

Unannounced Care Inspection Report 6 February 2020



Faughanvale Community Project

Type of Service: Day Care Service

**Address: Unit 11-16, The Vale Centre, Clooney Road, Greysteel, BT47
3GE**

Tel No: 028 7181 1615

Inspector: Corrie Visser

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

Faughanvale Community Project is a Day Care Setting which can accommodate up to 35 service users aged from 18 years old. The Day Care Setting provides care and day time activities for older people and those living with learning disability, physical disability and sensory impairment. The services are commissioned by the Western Health and Social Care Trust (WHSCT).

The centre is open every Tuesday, Wednesday and Thursday.

3.0 Service details

Organisation/Registered Provider: Faughanvale Community Project Ltd	Registered Manager: Ms Mary Watson
Responsible Individual(s): Mrs Rosemary Logue	
Person in charge at the time of inspection: Ms Mary Watson	Date manager registered: 25 May 2009
Number of registered places: 35	

4.0 Inspection summary

An unannounced inspection took place on 6 February 2020 from 10.30 to 16.30 hours.

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

As a public-sector body RQIA has 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 establishment was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to training and staff development, supervisions and appraisals, monthly quality monitoring reports, communication and engagement with service users and staff, management of incidents, staff induction, monitoring of staff professional registration and record keeping.

No areas for improvement were identified from this inspection.

Comments from service users are included throughout this report.

The findings of this report will provide the establishment 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	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms Mary Watson, 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 28 February 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 28 February 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
- unannounced care inspection report and quality improvement plan from 28 February 2019
- information and correspondence received by RQIA since the last inspection

During the inspection the inspector met with the responsible person, registered manager, 13 service users, four staff and one service users' representatives.

The following records were examined during the inspection:

- A sample of the day centre's policies and procedures.
- Four service users' care records.
- Four service users' daily records.
- Student induction records.
- The day centre's complaints and compliments records since the last inspection.
- A sample of staff supervision and appraisal records.
- Competency and capability records.
- A sample of staff rosters.
- A sample of the day centre's monthly quality monitoring reports.
- The day centre's training matrix.
- The day centre's system for staff registration with the Northern Ireland Social Care Council (NISCC).
- The day centre's Statement of Purpose.
- A sample of minutes from staff meetings.
- A sample of minutes from service users' meetings.

- The day centre’s annual report.

At the request of the inspector, the registered manager was asked to display a poster within the day centre. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; no response were received.

Ten service user/relatives questionnaires were provided for distribution; seven questionnaires were returned to RQIA within the timeframe for inclusion in this report.

An RQIA information leaflet ‘How can I raise a concern about an independent health and social care service’ was also provided to be displayed in the day care setting.

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 person in charge at the conclusion of the inspection.

The inspector would like to thank the registered manager, senior management staff, service users, relatives and staff for their support and co-operation throughout the inspection process.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 28 February 2019

The most recent inspection of the establishment 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 28 February 2019

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) and Schedule 3 Stated: First time	The registered person shall establish and maintain a system for— (a) monitoring the matters set out in Schedule 3 not less than annually; and (b) improving the quality of care provided in the day care setting. This relates to the requirement of the day centre to undertake an annual quality report	Met

	<p>for 2018 including all the matters listed in Schedule 3. A copy of which is to be forwarded to RQIA within the identified timescale.</p>	
	<p>Action taken as confirmed during the inspection: A copy of this report was forwarded to the care inspector and the day centre was deemed compliant. The inspector reviewed this annual report on the day of inspection and it was found to be robust and contained all information listed in Schedule 3.</p>	
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
<p>Area for improvement 1 Ref: Standard 23.2 Stated: Third time</p>	<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>As outlined in section 6.2, the registered manager is to ensure that a competency and capability assessment is to be undertaken with relevant staff who may be required to take charge of the centre in the absence of the manager.</p>	Met
	<p>Action taken as confirmed during the inspection: The inspector reviewed three staff assessments which were completed in March 2019. These staff members were deemed capable and competent to take charge of the centre in the absence of the manager.</p>	
<p>Area for improvement 2 Ref: Standard 3.1 Stated: Second time</p>	<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>	Met
	<p>Action taken as confirmed during the inspection: Following the previous inspection, every service user agreement was reviewed an updated and were now complaint with Standard 3.1. All documentation was signed by the service users, management and the service users' next of kin.</p>	

Area for improvement 3 Ref: Standard 4.3 Stated: Second time	The registered person shall ensure needs assessments are reviewed, dated and signed.	Met
	Action taken as confirmed during the inspection: Four service users' care records were reviewed on the day of inspection and it was found that all assessments were reviewed in accordance with policies and procedures and were signed and dated.	
Area for improvement 4 Ref: Standard 21.1 Stated: First time	The registered person shall ensure that students and volunteers complete a structured orientation and induction.	Met
	Action taken as confirmed during the inspection: Three student induction records were reviewed on the day of inspection and it was evident that the induction was comprehensive and robust. All records were signed by the student and the manager.	
Area for improvement 5 Ref: Standard 5.2 Stated: First time	The registered person shall ensure each service user has an individual comprehensive care plan which includes details as outlined in the standards.	Met
	Action taken as confirmed during the inspection: Four service users' care records were reviewed and it was evident that every care plan was comprehensive and included details as outlined in Standard 5.	

