

Unannounced Care Inspection Report 22 October 2018



Mourne Stimulus Day Centre

Type of Service: Day Care Service
Address: 1 Council Road, Kilkeel, BT34 4NP
Tel No: 02841765897
Inspector: Jim McBride

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

This is a day care setting which is registered with RQIA to accommodate a maximum of 37 service users for people with a learning disability. The centre endeavours to integrate the attenders as far as possible into the life of the local community and encourage them to use the full range of social, leisure and commercial facilities in the area. Develop the social skills and educational abilities of attenders as fully as possible. Provide specific training where appropriate to enable attenders to become involved in employment outside the day centre.

3.0 Service details

Organisation/Registered Provider: Mourne Stimulus Ltd Responsible Individual: Mr Glyn Hanna. (Registration Pending)	Registered Manager: Melanie Nolan
Person in charge at the time of inspection: Melanie Nolan	Date manager registered: 27/3/2009

4.0 Inspection summary

An unannounced inspection took place on 22 October 2018 from 10.00 to 15.30.

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

At the request of the people who use the day care services, Mourne Stimulus has requested that RQIA refer to these individuals as 'attenders'.

Evidence of good practice was found in relation to: The care provided for attenders, staff and attenders relationships, individual assessment and care planning, involvement of attenders in activity programmes, staff training and the promotion of independence for attenders.

Attenders' comments:

- "The staff support us well."
- "The staff encourage me with my daily activities."
- "We get on well with each other."
- "Staff listen and help me with any concerns I may have."
- "The staff are good."
- "I'm preparing for the annual show with everyone."
- "The manager is very good."
- "The food is good and we have a good variety."

Staff comments:

- "The attenders get a good service at the centre."
- "We have good team communication."
- "Staff are well supported through supervision."
- "Excellent training opportunities."
- "Good person centred activities."

- “The manager is excellent; she encourages and supports all staff.”
- “We get to know individual attenders care and support needs well, whilst providing a good service to them.”
- “We design individual activities for all attenders that meet their individual behaviour support plans.”

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 Mrs Melanie Nolan, registered manager, as part of the inspection process and can be found in the main body of the report.

5.0 How we inspect

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

- Records of notifications of significant events
- Quality Improvement Plan from the previous inspection 23 January 2018
- The RQIA log of contacts with, or regarding the centre.

During the inspection the inspector met with the registered manager, eight staff members who spoke enthusiastically and comprehensively of the service provided, seven attenders and other attenders in the group setting completing their daily activities. All comments received have been added to this report.

The following records were examined during the inspection:

- File records for six attenders, including assessments, care plans and reviews.
- Progress records for six attenders.
- Quality monitoring reports for the months of January 2018 to September 2018.
- Minutes of attenders group meetings held during 2018.
- Record of incidents and accidents.
- Records of staff meetings.
- Selected training records for staff pertaining to:
 - Safeguarding
 - Fire safety
 - Medication
 - Management of records
 - Dementia awareness
 - Infection control

- Sensory activities
 - Restricted practice
- Records of formal supervision for six staff.
 - The Statement of Purpose 2018.
 - Attenders Guide 2018.
 - Fire safety records, including the report of a Fire Risk Assessment dated 15 March 2018. And the last fire drill actioned, 14 July 2018.

At the request of the inspector, the 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; three responses were received. Staff survey results show that staff were satisfied or very satisfied when asked the following:

- Do you feel satisfied that service users, are safe and protected from harm?
- Do you feel satisfied that all service users are treated with compassion?
- Do you feel satisfied that care delivered to service users is effective?
- Do you feel the service is managed well?

Comments:

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

Comments:

Comments:

- "Great place my relative enjoys going there and that's what matters."
- "This is a wonderful place."

The inspector requested that the manager place a 'Have we missed you' card in a prominent position in the day centre to allow service users, relatives and staff who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision, no responses were received. 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.

The inspector would like to thank the manager, attenders and staff for taking time to give their views and co-operation throughout the inspection process.

