

Unannounced Care Inspection Report 01 February 2018



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

Type of Service: Day Care Setting
Address: Conlig Presbyterian Church, Main Street, Conlig,
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Tel No: 02891479832
Inspector: Bridget Dougan

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This 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	Registered Manager: Ciarna McGlone
Responsible Individual(s): Andrew James Mayhew	
Person in charge at the time of inspection: Ciarna McGlone	Date manager registered: 09 September 2013
Number of registered places: 35 - DCS-LD(E), DCS-LD	

4.0 Inspection summary

An unannounced inspection took place on 01 February 2018 from 10.00 to 16.30 hours.

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 and competency in regard to safe care, risk management; the day care setting environment; service users individual care records; providing the right care, in the right place, in the right time; activities; the ethos of the day care setting; acting on service user's views and preferences; governance arrangements; and maintaining good working relationships.

No areas requiring improvement were identified during this inspection.

Service users said:

- "I love coming here."
- "I work in the poly tunnels. I like getting out. "We grow flowers and make hanging baskets in the summer time and sell them to the public."
- "I come here on the bus four days a week. We play pool here also. I'm going over to England to compete in a pool championship."
- "My life is a lot better since I came here."
- "I was out at ten pin bowling today and I won."

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 Ciarna McGlone, 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 25 January 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 25 January 2017.

5.0 How we inspect

Prior to inspection the following records were analysed:

- the registration details of the day centre
- written and verbal communication received since the previous care inspection
- the previous care inspection report and quality improvement plan (QIP)

During the inspection the inspector met with:

- the registered manager
- twenty service users
- three team leaders
- six support workers

The following records were examined during the inspection:

- staff roster
- complaints and compliments records
- accident/untoward incident records
- RQIA registration certificate
- staff supervision and appraisal records
- elements of three service users' care records
- sample of policies and procedures
- sample of quality assurance audits
- fire safety risk assessment
- fire drill records

- staff training information
- minutes of three staff meetings
- minutes of three service user meetings
- monthly monitoring reports

Questionnaires were given to the registered manager to distribute between service users and their representatives. A poster was also displayed for staff inviting them to provide online feedback to RQIA. One questionnaire was returned by a relative and no staff provided feedback.

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 most recent inspection dated 16 January 2018

The most recent inspection of the establishment was an announced premises inspection on 16 January 2018. There were no areas for improvement.

6.2 Review of areas for improvement from the last care inspection dated 25 January 2017

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
Area for improvement 1 Ref: Regulation 17 & Schedule 3 Stated: First time	The registered provider must ensure the annual report is completed for 2016 regarding Conlig Workskills. This should be forwarded to RQIA with the returned QIP.	Met
	Action taken as confirmed during the inspection: The annual quality report for 2016 had been completed and was available for inspection. The registered manager confirmed the report had been forwarded to RQIA with the returned QIP and was satisfactory.	

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 registered manager confirmed the planned daily staffing levels for the day care centre, and that these levels were subject to regular review to ensure the assessed needs of the service users were met. A review of the staffing roster for weeks commencing 15, 22, 29 January 2018 evidenced that the planned staffing levels were adhered to.

Staff confirmed that staffing levels met the assessed needs of the service users. Discussion with service users evidenced that there were no concerns regarding staffing levels. Observation of the delivery of care at the time of inspection evidenced that service users' needs were met by the number of staff on duty.

The registered manager confirmed the arrangements in place to ensure information pertaining to all of the matters specified in Schedules 2 and 5 of The Day Care Setting Regulations (Northern Ireland) 2007 were reviewed. Recruitment records are retained at Praxis human resources department and written confirmation is sent to the registered manager when all the relevant pre-employment checks have been completed and the registered manager can then arrange for the person to commence employment.

The registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the centre for any period in the absence of the registered manager. Records of competency and capability assessments were retained and examined during the inspection.

There was an induction programme in place for all grades of staff and included the Northern Ireland Social Care Council (NISCC) competency standards, which assists new staff to identify skills they are confident in and areas they may need more development in. These arrangements in place had offered staff and management assurance that staff had the right level of knowledge, skill and understanding to provide safe, effective and compassionate care in this setting.

