

Unannounced Care Inspection Report 21 November 2019



Conlig Day Services incorporating “Cookie Company” & “Garden’s Group”

Type of Service: Day Care Service

Address: Conlig Presbyterian Church, Main Street, Conlig, BT23 7PT

Tel No: 028 9147 9832

Inspector: Jim McBride

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

Conlig Day Services provides a programme of day care and day time activities Monday to Friday for up to 18 adults living with a learning disability and who may have physical and/or sensory disabilities, behavioural needs or memory loss. The service is split over two 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.

3.0 Service details

Organisation/Registered Provider: Praxis Care Group Responsible Individual: Andrew James Mayhew	Registered manager: Colin Fullerton (Acting)
Person in charge at the time of inspection: Acting manager	Date manager registered: 09 September 2013
Number of registered places: 18	

4.0 Inspection summary

An unannounced inspection took place on 21 November from 09.00 to 13.00 hours.

This inspection was underpinned by the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards 2012 and The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

As a public-sector body RQIA 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.

Evidence of good practice was found in relation to staff knowledge of adult safeguarding, supervision and appraisal. Further areas of good practice were also noted in regard to communication between service users and day centre staff and other key stakeholders; the provision of compassionate care; staff training; and quality assurance.

It was evident throughout the inspection that the centre promoted the service users' human rights; this was evident particularly in relation to the areas of consent, privacy, autonomy, equality, choice, dignity, confidentiality and service user involvement.

Service user comments:

- "The staff are all brilliant."
- "I'm treated with respect."
- "I love to have a wee chat with staff."
- "I'm independent and love my work."
- "I have no complaints about anyone."
- "Staff help me with my independence."
- "All staff are friendly and approachable."
- "I can choose what I want to do."
- "I can speak to anyone if I had a concern and they do listen."

Staff comments:

- “A good focus on individual outcomes supported by all staff.”
- “A very comprehensive induction for all staff.”
- “Training is beneficial and regular.”
- “Good management support, open door policy.”
- “We support individual choice and service user involvement.”
- “All service users are treated with respect and listened to about their needs and preferences.”
- “Individual supervision and team meetings are held regularly.”

The findings of this report will provide the service 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 the acting 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.

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 from 17 January 2019.

During the inspection, the inspector met with the acting manager, two staff members and two service users. It was good to note the range of activities and staff interactions during the day.

Ten service user and/or relatives’ questionnaires were provided for distribution; ten service users/relatives’ questionnaires were returned to RQIA within the timeframe for inclusion in this report. The service users/relatives were all satisfied with the service received.

At the request of the inspector, the acting 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.

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.

The inspector would like to thank the acting manager, service users and staff for their support and co-operation throughout the inspection process.

6.0 The inspection

6.1 Inspection findings

6.2 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The inspector reviewed the day care setting's systems in place to avoid and prevent harm to service users which included a review of staffing arrangements in place within the day centre.

The acting manager described the staffing levels which have been assessed as necessary to provide a safe service in the setting. Assurances were provided to the inspector by the acting manager that sufficiently qualified, competent and experienced persons are working at all times to meet the assessed needs of the service users, taking into account the size and layout of the premises, the number of service users accommodated, fire safety requirements and the statement of purpose. The staffing information evidenced that service users had a core staff team to help provide them with continuity of care and develop positive relationships. This can have a positive impact on the service users' experience of a dignified service. The agency use a number of outside agency staff to provide care and support and records in place were up to date and available for review.

Discussions with the acting manager, staff, service users and observations during the inspection verified that staffing levels were sufficient to meet the assessed needs of service users present on the day.

Observation and discussion with staff on duty on the day of the inspection provided evidence that they were sufficiently experienced and trained to meet the assessed needs of the service users present, and were meeting those needs using the care plans and assessments to guide their approach.

The acting manager confirmed that an induction programme was available for newly appointed members of staff and outside agency staff. This document was reviewed and comprehensively meets the induction requirements. Induction records reviewed met all the requirements.

Staff consulted with on the day of inspection spoke positively about the training they receive and confirmed that they received sufficient training to enable them to fulfil the duties and responsibilities of their role and that training was of a good standard. A review of a sample of staff training records concluded staff had received mandatory and other training relevant to their roles and responsibilities since the previous care inspection. It was good to note that a significant number of staff had completed their on-line Dols Level (2) training and the management team were preparing for level (3) training.

The development of a learning culture in the agency which promotes good practice will contribute to better quality of care and improved outcomes for service users.

The day care setting's arrangements in place to highlight and promote the identification of and management of risk were inspected. All incidents and accidents were recorded on an electronic system which are reviewed and audited by the acting manager and the company governance department. There was evidence that the acting manager undertook a monthly audit of incidents and accidents to ensure follow up of any outstanding actions.

