

# Unannounced Care Inspection Report 30 November 2017



## Faughanvale Community Project

**Type of Service: Day Care Setting**

**Address: Unit 11-16, The Vale Centre, Clooney Road, Greysteel,  
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**Tel No: 02871811615**

**Inspector: Priscilla Clayton**

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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**

This is a Day Care Setting which can accommodate up to 35 that provides care and day time activities for older people and those living with learning disability, physical disability and sensory impairment.

The centre is open Tuesday, Wednesday and Thursday of each week.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Faughanvale Community Project Ltd	<b>Registered Manager:</b> Mary Watson
<b>Responsible Individual(s):</b> Rosemary Logue	
<b>Person in charge at the time of inspection:</b> Mary Watson	<b>Date manager registered:</b> 25 May 2009
<b>Number of registered places:</b> 35 comprising: DCS: - E, DCS – I, DCS – SI, DCS – PH, DCS – LD.	

### 4.0 Inspection summary

An unannounced inspection took place on 30 November 2017 from 11.00 to 15.30 hours.

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 centre was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found within the day centre in relation to the general ethos and culture; listening and valuing service users and taking account of their views and preferences. Good practice was found in regard to governance, staff induction, training, supervision, appraisal, quality assurance and the range of therapeutic activities provided.

Areas requiring improvement included review and revision of competency and capability assessments of staff in charge when the manager is absent, review and revision of the adult safeguarding policy/procedure, review of service user needs assessments, development of a policy on choking, and review and revision of the service user agreements.

Service users who spoke with the inspector gave positive feedback in regard to the provision of overall provision of care. Service users indicated care was safe, effective, compassionate and well led.

The findings of this report will provide the day care 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	5

Details of the Quality Improvement Plan (QIP) were discussed with Mary Watson, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

#### 4.2 Action/enforcement taken following the most recent care inspection dated 20 September 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 20 September 2016.

#### 5.0 How we inspect

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

- Previous care inspection report and QIP
- Notifications of events
- Correspondence

During the inspection the inspector met with all service users and three staff.

The following records were examined during the inspection:

- Statement of Purpose
- RQIA registration certificate
- Liability insurance
- Staff employment
- Staff induction
- Staff training
- Staff supervision schedule
- Staff appraisal schedule
- Staff meetings
- Service user care records X 3
- Service user agreements
- Accident/incident events
- Policies and procedures relevant to this inspection
- Complaints monthly monitoring reports
- Annual report

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met in three recommendations and one recommendation as partially met.

Ten service user/relative satisfaction questionnaires were provided, for distribution by the registered manager, and return to RQIA. All ten questionnaires were completed and returned within the timescale. All respondents indicated they were very satisfied that the care provided was safe, effective, compassionate and well led.

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 20 September 2016

The most recent inspection of the day care 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 20 September 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 23.3 <b>Stated:</b> First time	The registered provider should complete an assessment of the competence and capability of any staff member who may be required to take charge of the centre in the absence of the manager and should keep a copy of this available in the centre.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and review of the competency assessments evidenced that further work is required to ensure all areas of competency and capability are included.	

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 5.2</p> <p><b>Stated:</b> First time</p>	<p>The registered provider should ensure that objectives or goals in each service user's care plan are written, as far as is possible, to be specific, and measurable. The actions planned to meet objectives should include the service user's participation in suitable, planned, relevant activities and should allow for conclusions to be drawn on the effectiveness of the care and support provided.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Discussion with the registered manager and review of two care plans evidenced that details were recorded as recommended.</p>		
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 15.4</p> <p><b>Stated:</b> First time</p>	<p>The registered provider should ensure that pre-review reports for service users clearly represent the service user's views and employ language that is user-friendly.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Pre-review reports reviewed reflected service users views in a language which is user friendly.</p>		
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 17.9</p> <p><b>Stated:</b> First time</p>	<p>The registered provider should systematically audit practices and records including complaints, accidents, training, supervision and appraisal, care records, infection prevention and control, and the environment.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Discussion with the registered manager and review of records confirmed that audits were undertaken and ongoing.</p>		

## 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 registered manager advised that at all times, sufficiently qualified, competent and experienced persons are working in the centre to meet the assessed needs of the service users, taking into account the size and layout of the premises, the number of service users accommodated, fire safety requirements and the statement of purpose.

A staff duty roster was in place reflecting staff on duty each day.

The development of competency and capability assessments for staff in charge when the manager is out of the centre was recommended at the previous care inspection. Discussion with the registered manager and assessments developed were reviewed. Further work is necessary to ensure details fully reflect the duties involved.

An induction programme is in place for all grades of staff within the centre appropriate to specific job roles. Signatures of both parties are to be included.

The registered manager advised that no new members of staff had been appointed for a number of years. One staff recruitment file examined and discussed contained necessary documentation and checks as required.

Staff receive mandatory training and other appropriate training relevant to their roles and responsibilities. Records of mandatory training provided were viewed and discussed with the registered manager.

Staff who spoke with the inspector confirmed attendance at training which included safeguarding and restrictive practices.

