

Unannounced Care Inspection Report

23 January 2018



Mourne Stimulus Day Centre

Type of Service: Day Care Setting
Address: 1 Council Road, Kilkeel, BT34 4NP
Tel No: 02841765897
Inspector: Priscilla Clayton

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a day care setting which is registered with RQIA to accommodate a maximum of 37 service users for people with a learning disability.

3.0 Service details

Organisation/Registered Provider: Mourne Stimulus Day Centre Responsible Individual: Mr Robert Desmond Wilson	Registered Manager: Melanie Nolan
Person in charge at the time of inspection: Melanie Nolan	Date manager registered: 27 March 2009
Number of registered places: 37 - DCS (23 on the day of inspection)	

4.0 Inspection summary

An unannounced inspection took place on 23 January 2018 Year from 10.00 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.

The inspection assessed progress with any areas for improvement identified 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.

Evidence of good practice was found in relation to the general culture and ethos of the service; listening to and valuing service user views and taking account of their views. There was evidence of good governance arrangements; staff training, supervision, appraisals, continuous quality improvement and maintaining good working relationships.

Areas requiring improvement related to decoration of one service user's room, retention of a record of the staff Access NI date, further development of the staff induction programme to include NISCC standards and ensure reconciliation of service users' money for meals etc. is carried out and evidenced on a monthly basis as a minimum.

The findings of this report will provide the day centre 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	4

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

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/Quality improvement
- notifications of events
- correspondence
- registration status

During the inspection the inspector met with the registered manager, responsible person, all service users and three staff.

The following records were examined during the inspection:

- Statement of Purpose
- RQIA registration certificate
- Liability Insurance certificate
- Three staff recruitment files
- Staff induction
- Staff training
- Staff supervision schedule
- Staff meeting minutes
- Three care records
- Policies/procedures relevant to this inspection
- Monthly monitoring visit
- Audits
- Annual Quality Report
- Fire risk assessment
- Fire safety maintenance

Ten satisfaction questionnaires were provided for distribution to service users/relatives. Four were completed and returned within the timescale; one from a service user and three from relatives.

A wall poster was provided to inform staff how they could access RQIA satisfaction questionnaires via the survey monkey or mobile telephone scan. No staff questionnaires were returned to RQIA within the timescale.

The findings of the inspection were provided to Melanie Nolan, registered manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 30 September 2016.

The most recent inspection of the day centre was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 30 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
Area for improvement 1 Ref: Standard 23.7 Stated: First time	The registered provider should formally record what staff work each day, the capacity in which they worked and who was in charge of the setting, for example a staff rota.	Met
	Action taken as confirmed during the inspection: The staff roster was reviewed and revised in accordance with this recommendation.	
Area for improvement 2 Ref: Standard 21.1 Stated: First time	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 the staff member can and does provide safe, effective and compassionate care. NISCC induction standards may be used.	Partially met
	Action taken as confirmed during the inspection: Further work is required to ensure all expected areas of induction are included. The use of the NISCC standards is recommended. (This recommendation is stated for a second time within the appended QIP).	

Area for improvement 3 Ref: Standard 11.7 Stated: First time	The registered provider should establish a system for the reconciliation of transactions that should be made on a monthly basis. Records retained should be made available for inspection.	Partially Met
	Action taken as confirmed during the inspection: Reconciliation of finances were undertaken, recorded, dated and signed. However, evidence of reconciliation was not undertaken on a regular monthly basis as a minimum.	
Area for improvement 4 Ref: Standard 28.1 Stated: First time	The registered provider should make appropriate arrangements for the settings fire risk assessment to be reviewed without delay. Any recommendations made following the assessment visit should be addressed by the registered provider. The actions and measures put in place to reduce risk should be recorded on the assessment to demonstrate risk reduction and risk management measures in place.	Met
	Action taken as confirmed during the inspection: The fire risk assessment was dated 21 March 2017. Recommendations recorded had been addressed, dated and signed.	
Area for improvement 5 Ref: Standard 3 Stated: First time	The registered provider should review and revise of the service user agreement template to ensure full information is reflected in compliance with Standard 3. A recorded date of signing by the service user/representative is also necessary. This agreement should be in place before the service user starts at the day care setting, or if this is not possible, it is in place within the first five full days of attending the setting.	Met
	Action taken as confirmed during the inspection: The service user agreement had been reviewed and revised as recommended.	

