

Unannounced Care Inspection Report 29 November 2018



Lowtherstown Court Day Care

Type of Service: Day Care Service
Address: 55 Bridge Street, Irvinestown, BT94 1DT
Tel No: 02868628985
Inspector: Angela Graham

www.rqia.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 with 16 places that provides care and day time activities for older people who may live with dementia. The day care setting is open Tuesday, Thursday and Friday and is managed by Inspire Wellbeing.

3.0 Service details

Organisation/Registered Provider: Inspire Wellbeing Responsible Individual: William Murphy	Registered Manager: Margaret Tanner
Person in charge at the time of inspection: Margaret Tanner	Date manager registered: 19 May 2009
Number of registered places: 16	

4.0 Inspection summary

An unannounced inspection took place on 29 November 2018 from 10.20 to 15.50.

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 previous 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 staff training, supervision and appraisal, knowledge regarding adult safeguarding, infection prevention and control that promoted safe care. Regarding effective practice, examples of good practice were found in relation to audits and reviews and communication between service users, staff and other key stakeholders. Good practice was found regarding compassionate care in relation to the culture and ethos of the day care setting, dignity and privacy, listening to and valuing service users. Finally, good practice was found in relation to governance arrangements and maintaining good working relationships supporting well led care in the setting.

Two areas requiring improvement were identified in respect of recruitment of volunteers and fire risk assessment.

Service users were asked to provide their views regarding the day care setting. Examples of some of the comments made by service users are “the day centre is a great place to come and I enjoy all the activities we do”, “the dinner is excellent and I always get plenty to eat” and “Margaret and the girls treat us so well”.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	0

Details of the Quality Improvement Plan (QIP) were discussed with Margaret Tanner, Registered Manager, 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.

4.2 Action/enforcement taken following the most recent care inspection dated 2 February 2018

No further actions were required to be taken following the most recent inspection on 2 February 2018.

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
- written and verbal communication received since the previous care inspection
- incident notifications that highlighted that no incidents had been notified to RQIA since the last care inspection on 2 February 2018
- the previous care inspection report
- pre-inspection assessment audit.

During the inspection, the inspector met with the registered manager, two project workers and eight service users. The registered manager was provided with ten questionnaires to distribute to service users/relatives for their completion. The questionnaires asked for service user and relatives' views regarding the service, and requested their return to RQIA. Four service users' and/or relatives questionnaires were returned to RQIA. The content of the questionnaires is discussed in the main body of the 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 responses were received within the timescale requested.

The inspector requested that the registered manager place a 'Have we missed you' card in a prominent position in the day care setting to allow service users and relatives 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 the registered manager to be displayed in the day care setting for service users.

The following records were examined during the inspection:

- complaints and compliments records
- accident/untoward incident records
- staff roster
- RQIA registration certificate
- staff supervision and appraisal records
- records confirming registration of care staff with the Northern Ireland Social Care Council (NISCC)
- elements of three service users' care records
- sample of policies and procedures
- sample of quality assurance audits
- fire drill records
- fire risk assessment dated 28 January 2016
- staff training information
- minutes of three staff meetings
- minutes of three service user meetings
- three monthly monitoring reports

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, service users and staff for their involvement in the inspection process.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 2 February 2018

The most recent inspection of the establishment was an unannounced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 2 February 2018

There were no areas for improvement made as a result of the last care inspection.

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 the planned daily staffing levels for the day care centre, and that these levels were subject to regular review to ensure the assessed needs of the service users were met. A review of the staffing roster for weeks commencing 1 November 2018 until 29 November 2018 evidenced that the planned staffing levels were adhered to. Review of the staffing roster confirmed a volunteer was deployed within the day care setting. Discussion with the registered manager confirmed that the volunteer had recently commenced in the day care setting. Further discussion confirmed that an appropriate pre-employment check had not been undertaken prior to the volunteer being deployed in the day care setting. This has been identified for an area for improvement under the regulations.

Staff who were consulted confirmed that staffing levels met the assessed needs of the service users. Observation of the delivery of care at the time of inspection evidenced that service users' needs were met by the number of staff on duty.

The registered manager confirmed that an induction programme was available for newly appointed members of staff. A review of this induction programme noted that it was comprehensive and included areas such as infection prevention and control, fire procedures, risk management, complaints procedure, health and safety and adult safeguarding.

The registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the centre for any period in the absence of the registered manager. Records of competency and capability assessments were retained and examined during the inspection.

Observation of and discussion with staff on duty demonstrated a clear understanding of service users' needs and how those needs should be met. They described the training they received as effective and of a good quality and stated that it provided them with the skills and knowledge to fulfil their roles and responsibilities. Discussion with staff and review of a sample of staff training records concluded staff had received mandatory since the previous care inspection such as first aid, moving and handling and adult safeguarding training. It was positive to note that staff received training in addition to the mandatory training requirements such as: dementia awareness; General Data Protection Regulation (GDPR) essentials and equality and diversity.

