

# Unannounced Care Inspection Report 23 July 2019



## Mainstay DRP

**Type of Service: Day Care Service**

**Address: 1 Cumulus Heights, Ballyvange, Downpatrick, BT30 6WE**

**Tel No: 028 4461 7184**

**Inspector: Heather Sleator**

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It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

This is a Day Care Setting that provides day care for service users who have a learning disability. The settings registration allows for up to 80 service users to be at the day centre daily to receive care and support and take part in day time activities. The centre is open Monday to Friday.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Mainstay DRP  <b>Responsible Individual:</b> Mrs Helen Owen	<b>Registered Manager:</b> Ms Nicola Trainor
<b>Person in charge at the time of inspection:</b> Nicola Trainor	<b>Date manager registered:</b> 20 March 2018
<b>Number of registered places:</b> 80	

### 4.0 Inspection summary

An unannounced inspection took place on 23 July 2019 from 10.20 to 17.35 hours.

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

As a public-sector body RQIA have a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of day care services, we are committed to ensuring that the rights of people who receive services are protected. This means we will be seeking assurances from providers that they take all reasonable steps to promote people's rights. Users of day care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted.

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

An area for improvement were identified regarding ensuring all information relating to the quality of care/support and other services provided by the day centre (governance) is clearly identifiable as being individualised to the setting.

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

A service user said:

- “This is a happy place.”

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

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

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

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

#### 4.2 Action/enforcement taken following the most recent care inspection dated 1 May 2018

No further actions were required to be taken following the most recent inspection on 1 May 2018.

#### 5.0 How we inspect

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

- the registration details of the day care centre
- incident notifications submitted to RQIA since the last care inspection
- unannounced care inspection report and QIP of 1 May 2018.

During the inspection the inspector met with:

- the registered manager, Nicola Trainor
- five staff
- fourteen service users on an individual basis
- one service user’s representative

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

The following records were examined during the inspection:

- three service users' care records
- a sample of daily staff/room rota
- two completed staff competency and capability assessments
- the complaints and compliments records
- incidents and accidents records
- the minutes of service user self-advocacy group meetings
- the minutes of staff meetings
- supervision and annual appraisal planner
- three monthly quality monitoring reports
- a staff training matrix
- quality audits/governance arrangements for the centre
- the annual fire safety risk assessment dated 16 November 2018
- records of fire drills undertaken during 2018/19
- the Statement of Purpose and Service User Guide

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 1 May 2018**

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

### **6.2 Review of areas for improvement from the last care inspection dated 1 May 2018**

There were no areas for improvement made as a result of the last care inspection.

## 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 duty roster/daily work plan reflected the staff on duty, capacity and time worked was viewed. Staff and service users attended specific activities of their choice; the staffing arrangements promoted continuity of care and support and enhanced the relationship between the service users and staff. There were no completed satisfaction questionnaires from service users returned to RQIA and no issues regarding the staffing arrangements were raised. We met with service users who expressed their satisfaction with the staff and staffing arrangements. One service user commented; "I like coming to meet my friends and staff." No issues were raised by staff in respect of the staffing arrangements and there were no completed staff questionnaires were returned to RQIA within the specified timescale. We met with the relative of a service user who again were very complimentary about the staff team and commented, "Staff are beyond exemption."

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

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

We reviewed the recruitment and selection records of two staff members. This confirmed compliance with employment legislation as set within The Day Care Setting Regulations (Northern Ireland) 2007 and Department of Health (DoH) Day Care Settings Minimum Care Standards (2012). Evidence was also present that staff had completed a period of induction when they commenced work in the centre.

Arrangements were in place to monitor the registration status of care staff with their professional body with monitoring records retained. The registration status of staff is also monitored at supervision.

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

Discussion with staff and inspection of records confirmed that staff had a good understanding of adult safeguarding principles and their obligation in relation to raising awareness concerns about poor practice and whistleblowing. A review of staff training records evidence that mandatory training in adult safeguarding had been provided for all staff. The responsible individual, Helen Owens, had written the position report which detailed the adult safeguarding referrals and outcomes for not only the day centre but the supported living and respite units which are located on the same site as the day centre. However, due to this it was difficult to identify aspects which related to the day centre. This has been identified as an area for improvement and will be discussed further in 6.7.

The day centre was well maintained and in good decorative order. There are several rooms, of varying sizes, available for group activities and for individual work with service users, when necessary. There is a small garden area which service users have use of and this is a popular place in the better weather. There were notice boards throughout the centre providing service users, relatives and staff with information regarding activities, photographs of activities and events and information leaflets.

The manager, service users and staff, who met with the inspector, confirmed that they have confidence in the practice of all members of the staff team in their work with service users. Staff members had generally been employed in the centre for lengthy periods and expressed strong commitment to their work with service users, which, they confirmed, is enjoyable and rewarding

Fire safety precautions were inspected and it was noted that fire exits were unobstructed. The most recent report from the fire risk assessor was viewed and dated November 2018. The fire safety records evidenced that there had been a number of fire drills and staffs attendance was recorded to evidence the required number of fire safety training events per year had been complied with. Service users also participated in fire evacuation drills and records indicated that the last evacuation drill was in June 2019.

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

“This is a happy place.”

**Areas of good practice**

Examples of good practice found throughout the inspection included: staff work rotas, staff induction, staff training, adult safeguarding, fire safety records, risk assessment and service user and staff engagement.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 6.5 Is care effective?

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

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

The records also reflected the multi-professional input into the service users' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual service users. Service users and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed, in most cases, by the service user and/or their representative. Discussion with staff confirmed that a person centred approach underpinned practice and staff demonstrated their knowledge of individual service users throughout the inspection. Audits of care records were conducted with random selection reviewed at staff supervision and monthly monitoring visits.