Area for improvement 6 Ref: Standard 7.4 Stated: First time	The registered provider should improve the arrangements for the retention of daily care notes. This must be in keeping with standard 7.4.	Met
	Action taken as confirmed during the inspection: Following discussion and inspection there was evidence that records were appropriately stored.	
Area for improvement 7 Ref: Standard 8.5 Stated: First time	The registered provider should use the analysis of the annual service user satisfaction survey to produce an outcome report. This report should show action taken to address identified issues and improvements made. This information should then be reflected within the annual quality report.	Met
	Action taken as confirmed during the inspection: The day centre's annual service user satisfaction report had been developed. Recommendations for improvement were reflected within the conclusion of the report.	
Area for improvement 8 Ref: Standard 17.11 Stated: First time	The registered provider should improve the annual report format. The 2015/2016 report should include a written conclusion and if required an action plan. The 2015/2016 report should be submitted to RQIA with the returned QIP.	Met
	Action taken as confirmed during the inspection: The annual quality report for 2015/16 was discussed and reviewed. The report reflected details as recommended.	
Area for improvement 9 Ref: Standard 18 Stated: First time	The registered provider should improve the following policies and procedures: <ul style="list-style-type: none"> Review and revise the adult safe guarding policy, dated March 2014, in light of the new policy entitled Adult Safeguarding, Prevention and Protection in Partnership (Department of Health 2015) and the identification of an Adult Safeguarding Champion. Review and revise the whistle blowing policy. 	Met

	Action taken as confirmed during the inspection: Both policies had been reviewed and revised as recommended.	
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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 confirmed that at all times, sufficiently qualified, competent and experienced persons were 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.

The centre retains a staff duty roster which reflected the staff on duty, capacity and shifts worked.

Competency and capability assessments had been completed for any person in charge of the centre in the absence of the manager.

Recruitment files of three staff were examined and discussed with the registered manager. Staff files contained all documents required by legislation and standards. However, although the reference numbers of Access NI checks were recorded the dates were not documented. One recommendation was made in this regard.

The registered manager confirmed that most of staff were registered with the Northern Ireland Social Care Council (NISCC). The remaining unregistered staff had made application and were waiting for confirmation.

The staff induction programme was discussed with the registered manager as one recommendation identified for improvement was made at the previous care inspection. It was recommended that the Northern Ireland Social Care Standards (NISCC) are utilised to enhance the production of the induction programme. Further work is recommended to ensure a robust induction programme is in place.

Review of randomly selected training records evidenced mandatory training had been provided with dates and staff in attendance recorded. Staff had received additional training specific to their roles and responsibilities. For example; peg feeding awareness, understanding epilepsy, record keeping, sensory awareness and financial transactions. Staff who spoke with the inspector confirmed that training had been provided. The development of a central training matrix for the recording of staff attendance would provide ease of access to the manager for monitoring and audit purposes.

Discussion with the registered manager and review of the notifications forwarded to RQIA was undertaken alongside review a random sample of the accident/incident records. Records of accidents and incidents reviewed were discussed with the registered manager. These were considered to be appropriately managed and recorded.

The registered manager advised that restrictive practice is not used within the centre. Staff training in challenging behaviour had been provided alongside managing of actual and potential aggression (MAPA). Staff who spoke with the inspector and observation of care practice evidenced that no form of restrictive practice was undertaken. Reference to restrictive practice was made within the centre's Statement of Purpose (2018).

The care planned for one service user within a designated room was discussed with the supervising care staff member. Behavioural management plans, as prescribed by the commissioning multi-professional care management team, were in place with review undertaken as required. The associated service user's room inspected was noted to be very clinical with no decoration. The provision of some form of wall art should be considered in collaboration with the service user's representative and care manager.

Inspection of three care records confirmed there was a system of referral to the multidisciplinary team when required. Behavioural management plans were devised by specialist behaviour management teams from the trust which were noted to be regularly reviewed and updated as necessary.

Discussion with staff confirmed that they were aware of the Department of Health (DoH) regional policy (Adult safeguarding Prevention, Protection in Partnership, July 2015) and procedures. The registered manager had reviewed and revised the day centre's adult safeguarding policy which was readily available to all staff. The registered manager confirmed she had received training in her role as safeguarding champion. A review of mandatory training records confirmed that all staff had received training in adult safeguarding on 14 September 2017.

The registered manager explained that the day centre's Whistleblowing policy was with the trust board of directors for approval and that this policy would be shared and discussed with staff at their team meeting when signed off.

Records of service users monies, for example; for lunch and transport were discussed and a random sample of finance records reviewed. Copies of receipts were issued and relevant signatures recorded for all transactions. Reconciliation of finances was undertaken although this was not undertaken on a regular monthly basis. One recommendation in this regard was stated for a second time.

The registered manager confirmed there were risk management procedures in place relating to the safety of individual service users. Discussion with the registered manager identified that the day centre did not accommodate any service users whose needs could not be met. Review of three care records identified that individualised needs assessments and risk assessments were obtained prior to the service user commencing day care.