The settings training records demonstrated that staff had received mandatory training and training relevant to their roles and responsibilities. Discussion with staff confirmed they had received training that had assisted them to provide safe and effective care. Examples of training staff received in 2016/2017 were infection prevention and control; fire safety; management of violence and aggression; adult safeguarding and food hygiene training.

Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility.

The examination of the settings incidents, accidents and notifications forwarded to RQIA found safety issues and risks had been identified and managed. Assessments and care plans had been reviewed and updated as necessary to ensure practice was safe and effective. The sample of records inspected indicated the relevant incidents/notifiable events had been reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

A review of documentation confirmed that any potential safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols and the Trust policies and procedures and RQIA were notified appropriately. Where any shortcomings were identified safeguards were put in place. It was identified that the setting has reviewed and updated their policy and procedures to reflect information contained within the DHSSPS regional policy 'Adult Safeguarding Prevention to Protection in Partnership' issued in July 2015 and the Operational Procedures. There is a clear pathway to follow to refer any safeguarding concerns to the appropriate professionals and the organisation has an identified Adult Safeguarding Champion (ASC).

The staff on duty on the day of inspection discussed the needs of the service users they were looking after. Service users' needs in the three settings were varied, some service users were observed moving around freely and could make decisions independently regarding what they wanted to be involved in, they were communicating confidently and were being encouraged to develop their independence skills. Other service users needed more staff support to get involved in activities and a small number required one to one support. Observation of the day care activities on offer provided assurance that staff were promoting service users to be involved in activities; they were checking the service users felt safe or were safe in their environment; staff encouraged service users to be independent when it was safe; and they encouraged service users to develop their concentration, social and creative skills.

In the Green Road Community Centre, a number of staff were observed providing one to one support for service users who had been assessed as needing additional support to manage their behaviours. Staff were observed talking to service users; directly and discretely guiding them to engage with an activity. The team leader advised the inspector that they work in partnership with the Health and Social Care Trust's behaviour support team and they had received training from Praxis to identify triggers and deescalate behaviours. Behaviour management plans were in place and staff were recording all behaviours, particularly where behaviour had resulted in behaviour management that may be restrictive or involve restraint. This information was shared with the Trust, reviewed and analysed monthly and service user's individual plans were amended accordingly. The review of the service user's individual records and settings monthly behaviour reports confirmed this approach was being used to minimise behaviour management techniques being used in this setting that may be restrictive or involve restraint.

The staff stated their main priorities were to ensure the service users were safe and enjoying their day care experience. The staff confirmed that if they had any concerns regarding safe practice they would discuss this with their colleagues and/or the management team who they described as accessible and supportive. Staff confirmed service users are encouraged to give their views, opinions and preferences.

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns.

The service users were asked if they felt safe in day care and they said they felt safe and enjoyed coming to the day centre and this was attributed to the support and help from staff.

One relative returned a questionnaire to RQIA post inspection. The relative identified they were “very satisfied” regarding the questions “is care safe” in this setting.

Observations of the environment and inspection of records concluded the environment in all three locations presented as clean and tidy, furniture, aids and appliances presented as fit for purpose. Fire safety precautions were inspected, fire exits seen were unobstructed and the fire risk assessment had been reviewed on 31 May 2017 and any recommendations had been actioned by the registered manager.

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; they contained the service user’s individual assessments and care plans which described their physical, social and emotional needs. The individual written plan/agreement was found in the service user individual records, this document confirmed the day service was suitable and appropriate to meet the service user’s needs, and set out arrangements to do this.

The inspection of the care records found they were maintained in line with the legislation, the assessments of need, risk assessments, care plans and records of health and well-being of the service users were current and had been reviewed. Records were stored safely and securely in line with data protection. Staff discussion confirmed they use the service user’s individual records daily to guide their practice and recognised the importance of keeping records current and relevant. 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 reported that they knew staff in the setting; they could talk to staff or the registered manager if they were worried, or had a concern about their care and staff would help them resolve their concern. Service users knew what activity they were going to take part in and they were happy that their choices and needs were being met.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users at appropriate intervals.

Records were made available for inspection concerning audits of the environment, staff training, accidents/incidents, care records and evidenced that actions identified for improvement had been completed.

