

# Unannounced Care Inspection Report

## 28 October 2019



## Age NI

**Type of Service: Day Care Service**

**Address: 2-4 Little Scotch Street, Dungannon, BT70 1AP**

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**Inspector: Maire Marley**

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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

<b>Organisation/Registered Provider:</b> Age NI  <b>Responsible Individual:</b> Linda Robinson	<b>Registered Manager:</b> Patricia Kearney
<b>Person in charge at the time of inspection:</b>	<b>Date manager registered:</b> 26 May 2009
<b>Number of registered places:</b> 15	

### 4.0 Inspection summary

An unannounced inspection took place on 28 October 2019 from 9.30 to 15.00 hours

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.

RQIA, as a public-sector body 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 services, we are committed to ensuring that the rights of people who receive services are protected. This means we will be seeking assurances from providers that they take all reasonable steps to promote people's rights. Users of day care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the day care setting was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to care records, staff training and knowledge of adult safeguarding and measures that promoted safe care, effective communication, activities and the environment.

No areas of improvement were identified during this inspection.

#### Service users said:

- "Safe environment, kind carers."
- "Every day is different and we all get on well."

#### Staff comments:

- “We discuss any issues or concerns on a daily basis.”
- “Management are always available and we all get on well, we are a small team and we know our service users well.”

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

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Patricia Kearney, 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.

#### 4.2 Action/enforcement taken following the most recent care inspection dated 21 March 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 21 March 2019.

#### 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
- unannounced care inspection report dated 21 March 2019

During the inspection the inspector met with the manager and one day care staff member, was introduced and spoke informally to all service users, spoke to five service users privately and met with the service users as a group in the dining room.

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

Ten service user and/or representatives’ questionnaires were provided for distribution. No questionnaires were returned within the timescales for inclusion in this report.

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 assistant manager and day care worker at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 21 March 2019

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 March 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 4 (a)  <b>Stated:</b> First time	The registered person shall ensure: <ul style="list-style-type: none"> <li>• (1) a risk assessment is undertaken in regard to the securing of the front door and the fire door in the kitchen/dining room .</li> <li>•</li> <li>• (2) details of the secure doors should be discussed with the officer responsible for the fire risk assessment. these details should be included in the fire risk assessment</li> </ul> Ref: 6.4	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Information in the returned Quality Improvement Plan and a review of the fire risk assessment confirmed this area of improvement had been addressed.	

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 19 (2) Schedule 5 (8)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure records are maintained in respect of the monies paid by service users for their dinners.</p> <p>Ref: 6.4</p> <p><b>Action taken as confirmed during the inspection:</b> Information in the returned Quality Improvement Plan and a review of the financial records on the day confirmed this area of improvement had been addressed.</p>	<p><b>Met</b></p>
<p><b>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 17.6</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall review the statement of purpose and ensure it reflects the range of needs that the setting can meet and include information regarding the doors being secured for safety reasons.</p> <p>Ref: 6.5</p> <p><b>Action taken as confirmed during the inspection:</b> The information in the returned Quality Improvement Plan and a review of the statement of purpose confirmed this area of improvement had been addressed.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 17.8</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure the service user guide is reviewed and includes the changes to the transport arrangements.</p> <p>Ref: 6.5</p> <p><b>Action taken as confirmed during the inspection:</b> The information in the returned Quality Improvement Plan and a review of the service user guide confirmed this area of improvement had been addressed.</p>	<p><b>Met</b></p>

<b>Area for improvement 3</b>  <b>Ref:</b> Standard 5.6  <b>Stated:</b> First time	The registered person shall review and update the identified care plans as discussed in the main body of the report.  Ref: 6.5	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The information in the returned Quality Improvement Plan, discussion with the manager along with a review of the identified care plans confirmed this area of improvement had been addressed.	

### 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.**

A review of the day care setting's systems in place to avoid and prevent harm to service users which included a review of staffing arrangements was undertaken during the inspection.

On the day of inspection the staffing arrangements were found to be satisfactory and sufficient to meet the needs of service users. This was also confirmed in discussions with staff and service users. Duty records examined contained details of the number of staff on duty, hours worked and information of the specific care duties allocated to staff. Competency and capability assessments were in place for staff who take charge of the centre in the absence of the manager. It was good to note that the assessments are reviewed on an annual basis.

Staff reported that effective arrangements were in place to support them and included induction, training, supervision and appraisals. There was evidence that any new staff receive a structured induction to ensure they are familiar with service users' needs along with the settings routines and procedures.

A review of staff training records found that all staff had up to date mandatory training and had accessed additional training and development relevant to the needs of service users. Systems are in place to monitor staffs' registration with their professional bodies.