Inspection of the day centre was undertaken. All areas were observed to be exceptionally clean, tidy, organised, adequately heated and fresh smelling throughout.

Good standards of hand hygiene were observed to be promoted within the day centre among service users and staff. Records of staff training evidenced that staff had received training in infection, prevention and control during November 2016.

The day centre had a current fire risk assessment which was dated 21 March 2017. Recommendations for improvement had been addressed with signatures recorded. Training records evidenced that staff had received fire safety training on 21 November 2017 and fire drill during July 2017 and October 2017. Fire doors were observed to be closed and fire exits unobstructed.

Review of fire safety equipment records evidenced that weekly and monthly checks were undertaken, dated and signed.

Staff spoken with during the inspection confirmed that they had the necessary training and resources to provide safe care to all service users. No issues or concerns were raised.

Some comments made by service users included:

- “I like coming to the centre to make lots of things.”
- “The staff are my friends.”

Five service user/relative satisfaction questionnaires were completed and returned to RQIA within the timescale. One questionnaire was from a service user and four from relatives. All respondents indicated they were “very satisfied” that the care provided was safe.

Areas of good practice

There were examples of good practice found in relation to staff recruitment, training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the day centre’s environment.

Areas for improvement

Three recommendations made for improvement included; retention a record of the staff Access NI date, further development of the staff induction programme to include NISCC Standards and ensure reconciliation of service users’ money for meals etc is carried out and evidenced and recorded on a monthly basis as a minimum.

	Regulations	Standards
Total number of areas for improvement	0	3

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Discussion with the registered manager established that staff in the day care centre responds appropriately to meet the assessed care needs of service users in attendance each day.

A review of three service user's care records confirmed that these were maintained in accordance with the legislation and standards. Individual assessments were complemented with risk assessments, life histories and holistic care plans were in place. Progress notes were recorded and each file contained a signed individual service user agreement.

Care records also reflected multi-professional input into the service users' health and social care needs. Records were found to be updated regularly to reflect the changing needs of the service user. Care records reviewed were observed to be signed by the service user and/or their representative.

A review of care records, along with a random sample of accident and incident records, confirmed that referral to other health and social care professionals were timely and responsive to the needs of service users.

Records were stored safely and securely in line with data protection.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care at appropriate intervals. Methods included; audits of care records, staff training, staff supervision, accidents/incidents, service user questionnaires and reviews of care. Further evidence of audit was reflected within the monthly monitoring visit reports and annual quality report. Improvements made as a result of audit undertaken during 2016/17 included improvement in menu choice and modes of communication including greater use of pictorial information.

The registered manager confirmed that systems were in place to ensure effective communication with service users, their representatives and other stake holders. These included for example; pre- commencement assessment information, multi-professional team reviews, service users meetings, staff meetings and daily staff briefings. The registered manager and staff confirmed that management operated an "open door" policy in regard to communication within the day centre.

A wide range of information was displayed on the notice board with the hallway of the day centre. For example; Health and Safety Law, first aiders, safeguarding, and how to complain (pictorial format) and staff photographs for ease of identification.

Five service user/relative satisfaction questionnaires were completed and returned to RQIA within the timescale. One questionnaire was from a service user and four from relatives. All respondents indicated they were "satisfied" that the care provided was effective.

Service users' who spoke with the inspector were aware of who to contact if they had any concerns. No issues or concerns were expressed or indicated.

Areas of good practice

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

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 registered manager confirmed that staff in the day centre promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent.

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

Service users are enabled and supported to engage and participate in meaningful activities; social events, work and education opportunities, hobbies and interests that meet their assessed needs. For example; arts/crafts, games, outdoor fresh air activities including gardening and walks, word games and quizzes, discussions/mental stimulations and handicrafts. A pictorial activity programme was displayed within rooms and records were retained of service user participation. Service users who spoke with the inspector indicated they liked the activities and social events organised and could choose if they wished to participate or not.

Effective modes of communication between service users, relatives, staff and other key stakeholders were in place. This was evidenced within records including; care records, service users meetings, reviews of care and annual service user satisfaction survey. In addition a wide range of pictorial information was displayed on notice boards throughout the centre. Daily pictorial activity schedules for the day were displayed within each group activity group.

Effective interpersonal communication skills between staff and service users were observed within each of the four group rooms. Service users were listened to, valued, choice offered and consent sought. Staff and the registered manager advised that the registered manager operated an "open door" policy to everyone.

Service users were provided with information, in a format that they can understand which enables them to make informed decisions regarding their life, care and treatment. For example, person centred care plans and pictorial information on a wide range of topics were displayed.