Evidence was provided to verify systems were in place to ensure effective communication with service users, their representatives and key stakeholders. These included pre-admission information, care reviews, service users meetings and the annual quality survey. The registered manager confirmed that staff and service user meetings were held at least monthly. The minutes of the meetings were shared with service users who were unable to attend. Staff used pictorial signs and other non-verbal communication aids to facilitate communication with services users as appropriate.

Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the day care setting. Staff stated that there was effective teamwork and each staff member knew their role, function and responsibilities.

Staff also confirmed that if they had any concerns, they could raise these with the registered manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues, service users and other health care professionals.

One relative returned a questionnaire to RQIA post inspection. They identified they were “Very Satisfied” regarding the questions “is care effective” in this setting. They referenced their loved one got the right care; staff knew their needs; they were aware of care plans and the care met their expectations. One relative commented “the care my son receives is excellent and the staff are fantastic. They do not get enough credit for the work they do.”

Areas of good practice

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

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 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 and staff and observation of interactions demonstrates that service users are treated with dignity and respect while promoting and maintaining their independence.

Service users spoken with confirmed they were asked their opinion regarding what they like to do in day care and their ideas and preferences were sought for the activity plan.

Service users were asked if care in the setting was compassionate, fulfilled their expectations and encouraged them to be involved. Service users replied they liked day care and looked forward to coming, and staff were very kind and helpful. Overall the feedback revealed all service users spoken to felt involved and cared for by staff that knew them well and had been responsive to their needs.

Discussions with staff regarding the activities they were delivering confirmed the activities were tailored to meet the needs of the service users, as well as promoting their strengths and providing choice. Service users were enabled and supported by staff to engage and participate in meaningful activities and outings. They discussed the range of activities they could take part in including arts and crafts, cookery and gardening. They told us about opportunities for service users in local community groups, for example football and conservation volunteers. The activity programme was noted as developing social opportunities for service users as well as their hobbies and interests. The centre maintains strong links with partner agencies and this was reflected in the wide range of activities and courses on offer for service users taking into account their abilities and wishes.

Discussion with service users confirmed that they felt their views and opinions were taken into account in all matters affecting them. Service users described feeling informed and involved regarding activity planning, opportunities for work and outings through service user meetings, informal discussions and their individual review meetings. Some of the comments received from service users are listed below:

- “I love coming here.”
- “I work in the poly tunnels. I like getting out. “We grow flowers and make hanging baskets in the summer time and sell them to the public.”
- “I come here on the bus four days a week. We play pool here also. I’m going over to England to compete in a pool championship.”
- “my life is a lot better since I came here.”
- “I was out at ten pin bowling today and I won.”

Staff interactions with service users were observed to be compassionate, caring and timely. During discussion, staff presented as knowledgeable and informed regarding each service user’s dietary needs and preferences.

One relative returned a questionnaire to RQIA post inspection. They identified they were “Very Satisfied” regarding the questions “is care compassionate” in this setting. They referenced staff treated their relative with kindness; respect their privacy and dignity; informed them about their care and made decisions about their care.

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, dignity and privacy, listening to and valuing service users and taking account of the views of 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 use to guide and inform their practice.

Supervision records detailed the staff had received recorded individual, formal supervision on a monthly basis.

No complaints had been recorded since the previous care inspection on 25 January 2017.

The registered manager provided monthly audit records of care records, accidents and incidents, training health and safety and observations of service user's behaviour.

The records reflected that measures were in place that monitored the effectiveness and quality of care delivered to service users in this setting.

The Regulation 28 monthly quality monitoring visits had been undertaken monthly in accordance with legislation. 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 staff were asked what their opinion was regarding leadership in the setting; they complimented the management team in the setting. They described they knew what was expected of them, their managers were approachable, the lines of accountability were clear and they had an open door policy. They said if they had any concerns Praxis has a whistleblowing policy however, they worked well with their colleagues and hoped any concerns would be dealt with at an early stage with their colleague. In their experience the management team had worked well together to sort out any issues or concerns promptly and effectively.

Overall the inspection showed the management team is providing good examples of leadership that is promoting improvement in this setting.

One relative returned a questionnaire to RQIA post inspection. They identified they were "Very Satisfied" regarding the questions "is care well led" in this setting. They referenced they know who is in charge; the service is well managed; their views are sought and they know how to make a complaint.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, 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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