

Unannounced Care Inspection Report 23 January 2018



Age NI

Type of Service: Day Care Setting
Address: 2-4 Little Scotch Street, Dungannon, BT70 1AP
Tel No: 02887752383
Inspector: Suzanne Cunningham

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 support for a maximum of 15 service users daily. A programme of day care and day time activities is delivered Monday to Friday for adults who are over 65; and may have a diagnosis of dementia.

3.0 Service details

Organisation/Registered Provider: Age NI Responsible Individual(s): Linda Robinson	Registered Manager: Patricia Kearney
Person in charge at the time of inspection: Patricia Kearney	Date manager registered: 26 May 2009
Number of registered places: 15 - DCS-DE, DCS-I	

4.0 Inspection summary

An unannounced inspection took place on 23 January 2018 from 10.00 to 15.00.

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine 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 knowledge in regard to safe care, risk management and the day care setting environment; the right care, in the right place, in the right time; activities; ethos of the day care setting; listening to service users; some governance arrangements; maintaining good working relationships

Areas requiring improvement were identified in relation to service users care plans and the annual report.

Service users said when asked about the day care setting: "I love it"; "gets me out of the house"; "great"; "very good"; "we have a good laugh"; "coming here lifts my mood".

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	1

Details of the Quality Improvement Plan (QIP) were discussed with Patricia Kearney, registered 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 21 October 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 21 October 2016.

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 from the registered manager and Age NI
- the last care inspection in October 2016
- unannounced care inspection report 21 October 2016

During the inspection the inspector met with:

- the registered manager
- eight service users
- two care staff

Questionnaires were given to the staff on duty to distribute between service users, representatives and staff. None were returned by staff; and ten were returned by service users or relatives.

The following records were examined during the inspection:

- two individual staff competency records
- three service users' individual care files
- the complaints/issue of dissatisfaction record from April 2016 to January 2017
- a sample of incidents and accidents records from October 2016 to January 2018
- the staff rota arrangements during November, December 2017 and January 2018
- the minutes of service user meetings held in October, November and December 2017
- staff supervision dates for 2017
- sample of the monthly monitoring reports from January to December 2017
- the staff training information for 2017
- the settings statement of purpose and service user guide

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

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 21 October 2016

The most recent inspection of the establishment was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 21 October 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 19.4 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Three service users' individual files were inspected and this revealed the above improvement was in place and records were up to date at the time of inspection.	
Area for improvement 2 Ref: Standard 17.4 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: The policy was provided for this inspection and had been updated as described at the time of 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 settings daily staff arrangements and records were inspected for November and December 2017 and January 2018. This provided evidence that the management role and responsibility was provided by the registered manager or in their absence, this was provided by the senior care worker. The record had been updated when unplanned staff absences occurred. On average the rota showed two staff and the manager were on duty daily. Observation on the day of the inspection showed service users' needs were being met, activities were being delivered and service users were being supported when needed with this staffing ratio.

A competency and capability assessment had been completed with the senior member of staff who had acted up in the manager's absence and was signed in August 2017. The inspection of the record recorded the staff member who may be in charge in the managers absence was willing to undertake management tasks, had the knowledge required to act up and understood how to fulfil their role and responsibility in the absence of the manager.

Service users' needs were met during the inspection by staff organising and delivering activities, staff assisted service users to move around and helped orientate service users as needed. Observation of these arrangements showed staff were promoting and encouraging service users to be independent when it was safe and activities focused on developing social skills and their concentration.

Discussion with the staff revealed service users were free to leave the setting if they wanted to however, the front door was locked, and thus service users would need to ask staff if they wanted to leave. This was described as a security measure to ensure no one walks in from outside of the setting unannounced and service users confirmed they felt safe with this arrangement in place. The manager and staff described how they assure service users safety by providing activities that service users want to engage in, providing enough staff to meet needs, using diversion if a service user becomes unsettled and ensuring service users are communicated with compassionately and effectively with the aim of enabling service users to feel settled and safe. Staff discussed they were also aware they need to quickly identify behaviours that indicate agitation and loss of concentration and respond in accordance with the service user's care plan to ensure they feel safe in the setting. Overall the management and staff approach to safe care was described as preventing harm and supporting service users safely in the setting, furthermore the staff had enabled service users to safely take part in the activity schedule.

The settings training record showed that staff had received mandatory training and training relevant to their roles and responsibilities. Examples of training staff received in 2017 were safeguarding; infection prevention and control; COSHH; risk assessment; moving and handling; First Aid; dementia awareness; behaviours that challenge; and fire evacuation.