Discussion with the acting manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. A number of notifications had been made and were acted upon satisfactorily.

Discussions with the acting manager and staff evidenced that staff were very knowledgeable regarding each service user and the support they required in order to ensure their safety. In addition, discussions evidenced that they had an understanding of the management of risk, and an ability to balance assessed risks with the wishes and human rights of individual service users.

Discussions with the acting manager and staff also confirmed that they were aware of their obligations in relation to raising concerns with respect to service users' wellbeing and poor practice, and were confident of an appropriate management response. The acting manager and staff were aware of the organisation's whistleblowing policy if they could not resolve their concerns locally but indicated that they would be unlikely to need this due to the transparent working relationships that existed within the team. Staff gave a comprehensive overview of how to report via whistleblowing or raising any concerns.

The acting manager confirmed that the organisation's safeguarding practices are directed by the regional Adult Safeguarding Prevention and Protection in Partnership, July 2015 and the associated Operational Procedures, September 2016.

Staff had received adult safeguarding training. Discussion with the acting manager and staff further established that they were aware of their roles and responsibilities in relation to reporting adult safeguarding concerns, maintaining factual records and there was a clear pathway for staff to follow in relation to referring safeguarding concerns to appropriate professionals.

The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and the inspector was advised that there is an identified ASC within the company. The acting manager confirmed that arrangements were in place in relation to the completion of the service's annual adult safeguarding position report due 2020.

No obvious health and safety hazards were identified and fire exits were clear and free from obstruction.

The day centre's fire safety precaution records were reviewed. It was noted the last evacuation drill was undertaken in September 2019. An updated fire risk assessment was completed in June 2019 and is due again in June 2020. Fire exits were observed to be clear of clutter and obstruction. Records examined identified that a number of safety checks were undertaken including: fire safety drills to ensure service users can exit safely, fire extinguishers and weekly fire alarm tests.

There were arrangements in place to ensure that staff were registered with the Northern Ireland Social Care Council (NISCC). Information regarding registration details and renewal dates were maintained and available to the inspector.

Staff confirmed that they felt care was safe in this setting. They described how they observe service users, noting any change in dependency, ability or behaviour and proactively take appropriate measures to promote/ensure the safety and wellbeing of the service user.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, knowledge regarding adult safeguarding, knowledge and competency in respect to safe care.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3 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 (2019). Observations throughout the inspection confirmed that the day care setting was providing care in accordance with their Statement of Purpose.

The inspector reviewed six service users' care files. This included the assessment of needs, risk assessments, care plans and records of health and well-being of the service users were current and had been reviewed. Staff discussion confirmed they use these records to guide their practice and therefore recognised the importance of keeping records current and relevant. This information enables staff to adopt a consistent, user led approach, to support the service users.

Care records also reflected the multi-professional collaboration into the service users' health and social care needs. A record was kept of each service user's involvement and progress at the centre and entries were made in proportion to the frequency of attendance of the individual. Dates and signatures were present in all of the files examined.

The acting manager advised that service users typically had access to a care review on an annual basis or more frequently if required; involving their Health and Social Care Trust representatives and records viewed verified this. The care review records provided positive feedback from service users and their representatives with regards to the day care service. The inspector noted some of the comments made during the service users annual reviews:

- "Excellent staff."
- "It's good, I like them all here."
- "I'm happy with the staff team and all the support."

- “I’m getting in well.”
- “It’s brilliant, I love it here.”

Discussions with the acting manager and staff concluded that effective communication systems were in use within the staff team to ensure that staff receive information relevant to the care and support of service users.

Discussion with staff and service users evidenced that staff made sure that service users enjoyed their time in day care.

Discussion with the staff and service users assured the inspector that staff in this setting had responded to service users’ wishes, feelings, opinion and concerns with the aim of ensuring service users were experiencing the most effective day care in this setting. Discussions between service users and staff were observed on the day of the inspection, staff encouraged service users to discuss their preferences and staff engaged them in developing their cognitive, physical and social skills through discussion and activities. During 2019 the service users were asked their view on a number of areas during the annual quality review. The inspector has highlighted some of the areas:

- Care and Support
- Managing Risks Well
- Do you know how to complain?
- Has your life improved as a result of receiving support from Praxis Care?

Most of the service users confirmed they really enjoy coming to Conlig Day Services. Here are some of their comments:

- “I’m happy with the service I receive”
- “I am happy with what I have at Conlig Day Centre”
- “All good in Conlig”
- “It’s good craic”
- “Staff help me play with jigsaws”
- “Staff help me everyday”
- “I help out with staff interviews”
- “I get to go out lots”

It was good to note the action plan in place for those service users who had some areas for further discussion.

