



The Regulation and
Quality Improvement
Authority

Donard Day Centre
RQIA ID: 11206
Slieve Roe House
Kilkeel
BT34 4BN

Inspector: Kylie Connor
Inspection ID: IN023150

Tel: 02841764096
Email: maureen.smith@southerntrust.hscni.net

**Unannounced Care Inspection
of
Donard Day Centre**

6 January 2016

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 6 January 2016 from 10.10 to 15.15. Overall on the day of the inspection the Day Care Setting was found to be delivering safe, effective and compassionate care. The standards inspected were assessed as met. 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	1	0

The details of the QIP within this report were discussed with Maureen Smith, 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: Southern HSC Trust/Mrs Paula Mary Clarke	Registered Manager: Miss Maureen Smith
Person in Charge of the Day Care Setting at the Time of Inspection: Stephanie Campbell, Senior Day Care Worker until 11.40 when the registered manager arrived into the centre and remained until the completion of the inspection.	Date Manager Registered: 12 March 2014
Number of Service Users Accommodated on Day of Inspection: 12	Number of Registered Places: 20

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 standards have 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

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed:

- Previous care inspection report and returned Quality Improvement Plan (QIP)
- Notifiable events submitted since the previous care inspection

At the commencement of the inspection a poster was displayed informing services users and visitors that an RQIA inspection was taking place and inviting them to speak with the inspector to provide their views.

During the inspection we met with eight service users together in a group, two staff individually and the registered manager. Service user and staff questionnaires were provided to the registered manager for distribution, completion and return to RQIA.

The following records were examined during the inspection:

- The Statement of Purpose dated July 2015
- The Service User Guide dated September 2014
- Two monthly monitoring reports completed in October and November 2015
- Minutes of service users' meetings completed in October and November 2015
- Staff duty rotas
- Staff training records
- Selected policies and procedures
- Two randomly selected service user care records
- Accident and incident records
- Record of complaints.

Following the inspection, two staff questionnaires and five service user questionnaires were received and analysed by us.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the service was a secondary announced pharmacy inspection dated 20 November 2014. No requirements or recommendations were made. The completed documentation was returned and processed by the pharmacy inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection dated 7 October 2014

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 28 (3)	<p>The registered person must ensure the monthly monitoring visits to this day care setting is undertaken at least once per month in compliance with the regulation. Arrangements in place to ensure compliance in this regard must be reported in the returned quality improvement plan.</p> <p>Action taken as confirmed during the inspection: Inspection of a sample of two monthly monitoring reports demonstrated that, whilst we advised that efforts should be made to conduct these visits on an unannounced basis, this requirement had been addressed.</p>	Met

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

Is Care Safe?

A continence procedure, reviewed in July 2015 was in place and reflected current best practice guidance. The service had copies of best practice guidance available for staff. The registered manager confirmed that continence management awareness training for staff would be delivered by the end of March 2016.

Discussion with staff confirmed that the majority of service users attending the centre use the toilet independently. A few service users have had a continence assessment and bring their own continence products to the centre. A small number of service users require staff assistance to assist them with their toileting needs and specific details of the assistance required was recorded in individual care and support plans.

Review of two service user individual records confirmed the needs assessment; risk assessments and care plans are kept under continual review, amended as changes occur and kept up to date to accurately reflect at all times the needs and preferences of the service user; and the needs assessment. The care plans had been appropriately signed; and care plans included information regarding continence.

Service users consulted confirmed that in all aspects of their care, they found staff to be approachable, supportive and respectful when providing assistance and there were no concerns raised.

Two staff consulted individually had a clear understanding of each service user's continence care needs. They were aware that each service user had their own individual plan for continence management which was detailed in their individual care record. Discussion with staff and returned questionnaires verified staff satisfaction regarding access to personal protective equipment for infection control purposes such as gloves and aprons.

Is Care Effective?

Two service users' care records were examined during this inspection with the main focus on the management of continence care. Assessments and risk assessments were completed by staff, culminating in an individual goal based care plan for each service user.

