

Unannounced Care Inspection Report 15 November 2019



Carn Court Day Care

Type of Service: Day Care Service
Address: Main Street, Rosslea, BT92 7DG
Tel No: 028 6775 1902
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 14 places that provides care and day time activities for people over the age of 65, who may be frail, or living with a physical disability. The day care setting is open Wednesday and Friday and is managed by Inspire Wellbeing.

3.0 Service details

Organisation/Registered Provider: Inspire Wellbeing Responsible Individual: William Henry Murphy	Registered Manager: Emma Weaver
Person in charge at the time of inspection: Peripatetic Project Worker	Date manager registered: Emma Weaver – 18 June 2015
Number of registered places: 14	

4.0 Inspection summary

An unannounced inspection took place on 15 November 2019 from 09.25 to 15.30.

This inspection was underpinned by the Health and Personal Social Services (Quality Improvement and Regulation) (Northern Ireland) Order 2003, the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

As a public-sector body, RQIA have a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of day care settings, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of day care settings have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. All day care settings should safeguard and promote service user choices and freedoms as they relate to the range of services being provided.

Evidence of good practice was found in relation to staff training, adult safeguarding and infection prevention and control practices. Further areas of good practice were also noted in relation to care reviews, communication between service users, staff and other key stakeholders, the culture and ethos of the day care setting, listening to and valuing service users and taking account of the views of service users. In addition, good practice was also observed in regard to governance arrangements, staff supervision and appraisal and maintaining good working relationships.

There was evidence identified throughout the inspection process that the day centre promotes service users' human rights; this was evident in relation to the areas of consent, autonomy, equality, decision making, privacy, confidentiality and service user involvement.

One area requiring improvement was identified regarding weekly testing of the fire alarm system.

Service users were asked to provide their views regarding the day care setting. Examples of some of the comments made by service users are “I am exceptionally well looked after here”; “lovely place to come and staff are so good to us”; “fantastic centre” and “staff are so helpful, always take time to listen to me and if I need anything I would feel comfortable talking to staff.”

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	1	0

Details of the Quality Improvement Plan (QIP) were discussed with the peripatetic project worker, 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 14 December 2018

No further actions were required to be taken following the most recent inspection on 14 December 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
- information and correspondence received by RQIA since the last inspection
- incident notifications which highlighted that no incidents had been reported to RQIA since the care inspection on 14 December 2018
- unannounced care inspection report dated 14 December 2018.

During the inspection, the inspector met with the peripatetic project worker, two project workers and the housing officer. Introductions were made to all service users while walking around the setting with individual interaction with six service users.

Ten service user and/or relatives’ questionnaires were provided for distribution; no service user/relative questionnaires were returned to RQIA within the timeframe for inclusion in this report.

At the request of the inspector, the peripatetic project worker 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.

The inspector requested that the peripatetic project worker place a 'Have we missed you' card in a prominent position in the day centre to allow service users, relatives and staff 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 be displayed in the day care setting.

A range of documents relating to the service were reviewed during the inspection and are referred to within the body of the report.

The inspector would like to thank the peripatetic project worker, service users and staff for their support and co-operation throughout the inspection process.

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 14 December 2018

The most recent inspection of the establishment was an unannounced care inspection. There were no areas for improvement made as a result of the last care inspection.

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The inspector reviewed the day care setting's systems in place to avoid and prevent harm to service users which included a review of staffing arrangements in place within the day centre.

The peripatetic project worker described the staffing levels which have been assessed as necessary to provide a safe service in the setting. Assurances were provided to the inspector that sufficiently qualified, competent and experienced persons are working at all times to meet the assessed needs of the service users, taking into account the size and layout of the premises, the number of service users accommodated, fire safety requirements and the statement of purpose. A review of the staffing roster for weeks commencing 16 October 2019 until 15 November 2019 evidenced that the planned staffing levels were adhered to. Discussions with staff and service users confirmed that they felt there were sufficient staff to ensure the safety of service users in the day centre. Observation of the delivery of care at the

time of inspection evidenced that service users' needs were effectively met by the number of staff on duty.