Discussion with staff during the inspection evidenced awareness of the need for person centred interventions which facilitate engagement with service users and promote effective communication. They also identified service users whose independence and opportunities in the setting needed to be promoted and supported.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care planning and reviews, communication between service users, staff and other key stakeholders.

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 compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The 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. Service users were informed about the RQIA inspector visiting the day care setting and staff encouraged them to engage with the inspector.

Discussion with staff found they were informed regarding the ethos of the day care setting which promoted choice and ensured service users had access to a friendly, caring and stimulating atmosphere. Staff also discussed how they support and encourage service users to remain active and independent in the setting by ensuring they are able to access activities that they can engage in and the space they use facilitates their independence.

Discussions with staff established that they were aware of their responsibilities and requirements to ensure service user confidentiality and consent. They recognised that giving and obtaining consent is a process, not a one off event.

Discussions with staff and observation of care during the inspection showed that the promotion of values such as choice, dignity and respect were embedded in the culture and ethos of the day centre. Staff interactions with service users were observed to be cheerful, compassionate, caring and timely, with staff providing clear information, using appropriate language, demonstrating active listening skills, checking understanding and service users' expectations.

Staff were noted to be busy attending to the needs of service users and they took time to listen and reassure services users as necessary. It was apparent that service users were familiar with staff as they appeared relaxed and comfortable in their surroundings and interactions. There was genuine warmth in the engagement by staff with service users.

The acting manager confirmed that service user/advocacy meetings are held regularly. A review of minutes of meetings since the last inspection verified this. A number of topics are discussed including:

- Service user ideas
- Health and safety
- Service user involvement
- Safeguarding
- Activities and outings
- Monthly visits.

The inspector noted a number of staff meetings facilitated by the acting manager at which staff discussed the following:

- Training
- NISCC
- Access NI
- Induction
- Staffing
- GDPR
- Reviews.

Staff described the value they place on ensuring that service users are supported in an individualised manner in which their preferences and wishes are taken into account.

Discussions with service users confirmed that their views and opinions are taken into account in all matters affecting them. Service users advised they were consulted at service user meetings, care reviews and informally through daily discussions with staff.

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.

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 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 inspector sought to assess the day centre's leadership, management and governance arrangements to meet the assessed needs of service users.

The centre is managed on a day to day basis by the acting manager, with the support of a team of day care staff. It was identified that the agency has effective systems of management and governance in place.

There was a clear organisational structure and this information was outlined in the day care settings Statement of Purpose. Staff demonstrated awareness of their roles, responsibilities and accountability. Discussion with staff confirmed that they had a good understanding of their role and responsibilities under the legislation.

The registration certificate was up to date and displayed appropriately.

The acting manager and staff advised there were a range of policies and procedures in place to guide and inform staff and were easily accessible within the day care setting. The following policies were noted to be in place and had been reviewed.

- Confidentiality
- Safeguarding
- Complaints
- Whistle blowing.

Service users are advised of what they can do if they are not happy with the service within the Statement of Purpose and Service User Guide.

A complaints and compliments record was maintained in the day centre. Review of the complaints record evidenced that no complaints had been recorded since the previous care inspection. Discussion with staff confirmed that they knew how to receive and deal with complaints and ensure that the acting manager was made aware of any complaints.

Discussions with the acting manager confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. This included the availability of continuous update training alongside supervision/appraisal processes, an open door policy for discussions with the management team and observation of staff practice.

A review of a sample of records verified that staff received regular supervision sessions and that annual appraisal is undertaken. Staff members viewed supervision as a useful part of their accountability feedback system and of their individual development.

The inspector discussed the monitoring arrangements under regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. The records viewed showed that visits were undertaken monthly by another manager within the organisation. A sample of reports evidenced consultation with service users and their representatives including a review of the conduct of the day centre. The inspector noted some of the comments received:

Service users:

- “Staff are good to us.”
- “I’m happy here.”
- “I would be confident reporting any incident to staff.”

Staff:

- “The team are working well.”
- “I’m well supported by colleagues and management.”
- “A good consistent staff team.”

HSC trust staff:

- “They continue to work well with my clients.”
- “A good positive reputation.”
- “I have enjoyed working collaboratively with the team.”

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The acting manager confirmed that this was addressed with staff through their induction, training, supervision and appraisal process. This was also confirmed by staff. In addition, the acting manager confirmed that the day care setting had not received any complaints with respect to equality issues from service users and/or their representatives.

The inspector noted that the day care setting collects equality information in relation to service users, during the referral and assessment process. The acting manager confirmed that this data is used for the purpose of developing person centred care plans and risk assessments.

Some of the areas of equality awareness identified during the inspection include:

- Effective communication
- Service user involvement
- Advocacy

- Equity of care and support
- Individualised person centred care
- Individualised risk assessment
- Disability awareness.

Areas of good practice

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