

Unannounced Care Inspection Report 13 November 2019



Newington Day Centre

Type of Service: Day Care Service
Address: 31-35 Atlantic Avenue, Belfast, BT15 2HN
Tel No: 02890351947
Inspector: Maire Marley

www.rqia.org.uk

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

1.0 What we look for



2.0 Profile of service

Newington Day Centre is a day care setting with 50 places that provides care and day time activities for older people and people living with symptoms of physical disability, mental illness, addictions or significant social and emotional needs. The Centre operates Monday to Friday and is closed on statutory holidays.

3.0 Service details

Organisation/Registered Provider: Newington Day Centre Responsible Individual: Paul Strain	Registered Manager: Margaret McCrudden
Person in charge at the time of inspection: Margaret McCrudden	Date manager registered: 1 April 2010
Number of registered places: 50	

4.0 Inspection summary

An unannounced inspection took place on 13 November 2019 from 10.00 to 16.00 hours.

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

RQIA, as a public-sector body have a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of day care 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.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the day care setting was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to care records, staff training, activities, communication with health professionals and families and the general environment.

One area of improvement was identified during this inspection in relation to the further development of the content of the monthly monitoring reports.

Service users said:

- “Absolutely terrific place, so much to do and Margaret (manager) and the staff are absolutely fantastic, you just could not get better, and I would be lost without it.”
- “This is a great place, I love coming here.”
- “I live alone and really enjoy coming to the centre, its bright, warm and staff and everyone is really friendly.”

Comments made by service users during the inspection were very positive and complimentary regarding the safety of the service, the staff and the management team. Their comments confirmed that staff treat them in a polite dignified manner.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	0

Details of the Quality Improvement Plan (QIP) were discussed with Margaret McCrudden, 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 27 March 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 27 March 2019.

5.0 How we inspect

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

- the registration details of the day centre
- information and correspondence received by RQIA since the last inspection
- unannounced care inspection report dated 27 March 2019

During the inspection the inspector was introduced and spoke informally to all service users, spoke to two service users privately, six service users in a knitting group, fourteen other service users in their activity room, spoke with three staff members, three volunteers and the responsible person.

Service Users' comments during the inspection:

- "Great place, warm, safe and friendly."
- "Lovely place, I never knitted before and I can now knit a range of things, I am knitting for the homeless."
- "We have great fun here, I love to see the young ones coming in, and it keeps me young."
- "I wasn't sure about coming to a day centre, I was very nervous but everyone made me so welcome and the first person I saw was a friend I had worked with in the mills years and years ago, I am so glad I decided to give it a go "

Staff comments during inspection:

- “The staff and volunteers always ensure service users are safe.”
- “Care plans direct our care, we update them regularly or when the person’s needs change.”
- “Knowing the risks associated with each person ensures we maintain safety.”

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

Ten service user and/or representatives’ questionnaires were provided for distribution. No questionnaires were returned for inclusion in this report.

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

The findings of the inspection were provided to the manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 27 March 2019

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

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

6.2 Review of areas for improvement from the last care inspection dated 27 March 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 5.2 Stated: First time	The registered person shall review and update the identified care plans and ensure that the support and services provided by staff are clearly detailed. Ref: 6.5	Met
	Action taken as confirmed during the inspection: The information in the returned Quality Improvement Plan, discussion with staff and a	

	review of care plans confirmed the care plans were revised and detailed the support and services provided.	
Area for improvement 2 Ref: Standard 11.5 Stated: First time	The registered person shall ensure that the service user and the staff member sign the financial records in regard to monies paid for daily dinners. Ref: 6.5	Met
	Action taken as confirmed during the inspection: The information in the returned Quality Improvement Plan and a review of Financial records confirmed that the records were appropriately signed.	

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.

On the day of the inspection, Newington day centre was well maintained and in good decorative order, with no obvious hazards for service users or staff noted. The assistant manager facilitated the earlier part of the inspection and was joined in the afternoon by the manager.

Competency and capability assessments were in place for the assistant manager and for senior care staff and had been updated in 2019; the assistant manager was fully familiar with her role and responsibilities in regard to the daily management of the centre and detailed the support provided by manager and the management committee.

The assistant manager described the staffing arrangements which had been assessed as necessary to provide a safe service in the setting. Assurances were provided that sufficiently qualified, competent and experienced persons are working in the centre to meet the range of needs accommodated and this information was validated during discussions with staff, volunteers and service users.

A sample of duty records examined contained details of the number of staff on duty; hours worked and confirmed that staffing levels were maintained. A long term unplanned leave was covered by part time staff increasing their hours. There had been no new staff employed since the last inspection.

Effective arrangements are in place to support staff and included structured induction, training, supervision and appraisals. Examination of an induction programme confirmed that new staff

receive a structured induction to ensure they are familiar with service users' needs along with the setting's routines and procedures. Relevant policies and procedures are reviewed and staff are supported to complete the induction standards workbook set down by The Northern Ireland Social Care Council (NISCC). A review of training records found that mandatory training was up to date and dates had been organised for refresher training.

Discussion with the assistant manager and staff confirmed there was a clear pathway for staff to follow in relation to referring any safeguarding concerns to the appropriate professionals. Staff demonstrated their awareness of their safeguarding roles and responsibilities and confirmed that they would have the confidence to report any concerns in regard to a service user's well-being or a colleague's poor practice and were confident they would be supported by management. Training records sampled confirmed that safeguarding training was up to date and had been provided for staff in September 2017.

Regular health and safety checks were in place to ensure a safe environment was maintained. A fire risk assessment was in place and had been reviewed on 30 September 2019 with a further review planned for 1 October 2020. It was noted that records in regard to checks undertaken on firefighting equipment was up to date.

Arrangements had been implemented in regard to the recording and reporting of accidents and incidents. A review of the accident records from April 2019 to 10 November 2019 confirmed that there had been two accidents recorded during that period. The accidents had been managed appropriately and medical assistance sought in a timely manner. Notifications had been submitted to RQIA as required.

A range of policies in keeping with Department of Health (DoH) Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998) were in place. The manager confirmed training on the Mental Capacity Act and the implications of this legislation for day care was being rolled out for all staff and volunteers.

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

During a walk around the day care setting, it was observed that the environment was warm, clean, fresh smelling and had suitable lighting and heating. Displays of art, crafts, photographs, pictures were evident throughout the centre and contributed to the bright, homely atmosphere. The standard of hygiene observed throughout the centre was found to be very good and infection prevention measures were in place and were observed by staff.

Areas of good practice

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

The centre's Statement of Purpose and Service User Guide were reviewed and revealed that the documents reflected the elements set out in the regulations and standards. Observations throughout the inspection confirmed that the day care setting was providing care in accordance with the Statement of Purpose.

Five care files were chosen, at random, for examination. The centre were revising their care records and in the files examined there was evidence that comprehensive risk assessments and care plans were completed and included the views of service users and, when appropriate, their representatives. A range of assessments were carried out and were specific to each person's needs, for example moving and handling, falls risk, behaviour that may challenge and transport. The assessments provided information for staff that assisted them to minimise risks and to keep service users safe and included a care plan. Care records examined included the relevant information specified in the minimum standards and were current and had been reviewed in a timely manner.

Examination of a sample of annual care review reports demonstrated that an evaluation of the overall suitability of the placement had been discussed in detail and agreed. A written record of the review was contained in each service user's file. The report included the views of the service user and/or their representative and was informed by the written progress notes. It was noted that the comments made by service users and their families during their annual reviews were all very positive. Records examined were signed and dated and there was evidence that a regular audit of the documentation was undertaken. The manager reported that some care reviews were out of date and explained this had been partially due to a change in community key workers. The centre had organised a coffee morning to introduce new community staff and provide an opportunity to discuss issues relevant to day care and the key workers role and responsibility. The manager is commended on this initiative.

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

During discussions with staff it was evident the care they provided to service users within the setting was effective. Staff were knowledgeable regarding service users' needs and care plans; they described how intervention with each service user was person centred depending on their individual needs. To ensure continuity of care staff participated in a daily brief where any changes or updates were communicated.

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

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

Service Users' comments:

- “Margaret (manager) and the staff are brilliant they know what each person needs.”
- “Staff seems to know when you need a little more support and give it willingly.”
- “Care is very effective; the people here know what they are doing and go out of their way to help us.”

Staff comments:

- “Care plans direct our care and we update them as and when the person’s need change, this along with good daily communication ensures the care we provide is effective.”
- “Service users are always the one’s to decide what they want to do, they are given a choice in everything.”

Throughout the inspection service users and staff expressed positive views on the quality of service provided and staff.

Areas of good practice

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

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

	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.

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

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

Throughout the inspection staff were observed to stimulate and encourage service users to participate in a range of therapeutic activities that promoted positive outcomes for their health and well-being and encouraged meaningful social engagement. In the morning activities were facilitated by staff and the inspector noted service users approached staff freely, communicating their needs and making requests. Staff responses were noted to be cheerful and appropriate. In the afternoon of the inspection service users participated in a musical session facilitated by a tutor and students from the local college, everyone was observed to actively participate in the singing and eagerly put forward song requests. Staff who engaged with the inspector spoke

positively about the service and the ongoing benefits of the service to both service users and their representatives.

Staff described the informal arrangements in place that ensured service users were consulted on a daily basis and their views and opinions sought. This included daily ongoing discussions with service users and checking before the commencement of each activity that people were willing to participate. More formal arrangements to promote effective communication with service users and/or their representatives were facilitated through annual care reviews and service user meetings. A sample of the minutes of service meetings found evidence of service user involvement in the decision making process, records were current and up to date.

It was good to note that the views of service users are sought and recorded during the monthly monitoring visits, annual satisfaction surveys are also distributed to service users and their families and the outcomes of the survey are included in the Annual Quality Report. The centre hosts a range of events including coffee mornings, variety of speakers and seasonal events that promote opportunities to meet service user's families and carers.

Service Users' comments:

- "The staff are excellent, we are so lucky to have so many different things to do."
- "No-one has to do anything there are always choices."
- "So many things to choose from it brilliant, you join whatever group you like and staff are very good at helping you learn new things to do."

Staff comments:

- "Everyone treats service users with respect and they are given choice in everything they do."

Areas of good practice:

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

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The inspection was facilitated in the morning by the assistant manager who demonstrated a good understanding of The Day Care Setting Regulations, minimum standards and the systems and processes in place for the daily management of the setting. The manager joined the inspection in the afternoon.

A review of the Statement of Purpose found it had been updated by the provider in May 2019. The document clearly describes the nature and range of the service to be provided and addresses all of the matters required by legislation.

Inspection of the premises confirmed that the certificate of registration was up to date and displayed within a prominent position within the centre.

Discussion with staff confirmed they were aware of their roles, responsibilities and accountability under the day care legislation. There are systems in place to monitor staff performance and ensure staff are provided with support and guidance. This included the availability of continuous refresher training, supervision and appraisals processes, team meetings and an open door policy to the management team. Appropriate records were maintained and were noted to be current and up to date.

Staff gave positive feedback in respect of leadership and good team working. Staff stated that this is achieved through effective communication, supervision, staff meetings and the open door approach provided by the management team.

A complaints and compliments record was maintained in the day centre. A review of this record showed there had been no concerns raised since the last inspection. Discussion with service users confirmed they would speak to the manager or any member of staff if they had a concern or were dissatisfied with their day care experience. Several compliments had been received by the setting and were displayed for staff to view.

The inspector discussed the monitoring arrangements in compliance with regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. Monthly and annual quality monitoring reports were completed by the service and the monthly reports for August, September and October 2019, were inspected, the content of the reports were very limited and did not provide an acceptable overview of the effectiveness and quality of the care delivered. The monthly monitoring report requires further development and should be submitted to RQIA for the next three months for assessment. This is an area identified for improvement

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training and support and maintaining good working relationships.

Areas for improvement

One area for improvement was identified during the inspection of this domain and related to the further development of the monthly monitoring reports.

	Regulations	Standards
Total number of areas for improvement	1	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Margaret McCrudden, manager, as part of the inspection process. The timescales commence from the date of inspection.

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

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

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

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

Quality Improvement Plan

Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007

<p>Area for improvement 1</p> <p>Ref: Regulation 28 (4) and (5)</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2019</p>	<p>The registered person shall ensure:</p> <p>(a) The report of the monthly visit is further developed and provides an overview of the effectiveness and quality of the care delivered.</p> <p>(b) A copy of the report should be submitted to RQIA each month until March 2020.</p> <p>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken:</p> <p>A: This has been discussed at the board meeting on the 25th of February, the action taken was the development of a new monitoring form as per RQIA template for providers. Many of the board volunteer on a weekly basis and are very knowledgeable of the day centre services and service users. The Board also receive a detailed report from the registered Manager at their monthly meeting.</p> <p>B: A copy of the next three monitoring reports will be submitted to RQIA for March, April and May.</p>

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



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