

Unannounced Care Inspection Report 17 January 2019



Conlig Day Services incorporating 'Cookie Company', 'Garden's Group' & 'Green Road'

Type of Service: Day Care Service
Address: Conlig Presbyterian Church,
Main Street, Conlig, BT23 7PT
Tel No: 02891 479832
Inspector: Jim McBride

www.rqia.org.uk

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 Day Care Setting provides a programme of day care and day time activities Monday to Friday for up to 35 adults living with a learning disability and who may have physical; sensory disabilities, behavioural needs or memory loss. The service is split over three sites in Conlig, County Down.

The Cookie Company is based at Conlig Presbyterian Church and provides services for up to eight service users. The Gardens Group horticulture project operates in the village nursery opposite the church and is a group for up to ten service users. The Green Road Community Centre provides an intensive support day service for up to seventeen service users.

3.0 Service details

Organisation/Registered Provider: Praxis Care Group Responsible Individual: Andrew James Mayhew	Registered Manager: Ciarna Mc Glone
Person in charge at the time of inspection: Ciarna Mc Glone	Date manager registered: 09 September 2013
Number of registered places: 35	

4.0 Inspection summary

An unannounced inspection took place on 17 January 2019 from 09.10 to 13.30.

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

Evidence of good practice was found in relation to staff training, staff knowledge regarding adult safeguarding and controls that promoted safe care. Regarding effective practice, examples of good practice were found in relation to audits and reviews of the service and communication between service users, staff and other key stakeholders. Good practice was identified regarding the provision of compassionate care in relation to the culture and ethos of the day care setting, dignity and privacy, listening to and valuing service users. In addition, good practice was noted in relation to the day care agency's governance arrangements and processes for maintaining good working relationships, supporting well led care in the setting and the promotion of independence.

Staff comments:

- "Training and induction is excellent and prepares you for the job."
- "Training is comprehensive."
- "Supervision is good and effective."
- "Great service user involvement."
- "The manager is very supportive."
- "The manager has an open door policy."
- "Staff communicate well with each other."

Service user comments:

- "I'm safe here."
- "I'm gaining more independence."
- "Good activities."

- “I really like the staff.”
- “Staff are excellent.”
- “Great manager.”

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Ciarna Mc Glone, 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.

4.2 Action/enforcement taken following the most recent care inspection dated 1 February 2018.

No further actions were required to be taken following the most recent inspection on 1 February 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:

- Records of notification of incidents received by RQIA since the last inspection
- The previous inspection report
- The registration details of the day centre
- Pre-inspection assessment audit
- Information and correspondences received by RQIA, regarding the day centre.

During the inspection the inspector met with the registered manager and a number of day care staff. All staff spoke enthusiastically and comprehensively about the service provided. The inspector also observed a number of service users in a group or individual setting and engaged with a number of them during their activities. All comments received have been added to this report.

The following records were examined during the inspection:

- Records for six service users, including assessments, everyday living plans and reviews
- Progress records relating to six service users
- Everyday living plan file audits for six service users
- Quality monitoring reports for the months of May 2018 to December 2018

- Minutes of service users' meetings held during 2018
- Minutes of staff meetings held during 2018.

Selected training records for staff pertaining to:

- safeguarding
 - fire safety
 - medication
 - challenging behaviour
 - GDPR
 - risk assessment
 - autism awareness
 - bipolar awareness
- Records of formal supervision/appraisal for staff
 - Records confirming registration of care staff with the Northern Ireland Social Care Council (NISCC)
 - The Statement of Purpose, 2018
 - The Service User Guide, 2018
 - RQIA registration certificate
 - The agency's fire safety records, including the report of a fire risk assessment dated May 2018 due for review 2019.
 - **Policies reviewed:**
 - Safeguarding 2018
 - Complaints 2018
 - Whistleblowing 2018
 - Professional boundaries 2016
 - Confidentiality 2018.

At the request of the inspector, the manager 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.

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

The inspector requested that the manager place a 'Have we missed you' card in a prominent position in the day centres two sites 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.

The inspector would like to thank the manager, service users and staff for their co-operation throughout the inspection process and for taking time to give their views.

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 1 February 2018

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.

Discussion with staff confirmed that competent and experienced persons were working in the centre to meet the assessed needs of service users. The manager meets the qualification requirements and the other staff are a mix of care workers, and senior day care workers. A review of the staffing arrangements evidenced that the required staffing levels were adhered to. Records record the number of staff working each day and the capacity in which they worked. Competency and capability assessments were undertaken for any person who is required to be in charge of the centre for any period in the absence of the registered manager.

Observation and discussion with the staff and service users on the day of inspection provided examples of how staff had met assessed needs and supported service users to improve their health outcomes and social experiences. Discussion with staff revealed they understood the needs of individual service users and how those needs should be met in day care. The centre's staff induction informed the staff regarding their role and responsibilities, included familiarising themselves with the settings statement of purpose and staffing arrangements.

The manager had a record of staff training in place which evidenced that staff had received required mandatory training including additional training relevant to their roles and responsibilities. It was positive to note that staff received training in addition to the mandatory training requirements such as autism awareness and bipolar disorder.

Discussion with staff members on the day of inspection confirmed that they had received sufficient training to enable them to fulfil the duties and responsibilities of their role and meet the assessed needs of individual service users. Review of governance records confirmed that an effective incident/accident reporting policy and system was in place.

An inspection of the environment was undertaken and confirmed that it was appropriately warm, and had suitable lighting. On the day of inspection the inspector observed service users undertaking a number of activities, and using the space to socialise.

Records examined identified that a number of checks and audits had been undertaken including fire alarm tests. It was noted that the last full evacuation drill was undertaken 5 October 2018.