A review of the printout of one notification forwarded to RQIA was cross referenced with settings record alongside other accident/incidents recorded. Records reviewed evidenced that accidents/incidents were appropriately managed and where necessary action taken to minimise recurrence.

The registered manager and staff confirmed that restrictive practice was not undertaken in the centre. The manager demonstrated knowledge and understanding that any issues in this regard requires referral to the multi-professional team key worker to ensure that restriction is appropriately minimised, assessed, documented and reviewed as required. Notification to RQIA was also required. There was no evidence of any restrictive practices within the centre during the inspection. Review of staff training records evidenced that training in restrictive practice took place on 23 June 2017. The centre had a policy on restrictive practice which was dated January 2016.

The registered manager explained that no safeguarding issues had been reported since the previous inspection. The registered manager explained that all suspected, alleged or actual incidents of abuse are fully and promptly referred to the relevant persons/agencies, including RQIA. These are investigated in accordance with procedures and legislation. Written records would be retained. Staff training in adult safeguarding took place on 29 November 2016 with additional update training scheduled for January 2018. One area requiring improvement related to review and revision of the Adult Safeguarding policy to ensure that this reflects the Department of Health (DOH) regional policy titled Adult Safeguarding Prevention and Protection in Partnership (July 2015) and associated DOH procedures dated 2016. The registered manager is the identified Champion for adult safeguarding.

The day care centre was observed to be clean, fresh smelling, tidy and organised.

Control of Substances Hazardous to Health (COSHH) substances and cleaning liquids were observed to be locked within the domestic cupboard.

The centre's had a current fire risk assessment. Fire safety training/drill was provided as required. All fire exits were clear with exits unobstructed.

Infection prevention and control measures were in place with adequate resources to minimise the risk of infection. Supplies of aprons and disposable gloves were available to staff when performing personal care. Wash hand basins were clean and adequate supplies of liquid soap and disposable hand towels. Pedal operated bins were available. Weekly environmental cleanliness audits were undertaken with records retained.

The centre had a policy on Infection Prevention and Control which was readily available to staff.

Ten service user/relative satisfaction questionnaires were provided, for distribution by the registered manager, and return to RQIA within the timescale. All ten were completed and returned. Respondents indicated they were very satisfied that the care was safe.

No staff satisfaction questionnaires were returned to RQIA within the timescale.

### **Areas of good practice**

There were examples of good practice found in relation to staff induction, staff training, environment cleanliness and infection prevention and control measures.

### **Areas for improvement**

Two areas requiring improvement related to ensuring the competency and capability assessments are further developed and review and revision the centre's adult safeguarding policy.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	2



## 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 Users Guide were available within the centre.

Three service user's care files were provided for inspection. Individual needs assessment were complemented with risk assessments and care plans developed. Progress notes were being recorded and reviews of care held. Each service user has an individual written agreement.

Areas requiring improvement:

- Individual written agreements should be reviewed and revised to ensure the content is in accordance with Standard 3.1
- Where necessary needs assessments should be reviewed, dated and signed
- Development of a choking policy.

Care records were observed to be stored safely and securely in keeping with Data Protection.

The registered manager described the procedure in meeting the health and social care needs of service users through annual care review with the commissioning trust. The registered manager explained how one review was overdue and that she had contacted the trust in this regard. Further communication with the trust is necessary in this regard.

Staff who met with the inspector were able to demonstrate knowledge of how to escalate any issues or concerns they may have regarding the provision of care. There was evidence of effective modes of communication in regard to the provision of care through ongoing review meetings, pictorial activity schedules, staff meetings, service user meetings, daily discussions with service users' monthly monitoring visits and annual satisfaction surveys conducted by the centre. Various health and social related information leaflets were displayed for service users, relatives and visitors.

The annual service user satisfaction survey and annual quality report were discussed with the registered manager. Overall positive responses from service users were noted. Suggested improvements made by service users included provision of outings and bowling which is being addressed.

Ten service user/relative satisfaction questionnaires were provided, for distribution by the registered manager, and return to RQIA within the timescale. All ten were completed and returned. Respondents indicated they were very satisfied that the care provided was effective.

No staff satisfaction questionnaires were returned to RQIA within the timescale.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to care audits communication between residents, staff and other key stakeholders.

## Areas for improvement

Development of a choking policy, review/revision of individual service user agreements and review of needs assessments.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	3

### 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.**

Discussion with service users, staff and observation of interactions demonstrated that service users are treated with dignity and respect while promoting and maintaining their independence.

Service users are enabled and supported to engage and participate in meaningful activities, for example; social events, hobbies and interests, arts/crafts, bingo music sessions, pool and snooker.

Service users confirmed that their views and opinions are taken into account in all matters affecting them. Service users advised they were consulted at service user meetings, care reviews and informally through daily discussions with staff.

Service user meetings were being held on an eight weekly basis with minutes recorded which reflected the views and opinions of service users in attendance.

An annual quality satisfaction survey was undertaken during August 2017. Positive responses were made with suggested improvements identified. The provision of outings and bowling is being organised by the registered manager.

The development of an annual quality report was a work in progress. This will be reviewed at the next care inspection to the centre.