Discussion with the registered manager established that there had not been any suspected, alleged or actual incidents of abuse. The registered manager confirmed that Inspire Wellbeing has adopted the regional Adult Safeguarding Prevention and Protection in Partnership, July 2015 and its associated Operational Procedures, September 2016 and that an Adult Safeguarding Champion had been identified. Discussion with registered manager further confirmed that there was a clear pathway for staff to follow in relation to referring any safeguarding concerns to appropriate professionals. Discussion with staff established that they were aware of the roles and responsibilities in relation to reporting adult safeguarding concerns and maintaining safeguarding records.

Staff confirmed that they had the confidence to report poor practice, should they identify it. However, all expressed the view that practice throughout the centre was of a high quality and that team members worked well together.

Observation of the environment confirmed that the setting was warm, clean, odour free and had suitable lighting. Fire exits were observed to be clear of clutter and obstruction. Records examined identified that a number of safety checks were undertaken including: safety checks of fire doors; fire extinguishers; emergency lighting and weekly fire alarm tests. A fire risk

assessment was completed on 28 January 2016 and a review was to be undertaken in December 2017. Discussion with the registered manager confirmed that a review had not been undertaken. This has been identified for an area for improvement under the regulations. Discussion with staff confirmed they were aware of the evacuation procedure. The discussion with the registered manager confirmed that the furniture, aids and appliances were fit for purpose for the needs of service users.

Infection prevention and control measures were in place and a good standard of hygiene was observed throughout the centre. Staff had effective access to gloves and aprons as required and records were maintained of regular checks and cleaning of bathrooms and equipment. Staff training records confirmed that staff had received training in infection prevention and control in line with their roles and responsibilities and control of substances hazardous to health (COSHH). Observation of staff practice evidenced that staff adhered to infection prevention and control procedures.

Staff confirmed that they felt care was safe in this setting. Discussion with both staff and service users confirmed that service users have had access to a consistent staff team who have developed a holistic and effective understanding of service users' needs. Staff described how they give consideration to service users' holistic needs, for instance, they observe service users, noting any change in dependency, ability or behaviour and proactively take appropriate measures to promote and ensure the safety and wellbeing of the service user. Staff also demonstrated awareness of the need to continually risk assess to ensure that service users remain safe during outings or while engaging in activities within the setting. They recognised the importance of sharing relevant information with relatives and making referrals to other services/professionals as required. In addition staff had received training in first aid and fire safety.

There were arrangements in place to ensure that staff are registered with the Northern Ireland Social Care Council (NISCC).

Discussion with service users and staff on the day of inspection revealed that they felt the care provided was safe. The following is a sample of comments made:

Service users' comments:

- "I love coming to the centre. It is a safe place for us all."
- "The care here is second to none."

Staff comments:

- "The service users' safety is very important and we do all that we can to ensure they are safe in the centre."
- "We have very good training including fire training and first aid."

Four service users and/or relatives returned questionnaires to RQIA. The respondents confirmed they were "very satisfied" regarding questions on "is care safe" in this setting. The respondents confirmed there were enough staff to help them, they felt protected and free from harm, they could talk to staff if they had concerns and the environment was safe and clean.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, knowledge regarding adult safeguarding, infection prevention and control and knowledge and competency in respect to safe care.

Areas for improvement

Two areas for improvement were identified during the inspection in relation to the recruitment of volunteers and fire risk assessment.

	Regulations	Standards
Total number of areas for improvement	2	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 settings 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 is outlined within the Statement of Purpose. Observations throughout the inspection confirmed that the day care setting was providing care in accordance with their Statement of Purpose.

Discussion with the registered manager established that staff in the day care setting responded appropriately to and met the assessed needs of the service users.

The inspector reviewed elements of three service users' care files. The inspection of the care records found they were maintained in line with the legislation, the assessments of need, risk assessments, care plans and records of health and well-being of the service users were current and had been reviewed.

Staff discussion confirmed they use these records to guide their practice and therefore recognised the importance of keeping records current and relevant. Overall the inspection found the settings management of service user records enabled staff to recognise service users' needs and respond to them effectively.

A record was kept of each service user's involvement and progress at the centre and entries were made in proportion to the frequency of attendance of the individual. Dates and signatures were present in all of the files examined. Records of annual reviews for each person demonstrated that an evaluation of the overall suitability of the placement had been discussed and agreed.

Discussions with staff regarding implementation of the care plans provided assurance they knew each individual's needs. Discussion with service users about what they were doing in the centre provided assurances they knew what activity they were going to take part in, who would help them and they were happy that their choices and needs were being met in Lowtherstown Court Day Care.

Discussion with the registered manager and review of arrangements concerning the storage of confidential records confirmed that service users' records were stored safely and securely in compliance with legislative. 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 was evidence that service users were enabled and supported to engage and participate in a range of meaningful activities. Service users gave positive feedback regarding the activities and opportunities the day centre provided for them.

Service users confirmed that they would be comfortable speaking with staff or management if they had any concerns or complaints. The day care setting's Statement of Purpose and Service User Guide provides information on how to make a complaint and the importance of ensuring that service users' opinions and feedback is heard and acted upon. Information is provided to service users regarding their right to advocacy support and the role of the Patient and Client Council (PCC).

Staff stated that there was effective communication and team work which ensured that safe and effective care was provided to service users. The registered manager and staff spoken with advised that there has been a consistent core staff team for a number of years, which they reported had a positive impact on the experience of service users and helped develop working relationships. Staff were aware of their roles and responsibilities and lines of accountability. Staff demonstrated knowledge of how to escalate any concerns and how to liaise with the multi-disciplinary team as needed. In addition, discussions with staff confirmed that they were aware of their obligations in relation to raising concerns with respect to poor practice, and were confident of an appropriate management response. Staff confirmed that they were aware of the setting's whistleblowing policy and were able to access it.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users at appropriate intervals. Records were made available for inspection concerning audits of the environment, staff training, fire safety, supervision and appraisal and care records and evidenced that actions identified for improvement had been completed.

Evidence was provided to verify systems were in place to ensure effective communication with service users, their representatives and key stakeholders. These included pre-admission information, care reviews, service users and staff meetings.

Observation of practices evidenced that staff were able to communicate effectively with service users.

Discussion with service users and staff on the day of inspection evidenced that they felt the care provided was effective. The following is a sample of comments made:

Service users' comments:

- "We get homemade scones and a cup of tea when we arrive at the centre. The scones are lovely"
- "I enjoy the armchair exercises and making cards."

Staff comments:

- “We have access to all the care plans and risk assessments.”
- “The members are offered choice daily; choice of dinner, activities and what they would like to do in the centre.”

Four service users and/or relatives returned questionnaires to RQIA. The respondents confirmed they were “very satisfied” regarding questions on “is care effective” in this setting. The respondents also confirmed that they had got the right care, at the right time in the right place, staff knew their care needs, they were aware of their care plan and the care met their expectations.

The evidence indicates that the care provided in Lowtherstown Court Day Care is effective in terms of promoting each service user’s involvement, development, enjoyment and wellbeing.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews and 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 inspection 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 RQIA inspector visiting the day care setting and staff encouraged them to engage with the inspector.

Discussions with service users and staff and observation of care during the inspection showed that the promotion of values such as choice, dignity and respect were embedded in the culture and ethos of the day centre.

Staff interactions with service users were observed to be cheerful, compassionate, caring and timely, with staff providing clear information, using appropriate language, demonstrating active listening skills, checking understanding and service users’ expectations. The inspector observed on numerous occasions, staff offering service users choice regarding the activity they wished to do or where they wished to go. Staff were noted to be busy attending to the needs of service users and they took time to listen and reassure them as needed. It was apparent that service users were familiar with staff as they appeared relaxed and comfortable in their

surroundings and interactions. There was genuine warmth in the engagement by staff with service users and staff spoken with were knowledgeable regarding service users likes, dislikes and individual preferences.

Staff were aware of what was important for each service user and their specific interests and organised meaningful activities to support this. Discussions with staff regarding the activities they were delivering confirmed the activities were tailored to meet the needs of the service users, as well as promoting their strengths and providing choice. Service users were enabled and supported by staff to engage and participate in meaningful activities. They discussed the range of activities they could take part in such as quizzes, games, moving to music, arts and crafts and outings.

An observation of the lunch time meal confirmed that service users were given a choice in regards to where they preferred to dine, food and fluid choices and the level of help and support requested. Staff treated service users with dignity and respect affording adequate time for service users to make decisions and choices and offered reassurance and assistance appropriately. The food appeared nutritious and appetising. Staff wore appropriate aprons when serving the lunch time meal. Staff interactions with service users were observed to be compassionate, caring and timely.

The minutes of the three most recent service users' meetings were reviewed during this inspection. The meetings had taken place on: 20 November 2018; 12 October 2018 and 21 September 2018. The minutes of meetings reflected service users' views and opinions were sought and form the basis of all discussions. The inspector noted some of the areas recently discussed during meetings included activities, outings, transport arrangements and meals.

