



The Regulation and
Quality Improvement
Authority

Lowtherstown Court Day Care
RQIA ID: 11006
55 Bridge Street
Irvinestown
BT94 1DT

Inspector: Priscilla Clayton
Inspection ID: IN025303

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**Unannounced Care Inspection
of
Lowtherstown Court Day Care**

23 February 2016

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 23 February 2016 from 11.00 to 14.45. Overall on the day of the inspection the day care setting was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Settings Regulations (Northern Ireland) 2007 and The Day Care Settings Minimum Standards 2012.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

The details of the QIP within this report were discussed with Margaret Tanner, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: NI Association for Mental Health/William Henry Murphy	Registered Manager: Margaret Tanner
Person in Charge of the Day Care Setting at the Time of Inspection: Margaret Tanner	Date Manager Registered: 19 May 2009
Number of Service Users Accommodated on Day of Inspection: 10	Number of Registered Places: 16

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

Standard 5: Care Plan - Where appropriate service users receive individual continence promotion and support.

Standard 8: Service Users' Involvement - Service users' views and comments shape the quality of services and facilities provided by the day care setting.

4. Methods/Process

Prior to inspection the following records were analysed:

- The previous care inspection report and returned Quality Improvement Plan (QIP)
- A review of notifiable events submitted since the previous care inspection
- Written and verbal communication received since the previous care inspection

Discussion with eight service users, the registered manager and two project workers was undertaken to gain their views on the provision of care and quality of service provided.

During the inspection the following records were examined:

- The Statement of Purpose
- The Service User Guide
- Complaints records
- Monthly quality monitoring reports
- Selected policies and procedures relevant to standards 5 and 8
- Minutes of meetings of the service user group
- Care records for four service users
- Two satisfaction surveys conducted during 2015
- Indemnity Insurance certificate
- RQIA Registration certificate
- Accident/incident records

Care delivery and the provision of therapeutic activities were observed and an inspection of the general environment was undertaken.

Five staff and 5 service user satisfaction questionnaires were distributed for completion and return to RQIA.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the service was an unannounced care inspection dated 19 February 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 17.10	A policy/procedure should be in place which outlines the purpose, content and process of the Regulation 28 unannounced and announced visits.	Met
	Action taken as confirmed during the inspection: The policy/procedure examined had been amended in accordance with recommendation.	
Recommendation 2 Ref: Standard 7.5	Ensure staff ceases to leave spaces between each recorded entry.	Met
	Action taken as confirmed during the inspection: Examination of four care records showed this recommendation had been addressed.	
Recommendation 3 Ref: Standard 20.12	Records of accidents/incidents were being reported to RQIA as required. It was recommended that a central log is retained in the centre for ease of access so that manager can readily identify any trends or patterns.	Met
	Action taken as confirmed during the inspection: Records of all accidents were being retained as recommended.	

5.3 Standard 5: Care Plan - Where appropriate service users receive individual continence promotion and support

Is Care Safe?

The centre had a continence promotion policy (1 June 2015) which defined personal and intimate care. Staff confirmed they had access to all policies/procedures.

Staff consulted confirmed that they were satisfied with arrangements for access to personal protective equipment, and demonstrated that they had sufficient knowledge, skills and experience on how to assist service users with their personal needs as reflected within care plans.

Observation, review of staffing levels and service users' positive feedback at the time of inspection confirmed that sufficient numbers of staff were on duty to meet the identified needs of service users.

Staff had received training in continence management, as well as moving and handling training, infection prevention/control and other mandatory training. Records of training were retained.

On the day of inspection staff were observed to be confident in carrying out their duties which were carried out in a professional unhurried manner. Discussions with staff confirmed that they were able to demonstrate an understanding of individuals' assessed needs and planned care.

Service users consulted confirmed that they felt safe in the day centre and were confident that staff had the skills and experience to assist them with their assessed needs.

Five resident satisfaction questionnaires distributed were returned to RQIA. Analysis showed that all respondents were satisfied that the care provided was safe.

There was sufficient evidence to confirm that continence care and promotion provided to service users was safe.

Is Care Effective?

Discussion with the registered manager, two care staff and examination of four care records confirmed that the identified needs of service users were assessed and care planned accordingly. Service users who require assistance with mobility had additional assistance with their continence needs. This was clearly reflected within care plans examined.

Staff confirmed they had received training in continence management and demonstrated knowledge, skills and experience of how to assist and support a service user with their personal care needs.

The registered manager confirmed that service users bring in their own continence garments to the centre which are safely stored for use when needed.

A care/support plan for each of the four service users was in place. Care plans reflected the prescribed care required to meet identified continence needs. Risks in regard to falls, moving and handling were reflected and care planned to minimise identified risks.

A review of the environment confirmed that bathrooms/toilets were available and within easy reach of service users. Staff confirmed that a sufficient supply of incontinence garments and other resources was available. Hand washing dispensers and disposable gloves were available throughout the centre.

Responses within returned staff and service users' questionnaires to RQIA provided positive feedback on the effectiveness of care provided.

There was sufficient evidence to confirm that continence care and promotion provided in the centre was effective.

Is Care Compassionate?

Staff interaction with service users was observed to be polite, friendly, warm and supportive.

Staff discussed with the inspector the importance of meeting service users' continence care in a respectful, dignified manner.

During periods of observation it was noted that service users who required assistance with continence care were assisted in a respectful, discreet, private way.

On this occasion there was sufficient evidence to confirm that continence care and promotion provided in the centre was compassionate.

