

Unannounced Care Inspection Report

9 March 2018



Carn Court Day Care

Type of Service: Day Care Setting
Address: Main Street, Rosslea, BT92 7DG
Tel No: 028 67751902
Inspector: Angela Graham

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 that provides care and day time activities for up to 14 service users. The day care setting is open Wednesday and Friday. A programme of day care and day time activities is delivered for adults who are over 65.

3.0 Service details

Organisation/Registered Provider: Inspire Wellbeing Responsible Individual(s): William Murphy	Registered Manager: Martina McLaughlin
Person in charge at the time of inspection: Martina McLaughlin, Acting Manager	Date manager registered: 22 August 2017
Number of registered places: 14	

4.0 Inspection summary

An unannounced inspection took place on 9 March 2018 from 11.10 to 16.20 hours.

This inspection was underpinned by the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

The inspection sought to assess 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 and risk management 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 and taking account of the views of service users. Finally, good practice was found in relation to governance arrangements, quality improvement and maintaining good working relationships supporting well led care in the setting.

Service users were asked to provide their views regarding the day care setting. Examples of some of the comments made by service users are “coming here is the highlight of my week”, “staff are always supportive and listen to you” and “we get a choice of dinner”.

The findings of this report will provide the establishment with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users’ experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Martina McLaughlin, 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 24 March 2017

There were no areas for improvement made as a result of the last care inspection on 24 March 2017.

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
- The previous care inspection report
- Pre-inspection assessment audit.

During the inspection, the inspector met with the manager, two care staff and nine service users. The 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. No responses were received within the timescale requested.

A poster was provided for display to inform staff how they may comment and share their views on the service with RQIA via electronic survey monkey or by use of mobile telephone scan code. No responses were received within the timescale requested.

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 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 safety risk assessment
- Fire drill records
- 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.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 24 March 2017

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 24 March 2017

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 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 2 February 2018 until 9 March 2018 evidenced that the planned staffing levels were adhered to. 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.

A competency and capability assessment had been completed for the staff member who was in charge of the centre in the absence of the registered manager. Review of the competency and capability assessment confirmed that the staff member had received training and was assessed as competent to undertake their role and responsibilities. Discussions with the manager confirmed that they were aware of the day care setting regulations and standards which they had used to guide practice.

Discussion with staff confirmed that mandatory training and other professional development training was provided. Review of a sample of staff training records concluded staff had received mandatory and other training relevant to their roles and responsibilities since the

previous care inspection such as infection prevention and control, promotion of continence, first aid and adult safeguarding training.

Discussion with staff during inspection revealed staff regarded training as important as it guided and informed them how to care safely, effectively and compassionately. Staff stated they felt the training they had received was of good quality, relevant and provided them with the skills required to meet the needs of service users.

Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility.

Discussion with staff confirmed the importance of keeping service users safe in the setting and staff were aware of potential risks for each individual. Staff asserted that they had the right knowledge and information to prevent harm to the service users attending the setting.

The staff on duty on the day of inspection discussed the needs of the service users they were looking after. They gave a clear description of their needs and how those needs will be met. The staff stated their aim was for service users to enjoy their time in the day service by undertaking stimulating activities and for service users to feel comfortable and safe in the group environment. The staff confirmed that if they had any concerns regarding safe practice they would discuss this with their colleagues and/or the management team who they described as accessible and supportive. Staff confirmed service users are encouraged to give their views, opinions and preferences. In summary, the discussion with staff confirmed they were proactively promoting safe care for service users in this setting.

Discussion with the manager and review of records evidenced that the arrangements for monitoring the registration status of care staff was appropriately managed in accordance with the Northern Ireland Social Care Council (NISCC).

The manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. Discussion with staff confirmed an adult safeguarding champion had been established. Discussion with staff also confirmed that they were aware of the regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available to staff within the day centre. The manager stated that there were no current or ongoing safeguarding concerns.