Fire risk assessments for the centre were available for the inspection and had been completed in May 2018 and are due for review in May 2019.

Discussion with staff confirmed they felt care provided in the setting was safe. The staff confirmed they had access to and received training to ensure their practice is safe. Staff described how risk assessments are used to ensure individuals have the appropriate support to maintain their safety. Discussion with staff identified they had a good knowledge of the needs of service users and communicate with them individually on a regular basis to ensure the assessment and everyday living plans are current.

Observations of service users confirmed they can approach staff when they need to and have the opportunity for one to one time with staff.

Areas of good practice:

There were examples of good practice found throughout the inspection in relation to staffing levels, staff induction, training and effective communication with service users.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 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 (2018).

Six service users' individual everyday living plans were inspected. They contained referral information; agreements, individualised living plans with risk assessments; and multi-disciplinary assessment information as applicable. Everyday living plans presented as comprehensive, and person centred, and they clearly described service users' needs and individual service users' objectives. Everyday living plans are an example of good effective practice and should be commended.

Staff recognised the importance of maintaining accurate and contemporaneous records to guide their practice and ensure that care provided was safe, effective and timely. It was positive to note that care records were regularly audited/reviewed.

There were systems in place to review placements within the setting to ensure it was the best place to meet their health and social care needs. There was also evidence of annual care reviews in partnership with the service users and the HSC Trust representatives. On each

record there was evidence that service users and relatives were supported to be involved in the annual review process and their everyday living plan by staff. The inspector noted some of the positive comments made by service users during their annual review:

- “Staff keep me safe and all is ok.”
- “I’m getting on very well and the place is good.”
- “I like working with other people.”

In summary service users care records were well organised and stored safely and securely in line with data protection requirements.

Discussion with staff provided evidence that they were knowledgeable regarding individual needs. Staff explained how they follow the everyday living plans, use the policies and procedures and communication at all levels to ensure they provide the most effective care they can. They identified meetings with service users; team meetings and daily communication were effective ways of ensuring they were providing valuable care and support.

Areas of good practice:

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

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 compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, 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 and individual attainable goals.

On the day of inspection, a variety of different activities were facilitated by staff. During observation of the activities the inspector observed service users approaching staff freely, communicating their needs and making requests; staff responses were noted to be cheerful and appropriate.

Consultation with service users and when appropriate their relatives was evidenced in the records relating to the agency’s assessment, care planning and review process. In addition,

governance arrangements to promote effective communication with service users and/or their relatives included service users meetings.

Samples of minutes from service users group meetings were reviewed which provided evidence service users had been consulted about a range of matters related to the day care setting including:

- Ideas
- Health and safety
- Service user involvement
- Quality monitoring visits
- Respect
- Tilli group
- GDPR
- Workplace tolerance

The inspector also noted that meetings had been held with staff and some of the topics discussed included:

- RQIA
- Policies and procedures
- Service user developments
- Training
- Reviews
- Complaints
- Induction

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 both their views and those of relatives.

Areas for improvement

No areas for improvement were identified 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 Statement of Purpose for the day care service was reviewed in 2018. The document clearly describes the nature and range of the service to be provided and addresses all of the

matters required by Regulation 4(1) of The Day Care Setting Regulations (NI) 2007. The registration certificate was up to date and displayed appropriately.

Discussion with the manager and staff confirmed they were aware of their roles, responsibilities and lines of accountability within the organisation. In addition staff confirmed that they had a good understanding of their role and responsibilities under the day care legislation. A review of governance records evidenced that staff typically received individual, formal supervision and an annual appraisal.

Staff confirmed that there were systems in place to ensure they received support and guidance from the manager as needed.

Discussion with staff revealed they felt well supported by the manager. They described service users being central to the service provision and the need to ensure care and support was safe, effective and compassionate.

Staff gave positive feedback in respect of leadership and good team working. Staff stated that this is achieved through effective communication, supervision, staff meetings and the open door approach provided by the manager.

A complaints record was maintained in the day centre. There had been no complaints recorded since the previous inspection.

The inspector discussed the monitoring arrangements in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. Monthly and annual quality monitoring reports were completed by the service and a number of reports were viewed.

These records demonstrated that at appropriate intervals the effectiveness and quality of care delivery was monitored, audited and reviewed in order to identify and act upon any improvements required. The reports were a mix of announced and unannounced visits. The monitoring arrangements identified improvements, carried forward and reviewed them as part of each subsequent monthly monitoring visit.

The manager and staff advised there were a range of policies and procedures in place to guide and inform staff.

The annual evaluation for 2018 was provided for this inspection, the report included matters listed in Schedule 3 and included an action plan that detailed how the setting could improve the care and support they were providing in relation to Schedule 3.

The inspector also noted that the centre had completed a service user survey that afforded service users the opportunity to say what they thought about the quality of the service received. The results were positive and the inspector has highlighted some of the comments received:

- “I feel better here, more things to do, staff to help”.
- “I get to go out lots”.
- “I like the staff, they are lovely”.
- “Made me happy”.

- “I can get the bus home on my own and I have more independence”.
- “I help with doing interviews”.
- “Working on independent travel and working towards other goals”.

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 users involvement when a person centred care 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.

Observations with service users and discussions with staff evidenced that they felt the care provided was well led. They described that the service was well planned and they confirmed they are asked to be involved in the monitoring visits.

All staff are required to be registered with the Northern Ireland social Care Council (NISCC) or other regulatory bodies as appropriate; it was noted that the agency’s policy details the procedure for managing this process. The agency retains a list of staff registration details and expiry dates.

The registered person has worked effectively with RQIA to operate and lead the organisation in maintaining compliance with Regulations and Minimum Standards.

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 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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