The examination of the settings incidents, accidents and notifications forwarded to RQIA found one incident had been recorded. The recording showed safety issues and risks had been identified, recorded and managed. The incident did involve the use of oxygen in the setting; the manager had made enquiries regarding fire safety and safe storage of oxygen in the setting. Post inspection the manager contacted the Key worker in the Trust to check their policy on the use of oxygen in day care settings, and the Respiratory nurse will visit the day care setting to review the specific care needs for this service user. Guidelines produced by BOC Healthcare regarding the use and storage of oxygen were also available for staff reference.

The inspection of the day care setting environment revealed care was being provided in areas that presented as clean and tidy, furniture, aids and appliances presented as fit for purpose. Fire safety precautions were inspected and it was noted fire exits were unobstructed. The last fire drill had been carried out in June 2017 and this did not reveal any concerns regarding the evacuation. The fire risk assessment was not due for review and the action plan had been addressed.

The service users were asked if they felt safe in the day care setting and they responded they did. Service users said they felt safe because the staff support them, they said: "they talk to us if we have a concern and staff sort it out"; we can go to staff, they listen and act on what we say"; staff know what they're doing, so no problems"; "helpful"; "good"; "look after us". The service users also discussed the building which they felt was safe, they said: "staff do checks"; "staff help us if there is a fire alarm, we know where the exit is".

Staff were asked is care safe in this setting, they said care is safe because there are regular checks on the environment e.g. fire alarms are checked; environmental health visit; they regularly check equipment, furniture; and they had receive their COSHH training. The staff identified if they had any concerns they could speak to the manager or monitoring visitor about the service, they would talk to service users if they had concerns about them and/ or their relatives, and/ or the social worker. Staff said they knew the service users well, they identified it was important to get to know their history and current needs, interests and preferences and did this by talking to them, observing and recording patterns or changes.

Ten service users returned questionnaires to RQIA post inspection. They were "very satisfied" regarding the questions "is care safe" in this setting. By this they meant there were enough staff to help them, they felt protected and free from harm, they could talk to staff if they had concerns, and the environment was safe and clean.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff knowledge and competency in regard to safe care, risk management and the day care setting environment.

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.

Three service users' care files were inspected; two contained the service user's individual assessments and care plans which reflected their physical, social and emotional needs. Written agreements were in place for each service user. There was evidence that one file had been audited and areas for improvement were recorded for action. One service user's record was missing a review; however the manager had contacted the community team to arrange this. One record showed the plan to meet service users' needs could be described in more detail in the care plan and medication had been brought into the setting by one service user and this was not recorded in the care plan. Furthermore, service user's care plans did not include what service users wanted to achieve in day care or personal goals. Discussion with the manager did reveal there was potential to improve this area of the care plan. An improvement regarding recording service user's personal goals in the care plans is written in the QIP for this inspection.

Inspection revealed records were stored safely and securely in line with data protection. Staff discussion confirmed they used these records to guide their practice and updated the information if needed changed. Overall the inspection found the settings management of service user records enabled staff to recognise service users' needs and respond to them effectively.

Service users revealed they felt care was effective in the day care setting, they discussed they had seen their care plan and had taken part in their review. They discussed they had taken part in a number of activities for example throwing bean bags and rings; bingo; active arms, quizzes and games, they said the activities "keep my mind active"; "staff join in"; we get asked questions to keep our brain work".

Discussion with staff revealed they felt this was a good service, one staff member recalled they had worked in the setting for 25 years, the other for 16 years, they said it was a nice place to work. Staff said the service users safety, comfort and wellbeing was paramount and they described the training they had received ensured they knew how to respond to service user's needs. For example when discussing the safeguarding training, the staff discussed they follow procedures but also know practically how to support service users who may be in need of a safeguarding response. They described a sound understanding of their role and responsibility in this regard. Overall staff described their communication approach and knowledge of procedures had ensured they provided safe and effective care. The staff confidently expressed their views and knowledge regarding safe and effective care.

Ten service users returned questionnaires to RQIA post inspection. They were "very satisfied" regarding questions on "is care effective" in this setting. By this they meant they had got the right care, at the right time in the right place; staff knew their care needs, they were aware of their care plan and the care met their expectations.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to providing the right care, in the right place, in the right time and activities.

Areas for improvement

One area of improvement was recorded regarding the service users care plans.

	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.

