



The Regulation and
Quality Improvement
Authority

Conlig Workskills incorporating 'Cookie
Company', 'Garden's Group' & 'Green Road'
RQIA ID: 11055
Conlig Presbyterian Church
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**Unannounced Care Inspection
of
Conlig Workskills incorporating 'Cookie Company',
'Garden's Group' & 'Green Road'**

30 September 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 30 September 2015 from 10.15 to 15.15. Overall on the day of the inspection the Day Care Service was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Settings Regulations (Northern Ireland) 2007, The Day Care Settings Minimum Standards 2012.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

2. Service Details

Registered Organisation/Registered Person: Mrs Irene Sloan	Registered Manager: Ciarna McGarry
Person in Charge of the Day Care Setting at the Time of Inspection: Ciarna McGarry	Date Manager Registered: 09 September 2013
Number of Service Users Accommodated on Day of Inspection: 24	Number of Registered Places: 35

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

Standard 5 - Care plan: Where appropriate service users receive individual continence promotion and support

Standard 8 - Service users' involvement: Service users' views and comments shape the quality of services and facilities provided by the Day Care Setting

4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed: 58 incident notifications from June 2014 to August 2015, which mostly detailed behavioural incidents. It was noted the occurrence of such incidents has decreased in 2015. Written and verbal communication which was received by RQIA since the previous care inspection was reviewed and this did not reveal any issues or concerns; and the returned quality improvement plans (QIP) from the care and estates inspections undertaken in the previous inspection year.

During the inspection, care delivery/care practices were observed by the inspector and a tour of the general environment took place. During the inspection all service users were spoken with in their groups and two in Green Road, one in the Gardens Project and six in the cookie company we spoken to individually. The inspection also included discussions with all of the staff in the project and individual discussion with one in Green Road and one in Gardens project. No visiting professionals and no representatives/family members were present during this inspection. Nine service users and seven staff completed inspection questionnaires which are reported on in this report.

The following records were examined during the inspection: the settings statement of purpose and service user's guide; six service users individual care records including care plans, assessments and review documentation; the complaints record and no complaints or issues of dissatisfaction had been recorded; a sample of the settings monthly monitoring visit records (regulation 28) from June 2015 to August 2015; a sample of the settings incidents and accident records from April 2015 to September 2015; the settings annual quality assurance report and service user involvement strategy; service user meeting minutes from May to September 2015; staff training records for 2015; and policies and procedures regarding standards 5 and 8.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the service was an announced estates inspection dated 22 January 2015. The completed QIP was returned and approved by the specialist inspector. The QIP detailed nine requirements for improvement and none of these areas were identified as requiring follow up during this inspection.

5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1 Ref: Regulation 14.4</p>	<p>The registered manager must ensure any use of restraint is recorded in compliance with this regulation, the following issues must be improved:</p> <p>The two identified incident records dated 20 March 2014 and 23 October 2013 must be reviewed to ensure it is clearly explained how a low level restraint progressed to a high level restraint</p> <p>The use of PRN medication must be analysed as a use of restraint.</p> <p>The registered manager should make appropriate arrangements for service user's human rights to be clearly identified when recording incidents of restraint or restrictions. When planning and outcomes are agreed human rights must be clearly documented as protected.</p> <p>Improved arrangements in this regard must be reported on the returned QIP.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection: Inspector confirmed adequate discussion, review of records and improvements when using PRN medication had been implemented. The review of six service users records identified restrictive practices were recorded as such and were subject to</p>	

	ongoing review to ensure measures taken were the least restrictive method to manage behaviour.	
Requirement 2 Ref: Regulation 14.5	The registered manager must ensure the use of PRN medication when used to manage behaviour is reported to RQIA as a form of restraint (chemical). Action taken as confirmed during the inspection: Since the last inspection PRN medication when used to manage behaviour had been reported to RQIA.	Met

5.3 Standard 5 - Care plan: Where appropriate service users receive individual continence promotion and support

Is Care Safe?

There was a continence promotion policy and procedure in place dated 13 April 2015. This policy described the organisations approach to promoting continence. In this setting discussion with staff, discussion with the registered manager and review of a sample of four service users records and daily recording revealed no service users in this setting have continence care needs. Staff explained they do encourage and support independence in this area with the group of service users. One service users care plan did detail a specific plan regarding continence support if they become anxious. The staff explained this strategy is in place following an incident last year, the aim of the strategy is to ensure the service users anxiety is reduced by staff following an agreed plan and providing a clear support package. Records reviewed indicated to date this had been successful.

Observation of staff and discussion with staff revealed they are aware of service users continence needs and seek to encourage independence in this regard; which is appropriate for this service user group. Staff identified if a service user is observed to require continence support or help promoting their continence they would discuss their concerns with the service user, carers and appropriate professionals to ensure care is appropriate. Staff do not use continence products and Personal Protection Equipment (PPE) in this day care setting.

Staff have received training in infection protection and control and showed the inspector how they promote hygiene with service users; when using the toilet. Observations of the environment in Green Road revealed there was no odour in the toilets, they were spacious and presented as clean.

Seven staff returned inspection questionnaires which reported they felt satisfied to very satisfied with the training they had received; the staff were satisfied to very satisfied with support from the multidisciplinary team; access to equipment. One respondent reported they were unsatisfied with the support from the multi-disciplinary team and this was attributed to social workers being off sick and no one covering, the manager is aware of this. Five respondents reported they felt satisfied to unsatisfied that the environment is appropriate to meet service user's needs. To put this in context the respondents are working in three locations which are not ideal and are looking for new premises, therefore this response is not surprising. During the inspection the manager discussed current plans to secure new premises, which are ongoing and active.

Nine service users completed RQIA questionnaires during the inspection, eight reported they feel very satisfied and one reported they feel satisfied that they feel safe and secure in the setting. Six service users reported they feel very satisfied and three service users reported they feel satisfied the staffing levels are appropriate at all times. