

Unannounced Care Inspection Report 10 November 2017



Newington Day Centre

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

www.rgia.org.uk

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

This is a Day Care Setting with places for 50 people per day. Services are provided for older people, some of whom have symptoms of dementia and other people are referred due to physical disability, mental illness, addictions or significant social and emotional needs.

3.0 Service details

Organisation/Registered Provider: Newington Day Centre Responsible Individual(s): Mr Paul Strain	Registered Manager: Ms Margret McCrudden
Person in charge at the time of inspection: Ms Margret McCrudden	Date manager registered: 01 April 2010
Number of registered places: 50 - DCS-DE, DCS-E, DCS-I, DCS-LD, DCS-LD(E), DCS-MP, DCS-MP(E), DCS-PH(E)	

4.0 Inspection summary

An unannounced inspection took place on 10 November 2017 from 10.00 to 18.00. This inspection was underpinned by the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

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

Evidence of good practice was found in relation to

- warm and friendly atmosphere
- safe and well-maintained premises
- care records
- members'/service users' involvement
- carers'/relatives' involvement and support
- contributions of work by volunteers
- staff supervision
- monitoring visits and reports
- staff training and development
- staff and service user relationships and communication
- leadership and organisation

No areas requiring improvement were identified.

Members/Service users said:-

- "I love it here, everyone is so good"
- "I have a lot of friends here"
- "There's not one negative thing I could think of about this place".

The findings of this report will provide the day care service with the necessary information to assist them to fulfil their responsibilities, enhance practice and members' 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 Margaret McCrudden, Registered Manager, 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 03 January 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 03/01/17.

5.0 How we inspect

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

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- record of notifications of significant events
- record of complaints
- Quality Improvement Plan from the previous inspection on 03 January 2017
- the RQIA log of contacts with, or regarding Newington Day Centre

During the inspection the inspector met with:

- two service users as they arrived in the morning
- three care staff in individual discussions
- three relatives of service users
- a member of the management committee
- the registered manager throughout the inspection

Questionnaires were left with the manager to be distributed to service users and a number of relatives or carers of service users. No completed questionnaires were returned to the inspector by 27 November 2017. A notice was displayed in the centre, inviting staff to contribute their views online. No responses were received by 27 November 2017.

The following records were examined during the inspection:

- File records for three service users, including assessments and review reports.
- Progress records for three service users.

- Monitoring reports for the months August, September, October and November 2017.
- Records of four staff meetings held in May, June, September and October 2017.
- Minutes of members’ meetings held in February, April, June and October 2017.
- Selected training records for staff, including staffs’ qualifications.
- The Statement of Purpose.
- Quality survey findings and report for 2016/17.
- Policy document on ‘Safeguarding Vulnerable Adults’.
- Evaluation Report of a Volunteer Community Engagement Project in 2015.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

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 03 January 2017.

The most recent inspection of the day centre 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 03 January 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 17(1) Stated: First time	The registered provider must ensure an annual quality review report is completed on a yearly basis for Newington Day Centre day service. The report must contain information as per Schedule 3 of The Day Care Setting Regulations (Northern Ireland) 2007 and be made available for inspection purposes. A copy of this must be forwarded to RQIA by 31 March 2017.	Met
	Action taken as confirmed during the inspection: The manager confirmed that the Schedule 3 requirements will be applied to the latest review and report, currently underway.	

<p>Area for improvement 2</p> <p>Ref: Regulation 18(2)(e)</p> <p>Stated: First time</p>	<p>The registered provider shall having regard to the size of the day care setting and the number and needs of service users keep it free from offensive odours. The source of the mal odour in the identified ground floor male toilet should be identified and effective action taken to eradicate it.</p> <p>Action taken as confirmed during the inspection: No malodour was evident to the inspector on the morning of this inspection. The manager said that the problem may not be entirely eradicated, but that disinfectant is used three times per day and the odour is much less evident to her than previously.</p>	<p>Partially met</p>
<p>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 3.1</p> <p>Stated: First time</p>	<p>The registered provider should ensure each service user has an individual written agreement detailing the services to be provided and which specifies all of the relevant matters detailed in Standard 3.1.</p> <p>Action taken as confirmed during the inspection: Copies of individual member's agreements were available on file and were discussed with the manager.</p>	<p>Met</p>
<p>Area for improvement 2</p> <p>Ref: Standard 5</p> <p>Stated: First time</p>	<p>The registered manager should ensure service user's care plans:</p> <p>(a) With regards to continence promotion; where relevant, care plans should reflect the name and size of continence product used and where these are stored.</p> <p>(b) When the care plan is revised or updated, new signatures are obtained from the staff member completing the changes; the service user or their representative and the registered manager (standard 5.6).</p> <p>Action taken as confirmed during the inspection: Care plans in the files examined were found to be up to date, signed appropriately and to contain the relevant information on continence</p>	<p>Met</p>