An individual agreement setting out the terms of placement were in place. However, not all the individual agreements had been signed and dated and as discussed with the manager, when there are changes to the stated agreement, a new agreement should be issued. The manager stated that new individual agreements had been issued to service users and their representatives in April 2019 however these had not all been returned and were not in the service users files at the moment. The manager agreed to ensure the documents were put into the service users' files as soon as possible. Records were stored safely and securely in line with data protection.

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

Service users spoken with and observation of practice during a morning and afternoon activity evidenced that staff were able to communicate and engage effectively with service users. A service users committee was active in the centre. Information regarding who was on the committee and photographs of the committee members were displayed in the centre.

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

Staff spoken to commented:

- "It's a really great place to work, we all get on very well together." (Staff)



## Areas of good practice

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

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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.**

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

Activities, such as art and pottery, cookery classes, music, quizzes, crafts and board games were part of the weekly programme. We met with service users in the morning activities, in the various rooms. Service users spoke very positively in respect of the range of activities available and a good relationship between service users and staff was evident. Service users confirmed that staff listen to them and encourage them to take a full part in developing their plans for day care through the service users meetings and the committee meetings. Therefore, activity programmes are organised with each individual's agreement and service users contributed positive comments on its value to them. Staff members were observed interacting sensitively with service users and being attentive to each person's needs.

The systems in place to ensure that the views and opinions of service users were sought and taken into account included regular service user meetings, an annual quality survey of service users and their carers or relatives and daily discussions with service users in groups or individually. There is also a quarterly newsletter for service users which gave, for example; the highlights of what had been happening during the quarter and what was planned for the next few months. The minutes of the service users meetings provided evidence of a strong focus on involving and empowering service users to contribute to decisions about the way in which the day care service is run. For example; service users had stated that they would like a karaoke machine, a fish tank and bingo equipment at meetings, these were subsequently purchased by staff. A further example of service user involvement and empowerment was that one service user has been identified as the human rights activist for the service users. We met with this service user who was well informed and aware of the responsibilities of being the advocate. Preparation for each person's annual review included a meeting with the key worker to discuss the value of attending the centre and appropriateness of the existing programme of activities.

However, the information on the completed questionnaires of the annual quality survey of service users is collated and an overall report for the complex (supported living and respite care) is produced. As will be discussed further in 6.7, the information gathered should reflect the opinions of service users on the services provided by the day centre.

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

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

- "This is a happy place."
- "(Staff) always ask me what I want to do."
- "I like coming to meet my friends and staff."
- "Can talk to the manager or deputy about anything."
- "I like it here because I can see all my friends."
- "All the staff are good to me."
- "If I have any problems I've to go to (manager)."
- "I know about my service plan, nothing is done without me knowing about it."
- "It's great here, I love it."

There were no completed questionnaires returned to RQIA from service users.

A service users' representative spoken with during the inspection was very happy with the support given by staff in the day centre and stated that communication was very good. The representative made reference to the transport situation; this is being reviewed by the Trust and the organisation. The following comment was made:

- "Staff are beyond exemption."

We viewed a compliment about the centre made by a relative to a social worker. The relative commented:

- "I got such a good vibe walking around the building and staff were lovely." (April 2019)

We spoke to staff during the inspection and comments included:

- "I contribute to the multidisciplinary meetings for two service users because I'm 'hands on'."
- "I'm new to the job so I'm supervised more than the others."  
"There are weekly team meetings on Fridays, good communication in the centre and from the home environment of the service users."
- "I feel well supported here, regular training and supervision."

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

## Areas of good practice

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

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 centre's statement of purpose and service users guide fully and accurately reflected the regulations and care standards. The registered manager, Nicola Trainor, facilitated the inspection and demonstrated a very good understanding of The Day Care Setting Regulations, minimum standards and the systems and process in place for the daily management of the day centre. A wide range of documentary evidence to inform the inspection's findings, including minutes of staff meetings, service users meetings, monitoring reports, audit records, work rotas, service users' files, staffing information and written policies and procedures were made available. We discussed a range of the centre's current strengths and the aspects that require further development, as identified in the previous domains of the report.

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

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. The manager submitted the information to the responsible individual on a monthly basis and a composite report for all accidents occurring on the site was compiled. Governance arrangements, as discussed previously in the report, should be individual to the setting to enable for example; any learning for the future to be identified. This was discussed with the responsible individual and has been identified as an area for improvement.

A monthly monitoring visit was undertaken in accordance with Regulation 28 of The Day Care Settings Regulations (Northern Ireland) 2007. Records of the past three months were reviewed, the reports showed the visits were both announced and unannounced, provided a

view regarding the conduct of the setting, included outcomes/action plans and qualitatively reflected service users and staff views and opinions.

The day centre had systems in place to ensure that staff were well-informed on the responsibilities of their roles and the expected standards of practice. Staff confirmed that there were good working relationships within the day centre and that the registered manager was always responsive to suggestions and/or concerns raised. Comments received included:

- “I feel well supported here, regular training and supervision.” (Staff)
- “If I’ve any problems I’ve to go to the manager.” (Service User)

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to ongoing quality improvement and maintaining good working relationships.

### Areas for improvement

An area for improvement was identified regarding ensuring all information relating to the quality of care/support and other services provided by the day centre (governance) is individualised to the setting only.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Nicola Trainor, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the day care setting. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

## **7.2 Actions to be taken by the service**

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 17.2, 17.9 and 17.10</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate</p>	<p>The registered person shall ensure that the governance reports, which reflect the quality of care/support and other services provided by the day centre, clearly identify what is pertinent to the day centre within the corporate document/s.</p> <p>Ref: 6.7</p>
	<p><b>Response by registered person detailing the actions taken:</b> All future reports will separate out responses for each service</p>

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



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