A competency and capability assessment had been completed for the staff member who, on occasion, may be in charge of the centre in the absence of the manager. A review of the competency and capability assessment confirmed that the staff member was assessed as competent to undertake their role and responsibilities. Discussion with the staff member confirmed that they were willing to undertake this role.

There were arrangements in place to ensure that staff are registered with the Northern Ireland Social Care Council (NISCC). Information regarding registration details and renewal dates were maintained and available to the inspector. The peripatetic project worker confirmed that all staff are currently registered with NISCC.

The peripatetic project worker confirmed that staff employment records were held within the Inspire Wellbeing's human resources department and that all appointments were made in compliance with relevant legislative requirements and trust policy and procedures. The peripatetic project worker 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 privacy and dignity, confidentiality, risk management, complaints procedure, health and safety and adult safeguarding.

The setting's training record demonstrated that there was an ongoing programme of mandatory training for staff, relevant to their roles and responsibilities, which will assure staff know how to keep service users safe. There was evidence that compliance with completing mandatory training was routinely monitored by the manager and any training now due for update was being followed up with the staff member by the manager. Review of a sample of staff training records concluded staff had received mandatory and other training relevant to their roles and responsibilities such as first aid, adult safeguarding, control of substances hazardous to health (COSHH) general data protection regulations (GDPR) and dementia awareness. It was positive to note that staff had undertaken deprivation of liberty training (DoLS).

The day care settings governance arrangements in place to highlight and promote the identification of and management of risk were inspected. Review of accident/incident records confirmed that no accidents/incidents had been recorded since the previous care inspection. Discussion with the peripatetic project worker and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Observation of and discussion with staff evidenced that they were very knowledgeable regarding each service user and the support they required in order to ensure their safety. In addition, discussions with staff and the manager evidenced that they had an understanding of the management of risk, and an ability to balance assessed risks with the wishes and human rights of individual service users.

The peripatetic project worker advised there had been no recent safeguarding referrals in the setting. Discussion with the staff and the peripatetic project worker identified that they knew that there was a clear pathway for staff to follow in relation to referring any safeguarding concerns to the appropriate professionals.

The inspector advised the peripatetic project worker to liaise with Inspire Wellbeing senior management regarding the arrangements for the adult safeguarding position report which is due to be completed by 31 March 2020.

Discussions with the staff also confirmed that they were aware of their obligations in relation to raising concerns with respect to service users' wellbeing and poor practice, and were confident of an appropriate management response. They were aware of the organisation's whistleblowing policy if they could not resolve their concerns locally but indicated that they would be unlikely to need this due to the transparent working relationships that existed within the team.

An inspection of the environment was undertaken and confirmed that it was appropriately warm, had suitable lighting and furniture and no mal odour was noted. Discussion with the peripatetic project worker and observation of the environment confirmed that furniture, aids and appliances were fit for purpose for the needs of the service users. Infection prevention and control measures were in place, which included the availability of supplies of liquid soap and hand towels mounted on the walls, foot pedal operated bins and seven step hand hygiene notices which were positioned at wash hand basins. Staff also had effective access to gloves and aprons as required.

The day centre's fire safety precaution records were reviewed. It was noted the last full evacuation drill was undertaken on 31 May 2019. Discussion with staff confirmed they were aware of the evacuation procedure. An updated fire risk assessment was completed on 22 March 2018 and the housing officer confirmed that the significant findings were addressed. Fire exits were observed to be clear of clutter and obstruction. Records examined identified that a number of safety checks were undertaken including: fire safety drills to ensure service users can exit safely, fire extinguishers and fire alarm tests. Review of the fire alarm test records identified a number of omissions in regard to the weekly fire alarm tests. A test occurred 22 October 2019 and a further test had not been undertaken until 7 November 2019. These findings were discussed with the estates inspector on 27 November 2019. The estates inspector recommended that the weekly testing of the fire alarm system should be undertaken to ensure compliance with BS5839. This has been identified for an area for improvement.

Discussion with service users and staff evidenced that they felt the care was safe. The following is a sample of comments made:

Service users' comments:

- "I know what to do when the fire alarm goes off; staff have told us several times."
- "I am very happy here and the staff keep me safe when I am moving around the centre."

Staff comments:

- "Care is safe in the centre; we know the service users and all their needs and what it takes to ensure their safety."
- "I have attended all the mandatory training; very good training offered."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the environment, infection prevention and control practices, staff training and adult safe guarding.

Areas for improvement

One area for improvement was identified regarding weekly testing of the fire alarm system.

	Regulations	Standards
Total number of areas for improvement	1	0

6.4 Is care effective?

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

The inspector reviewed the day care setting's 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 was outlined in the Statement of Purpose. Observations throughout the inspection confirmed that the day care setting was providing care in accordance with their Statement of Purpose.

The inspector reviewed elements of three service users' care files. Review reflected there were assessments of needs, 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.

Care records also reflected the multi-professional input into the service users' health and social care needs. 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.

The records viewed were signed, as appropriate, by the service users and/or their next of kin, evidencing consultation and agreement with arrangements in place.

There was evidence in care records reviewed that service users' rights were recognised; for example, the inspector noted a number of consent forms signed by service users with regard to staff taking photographs to maintain in care records, consent to access service user's files and consultation/involvement in care planning and risk assessments.

The peripatetic project worker advised that service users typically had access to a care review on an annual basis or more frequently if required; involving their HSCT representatives and records viewed verified this. The care review records reviewed provided positive feedback from service users and their representatives with regards to the day care service.

Review of arrangements concerning the storage of confidential records confirmed that service users' records were stored safely and securely in compliance with legislative requirements.

Staff who spoke with the inspector clearly demonstrated the knowledge, skills and experience necessary to fulfil their roles and responsibilities. They were knowledgeable about the centre's philosophy of care, promotion of human rights and risk management. Staff described how they observe service users, noting any change in dependency or mood and proactively take appropriate measures to promote/ensure the safety and wellbeing of the service user. They also demonstrated knowledge of service users' preferences regarding activities and at lunch time.

Discussions with service users and observation of their interactions with staff evidenced that service users were empowered to express their views routinely on a day to day basis. Service users indicated that they had open lines of communication with staff and the manager and were confident that the staff would respond appropriately to any issues raised.

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

Service users' comments:

- "Staff always discuss the day with us and if we want to change any activities."
- "The care and attention I get is fantastic."

Staff comments:

- "We update all risk assessments and care plans as changes occur. I think the care is very effective in the day centre."
- "Care is very good here. Service users are offered choice every day."

Areas of good practice

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

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 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.

On the day of inspection the inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was reflected by the expression of staff attitudes towards service users and service delivery.

Staff were observed informing service users that the inspection was taking place and they encouraged service users to talk to the inspector. Service users were keen to share with the inspector how much they enjoyed attending the day centre and the positive relationships they have with staff.

Discussion with staff found they were informed regarding the ethos of the day care setting which promoted choice and ensured service users had access to a friendly, caring and stimulating atmosphere. Staff also discussed how they support and encourage service users to remain active and independent in the setting by ensuring they are able to access activities that they can engage in and the space they use facilitates their independence.

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. Condiments were available for service users' use if required. 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 approaches and responses to service users were noted to be caring, cheerful and compassionate. Staff acknowledged that service users require varying degrees of support with their care needs, and that service users' independence should be promoted in a discreet manner. The inspector observed staff discreetly responding to service users who required such assistance in regards to mobilising safely, eating lunch and participating in activities. In addition, staff demonstrated awareness of their responsibilities and requirements to ensure service users' confidentiality and consent.

Service users spoken to confirmed that they liked the activities on offer in the setting and staff were always willing to review the activity programme at their request. They described how they had learnt new skills, with some individuals enjoying arts and crafts for the first time.

Service users confirmed they were asked their opinion regarding what they would like to do in the day centre and their preferences were sought before any plans were made. 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 which included: bingo, boccia, arts and crafts, knitting, games, moving more often and flower arranging. A programme of planned activities and events were displayed within the day centre. The activity programme was noted as developing social opportunities for service users as well as their hobbies and interests.

In addition to daily informal discussions, the settings had in place robust systems that aimed to promote effective communications between service users and staff such as bimonthly service user meetings, individual care review meetings and an annual service user's quality assurance survey.

The peripatetic project worker confirmed that service user meetings are generally held monthly. A review of minutes of meetings since the last inspection verified this. A review of a sample of minutes for meetings in August, September and October 2019 evidenced service user feedback being sought in regards to transport, fundraising, meals and activities. It was positive to note that the purpose of care and support plans and care reviews were also discussed.

Service users described good relationships with staff, which enabled them to be able to speak to staff if they had any concerns. They confirmed that they felt their views and opinions were taken into account in all matters affecting them. This approach to communication supports the protection and promotion of individualised and person centred care and support for service users.

Service users are advised of what they can do if they are not happy with the service within the Statement of Purpose and Service User Guide. The Service User Guide also provides information regarding what service users should expect from the service, which promotes a rights based approach that empowers service users.

Discussion with service users and staff evidenced that they felt the care was compassionate. The following is a sample of comments made:

Service users' comments:

- "I am treated with great respect, kindness and warmth."
- "We have meetings every month and we talk about how we want to spend our days in the centre like different activities and we also talk about meals."

Staff comments:

- "We listened to the service users and respect their choices."
- "We treat all the service users equally and with respect. It is very important to offer everyone in the centre choice in what they do."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the day care setting, listening to and valuing service users and taking account of the views of service users.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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 inspector sought to assess the day centre's leadership, management and governance arrangements to meet the assessed needs of service users.

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.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed.

The peripatetic project worker and staff advised there were a range of policies and procedures in place to guide and inform staff and were easily accessible within the day care setting.

A complaints and compliments record was maintained in the day centre. Review of the complaints record evidenced that no complaints had been recorded since the previous care inspection. Discussion with service users confirmed they would speak to the staff or the manager if they were dissatisfied or were concerned about their day care experience. Discussion with staff confirmed that they knew how to receive and deal with complaints and ensure that the manager was made aware of any complaints. The complaints procedure was displayed in areas throughout the day centre. Samples of compliments were available for review and evidenced a high level of satisfaction with the service provided.

Discussions with the peripatetic project worker and staff confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. This included the availability of continuous update training alongside supervision / appraisal processes, an open door policy for discussions with the management team and observation of staff practice. A review of a sample of records verified that staff received three monthly supervision sessions and annual appraisals.

Review of the minutes of staff meetings identified that these meetings were held at least monthly. The last staff meeting was held on 18 October 2019 and minutes were available. Previous staff meetings had been undertaken on 9 October and 11 September 2019. Areas discussed included staff training opportunities, service users' needs, training opportunities, NISCC and service users' needs. The peripatetic project worker confirmed that the minutes of staff meetings were made available for staff to consult.

The inspector discussed the monitoring arrangements in compliance with Regulation 28 of The Day Care Settings Regulations (Northern Ireland) 2007. The Regulation 28 monthly quality monitoring visits had been undertaken monthly by a senior manager within the organisation, who demonstrated a good understanding of the setting. A sample of reports viewed for August to October 2019 provided evidence that the visits included engagement with service users and staff; a review on the conduct of the day care setting and development of action points and review of previous action points.

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 peripatetic project worker confirmed that this was addressed with staff through their training, supervision and appraisal process. In addition, it was confirmed that the day centre had not received any complaints with respect to equality issues from service users and/or their representatives.

The inspector noted that day centre collects equality information in relation to service users, during the referral and assessment process. The data is used effectively and with individual service user involvement when a person centred care and support plan is developed.

Some of the areas of equality awareness identified during the inspection include:

- Effective communication
- Service user involvement
- Adult Safeguarding
- Equity of care and support
- Individualised person centred care
- Individualised risk assessment
- Disability awareness

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

Service users' comments:

- "I know if I'm not happy I can make a complaint."
- "This place runs well, never any problems."

Staff comments:

- "Great centre and feel I am part of the team. I have regular supervision and annual appraisal with the manager."
- "I am well supported by the manager. Very good teamwork."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, staff supervision and appraisal, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified in this domain 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 peripatetic project worker, 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	
Area for improvement 1 Ref: Regulation 26 (4) (d) Stated: First time	The registered person shall make adequate arrangements regarding the weekly testing of the fire alarm system to ensure compliance with BS5839. Ref: 6.3
To be completed by: Immediate and ongoing	Response by registered person detailing the actions taken: we have worked with the choice housing officer regarding compliance . arrangements in place to ensure weekly testing is achieved .

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



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