Discussion with service users, staff and observation of activities and communication found examples of service users being treated with dignity and respect, staff also took care to promote service users independence during activities and when moving around the setting. Service users confirmed they were asked their opinion regarding what they wanted to do in day care and their ideas were sought during the service user meetings for the activity plan, although they commented the staff had good ideas for activities. The manager discussed she had organised a community police officer to visit and talk to service users about their safety in their own homes and in the community. The service user's meetings record was inspected and provided evidence the staff and service users met on average once a month and service users were being encouraged to be involved in the settings delivery of care and support.

The service users' annual surveys had been distributed and the responses were being analysed by Age NI, nevertheless the manager had noted one comment in the responses regarding the heat in the setting and had bought mobile heaters to ensure the temperature was not too cold in the future.

On the day of the inspection one service user was celebrating their birthday and at lunch time the service users celebrated this together with a cake. Everyone joined in with the celebration and talked freely about their own birthday and what the service and staff meant to them in terms of their quality of life.

Service users were asked if care in the setting was compassionate, fulfilled their expectations and encouraged them to be involved. One service user said "I don't know where I would be if I wasn't here"; "its somewhere for us to meet"; we have "banter and good company"; "this is a happy place"; "one big family"; "staff are helpful and good".

The inspection of this domain confirmed there were robust systems in place to promote effective communication between service users, staff and other professionals.

Ten service users returned questionnaires to RQIA post inspection. They identified they were "very satisfied" regarding questions on "is care compassionate" in this setting. They identified they were treated with kindness; staff ensured they were respected, their privacy and dignity was maintained; staff informed them about their care; and staff supported them to make decisions about their care.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the ethos of the day care setting and listening to 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 registration certificate was up to date and displayed appropriately. Staff confirmed they had access to a range of policies and procedures in place that they would use to guide and inform their practice.

Supervision records detailed the staff had received recorded individual, formal supervision on average every three months, where one meeting was missed and a date was set as soon as possible after. Staff meetings were also held quarterly in 2017.

The complaints record was inspected and this showed no complaints had been recorded since 01 April 2016 to January 2018.

The Regulation 28 monthly quality monitoring visits had been undertaken monthly by the independent monitoring officer. The reports showed the visits included unannounced visits and qualitatively reflected service users and staff views and opinions, the reports commented on the conduct of the setting and did not reveal any concerns that were outstanding.

The annual report was inspected and this showed an incident had been recorded in the settings record that was not in the incident and accident record, the casual administration of medication such as antibiotics was not recorded, nor was the use of oxygen. This report was signed in March 2017 therefore the monitoring officer has been asked to check the accuracy of the report and the report completed for 2017/ 2018 should be submitted with the QIP for this inspection.

Discussion with service users revealed they knew who the manager and staff were who work in the setting and they said they would speak to them if they had any concerns about the setting or their care.

The staff were asked what their opinion was regarding leadership in the setting, they said they work well together as a team and the manager was supportive. They described they would approach the manager if they had concerns about care or the day care setting and were confident she would give them the assistance they needed to support and ensure service users were safeguarded.

Ten service users returned questionnaires to RQIA post inspection. They identified they were “very satisfied” regarding questions on “is care well led” in this setting. They identified they knew who was in charge; the service was well managed; their views were sought about their care and quality of service; and they knew how to make a complaint.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to some governance arrangements, and maintaining good working relationships.

Areas for improvement

One area for improvement was identified regarding the annual report.

	Regulations	Standards
Total number of areas for improvement	1	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 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 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 17(1) & Schedule 3 Stated: First time To be completed by: 20 March 2018	<p>The registered person shall improve the annual report for 2016/2017 regarding incidents; and administration of medication.</p> <p>The 2017/2018 report should be submitted with the QIP for this inspection.</p> <p>Ref: 6.7</p>
	Response by registered person detailing the actions taken: this report has been completed and will be forwarded to RQIA
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012	
Area for improvement 1 Ref: Standard 5 Stated: First time To be completed by: 20 March 2018	<p>The registered person shall improve the service user's care plans; specifically they should be reviewed and arrangements to update care plans should be improved to ensure:</p> <ul style="list-style-type: none"> • the care plans record service users' needs as they change and describe how they will be met in the setting • the care plan describes the arrangements for administration of a short course of medication that is brought into the setting. • the care plan describes what service users want to achieve in day care and their personal goals <p>Ref: 6.5</p>
	Response by registered person detailing the actions taken: agreed.

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



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