A review of the day centre's environment was undertaken and the day centre was found to be warm, fresh smelling and clean throughout. There were no obvious hazards to the health and safety of service users, visitors or staff. Fire exits were observed to be clear of clutter and obstruction. The review of fire drill records confirmed that a fire drill had been undertaken on 2 June 2017. Discussion with staff confirmed they were aware of the evacuation procedure.

The environment was observed during the inspection and there was evidence of infection prevention and control measures in place such as personal protection equipment which was available for staff, there was evidence that hand hygiene was promoted through notices, hand washing supplies and facilities. Notices promoting good hand hygiene were in both written and pictorial formats. An infection prevention and control policy and procedure was in place. Staff training records confirmed that staff had received training in infection prevention and control in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of infection prevention and control policies and

procedures. Observation of staff practice evidenced that staff adhered to infection prevention and control procedures.

The service users were asked if they felt safe in Carn Court Day Centre, the feedback from service users was this was a safe place for them, they said they felt: “safe here”, they stated “staff know my all needs and the level of help I need”, “this is a safe place to come” and “staff are always helpful”.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, supervision and appraisal, knowledge regarding adult safeguarding, infection prevention and control and risk management.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

Discussion with the 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. Care records examined contained an up to date assessment of needs and associated care plans. Care records were found to be updated regularly to reflect the changing needs of the service user. An individual written agreement was available in two of the three care records reviewed. This was identified as an area for improvement under the standards.

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

Care recording for every five attendances was being maintained in the three care records inspected. The review confirmed that service users and/or their representatives were encouraged and enabled to be involved in the review process, where appropriate. Discussion with staff confirmed that a person centred approach underpinned practice.

Discussion 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 Carn Court Day Centre.

Review of elements of three service users' care records confirmed annual reviews of the individual's day care placement had taken place in the previous year. Each review meeting record inspected provided evidence that service user/representative involvement was sought and documented, systems were in place to review each service user's placement within the centre and ensure attending the day care setting was appropriate to meet the service users health and social care needs.

The 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.

Staff detailed the communication methods that support their work and professional development such as team meetings, supervision, training and informal team discussions. Overall it was clear the staff work together to support the service users in the most person centred way that is safe, effective and meets their needs within an open and transparent culture.

Discussion with the manager and staff confirmed that management operated an open door policy in regard to communication within the day care setting. Staff stated that there was effective teamwork and each staff member knew their role, function and responsibilities. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other health care professionals.

Discussion with the manager and review of records evidenced that service user meetings were generally held monthly. The last meeting was held on 21 February 2018 and minutes were made available. There was information available to staff, service users and representatives in relation to advocacy arrangements.

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

Service users spoken with expressed their confidence in raising concerns with the day centre's staff/management. Service users knew the manager.

Discussion with staff confirmed the centre was providing a good standard of care. Discussion with staff also confirmed they were knowledgeable regarding safeguarding service users in their care and confirmed if they had to escalate concerns they would speak to the manager.

Staff detailed the key worker and staff communication methods had ensured they provided safe and effective care, they knew what each service user needed and how best to meet the needs. Staff identified they were conscious of giving service users safe choices and

encouraging independence. Staff confidently expressed their views and knowledge regarding safe and effective care and stated they would and have brought any concerns regarding the delivery of safe and effective care to the registered manager.

Areas of good practice

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

Areas for improvement

One area for improvement was identified in relation to service users individual written agreements.

	Regulations	Standards
Total number of areas for improvement	0	1

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

Discussion with staff and observation of activities and communication found examples of service users being treated with dignity and respect while promoting and maintaining their independence.

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 mindful colouring, bingo, moving to music and quizzes afforded to them.

Observations of service users taking part in activities showed participation was good. Furthermore those service user's assessed to need staff support, received this in a timely manner so they were involved in the activity.

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. During discussion staff presented as knowledgeable and informed regarding each service user's dietary needs and preferences. All service users spoken with confirmed that they were satisfied with the choice of meals served and that individual preferences were catered for if requested.