	promotion. Members who require continence products provide their own on a daily basis. Information on these products is kept on file.	
Area for improvement 3 Ref: Standard 6.4 Stated: First time	<p>The registered provider should ensure that when a service user needs a consistent approach or response from staff, this is accurately detailed in the care plan. Respectful language should be used which is in accordance with current best practice and relevant policies and procedures. The two identified service user's care plans need to be reviewed and updated to reflect the above.</p>	Met
	<p>Action taken as confirmed during the inspection: The care plans examined were accurately detailed in terms of consistency of inputs by staff. The manager confirmed that the care plans identified in the QIP had been revised as recommended.</p>	
Area for improvement 4 Ref: Standard 14 Stated: First time	<p>The registered provider should ensure that in accordance with current Health and Social Care Complaints procedures and the centre's Complaints policy and procedure:</p> <p>(a) records are kept of all areas of dissatisfaction; concern and complaints about Newington Day Centre. These include details of all communications with complainants; the results of any investigations; the action taken and if the complainant is or is not satisfied with the outcome/s of the investigation (Standard 14.10).</p> <p>(b) If the complainant is dissatisfied with the outcome/s of the investigation, advice is provided on who next to contact and if they require support services, including independent advocacy, information about this should be provided. This should include their right to approach the Ombudsperson (Standards 14.6 and 14.16).</p>	Met
	<p>Action taken as confirmed during the inspection: Recent complaints records provide details on the reasons and levels of satisfaction of each</p>	

	complainant. The manager confirmed that all staff had been informed of the requirements of recording in this regard.	
Area for improvement 5 Ref: Standard 18 Stated: First time	The registered provider should ensure: (a) all of Newington Day Centre’s policies and procedures are dated and ratified by the registered person (Standard 18.4). (b) Review the Safeguarding Vulnerable Adult policy and procedure and ensure it is in accordance with statutory requirements and current regional guidance (Standard 18.1).	Met
	Action taken as confirmed during the inspection: There was written evidence of policies and procedures having been dated and ratified by the registered person. The Safeguarding Vulnerable Adults policy was examined and found to be in keeping with current regional guidance. Some minor suggested revisions were discussed with the manager who undertook to consider and incorporate them where appropriate.	

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 Newington Day Centre premises were clean, orderly and well decorated, with no obvious hazards for service users or staff. There are rooms of varying sizes available for group activities and for individual work with service users, when necessary. The manager conducted a tour of the premises, which were suitably adapted to the purpose of the day care service, despite being spread over three floors. All areas appeared safe and attractive for service users. There is lift access to the upper floors and an external fire escape stairway made of steel. The manager confirmed that all care staff had been trained in the procedures for evacuating members from all parts of the premises and a full evacuation had been carried out on 26 July 2017. A fire safety assessment was carried out on 17 July 2017 by a registered fire safety company. This assessment identified three areas for improvement; the need for an evacuation chair (to be used in emergencies to carry a person down stairs), a self-closing device to be fitted to one internal door and the need for more staff to be trained as fire wardens. Two of these

recommendations had been implemented and the third, the fire warden training, was scheduled to take place on the 04 December 2017. The centre's safety procedures state that no more than five members who use a wheelchair can be at first floor level or above at a time. All portable appliances had been tested on 30 January 2017 and the manager confirmed that testing would be done again at the end of January 2018.

All staff members expressed strong commitment to their work with members, which, they confirmed, is enjoyable and fulfilling. New staff undertake a detailed induction programme, as described by the manager, with each aspect of induction signed off by the staff member and the manager as it is completed satisfactorily. Three staff members, who met individually with the inspector, confirmed that they have confidence in the practice of all members of the staff team in their work with members. Staff members described a positive culture of openness amongst staff in which any concerns or disagreements about practice matters were discussed and if necessary, resolved in consultation with the manager.