Service users demonstrated awareness of the “open door” policy by the registered manager in respect of discussing issues and concerns. Service users stated they had “absolutely no issues or concerns, only good things to say about their centre”.

Service users are provided with information, in a format that they can understand. For example their individual activity schedule is presented in pictorial format. Care records were person centred with clear personal outcomes recorded.

The centre had their six weekly rotating menus displayed so that service users could see the meals and choices to be provided. These were observed to be nutritious and varied. Meals provided at lunch were nicely presented with choice provided. Service users were supervised and assisted where required.

The centre had achieved a grade 5 in the current Food Hygiene Award.”

Ten service user/relative satisfaction questionnaires were provided for distribution by the registered manager, and return to RQIA within the timescale. All ten questionnaires were completed and returned. All respondents indicated they were very satisfied that the care provided was safe, effective, compassionate and well led.

Comments recorded within questionnaires included;

- “I am getting on very well and I am now helping out and work with the staff”
- “I love it at the day centre. They staff are very good to me”
- “This day centre has changed my life for the better”

No staff satisfaction questionnaires were returned to RQIA within the timescale.

**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.

**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 RQIA registration certificate was up to date and displayed appropriately.

A certificate of public liability insurance was current and displayed.

There was a range of policies and procedures in place to guide and inform staff. As cited within section 6.5 of this report review and revision of the adult safeguarding policy is necessary and a policy on choking developed.

Policies were centrally indexed and retained in a manner which is easily accessible by staff and are reviewed every three years or more frequently if changes occur.

Staff had recorded individual, formal supervision at least every three months and had a recorded annual appraisal. Records were retained by the manager. Staff confirmed that supervision was ongoing and that the registered manager was very supportive in this regard.

Monthly staff meetings were being held every three months with minutes recorded.

The registered manager confirmed that no complaints had been received during the period 1 April 2016 and 31 March 2017. The registered manager demonstrated good knowledge of the management of complaints including; recorded, responded to, investigated and outcome recorded re satisfaction of complainant.

There were arrangements and evidence in place to monitor, audit and review the effectiveness and quality of care delivered to service users at appropriate intervals.

Audits undertaken included; accidents/incidents, weekly environmental cleanliness, reviews, fire safety, supervision/appraisal and care records. Areas identified were reflected within the monthly monitoring reports reviewed.

Monthly monitoring visits were undertaken with reports available for inspection. Reports for September 2017 and October 2017 contained information in accordance with Regulation 28 of The Day Care setting Regulations.

Staff who spoke with the inspector gave positive responses in regard to service provision and how the centre was managed. No issues or concerns were expressed.

Ten service user/relative satisfaction questionnaires were provided, for distribution by the registered manager, and return to RQIA within the timescale. All ten were completed and returned. All respondents indicated they were very satisfied that the care provided was safe, effective, compassionate and well led.

No staff satisfaction questionnaires were returned to RQIA within the timescale.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	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 Mary Watson, 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.

If you require further information, please visit [www.rqia.org.uk/webportal](http://www.rqia.org.uk/webportal) or contact the web portal team in RQIA on 028 9051 7500.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</b>	
<b>Area for improvement 1</b> <b>Ref:</b> Standard 23.2 <b>Stated:</b> Second time <b>To be completed by:</b> 31 January 2018	<p>The registered provider shall complete an assessment of the competence and capability of any staff member who may be required to take charge of the centre in the absence of the manager and should keep a copy of this available in the centre.</p> <p>Ref: 6.2</p>
	<b>Response by registered person detailing the actions taken:</b> Will be completed within timescale
<b>Area for improvement 2</b> <b>Ref:</b> Standard 13.1 <b>Stated:</b> First time <b>To be completed by:</b> 31 January 2018	<p>The registered person shall ensure that review and revision of the Adult Safeguarding policy is undertaken to ensure this policy reflects the Department of Health (DOH) regional policy titled Adult Safeguarding Prevention and Protection in Partnership (July 2015) and associated DOH procedures dated 2016.</p> <p>Ref: 6.4</p>
	<b>Response by registered person detailing the actions taken:</b> Will be completed within timescale
<b>Area for improvement 3</b> <b>Ref:</b> Standard 3.1 <b>Stated:</b> First time <b>To be completed by:</b> 31 January 2018	<p>The registered person shall ensure individual written agreements should be reviewed and revised to ensure the content is in accordance with Standard 3.1.</p> <p>Ref: 6.5</p>
	<b>Response by registered person detailing the actions taken:</b> Will be completed within timescale
<b>Area for improvement 4</b> <b>Ref:</b> Standard 4.3 <b>Stated:</b> First time <b>To be completed by:</b> 31 January 2018	<p>The registered person shall ensure needs assessments are reviewed, dated and signed.</p> <p>Ref: 6.5</p>
	<b>Response by registered person detailing the actions taken:</b> Currently being reviewed and implemented

<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 10.5</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 28 February 2018</p>	<p>The registered person shall ensure that a policy on choking is developed and made available to staff.</p> <p><b>Ref:</b> 6.5</p>
	<p><b>Response by registered person detailing the actions taken:</b> To be completed within timescale</p>

*\*Please ensure this document is completed in full and returned via web portal\**



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