Assessments were effectively recorded. Care plans recorded for personal care included information on continence management which was specific and person centred. The two care records sampled were well recorded and an inspection of the care plans verified that they were regularly reviewed to ensure care plan objectives remain relevant and accurate. There was evidence to confirm that service users and or their representatives' work together with staff when planning care.

The registered manager confirmed that audit processes for the management of care records were in place and outcomes are discussed with staff. In addition, the nominated monitoring officer representing the responsible individual for the service samples and monitors care records during monthly visits to the centre.

Discussion with two staff individually and a review of staff training records confirmed that training, including mandatory training is provided to support staff to undertake their roles and responsibilities.

Staff confirmed that there is good communication between staff members and that a daily staff team brief takes place. The registered manager stated that the staff team is small and daily team briefs take place with records retained. The registered manager reported that she intends to re-commence Band5 team meetings across the services she has responsibility for.

Staff demonstrated that they were knowledgeable about the continence needs of specific individual service users, including the use of products for management of continence, skin care, the promotion of infection prevention and control, and promoting service user privacy and dignity when assisting and supporting service users with their continence care.

An inspection of the environment confirmed that clean, suitably maintained toilet facilities were available. Personal Protective Equipment (PPE) was also available for staff use.

Is Care Compassionate?

Staff members' interaction with service users presented evidence of a high level of compassionate care being delivered throughout the inspection period. Discreet observations of care practices confirmed that service users' were treated with respect, independence was facilitated and their right to privacy supported.

Service users who discussed their experience of attending the centre confirmed they were very satisfied with all aspects of the service.

Areas for Improvement

There were no areas for improvement identified. The standard was assessed as being met.

Number of Requirements:	0	Number of Recommendations:	0
--------------------------------	----------	-----------------------------------	----------

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?

There was good evidence that the service promotes service user involvement and empowerment through a number of methods including service user meetings, daily discussions, care planning, care reviews and monthly monitoring visits. A range of associated trust corporate policies and procedures were in place and available to staff.

The culture in the centre also supports the wellbeing of service users, enabling them to feel valued and promoting and supporting their engagement and participation in the running of the service. Some of the service users who took part in group discussions confirmed that they were involved in discussions about what took place in the centre. All comments received from service users were very positive.

There was evidence from discussions with service users, the staff team and in records examined that the registered manager and staff team presented as being committed to ensuring that safe, effective and compassionate care is always delivered.

The registered manager confirmed that an annual quality review report had not been conducted for the year 2015. A requirement has been made.

A robust system to record complaints was in place and records were maintained of any complaints or expressions of dissatisfaction received together with details of the actions taken.

The registered manager covers more than one day centre service within the Trust. Details of the manager's location on a day to day basis are maintained in the centre. In the absence of the registered manager the centre is managed by band 5 staff who were on duty on the day of inspection. Staff consulted confirmed that the registered manager visited the centre frequently, was always available to contact by telephone and advised that good support was provided.

Is Care Effective

Records inspected and discussions with staff and service users demonstrated that service users enjoyed fulfilling and rewarding activities through their attendance at the centre. Service users spoke of a range of activities including boccia, art and craft activities, baking and quizzes. Service users spoke about how they had enjoyed baking a Christmas cake in December.

On arrival to the centre, service users are offered a beverage and snack and during the morning period, some service users were observed enjoying chatting with each other. A service user meeting took place in the morning.

Service users confirmed that although meetings do not take place every month, they are satisfied with the frequency. Records reviewed indicated that an agenda is prepared and minutes of meetings reflect the list of attendees and details of the issues discussed and actions agreed.

During the afternoon service users took part in a number of activities including, a computer activity, watching the news, reminiscing and knitting. The service users consulted spoke positively about the service, the facilities and their opportunities for involvement and their ability to exercise choice.

The two care records inspected reflected that annual multidisciplinary reviews are held which service users, carers and representatives are invited to attend.

The centre demonstrated robust and effective processes in ensuring that there is regular and consistent engagement with service users.

Is Care Compassionate?