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.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 23 January 2018

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 23 January 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 21.1 Stated: Second time To be completed by: 31 March 2018	The registered provider should improve the staff induction programme. The induction process and record should set out everything new workers need to know to undertake their job safely, effectively and compassionately. The record should evidence after the induction period that the staff member can and does provide safe, effective and compassionate care. NISCC induction standards may be used. Ref: 6.2	Met
	Action taken as confirmed during the inspection: The inspector noted relevant documentation in place pertaining to the NISCC standards for induction. The documentation in place was satisfactory.	
Area for improvement 2 Ref: Standard 11.7 Stated: Second time To be completed by: 31 March 2018	The registered provider should ensure reconciliation of service user financial transactions is conducted and recorded on a minimum monthly basis. Ref: 6.2	Met

	Action taken as confirmed during the inspection: The inspector noted satisfactory documentation relating to service user finances reconciled monthly.	
Area for improvement 3 Ref: Standard 20.3 Stated: First time To be completed by: 31 January 2018 and ongoing	The registered person shall ensure that the date of Access NI check is recorded and retained. Ref: 6.4	Met
	Action taken as confirmed during the inspection: The inspector noted satisfactory records relating to NISCC registration of all staff.	
Area for improvement 4 Ref: Standard 25.1 Stated: First time To be completed by: 30 April 2018	The registered person shall ensure that the decoration within one service user's room is reviewed. Consideration should be given to the provision of some form of suitable colourful wall art. Consultation with the service user's relative and care manager is recommended. Ref: 6.7	Met
	Action taken as confirmed during the inspection: The inspector noted records of meetings in place relating, to the behaviours of one service user and was satisfied, that all measures in place currently are in the best interests of the individual concerned.	

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.

Discussion with the manager, staff and attenders confirmed that sufficiently competent and experienced persons were working in the centre to meet the assessed needs of attenders. The manager meets the qualification requirements and the other staff were a mix of care workers, and senior day care workers. A review of the staffing arrangements evidenced that the planned staffing levels were adhered to. The manager and other staff are present on a daily basis. Records show the number of staff working each day and the capacity in which they worked.

Observation and discussion with the staff and attenders on the day of inspection provided examples of how staff had met assessed needs and supported attenders to improve their health outcomes and social experiences. Discussion with staff revealed they understood the needs and how those needs should be met in day care. Staff induction records informed the staff members regarding their role and responsibility, included familiarising themselves with the settings statement of purpose and staffing arrangements.

The manager had a record of staff training in place which evidenced that the staff had received mandatory training including additional training relevant to their roles and responsibilities.

Discussion with staff members on the day of inspection confirmed that they had received sufficient training to enable them to fulfil the duties and responsibilities of their role and the needs of service users. Review of governance records confirmed that an effective incident/accident reporting policy and system was in place.

An inspection of the environment was undertaken and confirmed that it was appropriately warm, and had suitable lighting. On the day of inspection the inspector observed attenders undertaking a number of activities, and using the space to socialise.

Records examined identified that a number of checks and audits had been undertaken including fire alarm tests. It was noted that the last full evacuation drill was undertaken. Risk assessments for the centre were available for the inspection completed in March 2018.

Discussion with staff confirmed they felt care was safe in the setting. The staff confirmed they had access to and received training to ensure their practice is safe. Staff described how they use risk assessments to ensure individuals have the right support to maintain their safety. Discussion with staff found they had a good knowledge of attenders and communicate with them individually on a regular basis to ensure the assessment and care plans are current.

Discussion and observations of attenders confirmed they can speak to staff when they need to and get one to one time with staff.

Five returned questionnaires from attenders indicated that a safe service meant:

- “There are enough staff to help you.”
- “You feel protected and free from harm.”
- “You can talk to staff if you have concerns.”
- “The environment is safe and clean.”

Areas of good practice:

There were examples of good practice found throughout the inspection in relation to staff training and effective communication with attenders.

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 day care setting's arrangements for appropriately responding to and meeting the needs of people who use the service. Information relating to the nature and range of services provided was outlined in the Statement of Purpose. Observations throughout the inspection confirmed that the day care setting was providing care in accordance with their Statement of Purpose (2018).

Six attenders' individual files were inspected. They contained referral information; agreements, assessments; individualised care plans with risk assessments; and multi-disciplinary assessment information as applicable. Care plans presented as comprehensive, and person centred, and they clearly described service users' needs and individual attenders' objectives. Staff recognised the importance of maintaining accurate and contemporaneous records to guide their practice and ensure that care provided was safe, effective and timely.

There were systems in place to review placements within the setting to ensure it was the best place to meet their health and social care needs. There was also evidence of annual care reviews in partnership with the attender and the HSC Trust representatives. On each record there was evidence that attenders were supported to be involved in the annual review process and their care plan by staff.

In summary attenders care records were well organised and stored safely and securely in line with data protection requirements.

Discussion with staff provided evidence that they were knowledgeable regarding individual needs. Staff explained they follow the care plans, use the policies and procedures and communication at all levels to ensure they provide the most effective care they can. They identified meetings with attenders; team meetings and communication were effective ways of ensuring they were providing effective care.

