

Unannounced Care Inspection Report 20 September 2016



Faughanvale Community Project

Type of service: Day Care Setting
Address: Unit 11-16, The Vale Centre, Clooney Road, Greysteel,
BT47 3GE
Tel no: 028 7181 1615
Inspector: Dermott Knox

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Faughanvale Community Project took place on 20 September 2016 from 10.30 to 17.00 hours.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the day centre was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

The day centre premises were in good condition with no obvious hazards for service users or staff. Records and discussions with staff and service users confirmed that staffing levels met the assessed needs of those who attend the centre. Staff who were interviewed presented as having a good understanding of safeguarding principles and procedures. Evidence of satisfactory recruitment and selection procedures and practices was reviewed in two staff files. Observation of the delivery of care provided evidence that service users' needs were being met by the staff on duty. Risk assessments were being carried out routinely in an effort to minimise risks and to manage them consistently. One area for improvement in the provision of safe care was identified at this inspection, with regard to formally assessing the competence of any staff member who may take charge of the centre in the absence of the manager.

Is care effective?

Detailed assessments of each service user's needs informed the development of care plans which addressed these needs in fairly broad terms. Feedback to the provider at the conclusion of the inspection identified the development of more specific, measurable objectives in care plans and, developments to pre-review reports for service users, as areas for improvement. Evidence of the effectiveness of other aspects of the service was presented verbally, in discussions with service users and staff members, in annual reviews for service users, and in monthly monitoring reports written by a nominated board member. The manager and staff spoke of positive working relationships with community based professionals, board members and the people of the local community.

Is care compassionate?

There was strong evidence of compassionate care being provided in the centre, including the respectful and caring tones of interactions between staff members and service users and the discrete manner in which personal care and confidential matters were dealt with. The caring practices that were observed were also reflected in progress records, staff meeting minutes and review reports. Staff members spoke highly of the commitment and caring qualities of their colleagues. Service users commented positively on the kindness of staff, the enjoyment of attending the centre and of its value to them, both socially and in contributing to their health and wellbeing.

Is the service well led?

Faughanvale Community Project has systems in place to ensure that staff are well-informed on the responsibilities of their various roles and the expected standards of practice. Staff have a planned programme of training and are supervised and supported, formally and informally, within the team. Evidence from discussions with staff indicate that the manager has positive working relationships with members of the team and that staff have confidence in all of their

colleagues. The manager spoke highly of the team members and of the support that she is given by a board member who has a long record of personal contribution to the work of the project. Service users in the centre reported positively on the leadership and staffing of the project. Systematic audit of practices and records was identified as an area for improvement. Overall, there was evidence to indicate good working practices that are well led.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	4

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mary Watson, Registered Manager and Rosemary Logue, Registered Person, 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.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent care inspection on 12 January 2016.

2.0 Service details

Registered organization/registered person: Faughanvale Community Project Ltd. Rosemary Logue (Registration pending)	Registered manager: Mary Watson
Person in charge of the service at the time of inspection: Mary Watson	Date manager registered: 1 April 2005

3.0 Methods/processes

Prior to inspection we analysed the following records:

- Record of notifications of events
- Record of complaints
- Quality Improvement Plan from the previous inspection on 12 January 2016.

During the inspection the inspector met with:

- Seven service users in group settings
- Five service users in one to one discussions
- The registered manager
- Two care staff for individual discussions.

The following records were examined during the inspection:

- File records for three service users, including care plans and review reports
- Progress notes for three service users
- Three monitoring reports for the months of June, July and August 2016
- Minutes of two service users' meetings, dated 07 July 16 and 16 August 2016
- Minutes of four staff meetings, for March, May, July and August 2016
- Training records for two staff
- File records for two staff, including recruitment, selection, supervision, appraisal and training records
- A sample of eleven written policies and procedures
- Records of accidents and incidents
- Statement of Purpose
- Service User Guide.

Questionnaires were posted to the manager to be distributed to service users, staff and a number of relatives or carers of service users. Fourteen completed questionnaires were returned to RQIA within three weeks of the inspection date. Four questionnaires came from relatives of service users, six from service users and four from staff members. All fourteen respondents indicated that they were "very satisfied" with the service, in each of the four domains that formed the main focus of the inspection.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 12 January 2016

The most recent inspection of the service was an unannounced care inspection. The completed QIP was returned and approved by the specialist inspector. This QIP has been validated by the specialist inspector at this current care inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 12 January 2016

Last care inspection statutory requirements		Validation of compliance
No statutory requirements were made at the last care inspection.		
Last care inspection recommendations		Validation of compliance
<p>Recommendation 1</p> <p>Ref: Standard 18</p> <p>Stated: First time</p>	<p>The registered person should initiate a programme for reviewing and revising policies and procedures, including those on Safeguarding Vulnerable Adults and the policy on Supervision. The latter should be expanded along the lines of the inspection feedback discussion, to aid staff’s knowledge and understanding of this key management and development activity.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>All required policies and procedures had been written and were filed in a new and easily accessible system. Eleven policy documents were sampled, including those on Absence of the manager, Assessment, Care Planning and Review, Listening and Responding to Service Users, and Safeguarding Vulnerable Adults. All policies were clearly written and referenced a range of relevant supporting and explanatory legislation and guidance.</p>	
<p>Recommendation 2</p> <p>Ref: Standard 1.2</p> <p>Stated: First time</p>	<p>The existing guide is lengthy and overly complex, making it uninviting for service users. It is recommended that the guide be re-designed and re-written, to present the key information, required by service users, in a more suitable format.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>A brief version of the service user guide had been developed and was presented in a user-friendly format.</p>	

