operate and lead the organisation in maintaining compliance with Regulations and Minimum Standards.

One returned questionnaires from service users indicated that they were satisfied this was a well led service, by this they meant:

- You always know who is in charge at any time
- You feel the service is well managed
- Your views are sought about your care and the quality of the service
- You know how to make a complaint.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, monthly quality monitoring, communication and maintaining good working relationships.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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