The day care setting had arrangements in place to identify, manage and where possible eliminate unnecessary health and safety risks. This included regular health and safety checks that ensured a safe environment was maintained. A fire risk assessment was in place and had been reviewed on 7 October 2019 with a further review date set for 2020. A fire evacuation was undertaken on 6 October 2019. It was noted that weekly and monthly checks on fire equipment had been completed and were up to date. Staff were in receipt of fire training on 3 December 2018.



Effective arrangements were in place in regard to the recording and reporting of accidents and incidents. Discussion with staff confirmed they were knowledgeable in regard to the action required in the event of an accident or incident. There was one reported incident in this setting from the previous inspection, a review of the record found staff had responded to the incident in a timely manner and systems were implemented to reduce the incident re-occurring.

A review of policies confirmed that there was a policy and procedure on restrictive practice in keeping with Department of Health (DoH) Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and Human Rights Act (1998). It also included Deprivation of Liberty Safeguards (DoLS). The manager reported that she had attended training on the Mental Capacity Act and had considered the implications of this legislation for day care.

Staff consulted during the inspection were aware of the impact of human rights legislation within their work; and could adequately describe how this impacted on their work on a daily basis.

Arrangements were in place to ensure service user care records and staff personnel records were stored securely in line with General Data Protection Regulation (GDPR). This meant people could be assured that their personal information remained confidential.

Safeguarding and whistleblowing policies and procedures were in place to help protect service users and minimise the risks of abuse. Safeguarding procedures were understood by staff, they confirmed that training had been provided for staff on 3 December 2018. It was noted that the policies and procedures were in line with the regional guidance and the Organisation named Adult Safeguarding Champion was known to staff.

Discussion with staff confirmed they felt care provided in the day centre was safe, they explained the arrangements that ensured the ongoing safety of service users which included access to and availability of training, regular supervision, risk assessments and knowledge of service users' individual needs.

A walk around the day care setting, confirmed that the environment was warm, clean, fresh smelling and had suitable lighting and heating. Suitable infection prevention measures were in place.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staffing, staff training, supervision, adult safeguarding, infection prevention and the environment.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

## **6.5 Is care effective?**

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



The centre's Statement of Purpose and Service User Guide were reviewed and revealed that the documents reflected the elements set out in the regulations and standards. Observation throughout the inspection confirmed that the day care setting was providing care in accordance with their statement of purpose.

Prior to admission each person and, or their representative visit the centre and are provided with a service user guide that informs them of their right to full involvement in all aspects of their care. Information on how to raise a concern or complaint regarding the quality of care is included. It was evident from records viewed and staff discussion that the centre organised and delivered services to meet individual needs and took account of individual preferences.

There was evidence that comprehensive risk assessments and care plans were completed and included the views of service users and, when appropriate, their representatives. A range of assessments were carried out and were specific to each person's needs, for example moving and handling, falls risk, behaviour that may challenge. The assessments provided information for staff that assisted them to minimise risks and to keep service users safe.

Systems were in place to review each placement within the centre to ensure it was the most appropriate to meet the needs of the service user. For example, initial post admission assessments were completed after a period of six weeks and thereafter annually. In consultation with the service user, staff prepare a written report for the care review and there was evidence they supported service users and/or their representative to actively participate in the review process.

Contact sheets recorded the involvement of families and professionals and progress daily records were maintained. Dates and signatures were present in all files examined. There was evidence of continuous improvement in the care planning and delivery process and regular audits of practices were undertaken.

There was evidence that the advice and input of other professionals had been requested when necessary and that staff worked closely with these professionals to deliver care that was effective and person centred.

Systems to promote effective communication between staff, service users and their representatives were reviewed during the inspection. There was evidence to indicate that communication supported the protection and promotion of person centred care for service users.

Discussion with staff revealed that they felt care provided to service users within the setting was effective, staff were knowledgeable regarding service users' needs and care plans; they described how intervention with each service user was person centred depending on their individual needs.

The interactions observed between staff and service users throughout the inspection confirmed that staff were suitably skilled and effective in communicating with all service users. There was good evidence of person centred interventions that assured service users were involved and communication opportunities maximised.

Discussion with staff and service users with regards to the provision of effective care included the following comments:

#### **Service Users' comments:**

- "I would be very lonely and isolated without it (the centre) as I live in a rural area and don't get out much."

- “I was off for a while and couldn’t wait to get back.”
- “It’s lovely here and the staff are excellent.”

#### **Staff comments:**

- “Service users come first.”
- “We are always aware of the safety of service users.”

Throughout the inspection service users and staff expressed positive views on the quality of service provided; staff also expressed the confidence they had in the practice of their colleagues.

#### **Areas of good practice**

There were examples of good practice found in relation to care records, audits of records, service users care review, communication between service users, representatives and other professionals.