Recommendation 3 Ref: Standard 19.4 Stated: First time	It is recommended that the minutes of service users' meetings should include more evidence of service users' involvement, including some quoted views. This might also include comment on the degree to which service users should take lead roles in the running of the meetings.	Met
	Action taken as confirmed during the inspection: Action taken as confirmed during the inspection: A complete review of the ways in which service users were involved in decision making and in influencing the running of the centre had led to significant and commendable developments. These included the involvement of service users, in turn, voluntarily chairing the service user meetings, and the keeping of more detailed minutes of these.	

4.3 Is care safe?

The registered manager stated that the staff members employed and the daily staffing levels for the centre had remained constant for several years. Two staff members, individually, verified that staffing arrangements were satisfactory and that they were confident in the practice of each of their colleagues. Safeguarding principles and procedures were understood by both of the staff members who were interviewed. They and the manager confirmed that there were no current safeguarding concerns. Staff members confirmed their confidence in reporting any poor practice that they might witness or detect.

In individual discussions during the inspection, three service users confirmed that they felt comfortable, safe and well supported at all times while in the centre and when travelling to and from it. One service user stated that she "just couldn't manage without the centre". Observation of the care practices showed that service users' needs were being met safely by the numbers and the skills of staff on duty. The manager confirmed that service users' needs and their satisfaction levels were monitored continually to ensure that staff numbers and their practice met service users' needs consistently. Review of a sample of staff training records provided evidence that staff members had participated in mandatory and other training relevant to most aspects of their roles and responsibilities. However, any staff member, designated to take charge of the centre in the absence of the manager, should undertake an assessment of competence and capability for this role.

The centre has spacious rooms for activities, dining, resting and for therapeutic work with individuals or small groups of service users. A safe outdoor garden area is well maintained and is well used in the summer months. The premises were clean, well ventilated and in good condition with no obvious hazards for service users or staff. Fire exits and corridors were clear of obstructions. Risk assessments were being carried out routinely in an effort to minimize risks and to manage them consistently. Evidence in service users' records showed that risk assessments were specific to the individual's needs. One notifiable event had occurred during

the year prior to this inspection and it had been managed in a safe and efficient manner. Overall, the evidence from this inspection indicated that safe care was being provided in Faughanvale Community Project.

Areas for improvement

One area for improvement in the provision of safe care was identified at this inspection, with regard to formally assessing the competence of any staff member who may take charge of the centre in the absence of the manager.

Number of requirements	0	Number of recommendations	1
-------------------------------	----------	----------------------------------	----------

4.4 Is care effective?

Records for three service users were selected and examined. They included written agreements for the provision of a day care service and were signed by both the relevant service user, or a representative, and the service provider. A number of service user’s records included inputs by other professionals, e.g. Speech and Language Therapists and Occupational Therapists and these were viewed by staff as being valuable contributors to the effectiveness of the service. Records contained copies of assessments, care plans and reviews of these plans, carried out at least annually. In the past year there have been positive developments in the involvement of service users in decision making about the running of the centre and one service user, who has chaired a number of service user meetings, spoke very enthusiastically about this role. The role has now been passed to another service user for a fixed period of time.

Records were well-organised and provided assessments of needs and risks, related specifically to each service user. Care plans addressed identified needs in varying degrees of detail and included comments on the actions required to achieve the objectives. In several cases the stated objectives and the actions to meet objectives, were too general to provide clear guidance to staff on the support required to meet the individual’s needs, or for conclusions to be drawn accurately on the effectiveness of the care. A recommendation for improvement is made regarding this aspect of the work. Annual reviews for each service user had been carried out regularly. In some cases, pre-review reports for service users did not clearly represent the service user’s views and used language that was not user-friendly. A recommendation is made on this matter. A record was kept of each service user’s involvement and progress at the centre and progress records were written in proportion to the frequency of the individual’s attendance and were in keeping with the minimum standards.

Three service users, individually, discussed their experiences of participating in the centre’s activities and in their care programmes and presented very positive views of the care and support that they received. Similar positive comments were made by three other service users who were participating in a group discussion and spoke of the benefits they felt they gained from regularly meeting together and taking part in activities. Service users said that the manager and staff provided a good variety of activities, making full use of the available rooms and the outdoor space. The evidence indicates that the care provided is effective in promoting service users’ enjoyment and wellbeing and can be improved in the areas identified below.

Areas for improvement

1. Improvement is required in writing care plans so that the objectives stated, and the planned actions to meet objectives, are more specific and allow for conclusions to be drawn accurately on the effectiveness of the care and support in meeting the individual's needs.
2. The registered provider should ensure that pre-review reports for service users clearly represent the service user's views and use language that is user-friendly.