Staff interaction with service users was discreetly observed throughout the inspection period. Examples of supportive appropriate language and encouraging tones of voice were observed, as well as good examples of service users being treated with dignity and respect, of being offered choices and of staff seeking feedback throughout the day.

Written records reviewed also provided good evidence of the provision of services in a professional and compassionate manner.

Discussions with eight service users who were attending the centre on the day of inspection concluded that they are treated well and with respect by the registered manager and staff.

Five service users returned questionnaires confirming that they were very satisfied with all areas examined.

Areas for Improvement

There was one area for improvement identified. This pertained to the completion of an annual quality care review report for the year 2015. The standard was assessed as being met.

Number of Requirements:	1	Number of Recommendations:	0
--------------------------------	----------	-----------------------------------	----------

5.5 Additional Areas Examined

5.5.1 Service Users Views/Returned Questionnaires

Eight service users were spoken to together in a group. Service users made positive comments regarding the care and support delivered by staff, the range of activities made available to them, the transport provided, the quality of the food and the benefits derived from attendance at the centre. A suggestion was made to have toilets designated as ladies only and men only with hygiene given as a reason. This was discussed with the registered manager who agreed to address this matter.

Five completed questionnaires were returned within the timescale. All responses indicated that service users were 'very satisfied' with the areas examined. These areas included: the care and support received, their views and opinions are sought and staffing levels are appropriate within the centre.

Some comments included:

- "I'm here and I really do enjoy coming."
- "The food is very good and the staff are very helpful."
- "They know what suits everybody."
- "Everything is great."

5.5.2 Staff Views/Returned Questionnaires

Staff spoken to demonstrated their knowledge of service users, skills in delivering care and support in an effective and compassionate manner and of those values which underpin person centred practice. Staff expressed positive views in regard to training provided, of the suitability of the environment, of the involvement of service users in decision making and of the standard of care and support delivered. Two staff questionnaires were returned and responses indicated that they were 'very satisfied' in all areas examined. These areas included: access to personal protective equipment, staff training and time available to listen and talk to service users.

Some comments included:

- "We work very closely together."
- "Service user meeting is their opportunity to put forward their views. They want more arts and craft and doing colouring in. I plan to get more colouring pencils and resources to do what they like and want more of."

5.5.3 Complaints and Compliments

The registered manager confirmed that there had been one complaint received during the period 1 January 2014 to 31 March 2015. Discussions confirmed that it had been managed appropriately. The registered manager stated that the service does not record compliments received. The registered manager was advised to develop a system for recording all compliments received.

5.5.4 Environment

Donard Day Centre was observed to be well maintained, clean, fresh smelling and decorated and furnished appropriately.

6. Quality Improvement Plan

The issue identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Maureen Smith, 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.

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 home/agency/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 home.

Quality Improvement Plan

Statutory Requirements

<p>Requirement 1</p> <p>Ref: Regulation 17 (1) (2) (3)</p> <p>Stated: First time</p> <p>To be Completed by: 31 March 2016</p>	<p>The responsible person must ensure that an annual review is undertaken of quality of care which includes the matters set out in Schedule 3 and includes consultation with service users and their representatives.</p>		
	<p>Response by Registered Person(s) Detailing the Actions Taken: The Registered Manager has completed an Annual Monitoring Review of Quality of Care as set out in Schedule 3 for 2014/15. This is held in the Registered provider visit file. The review for 2015/16 will be carried out by 30 April 2016. February 2016 Service Users and their representatives completed a Service Satisfaction Questionnaire. The returns are currently being analysed by the Registered Manager following this a report will be compiled and the learning and actions shared with all service users, staff and Head of service. Any actions as a result of the questionnaire will be dealt with as is reasonable to do so.</p>		
Registered Manager Completing QIP	Maureen Smith	Date Completed	16/02/2016
Registered Person Approving QIP	Mrs Angela McVeigh	Date Approved	03/03.2016
RQIA Inspector Assessing Response	Maire Marley	Date Approved	07/03/2016

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