#### **Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

#### **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.**

This inspection sought to assess the day care setting’s ability to treat service users with dignity, equality and respect, and to fully involve service users in decisions affecting their care and support.

Observations of staff interactions with service users were observed to be compassionate, caring and timely. Staff spoken with reflected the ethos of the day care setting which promotes respect, openness, honesty, good quality care, individual attainable goals and social interactions.

Throughout the inspection staff were observed to stimulate and encourage service users to participate in a range of therapeutic activities that promoted positive outcomes for their health and well-being and encouraged meaningful social engagement.

On the day of the inspection activities were facilitated by staff and the inspector noted service users approached staff freely, communicating their needs and making requests. Staff responses were noted to be cheerful and appropriate. Staff who engaged with the inspector spoke positively about the service and the ongoing benefits of the service to service users.

Staff described the informal arrangements in place that ensured service users were consulted on a daily basis and their views and opinions sought. This included daily ongoing discussions with service users and checking before the commencement of each activity that people were willing to participate. More formal arrangements to promote effective communication with

service users and/or their representatives were facilitated through annual care reviews and service user meetings. A sample of the minutes of service meetings found evidence of service user involvement in the decision making process and also evidenced how each person's preferences was taken into consideration.

Evidence of additional opportunities for service users and their carers to express their views was contained in the annual satisfaction survey undertaken and reported on in the Annual Quality Report 2018-2019.

#### **Service Users' comments:**

- "Great support and advice from staff."
- "I find it fun and its enjoyable to get out and meet others."
- "Great place, I enjoy coming here."

#### **Staff comments:**

- "Service users are always asked what they would like to do, we try and provided activities that stimulate service users in a variety of ways we also encourage physical movement and try to improve concentration."

#### **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 and their representatives.

#### **Areas for improvement**

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

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	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.**

This inspection was facilitated by the manager who demonstrated a very good understanding of The Day Care Setting Regulations, minimum standards and the systems and processes in place for the day to day management of the setting.

The Statement of Purpose had been reviewed following the previous inspection and set out the range of needs the setting can accommodate, it also referenced that the centre doors were locked to prevent people entering the building. The document addressed all of the matters required by Regulation (4) (1) of The Day Care Setting Regulations (NI) 2007. Inspection of the premises confirmed that the current RQIA certificate of registration was displayed within a prominent position.

During the inspection the setting's leadership, management and governance arrangements were assessed and found to be in line with the regulatory framework. There was a clear organisational structure and staff consulted during the inspection demonstrated knowledge of their roles, responsibility and accountability. A competency and capability assessment was in place for the person left in charge of the centre in the absence of the manager.

A range of policies and procedures were in place to guide and inform staff. During the inspection staff discussed their knowledge of policies in regard to whistleblowing, safeguarding and complaints, it was evident they were fully familiar with the action required to be taken by them in the event of any concern.

In discussions with staff it was evident they enjoyed working in the day care setting and enjoyed good working relationships with their colleagues and the management team, they gave very positive feedback in respect of leadership and good team working.

There are arrangements in place to ensure staff are registered with the relevant regulatory bodies such as the Northern Ireland Social Care Council (NISCC). Information regarding staff registration details and renewal dates were maintained.

Review of staff records established that supervision and appraisal were in keeping with the minimum standards. Staff reported that they found supervision supportive and provided opportunities to discuss their responsibilities.

Examination of the complaints record found the centre had no reported or recorded complaints since the last inspection. Discussion with staff confirmed that they knew how to receive and deal with complaints and their responsibility to ensure that management were made aware of any complaints. Information on the complaints procedure was displayed in areas throughout the day centre.

Records examined provided evidence that regular staff meetings were held and records of the meetings maintained. The record included the names of staff in attendance and agenda items. Relevant information was discussed regarding the needs of service users, forward planning and the arrangements to ensure the delivery of safe and effective care.

The inspector can confirm that there was evidence of arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. A range of audits are undertaken weekly and monthly and included health and safety audits, audits on care records, cleanliness audits, staff training, supervision and checks on professional registration. As previously stated in Section 6.4 improvements were identified in regard to the required checks on fire equipment and implementing measures for management to monitor and identify any deficits in the records of these checks.

The Regulation 28 monthly quality monitoring reports for the past three months were reviewed and found to be satisfactory.

The inspector noted that the day care setting 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 plan is developed. Records showed that equality information included communication methods, adult safeguarding and risk assessments where a risk was identified.

Discussion with service users and staff evidenced that they felt the service was well led. They described the service as well planned and they confirmed the manager operates an open door policy and their views and opinions are sought on a regular basis.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to management of accidents/incidents, quality improvement and maintaining good working relationships.

### 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

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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