During the observation and discussions staff were observed checking service users were comfortable, that their needs and preferences were being met. If the staff identified someone needed additional support they sensitively and discretely got their attention and accompanied the service user to where they could get more individualised care and privacy. Overall staff were observed supporting service users in a compassionate way, encouraging service users to be involved in their care and promoting their independence.

Staff were aware of each service user's individual needs and were observed to respond positively and warmly. During discussion, staff presented as knowledgeable and informed regarding each service user's needs.

The staff described they consult with service users informally when they are in the day care setting regarding their needs, preferences and choices. Service users are consulted on a formal basis via service users' meetings and the annual review of their day care placement.

During the inspection the inspector met with the manager and two care staff. Some comments received are listed below:

- "The service users are offered choice daily regarding the activities they take part in and at lunchtime."
- "Care here is very good. Staff at all times want the service users to have a fulfilled day."
- "We are offered lots of training. I have regular supervision and an appraisal every year."
- "We encourage the service users to be independent and be actively involved in the running of the centre. This is the service users' centre."
- "I have had safeguarding training and am aware of the new guidance."

Service users were asked if care in the setting was compassionate, fulfilled their expectations and encouraged them to be involved. Service users said "I would be lost without coming here, staff are so very kind to me", "I'm always feel listened to and supported" and "staff are courteous and kind".

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, dignity and privacy, 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.

The certificate of registration issued by RQIA was displayed in a prominent position in the day care setting. A certificate of public liability insurance was current and displayed.

The manager confirmed that there were management and governance systems in place to meet the needs of service users.

The manager and staff advised that there was a range of policies and procedures in place to guide and inform staff practice. Policies were retained in a manner which is easily accessible by staff. The inspector reviewed a sample of policies and procedures. Staff confirmed that they had access to the day centre's policies and procedures.

Discussion with staff confirmed that they knew how to respond to a range of situations such as responding to issues of dissatisfaction or an adult safeguarding concern. The staff confirmed that there is good communication across the team and clear working together practices. They described the management team as supportive and they knew they could speak to them for guidance or advice. All grades of staff were clear who they report to and what to do if they had a concern about a staff member or service user. Discussions with staff also confirmed that management were responsive to any suggestions or concerns raised.

Discussion with the manager and staff confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. A review of supervision records confirmed that supervisions were completed for staff on a quarterly basis, or more frequently, and staff appraisals were completed annually. Discussion with staff confirmed that they had received supervision and appraisal accordingly.

Discussion with the manager confirmed that staff meetings were held generally monthly, and records verified this. The last meeting was held on 7 March 2018 and minutes were available. Previous staff meetings had been undertaken on 16 February and 24 January 2018. The content recorded detailed discussions of staff being informed regarding changes to service users' needs, policy and procedure changes, training opportunities and potential to improve practice. The records and commentary recorded evidenced staff discussions were focussed on service users' needs and improvement. The manager confirmed that the minutes of staff meetings were made available for staff to consult.

The complaints record was reviewed. No complaints were recorded since the previous care inspection on 24 March 2017. Compliments records were recorded and maintained by staff.

The inspector discussed the monitoring arrangements under Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. The Regulation 28 monthly quality monitoring visits had been undertaken monthly by an independent monitoring officer. A monitoring visit had been undertaken on 2 February 2018. Three monitoring reports were reviewed from December 2017 to February 2018. The monitoring officer reported on the conduct of the day care setting.

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

Areas of good practice

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

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 Martina McLaughlin, 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: 3.1</p> <p>Stated: First time</p> <p>To be completed by: 30 April 2018</p>	<p>The registered provider should ensure each service user is provided with an individual written agreement, which, having regard to the assessment of need, confirms the day service is suitable and appropriate to his or her needs, and sets out any fees or charges payable, and the arrangements for payment of these and includes all matters listed in standard 3.1.</p> <p>Ref: 6.5</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>All service users have now got a written agreement in their file with all relevant information included as listed in standard 3.1.</p>
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