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 inspector reviewed the day care setting's system in place to avoid and prevent harm to service users which included a review of staffing arrangements in place within the day centre.

The inspector reviewed the roster which evidenced that there was a sufficient amount of qualified and competent staff on shift during the day to meet the assessed needs of the service users. It was clear from reviewing the roster of who was in charge during the day and it contained the full names of all staff members and their signature under every shift.

The manager confirmed that no new staff had been employed in the day centre since the previous inspection. The induction process was discussed with the manager who confirmed that new staff would have an induction which included shadowing experienced staff, getting to know service users and their support plans and risk assessments and a review of relevant policies and procedures including safeguarding. Staff would also complete the Northern Ireland Social Care Council (NISCC) induction booklet. The manager advised that students from the local college would undertake placements in the day centre. Three induction records for students were reviewed and there was a robust induction programme covering:

- About the organisation – the centre’s Statement of Purpose, standards of conduct and practice and NISCC standards.
- The building – health and safety, safe and healthy working practices policy and fire safety.
- The job/role – duties, NISCC, safeguarding and policies and procedures.
- The support system – training, supervision and staff.
- Fellow workers/volunteers – team meetings and staff structure.
- Other information – probation/trial period.

The inspector reviewed the system in place within the day centre to ensure that all staff receive appropriate training to fulfil the duties of their role. It was noted that training for all staff was up to date and this was monitored and audited by the day centre’s director. There was a range of training available to staff including deprivation of liberty safeguards, service user review, customer service, confidentiality, moving and handling, continence promotion, medication fire safety and adult safeguarding. Discussions with staff on the day of inspection confirmed that they had received sufficient training to enable them to fulfil the duties and responsibilities of their role. It was noted that the catering staff were included in all aspects of staff training and the day centre should be commended for this.

The inspector reviewed the day centre’s incident and accident records and it was noted that two incidents had occurred since the previous inspection. The inspector was provided with all documentation in relation to these incidents and it was noted that these were managed appropriately. The service users’ next of kin and trust representative were informed. Medical attention was sought when appropriate and risk assessments were updated to ensure the safety of the service users.

There were no adult safeguarding referrals or investigations to examine on the day of inspection. The manager and staff confirmed that they had received adult safeguarding training and a review of records verified this. It was evident through discussions with the manager and staff that everyone was aware of their roles and responsibilities in reporting adult safeguarding concerns and maintaining concise and accurate reports. Staff were able to explain the process in place within the day care setting to report any safeguarding concerns.

The inspector did a walk around of the centre on the day of inspection and it was observed that it was clean, tidy and had suitable lighting. Emergency exits were clear and free from any obstructions. It was confirmed that the furniture, aid and appliances were fit for purpose for the needs of the service users. The environment was spacious which was appropriate for all

service users who used a wheelchair or walking aid. There was a good standard of hygiene throughout the day care setting and infection prevention and control measures were in place around the centre including hand sanitisers around the unit, liquid soap and hand towels mounted on the walls and laminated 'seven step' hygiene notices at wash hand basins.

The staff, service users and relatives discussed that they felt the care provided was safe.

Comments from service users included:

- "I feel safe."
- "It's a lovely place; I'd be lost without it."
- "Couldn't ask for better."

Comments from relatives included:

- "**** can't wait to come back to the centre as soon as **** comes home."
- "**** was lost before he started here."
- "There is structure and routine in here."

Comments from staff included:

- "We know the service users so well and aware of triggers."
- "It's very homely here."
- "We're like a family."

One service users' and six relatives' questionnaires were returned to RQIA. All respondents indicated that they were very satisfied that the care provided was safe.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff induction, training and development, staff knowledge of adult safeguarding, infection prevention and control, risk management and the 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 inspector reviewed the agency's arrangements for appropriately responding to and meeting the needs of the service users. Information relating to the nature and range of services provided is outlined within the Statement of Purpose and Service User Guide.