Number of requirements	0	Number of recommendations	2
-------------------------------	----------	----------------------------------	----------

4.5 Is care compassionate?

Service users confirmed that the manager and staff make them feel welcome, offer them choices and involve them in decision making during their time in the day care setting. Throughout the period of the inspection staff were seen and heard communicating in a warm and caring manner with service users. Assistance with personal care was provided in a manner that ensured the privacy and dignity of the individual. Evidence from discussions with service users and from written records confirmed that activities in the centre are motivating and enjoyable. Service users are encouraged to contribute to the selection of activities, which include word games, quizzes, crafts, armchair exercises and outings.

The caring nature of practices that were observed was also reflected in progress records, staff meeting minutes and review reports. Staff members spoke highly of the commitment and caring qualities of their colleagues. Staff, who met with the inspector, demonstrated a detailed knowledge of service users' wishes, preferences and needs, as identified within the service users' care plans. There were systems in place to ensure that the views and opinions of service users were sought and taken into account in all matters affecting them. Nine completed questionnaires were returned to RQIA within two weeks of the inspection date. One questionnaire came from a relative of a service user, four from service users and four from staff members. All nine respondents indicated that they were "very satisfied" with the service, in each of the four domains, including, "compassionate care", that formed the main focus of the inspection.

The views of service users were sought during the monthly monitoring visits and these comments were reflected in the relevant reports. Throughout the inspection, service users commented very positively on the quality of the care they received and the kindness and thoughtfulness of staff. Examples of some of the comments made by service users are listed below. Each of the comments was made by one of the three service users who met individually with the inspector.

"The people here are so helpful and caring and the manager is excellent."

"I come here two days a week and I always look forward to it. It is just nice to have company".

"Coming here is such a comfort to me; I just don't know what I'd do without it."

Areas for improvement

No areas for improvement, with regard to compassionate care, were identified during this inspection.

Number of requirements	0	Number of recommendations	0
-------------------------------	----------	----------------------------------	----------

4.6 Is the service well led?

Faughanvale Community Project has management systems in place to ensure that staff are well-informed on the responsibilities of their various roles and the expected standards of practice. There was evidence from discussions with the manager and staff members to show that staff were appropriately experienced and qualified for their designated roles and were deployed in the centre in a manner that made good use of their skills and experience. Management and staffing information is included in the statement of purpose and in the service user guide, so that stakeholders know the leadership and decision making structure regarding the day centre. Staff are supervised and supported, formally and informally, within the team and those who met with the inspector confirmed that formal supervision was supportive and regular.

There was reported evidence from staff of positive working relationships between the manager and the staff team members and amongst the whole team. Current team members have been together for more than ten years and individuals reported good levels of team morale and confidence in the practice of other team members. A system is in place for the identification of staffs' training needs and for meeting these, including planned training days for the provision of mandatory training. Faughanvale Community Project has quality assurance systems in place, through which operations are monitored and staffs' practice is evaluated. Improvement is required in auditing practices and records in the centre, as a development of the current quality assurance system.

A sample of eleven policy documents was reviewed, including those on Absence of the Manager, Assessment, Care Planning and Review, Listening and Responding to Service Users, and Safeguarding Vulnerable Adults. All policies were clearly written and referenced a range of relevant supporting and explanatory legislation and guidance.

Examination of three monitoring reports showed that most of the required aspects of the centre's operations were checked, with necessary improvements identified in a schedule of work, which was then subject to regular checks for progress. The benefits of monitoring visits were evident in several initiatives, including the development of more user-friendly information sources for service users and their representatives and the increased involvement of service users in running their own meetings. Monitoring reports were well detailed in their inclusion of the views of service users, their relatives and staff members and it was evident that they made a constructive contribution to quality improvement in the centre.

Areas for improvement

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.

Number of requirements	0	Number of recommendations	1
-------------------------------	----------	----------------------------------	----------

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mary Watson, Registered Manager, and Rosemary Logue, Responsible Person, (Registration pending) as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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 service. 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Day Care Settings Regulations (Northern Ireland) 2007.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Day Care Settings Minimum Standards 2012. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to day.care@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Statutory requirements	
No statutory requirements were made following this inspection.	
Recommendations	
Recommendation 1 Ref: Standard 23.3 Stated: First time To be completed by: 18 November 2016	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.
	Response by registered provider detailing the actions taken: Will be completed within time scale.
Recommendation 2 Ref: Standard 5.2 Stated: First time To be completed by: 28 February 2017	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.
	Response by registered provider detailing the actions taken: Will be completed within time scale.
Recommendation 3 Ref: Standard 15.4 Stated: First time To be completed by: 31 October 2016 and ongoing	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.
	Response by registered provider detailing the actions taken: Already in action.
Recommendation 4 Ref: Standard 17.9 Stated: First time To be completed by: 30 June 2017	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.
	Response by registered provider detailing the actions taken: Completed within time scale.

Please ensure this document is completed in full and returned to day.care@rqia.org.uk from the authorised email address



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews