

# Care Inspection Report

## 21 October 2016



## Age NI, Dungannon

**Type of service: Day Care Service**  
**Address: 2-4 Little Scotch Street, Dungannon, BT70 1AP**  
**Tel no: 02887752383**  
**Inspector: Dermott Knox**

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Age NI, Dungannon took place on 21 October 2016 from 10.00 to 15.00. The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the day centre was delivering safe, effective and compassionate care and if the service was well led.

### **Is care safe?**

The day centre premises were in good condition, having been repainted during the two weeks prior to this inspection. There were no obvious hazards for service users or staff. Written records and discussions with staff and service users confirmed that staffing levels met the assessed needs of those who attend the centre. Staff who were interviewed presented as having a good understanding of safeguarding principles and procedures and they confirmed that supervision was provided regularly. Evidence of satisfactory planning and review of health and safety matters was available on file. Observation of the delivery of care provided evidence that service users' needs were being met by the staff on duty. Risk assessments were being carried out routinely in an effort to minimise risks and to manage them consistently.

### **Is care effective?**

Detailed assessments of each service user's needs informed the development of care plans which addressed these needs in appropriate detail. Annual reviews of service users' placements were carried out and records indicated that effective care was being provided. Evidence of the effectiveness of the service was also presented verbally, in discussions with service users and staff members, in questionnaire responses and in monthly monitoring reports written by a nominated senior manager. The centre manager and staff spoke of positive working relationships with community based professionals and with members of the local community.

### **Is care compassionate?**

There was strong evidence of compassionate care being provided in the centre, including the respectful and caring tones of interactions between staff members and service users and the discrete manner in which personal care and confidential matters were dealt with. The caring practices that were observed were also reflected in progress records, review reports and the findings of the latest quality survey. Dates and signatures were missing from a number of records and a recommendation is made in this regard. Staff members spoke highly of the commitment and caring qualities of their colleagues. Service users commented positively on the kindness of staff, the enjoyment of attending the centre and of its value to them, both socially and in contributing to their health and wellbeing.

### **Is the service well led?**

Age NI Day Centre Dungannon has systems in place to ensure that staff are well-informed on the responsibilities of their various roles and the expected standards of practice. Staff are supervised and supported, formally and informally, within the team. Evidence from discussions with staff indicate that the manager has positive working relationships with members of this small staff team and that staff have confidence in their colleagues. The manager spoke highly of the team members and of the support that she is given by senior management. Service users in the centre reported positively on the leadership and staffing of the centre. Systematic

audit of practices and procedures was confirmed in the yearly audit planner and in the well-detailed records of monthly monitoring visits. One sampled policy should be expanded as recommended at 4.6 below. Overall, there was evidence to indicate good working practices that are well led.

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

### 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	2

This inspection resulted in two recommendations being made. Findings of the inspection were discussed with Mrs Patricia Kearney, registered manager, as part of the inspection process and can be found in the main body of the report.

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

### 1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 16 June 2015.

### 2.0 Service details

<b>Registered organisation/registered person:</b> Age NI/Miss Linda Robinson	<b>Registered manager:</b> Mrs Patricia Kearney
<b>Person in charge of the service at the time of inspection:</b> Mrs Patricia Kearney	<b>Date manager registered:</b> 26 May 2009

### 3.0 Methods/processes

Prior to inspection we analysed the following records:

- Record of notifications of events
- Record of complaints
- Quality Improvement Plan from the previous inspection on 16 June 2015.

During the inspection the inspector met with:

- Five service users in group settings

- The registered manager
- Two care staff for individual discussions.

The following records were examined during the inspection:

- File records for three service users, including care plans and review reports
- Progress notes for three service users
- Three monitoring reports for the months of August, September and October 2016
- Yearly Audit Planner and records
- Age NI Quality Survey Report for 2015/16
- A Business Impact Analysis (to inform the management of untoward events/crises)
- Minutes of five service users' meetings, held since February 2016
- Minutes of six staff meetings, held between March and September 2016
- Training records for two staff
- A sample of four written policies and procedures, including those for 'Staff Learning and Development' and 'Absence of Manager'
- Records of accidents and incidents
- Statement of Purpose
- Service User Guide.

#### 4.0 The inspection

#### 4.1 Review of requirements and recommendations from the most recent inspection dated 23 July 2015

The most recent inspection of the service was an announced premises inspection. The completed QIP was returned and approved by the estates inspector. This QIP will be validated by the estates inspector at the next premises inspection.

#### 4.2 Review of requirements and recommendations from the last care inspection dated 23 July 2015

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 19(1)(a) Schedule 4 <b>Stated:</b> First time	A record must be maintained in the day care setting of a recent photograph of each service user. <b>Ref:5.3- Standard 5</b>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Each of the three service user's files, examined at this inspection, contained a recent photograph of that person.	

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 5 <b>Stated:</b> First time	Service user care records in respect of continence promotion and management should be developed to reflect a person centred approach to care including any service user preference and in a format suitable for the service user.  <b>Ref:5.3- Standard 5</b>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Service users' care records were found to contain appropriate information on the individual's personal care needs and the plans in place to meet these. Each care plan had been signed by the service user to indicate agreement with the content.	
<b>Recommendation 2</b> <b>Ref:</b> Standard 21 <b>Stated:</b> First time	The registered person should ensure that a record of staff induction is retained in the day care setting and available for inspection at all times.  In addition all staff working in the centre including bank staff should receive education and training on continence management.  The training needs of individual staff should be reviewed and their individual training needs identified during their next staff supervision. This is specifically in areas such as safeguarding, behaviours which may challenge, reporting poor practice, core care values, mental health, dementia and the provision of activities.  RQIA should be informed of the arrangements which have been implemented to address staff training needs when returning the QIP.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There had not been any staff appointments for a number of years. An induction programme had been prepared by Age NI for use in future staffing arrangements. The organisation's policy on Staff Induction was available for inspection, having been published in April 2016 and this was satisfactory.	
	Individual staff member's training needs are now identified and recorded by the manager.	

<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 27</p> <p><b>Stated:</b> First time</p>	<p>The registered person should ensure safe and healthy working practices are promoted in respect of infection prevention and control by addressing the following issues:</p> <ul style="list-style-type: none"> <li>• replace the identified toilet seat in the ladies toilet</li> <li>• upgrade the paintwork in one identified backrest and toilet to ensure effective cleaning can take place</li> <li>• remove mops from toilet areas and review the storage arrangements to ensure they are stored in accordance with good infection prevention and control practice.</li> </ul> <p><b>Ref:5.3–Standard 5</b></p> <p><b>Action taken as confirmed during the inspection:</b> The manager confirmed that appropriate measures had been taken in the centre to comply with the issues identified in this recommendation.</p>	<p><b>Met</b></p>
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 3</p> <p><b>Stated:</b> First time</p>	<p>The registered manager should ensure that each service user agreement is reviewed, and an addendum is added to reflect the new charges in place for meal provision where appropriate.</p> <p><b>Ref:5.4–Standard 8</b></p> <p><b>Action taken as confirmed during the inspection:</b> Satisfactory service user agreements were available in each of the files examined</p>	<p><b>Met</b></p>
<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 25</p> <p><b>Stated:</b> First time</p>	<p>The registered manager should review the signage in the centre to ensure the needs of service users are met, and when replacing toilet seats coloured seats should be provided.</p> <p><b>Ref:5.5.2</b></p> <p><b>Action taken as confirmed during the inspection:</b> The manager confirmed that this recommendation had been implemented.</p>	<p><b>Met</b></p>

### 4.3 Is care safe?

The day centre premises were in good condition, having been repainted during the two weeks prior to this inspection. There were no obvious hazards for service users or staff. The registered manager stated that the staff members employed and the daily staffing levels had remained constant for several years. Two staff members, individually, verified that staffing arrangements were satisfactory and that they were confident in the practice of each of their colleagues. Safeguarding principles and procedures were understood by both staff members who were interviewed. They and the manager confirmed that there were no current safeguarding concerns. Staff members confirmed their confidence in reporting any poor practice that they might witness or detect. The staff member who takes charge in the manager's absence has many years' experience in the centre and is deemed competent and capable to take charge.

There were systems in place to ensure that risks to service users were assessed regularly and managed appropriately. This included inputs by community based professionals, service users and, where appropriate, a relative. General risk assessments, transport and mobility risk assessments, were present in each of the service user's files examined. Each one had been signed as agreed by the service user or a representative. In individual discussions, three service users confirmed that they felt safe and well supported at all times while in the centre or travelling to and from it. One service user stated "If it wasn't good, I wouldn't come", while another said, "All the staff are absolutely wonderful. They would do anything for you."

Observation of the care practices showed that service users' needs were being met safely by the numbers and the skills of staff on duty. The manager confirmed that service users' needs and their satisfaction levels were monitored continually to ensure that staff numbers and their practice met service users' needs consistently. Staff presented as being well informed of the needs of service users and of methods of helping to meet these needs safely.

Seven questionnaires were completed and returned to RQIA, five by service users and two by staff members. Respondents were unanimous in their praise of the quality and safety of care provided. During the inspection visit, three service users contributed through individual discussions to the inspection process and spoke very positively of the quality of care provided at the centre and of their enjoyment in taking part in the various activities. All three confirmed that they felt safe in the centre, in the transport bus and in organised activities.

Service users' rights and feelings, and the methods available to them of raising a concern or making a complaint had been discussed in service users' meetings. Evidence from discussions, observations and in written records indicated that staff regularly seek the views of service users regarding their preferences and the activities in which they participate. The annual quality survey for the centre, for 2015/16, indicated high levels of satisfaction amongst service users and their carers, with 80% of respondents stating that staff's attitudes and responsibility were 'Excellent'. The remaining 20% rated this as 'Good'.

No notifiable events had occurred in the year preceding this inspection. No complaints had been recorded in the year preceding this inspection. The evidence presented supports the conclusion that safe care is provided in Age NI Day Centre, Dungannon.

#### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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#### 4.4 Is care effective?

Three service users' files were examined and each was found to contain detailed referral and assessment information on the individual and on his or her functioning. Care plans addressed identified needs accurately, particularly where there were specific matters, such as medical condition care, allergies or diet, to be taken into consideration. Each file contained a "Transport Risk Assessment" and a "Moving and Handling Risk Assessment", making these matters easily accessible and clear for staff working with that person. A record was kept of each service user's involvement and progress at the centre and entries were in proportion to the frequency of attendance of the individual.

Three service users were keen to speak individually and in private about their experiences of participating in the centre's activities and in their individual care programmes. All three presented very positive views of the support that they received. Records of annual reviews for each person demonstrated that an evaluation of the overall suitability of the placement had been discussed in detail and agreed. Well written review records were available in each of the files examined and these included the service user's views.

Staff training and development systems were being updated, with the introduction of more e-learning programmes and the keeping of training records electronically. Dates and signatures were missing from a number of records and a recommendation is made in this regard. Evidence from discussions with service users and from written records confirmed that service users enjoyed activities and felt that the centre was a supportive place in which to spend their time. The manager and staff worked creatively to involve service users in a variety of experiences, making use of the available rooms and local facilities. The premises have a suitable layout that helps to avoid disorientation on the part of service users.

Overall, the evidence indicates that the care provided is effective in terms of promoting each service user's involvement, enjoyment and wellbeing.

#### Areas for improvement

The registered provider should ensure that all records, created by the manager and staff of the centre, are dated and signed at the time of their completion.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations</b>	<b>1</b>
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#### 4.5 Is care compassionate?

Observations of activities throughout the centre provided evidence of service users relating positively to staff and to each other. Activities included armchair exercises, boccia, quizzes, bingo, music, art and craft work and outings for shopping or sightseeing. Several service users stated that an important aspect of their attendance at the centre was the company, the discussions and a sense of security. Service users also praised the warmth of the welcome, tea and toast on arrival in the mornings and an excellent cooked lunch, which is provided by a local



café. In all of the interactions observed, service users were engaged with warmth, respect and encouragement.

Service users confirmed that staff listen to them and involve them in deciding what they want to do during their time in the day centre. Service users were offered choices and were seen to be encouraged by staff in enjoyable and healthy activities. Staff demonstrated a good knowledge of each service user's assessed needs as identified within the individual's care plan. Records of annual reviews showed that both service users and their family members valued the service.

There were systems in place to ensure that the views and opinions of service users were sought and taken into account in all matters affecting them. Responses in the five service user questionnaires returned to RQIA affirmed that compassionate care was delivered to a very satisfactory standard within the day care setting. Responses in these questionnaires, plus two from staff members, indicated high levels of satisfaction with all aspects of the service. The views of a sample of service users were sought during each monthly monitoring visit and their comments were included in the monthly reports for August, September and October 2016, which were reviewed. The minutes of five service users' meetings, held in 2016, provided evidence of good consultation with service users who were encouraged to express their views. There was strong evidence to indicate that the Age NI Day Centre provides compassionate care to its service users.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 4.6 Is the service well led?

Age NI Dungannon has clear management information set out in the statement of purpose, so that staff members know the leadership and decision making structure regarding social care services, including day centres. A recent change in the line management of the organisation has been reflected in relevant documents in the day centre. There was written evidence in the staffing records to show that staff members were appropriately qualified for their designated roles. Staff members' training was partly up to date, with some outstanding training having been identified by the manager and the monitoring officer and plans made to schedule this for the near future. The planned introduction of a new "E-Performance" system was scheduled for November 2016 and this would put in place an on-line record of each staff member's training log. One staff member, who is required to take charge of the centre in the manager's absence, had completed a competence and capability assessment for this role. Staff meetings were held monthly throughout 2016 and records of these were available for inspection.

Age NI has quality assurance systems in place, through which operations are monitored and staffs' practice is evaluated. In the one staff file examined, formal supervision sessions were recorded at a frequency in keeping with the minimum standards. Two other staff confirmed that formal supervision was taking place regularly and was supportive. Discussions with staff provided evidence that the team was well-motivated to provide effective, good quality care. The manager presented as enthusiastic in support of the staff team in seeking to deliver a good quality service. A Business Impact Assessment had been completed in 2016, to assist in the management of untoward events such as, flooding, electricity loss, fire or IT/telephone failure.

Examination of three monitoring reports showed that all of the required aspects of the centre's operations were checked, with action plans completed to ensure that identified, necessary improvements were addressed within a specified timescale. Reports for August, September and October 2016 visits were examined and all contained well-detailed evidence of discussions with several service users, a relative or representative of a service user, and two members of staff.

A sample of four written policies was examined. Each one had been reviewed within the past three years. The staff induction policy had been published in 2016 and was comprehensive and well presented. It is recommended that the 'Absence of Manager' policy be expanded to include a stipulation that any person taking charge of the centre in the absence of the manager should have been formally assessed as capable and competent for this role.

### Areas for improvement

The registered provider should include in the "Absence of Manager" policy, a stipulation that any person in charge of the centre in the absence of the manager must have been assessed as capable and competent for this role.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	1
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## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Patricia Kearney, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 the day care service. 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.

## 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Day Care Setting Regulations (Northern Ireland) 2007.

## 5.2 Recommendations

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

### 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to [day.care@rqia.org.uk](mailto:day.care@rqia.org.uk) for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Recommendations

<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 19.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 November 2016</p>	<p>The registered provider should ensure that all records, created by the manager and staff of the centre, are dated and signed at the time of their completion, in accordance with good record keeping practice.</p> <p><b>Response by registered provider detailing the actions taken:</b> all files have been reviewed to confirm all records have a signature.</p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 17.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 December 2016</p>	<p>The registered provider should include in the “Absence of Manager” policy, a stipulation that any person in charge of the centre in the absence of the manager should have been assessed as capable and competent for this role.</p> <p><b>Response by registered provider detailing the actions taken:</b> all staff are assessed for competence of a senior role and this is recorded when it applies. Age NI will ensure policy is in all centres.</p>

*\*Please ensure this document is completed in full and returned to [day.care@rqia.org.uk](mailto:day.care@rqia.org.uk) from the authorised email address\**



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