Areas for Improvement

There were no identified areas for improvement in standard 5. Care provided was safe, effective and compassionate.

Number of Requirements:	0	Number of Recommendations:	0
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5.4 Standard 8: Service Users' Involvement - Service users' views and comments shape the quality of services and facilities provided by the day care setting

Is Care Safe?

A range of policies was available to promote service users' involvement in the running of the day centre. Each policy sets out the principles for involving service users to ensure they have an active role in the service delivery.

Examination of complaints records retained found evidence to confirm that expressions of dissatisfaction are taken seriously and managed appropriately.

Service users confirmed that they felt comfortable to raise any issues of concern with the registered manager or staff. Service users also confirmed that they felt that any issues raised were followed up and addressed to their satisfaction.

Care plans inspected provided evidence that service users are involved in the planning of their care and actively participate in their annual care reviews.

Is Care Effective?

There was evidence that management and staff actively seek the views of service users, for example:

- Monthly service users' meetings were held, with minutes recorded and retained. Whilst staff facilitate the meetings, they are service user led. Meetings are a platform where service users' ideas and opinions are listened to. Minutes of one meeting showed discussion was held on continence management.
- Friends of Lowtherstown Court meetings are held on a six weekly basis. Minutes are recorded and retained. This group consists of friends of service users, representatives from the local community and service users. The group provides support to the day centre by providing suggestions, and organising fundraising for outings and general comfort and resources.
- Monthly quality monitoring visits were made on behalf of the registered provider by the service manager. Records of visits conducted each month were retained. Records inspected showed recorded comments made by service users and staff. A development plan for improvement was drawn up when required.
- The manager, staff and service users confirmed that daily discussions take place when service users are consulted about the activity schedule, daily menu and other matters in which their views, opinions and preference are sought.
- Satisfaction surveys are conducted twice yearly. Surveys included a wide range of quality indicators. The outcome of surveys was discussed with the registered manager. One recommendation was made in regard to conducting an analysis of the returned responses so that areas of compliance are identified and those requiring improvement can be addressed. The outcome of the analysis should be shared with service users/representatives and staff.
- Care assessments reflected the views, choices and preferences of service users with person centred care plans agreed and signed.
- Inspection of four service users' care records provided evidence that they and their representatives are encouraged to participate in decisions about the care and support they receive in the day centre. Care records inspected and discussions with service users demonstrated that they are encouraged to maintain their independence and exercise control and choice when they are in the day centre.

Is Care Compassionate?

Discussion with staff demonstrated that they were knowledgeable about service users' needs and that a person centred approach was adopted and reflected in care plans.

Observations of care practices confirmed that service users were treated with dignity and respect. Care duties were conducted at an unhurried pace and interactions with service users were undertaken in a respectful, friendly and supportive manner.

Areas for Improvement

One area identified for improvement related to conducting an analysis of satisfaction surveys. This standard was found to be met and considered to be safe, effective and compassionate.

Number of Requirements:	0	Number of Recommendations:	1
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5.5 Additional Areas Examined

5.5.1 Service Users' Views

Service users' views were sought through individual and group consultation. In accordance with their capabilities, service users expressed and indicated that they were happy and satisfied with their care in the centre.

Some of the comments made by service users included:

- "I really look forward to coming here each day."
- "I would be very lonely if I did not have here to come to."
- "Staff are kind and help us to enjoy the day."
- "Everyone is so very kind."
- "Plenty going on and things to do – good for the brain."
- "The food is lovely and we get a good choice."

Five service users' questionnaires were returned to RQIA following the inspection. Feedback from respondents indicated positive feedback in all areas of each questionnaire.

5.5.2 Staff Views

Two project workers in addition to the registered manager were consulted. Staff advised that they felt supported in their respective roles and that a very good range of training was provided. The staff related that they had been provided with the relevant resources to undertake their duties.

Five staff questionnaires were distributed, completed and returned to RQIA following the inspection. Feedback from respondents indicated positive responses in the provision of safe, effective and compassionate care in the centre.

5.5.3 General Environment

The centre presented as clean, tidy, comfortably heated and fresh smelling throughout. Décor and furnishings were found to be of a good standard.

5.5.4 Accident/Incident Reports

Inspection of the accident/incident reports from the previous inspection to date was undertaken. Accidents/incidents records showed these were appropriately reported and managed.

6. Quality Improvement Plan

The issue identified during this inspection is detailed in the QIP. Details of this QIP were discussed with Margaret Tanner, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of

the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Day Care Settings Regulations (Northern Ireland) 2007.

6.2 Recommendations

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

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to day.care@rqia.org.uk and assessed by the inspector.

Quality Improvement Plan

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 17.11</p> <p>Stated: First time</p> <p>To be Completed by: 30 April 2016</p>	<p>An analysis of the annual satisfaction surveys should be undertaken with action plans developed, if necessary, to address areas of non-compliance. The outcome of surveys should be shared with service users, representatives and staff.</p>		
	<p>Response by Registered Person(s) Detailing the Actions Taken: An analysis of the Annual Satisfaction Surveys will be undertaken as part of the annual evaluation of the service. Recommendations, where appropriate will be recorded on a service Improvement Plan. The full annual evaluation report will be shared with service users, their representatives and staff.</p>		
Registered Manager Completing QIP	Margaret Tanner	Date Completed	18.03.16
Registered Person Approving QIP	Billy Murphy	Date Approved	15/04/2016
RQIA Inspector Assessing Response	Priscilla Clayton	Date Approved	15/04/16

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

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the service.