Staff who spoke with the inspector advised that service users were always treated with dignity and respect and that their views, choice and preferences were always acknowledged.

Discussion with staff, service users and observation of care practice confirmed that service users were recognised and responded to in a prompt and courteous manner by staff.

Some comments made by service users included:

- “Staff are good they always help us to do things.”
- “I like gardening and going outside.”
- “If I don’t like something I tell the staff and they fix it.”

Five service user/relative satisfaction questionnaires were completed and returned to RQIA within the timescale. One questionnaire was from a service user and four from relatives. All respondents indicated they were “satisfied” that the care provided was compassionate. No issues or concerns were recorded.

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.

On the day of inspection the registered manager was on duty throughout the inspection.

There was a clear organisation structure and all staff spoken with were aware of their roles and responsibilities. The organisational structure was outlined within the day centre’s Statement of Purpose and Service User Guide.

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

A certificate of public liability insurance was current and displayed.

There was a wide range of policies and procedures in place. The registered manager advised that several policies had been reviewed and revised and that six policies were to be approved by the responsible person at the next board meeting. Policies and procedures retained were centrally indexed and retained in a manner which was easily accessible to staff. The manager advised that policies and procedures were reviewed every three years. Discussion with staff on the Whistle Blowing established that they were knowledgeable in this regard.

Staff confirmed they had individual formal supervision every three months and recorded annual appraisal. Records of staff supervision were retained by the registered manager. A programme of staff supervision dates was displayed. Records of annual appraisals were also retained.

Senior day care staff meetings are held on a monthly basis with minutes recorded. Care assistant staff meetings were held bi-monthly with minutes recorded and retained.

The registered manager advised that no complaints had been received during the past year. Many complementary letters and cards were received. The registered manager demonstrated knowledge on the management and recording of complaints. Reference on how to complain was made within the day centre's Statement of Purpose and Service User Guide. Respondents who returned satisfaction questionnaires indicated they knew how to complain.

The registered manager advised that work on several audits were ongoing. For example; staff recruitment records, monthly accidents/incidents, fire safety, staff training and care records. Where required action would be taken to address areas identified for improvement.

Review of the last three monthly monitoring visits was undertaken. These were observed to be in accordance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007.

Five service user/relative satisfaction questionnaires were completed and returned to RQIA within the timescale. One questionnaire was from a service user and four from relatives. All respondents indicated they were "satisfied" that the care provided was well led. No issues or concerns were recorded.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of accidents/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

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Melanie Nolan, 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.

Quality Improvement Plan

Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012

<p>Area for improvement 1</p> <p>Ref: Standard 21.1</p> <p>Stated: Second time</p> <p>To be completed by: 31 March 2018</p>	<p>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.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: At this years inspection we showed evidenc that the Induction package for new employees had been redesigned into a workbook format however it did not include the NISCC induction standards. Since the inspection we have downloaded both employees workbook and the guide for Managers. We have agreed to now use the NISCC employees workbook which will also include our organisational induction/policies and procedures on the first three days of commencement.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 11.7</p> <p>Stated: Second time</p> <p>To be completed by: 31 March 2018</p>	<p>The registered provider should ensure reconciliation of service user financial transactions is conducted and recorded on a minimum monthly basis.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: As recorded in 2016's Inspection Qip recommendation 3 standard 11.7 a recording system was implemented in November 2016, which referenced all attenders money transactions and was signed off on a weekly basis by the Manger and Administrator, to date the Treasurer had also signed off same but not on a monthly basis as evidenced at the inspection.</p> <p>Due to the Treasurer not based at Mourne Stimulus Day Centre she has now agreed to sign off all attenders transactions on the relevant recording form at the monthly Directors Meeting, the Board Secretary will ensure this money transaction finance form will be presented to the Treasurer to be signed off.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 20.3</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2018 and ongoing</p>	<p>The registered person shall ensure that the date of Access NI check is recorded and retained.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: As evidenced at the inspection all staff Access NI reference numbers are all recorded on their individual personnel folders check list. We have now added a box to record date of issue from Access NI.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 25.1</p> <p>Stated: First time</p> <p>To be completed by: 30 April 2018</p>	<p>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.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: In regards to the attender whom has an individual room due to her autism and severe behaviours that challenge, it was agreed by the Multidisciplinary team during the consultation period on how best to support the attender in their new environment that the room and environment needed to be kept at a low stimuli, ie; no decorative furnishing etc. Over the years we have tried to introduce various low stimuli art to the environment, this caused the attender to react negatively. At the attenders next annual review consideration will be made at the possibility of introducing an art mural in the room in keeping with the attenders interests.</p>

Please ensure this document is completed in full and returned via Web Portal



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