Five returned questionnaires from attenders indicated that an effective service meant:

- "You get the right care, at the right time in the right place."
- "The staff know your care needs."
- "You are kept aware of your care plans."
- "Your care meets your expectations."

Areas of good practice:

There were examples of good practice found throughout the inspection in relation to care records, audits, reviews and communication between attenders and staff.

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.

Observations of staff interactions with attenders were observed to be compassionate, caring and timely. Staff spoken with reflected the ethos of the day care setting which promotes respect, openness, honesty, good quality care and individual attainable goals.

On the day of inspection, a variety of different activities were facilitated by staff. During observation of the activities the inspector observed attenders approaching staff freely, communicating their needs and making requests. Staff responses were noted to be cheerful and appropriate. Attenders who engaged with the inspector spoke positively about the staff and that they felt staff treated them well.

Consultation with attenders and when appropriate their relatives was evidenced in the records relating to the assessment, care planning and review process. In addition, governance arrangements to promote effective communication with attenders and/or their relatives included attenders meetings.

Samples of minutes from attenders advocacy group meetings were reviewed which provided evidence attenders had been consulted about a range of matters related to the day care setting including:

- First aid
- Menus
- Fire drills
- Staying safe
- Outings
- Ideas for future discussions.

The inspector also noted the meetings held with staff and some of the topics discussed:

- Risk taking
- Safeguarding/Vulnerable adults
- Keeping safe
- NISCC
- RQIA
- Recording and reporting care practice
- Communication
- Advocacy
- Attender updates.

Five returned questionnaires from attenders indicated that a compassionate service meant:

- “Staff treat you with kindness.”
- “Staff ensure you are respected and that your privacy and dignity is maintained.”
- “Staff inform you about your care.”
- “Staff support you to make decisions about your care.”

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 attenders and taking account of their views.

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 Statement of Purpose for the day care service was reviewed. (2018) The document clearly describes the nature and range of the service to be provided and addresses all of the matters required by Regulation 4(1) of The Day Care Setting Regulations (NI) 2007. The registration certificate was up to date and displayed appropriately.

Discussion with the manager and staff confirmed they were aware of their roles, responsibilities and accountability. Staff confirmed that they had a good understanding of their role and responsibilities under the day care legislation. A review of governance records evidenced that staff typically received individual, formal supervision at least quarterly and an annual appraisal.

Staff confirmed that there were systems in place to ensure they received support and guidance from the manager as needed.

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

A complaints and compliments record was maintained in the day centre. There had been no complaints recorded since the previous inspection.

The inspector discussed the monitoring arrangements in compliance with regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. Monthly and annual quality monitoring reports were completed by the service and the last eleven months reports were inspected.

These records demonstrated that at appropriate intervals the effectiveness and quality of care delivery was monitored, audited and reviewed in order to identify and act upon any improvements required. The reports were a mix of announced and unannounced visits. The monitoring arrangements identified improvements, carried forward and reviewed them as part of each subsequent monthly monitoring visit.

The manager and staff advised there were a range of policies and procedures in place to guide and inform staff.

The inspector noted that the day care setting collects equality information in relation to attenders, during the referral and assessment process. The data is used effectively and with individual attenders involvement when a person centred care plan is developed.

Some of the areas of equality awareness identified during the inspection include:

- effective communication
- service user involvement
- adult safeguarding
- advocacy
- equity of care and support
- individualised person centred care
- individualised risk assessment

Discussion with attenders and staff evidenced that they felt the care provided was well led. They described the service was well planned and they confirmed they are asked to be involved in the monitoring visits.

All staff are required to be registered with the Northern Ireland social Care Council (NISCC) or other regulatory bodies as appropriate; it was noted that the agency's policy details the procedure for managing this process. The agency retains a list of staff registration and a record is also maintained in individual personnel folders located in the manager's office.

The registered person has worked effectively with RQIA to operate and lead the organisation in maintaining compliance with Regulations and Minimum Standards.

Discussion with staff revealed they felt well supported by the manager. They described attenders being central to the service and they need to ensure care and support was safe, effective and compassionate. They identified they were well supported by management in staff meetings, supervision and the manager makes herself available as required.

Five returned questionnaires from attenders indicated that a well led service meant:

- "You always know who is in charge at any time."
- "You feel the service is well managed."
- "Your views are sought about your care and the quality of the service."
- "You know how to make a complaint."

Areas of good practice:

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

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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