Four service users' care records were reviewed during the inspection and it was found that the documentation retained in the files were robust and comprehensive. They contained service user agreements, care plans, communication records and risk assessments in relation to transport and falls where appropriate. It was evident within these care records that care plans were evaluated which included an assessment of the service users' progress and goals to be achieved. All reviews were undertaken in compliance with the day care setting's policies and procedures and signed by the service user, their next of kin and trust representative. Following the previous inspection, the manager had amended the service user agreements which contain information as outlined in Standard 3.1 of the Day Care Settings Minimum Standards, 2012. The manager confirmed that every service users' agreement has been amended and it was reviewed that they have been signed and dated.

The day care setting should be commended that training was available to service users including basic life support and manual handling. This promotes independence for the services. Certificates were provided once training was complete and a copy of same was retained in the service users' files.

The care records inspected contained an activity schedule for the service user which detailed the structure of their time at the day care setting. These schedules focused on the personal goals for the individual service users which included developing socialisation, working and playing and promoting self-confidence, self-esteem and independence.

It was commended that letters are sent to service users following reviews of their care plans advising them of any changes, if any, to their care plan, including any increase or reduction of days.

Discussion with the manager confirmed that all records relating to service users are stored safely and securely in compliance with legislation.

It was noted in the Statement of Purpose that activities are encouraged to promote independence and enable individuals to move on towards becoming a working member of the community and especially to increase their self-esteem and happiness.

A number of activities are offered to the service users including:

- Educational programmes such as numeracy and literacy support, active communication, cookery classes, business skills and gardening.
- Music and drama.
- Arts and crafts including flower arranging, card and jewellery and woodwork.
- Sport including football which is in conjunction with Greysteel Enterprises, snooker, crazy golf, badminton, bowls and curling.
- Diversional activities including card/board games, quizzes and bingo.

The inspector reviewed a sample of minutes of staff meetings which are held on a two to three monthly basis. There was a range of items discussed at these meetings including training, the mental capacity act, deprivation of liberty safeguards, human rights focus outcome from the RQIA roadshow, a review of three policies and procedures and fundraising ideas. An action plan, responsibilities and timeframe were also included for any follow up actions required.

Comments from service users included:

- “Very, very happy.”
- “I’ve been here 22 years; I’m part of the furniture.”
- “I play bowls for the special Olympics.”
- “It gets me out and meet other people.”
- “It’s good craic.”
- “Very good for socialising.”
- “I’ve made a best friend and we meet up outside the centre.”
- “Good activities to keep you going.”

Comments from relatives included:

- “It is excellent care my **** gets.”
- “My **** loves the centre very much.”
- “Very happy with care.”
- “All good.”
- “The centre has completely changed ****.”
- “The staff have changed ****’s whole outlook on life.”
- “It gets **** involved in the local community.”
- “Independency has improved...able to wash own clothes.”

Comments from staff included:

- “We can have banter with the service users.”
- “The service users have a good laugh.”
- “We try to make is as near home as we can.”

One service users’ and six relatives’ questionnaires were returned to RQIA. All respondents indicated that they were very satisfied that the care provided was effective.

Areas of good practice

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

The inspector sought to assess the day care setting's ability to treat service users with dignity, equality and respect and to fully involve service users in decisions affecting their care and support. Service users were informed regarding the inspectors visit and staff encouraged them to engage with the inspector. Some service users wanted to meet the inspector before they left the day care setting for the day and some sought the inspector out for discussions.

Discussions with the staff and service users and observations throughout the inspection indicated that the promotion of values such as choice, dignity and respect were embedded in the culture and ethos of the day care setting. Staff interactions with service users were noted to be respectful and their interactions friend and the whole atmosphere was relaxed. It was positive to note that staff referred to the service users as "the lads" rather than "service users".

During the inspection, staff were observed interacting with the service users using appropriate language, listening skills and allowing everyone the right to be heard.

The activities planned are tailored to each individual and a copy of same is retained in the service users' care records. The planned activities are to meet the assessed needs of the service users whilst also promoting their strengths and independence. The service users appeared enthusiastic and passionate when discussing the activities they can partake in when attending the day care setting. Football appeared to be very popular with the men in the setting and they discussed tournaments which they had competed in and showed the inspector trophies they had won.

Through discussions with staff and service users, choices were given in regards to food and drink. Service users confirmed if they did not want what was on the menu, they were offered alternative choices. It was also discussed that the day centre offers gluten free, diabetic and vegetarian options to service users. Pureed food is also offered for service users who have a Speech and Language Therapy (SALT) assessment. Support at lunch time was offered consistent with individual needs, however undertaken discretely. Service users commented that the food was lovely.