Safeguarding procedures were understood by staff members who were interviewed, who confirmed that they were confident that poor practice would be reported to the manager, should any staff member or volunteer identify it. All three staff expressed the view that practice throughout the centre was of a high quality and that team members worked well together. This concurred with the views expressed by three relatives. There were systems in place to ensure that risks to members were assessed regularly and managed appropriately and this included inputs by community based professionals, service users and, where appropriate, a carer.

Risk assessments with regard to moving and handling, transport, medicines, or other areas, such as feeding/choking, specific to an individual, were present where relevant and each one had been signed as agreed, either by the service user or a representative. Staff members were observed interacting sensitively with members and being attentive to each person's needs. Observation of the delivery of care, throughout the period of the inspection, provided evidence that members' needs were being met safely by the staff on duty.

Members and their relatives spoke very positively of their enjoyment of attending the centre and confirmed that they felt safe and well cared for in the premises. There is a high level of involvement of carers/relatives, who have a dedicated meeting room in the centre and who are supported by volunteers or staff, as their needs become known. Staff presented as being well informed of the needs of members and of methods of helping to meet these needs safely.

Members' rights and feelings, and the methods available to them of raising a concern or making a complaint were set out in the statement of purpose. The monitoring officer included a range of quality and safety checks in each of the four monthly visit reports which were examined.

The evidence presented supports the conclusion that safe care is provided consistently in Newington Day Centre.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff induction, training, supervision, adult safeguarding, information sharing, fire safety, infection prevention and control, risk assessment and management and the home's environment.

Areas for improvement

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 the Service User's Guide provide the information required by regulations and minimum standards. Two service users individually, and three relatives, provided information, in the course of the inspection. The feedback was positive in all respects, including the effectiveness of the care provided. Both of the service users, in one to one situations, stated that the day centre, or "club", as one person called it, was a great place that they enjoyed coming to. One relative, speaking to the manager before meeting with the inspector, said that his mother had become brighter and more alert since she started attending the centre several months ago.

Three service users' files were examined during this inspection and each was found to contain a detailed referral and assessment information on the service user, including a range of risk assessments relevant to the person's abilities, disabilities or conditions. The detailed records of assessed risk and vulnerability provide clear guidance for staff involved in the work with that person. Each file also contained a signed consent form for information to be accessed appropriately by other professionals. Care plans set out the service user's needs in good detail, along with objectives for each person's care and the actions required to meet those objectives.

Written records were kept of each service user's involvement and progress at the centre. Entries were made in keeping with the individual's involvement and exceeded the frequency stipulated by the minimum standards. Records of annual reviews for each person demonstrated that an evaluation of the overall suitability of the placement had been discussed in detail and agreed. Review records included the service user's views and were informed by the written progress records. Dates and signatures were present in all of the care records examined.

There are spacious rooms available for group activities and the centre normally operates in two or three groups, depending on the activities taking place at that time. Each group has at least one assigned staff member, who may be supported by one or more volunteers as necessary for the provision of safe and effective care. Service users were observed in a group of approximately fifteen people, enjoying active participation in a music and song session, led by an experienced musician/singer/storyteller. This is a regular, weekly activity. Large display boards throughout the centre showed photographs of service users and staff engaged in a wide variety of activities including, dances, arts and crafts, music and movement, cookery and reminiscence and life story work. Two relatives spoke of the value people gained from the group and the company, in addition to participation in the day centre's programmes. Activities are alternated throughout the week to enable the greatest possible levels of choice for those who may only attend on two or three days per week.

Evidence from discussions with service users, relatives, a committee member, volunteers and staff and from observations of interactions between service users and staff, confirmed that service users enjoyed and valued the centre as a place in which to spend their time. The manager and staff worked purposefully to involve service users in a wide variety of experiences, making full use of the available facilities.

The evidence indicates that the care provided is effective in actively pursuing the objectives of each service user's care plan and in promoting service users' wellbeing, enjoyment and fulfilment.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to assessments, care plans, reviews, communication between service users, staff and other key stakeholders, the organisation and operation of care/activity programmes, involvement and motivation of service users to engage with and benefit from their care plans..