Discussion with service users and staff on the day of inspection revealed that they felt the care provided was compassionate. The following is a sample of comments made:

Service users' comments:

- "Staff are very kind and helpful."
- "I am very well looked after here in the centre and really enjoy coming."

Staff comments:

- "We are here to ensure the members enjoy their day in the centre."
- "I know all the members' needs and the level of the support they require."

Four service users and/or relatives returned questionnaires to RQIA. The respondents confirmed that they were "very satisfied" regarding questions on "is care compassionate" in this setting. The respondents also confirmed that they were treated with kindness, respected and their dignity was maintained, staff informed them about their care and supported them to make decisions about their care.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement 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 registration certificate was up to date and displayed appropriately.

There was a clear organisational structure and this information was outlined in the day care settings Statement of Purpose. Staff demonstrated awareness of their roles, responsibilities and accountability. Discussion with the day care worker confirmed that they had a good understanding of their role and responsibilities under the legislation.

During discussions with staff they demonstrated awareness of their roles, responsibilities and accountability. Staff confirmed that if they had any concerns or suggestions they could raise these with the management team. Staff discussed they were aware of the whistleblowing policy if they could not resolve their concerns locally, however they would be unlikely to need this due to the transparent working relationships that exist within the team. Staff spoken with confirmed that they enjoyed working in the day care setting and with their colleagues. All grades of staff consulted demonstrated during the inspection the ability to communicate effectively with their colleagues and other multi-disciplinary teams in the best interests of the service users.

The registered manager and staff advised there were a range of policies and procedures in place to guide and inform staff. Staff confirmed they had access to policies and procedures via the policy tech system.

A review of governance records evidenced that staff 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 registered manager.

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 senior day care worker and registered manager.

Discussion with the registered manager confirmed that staff meetings were generally held monthly, and records verified this. The last meeting was held on 8 November 2018 and minutes were available. Previous staff meetings had been undertaken on 9 October and 11 September 2018. The records included the date of the meeting, names of those in attendance and agenda items. Relevant information was discussed regarding the needs of service users and governance arrangements to ensure delivery of safe and effective care. The registered manager confirmed that the minutes of the meetings were made available for staff to consult.

A complaints and compliments record was maintained in the day centre. There had been no complaints recorded since the previous inspection. Service users are advised of what they can do if they are not happy with the service within the Service User Guide and the Statement of Purpose.

The inspector discussed the monitoring arrangements under regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. The Regulation 28 quality monitoring visits had been undertaken monthly by an independent monitoring officer. Three quality monitoring reports were examined from September 2018 to November 2018 and found to be satisfactory. The reports adhered to RQIA guidelines and evidenced engagement with service users and staff, with positive feedback recorded.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The registered manager confirmed that this was addressed with staff through their training, supervision and appraisal process. In addition the registered manager confirmed that the day care setting had not received any complaints with respect to equality issues from service users and/or their representatives.

Discussions with service users, staff and the registered manager highlighted evidence that supports service user equal opportunities, regardless of their abilities, their background or their lifestyle. Some of the areas of equality awareness identified during the inspection include:

- effective communication
- service user involvement
- safeguarding
- advocacy
- individual person centred care
- individual risk assessment
- disability awareness.

Discussion with service users and staff on the day of inspection revealed that they felt the service was well led. The following is a sample of comments made:

Service users' comments:

- "Margaret and all the staff are great. This is a very good centre."
- "I really enjoy coming here. I look forward to the days I'm here."

Staff comments:

- "I could approach the manager at any time for advice or support."
- "There is a small team here but we work well together."

Four service users and/or relatives returned questionnaires to RQIA. The respondents confirmed they were either "very satisfied" regarding questions on "is care well led/managed" in

this setting. They confirmed that they knew who was in charge of the setting at any time, the service was well managed, their views were sought about their care and quality of service and they knew how to make a complaint.

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, Margaret Tanner, 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 Setting Regulations (Northern Ireland) 2007

<p>Area for improvement 1</p> <p>Ref: Regulation 21 (1) (2) (3)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the time of the inspection</p>	<p>The registered person shall not employ a person to work in the day care setting unless he has obtained in respect of that person the information and documents specified in Schedule 2. This relates to the recruitment of volunteers.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The person who had commenced as a Volunteer has ceased until verification is confirmed by Access N.I. The Email re the updated information was forwarded to the Inspector on 21.01.19.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 26 (4) (a)</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2019</p>	<p>The registered person shall have in place a current written risk assessment and fire management plan which is revised and actioned when necessary or whenever the fire risk has changed.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The Fire Risk Assessment dated 18.01.18 which is for 2 years reviewed in December 2018 was forwarded to the Inspector on 21.01.19. I have also organised and completed with staff and Members full Evacuation on 24th & 25th January.</p>



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