The inspector reviewed a sample of minutes from service users' meetings which are held on a two monthly basis. It was positive to note that these meetings were chaired by the service users. It was evidenced that service users were consulted about activities and updated on any changes being made within the day care setting. During a meeting, the service users were advised that the craft making sessions were about social therapy rather than mass production. Service users discussed that craft and woodwork items were sold to the local community and they would use this money to purchase items for the centre. A fundraiser was held by the centre in an attempt to purchase a defibrillator. This was achieved and a defibrillator was purchased in August 2019.

The inspector reviewed the compliments records and it was noted that 14 compliments had been received since the previous inspection. Some comments from relatives and professionals included:

- “The service users are so happy and have moved on so well.”
- “Happy with progress.”
- “**** enjoys the centre very much and enjoys the company and food.”

Comments from service users included:

- “I help out and tidy up the garden.”
- “We all just gel.”
- “If I need something, I go to staff and they sort it out.”
- “I am more than happy coming here.”
- “We get choices at lunch. If I don’t fancy what is on the menu, I’ll be offered something different.”
- “The food is lovely. You get a proper dinner so you don’t have to make a dinner when you get home.”

Comments from relatives included:

- “**** is included in everything.”
- “Staff encourage the service users to get involved.”
- “It’s got **** out of **** shell.”
- “Life changing.”
- “**** has learnt so much from coming here.”

One service users’ and six relatives’ questionnaires were returned to RQIA. All respondents indicated that they were very satisfied that the care provided was compassionate.

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
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 inspector assessed the setting’s leadership, management and governance arrangements in place to assure they are meeting the needs of service users. The day centre was managed on a day to day basis by a registered manager, a director, a team of day care workers and two catering staff. Volunteers and students would also provide support to service users.

The certificate of registration issued by RQIA was displayed appropriately in the day care setting, as well as a current certificate of liability insurance.

Throughout the inspection, the day care setting was found compliant with its Statement of Purpose.

A sample of the setting's policies and procedures were reviewed during inspection and it was noted that these were up to date and accessible to all staff. Staff confirmed during discussion that they were aware of the policies and procedures which were used to guide and inform their practice. The manager also confirmed that a number of policies and procedures are discussed during team meetings to ensure staffs knowledge is kept up to date. Staff were informed in these forums of any changes to policies and procedures or if new ones have been created. The manager advised that this was to ensure regular review and compliance. It was confirmed by reviewing the Whistleblowing policy that it contained external agencies who staff could contact including RQIA.

There were no records of complaints for the inspector to review since the last inspection however there was evidence of compliments which have been outlined in 6.6. The manager described the complaints process to follow which included obtaining details of the complaint, who had been contacted, actions taken and outcomes of learning from the complaint. It was also discussed that the satisfaction level of the complainant would also be recorded and records retained securely. The patient and client council (PCC) was included in the complaints policy, along with details for the Northern Ireland Public Service Ombudsman, RQIA and other advocacy services.

Staff performance was assessed and monitored by manager and the inspector reviewed a sample of supervision and appraisal records. It was found that these were being undertaken on a three monthly basis and staff discussed that they found supervision helpful and identified any learning needs and it was confirmed that training would be offered to improve personal development for staff.

It was confirmed through discussions with the manager and staff that there is an open door policy and staff or service users can approach the management team to raise any issues and it was advised that these were dealt with in a timely manner.

The inspector reviewed a sample of the day care setting's monthly quality monitoring reports. These reports monitor, audit and review the effectiveness and quality of care being provided to the service users. From reviewing these reports, there was evidence of appropriate consultation with staff, service users, professionals and relatives on a monthly basis. The reports were robust and assessed every aspect of the day care setting. There were reviews of the previous action plans and progress made and further action plans, timeframes and responsibilities included. Service users' names were kept as their unique identification number rather than their full names for confidentiality purposes, despite consent being sought to full names to be included.

The day care setting had an annual report dated 1 July 2018 until 31 July 2019. The inspector discussed the period of time this report should detail which the manager gave assurances would be implemented. This report was robust and was compliant with Regulation 17 and Schedule 3 of the Day Care Setting Regulations (Northern Ireland) 2007.

Comments from service users included:

- “I am aware of how to raise a concern or a complaint, not that I’ve ever had to.”
- “I am more than happy coming.”
- “Couldn’t ask for better.”

Comments from staff included:

- “We follow the policies and procedures to guide our practice.”
- “I enjoy coming to work.”
- “I am aware of the safeguarding policy and the complaints procedures.”

Comments from relatives included:

- “Aware of how to make a complaint.”
- “Staff are great.”
- “It’s great and fantastic for ****.”

One service users’ and six relatives’ questionnaires were returned to RQIA. All respondents indicated that they were very satisfied that the care provided was well led.

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
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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