Areas for improvement

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.

On the day of this inspection, the atmosphere in Newington Day Centre was welcoming and relaxed. Several members were brought into the centre by relatives, three of whom were asked and agreed to give time to meeting individually with the inspector. Members were greeted warmly by their friends, by staff members, volunteers and by each other's relatives. There was a feeling of the centre being at the heart of the community and further evidence of this was encountered throughout the inspection. Observations of interactions throughout the day provided evidence of members relating positively to staff and to each other. Members were engaged by staff with respect and encouragement at all times. While most members were involved in specific group activities, throughout the day, staff respected the wishes of any person who did not wish to participate and alternative, individual activities were agreed.

There are both centre-based activities, such as art, cooking, music and crafts, life story books, table-top gardening and keep fit, and various community-based activities including lunch parties and visits to places of interest. Relatives and members confirmed that staff listen to them and encourage them to take part in those aspects of the day care service that they find useful and appealing. Staff demonstrated an understanding of each member's needs as identified within the individual's referral records, assessments and his or her care plan. A 'Restrictions Checklist' was included in each member's records, providing evidence that the rights and liberty of each person were respected and promoted.

The systems in place to ensure that the views and opinions of members were sought and taken into account included regular members' meetings, at least quarterly, an annual quality report and daily discussions with members in groups or individually. The minutes of four of the members' meetings provided evidence of a strong focus on involving and empowering people to contribute to decisions about the way in which the day care service is run.

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 four of the monthly monitoring reports that were reviewed. Each person's file contained progress notes relating to his or her 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, confirmed that compassionate care was being provided consistently in Newington Day Centre.

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, facilitating service users' involvement in learning and leisure interests and maintaining records of activities. From observations, there were good examples of warm and compassionate interactions between staff and service users and also with relatives, who were clearly familiar with the staff and with the operations of the centre.

Areas for improvement

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.

Discussions with the manager, a committee member and three staff members, and an examination of a range of records, including minutes of staff meetings, staff training schedules, monitoring reports and review reports, provided evidence that effective leadership and management arrangements are in place in Newington Day Centre. There was evidence in the centre's most recent annual report to show that members, relatives and staff were constructively involved in the service and experienced it very positively.

Staff training records confirmed that staff had received mandatory training and training specific to the needs of the members in this setting. This additional training included, 'Dementia Champion', 'Mental Health First Aid', 'Computer Use', 'Deaf Blind Awareness' and 'Armchair Aerobics'. Discussions with staff and examination of records confirmed that staff meetings had been held approximately bi-monthly and that the staff team was well involved in discussing issues related to the operations of the centre. Staff reported that the manager provided good

information to staff and that they were regularly consulted on a range of decision making aspects of the service. There was evidence from the minutes and from discussions with staff to confirm that working relationships within the staff team were positive and that team morale was good. Staff commented that the manager's leadership style was constructive and motivated the team's commitment to the work and effectiveness of the centre.

Staff who met with the inspector were well informed on all aspects of the centre's operations and proved very able in contributing to RQIA's requirements for this inspection. It was good to see that all care staff held relevant qualifications and that a senior staff member was being supported to study for QCF Level 5 in Leadership and Management.

Staff members viewed supervision positively and the manager was planning to delegate some formal supervision duties to senior staff. One staff member's record showed that formal supervision was taking place more frequently than the minimum standard requirement. There was evidence from discussions with staff to confirm that the ethos of the team is positive and mutually supportive and that ideas for improvement are encouraged. Staff felt they were well supported following any incidents that they found challenging in their work.

Four monthly monitoring reports were examined and were found to address all of the matters required by regulation. Each report contained well-detailed feedback from discussions with members and with one or two staff members and volunteers. A sample of service user records was checked during each visit and a check completed of an aspect of the centre's compliance with a selected area of performance. Any resulting necessary improvements were clearly set out in an action plan. This approach to monthly monitoring aligns well with the centre's commitment to the provision of a high quality service. Overall, the evidence available at this inspection confirmed that Newington Day Care Service is well led.

Areas of good practice

Examples of good practice found throughout the inspection included, staff training, supervision, building good working relationships with the local community, keeping staff and service users well informed, governance arrangements, management of complaints, management of incidents, promoting fulfilment for service users.

Areas for improvement

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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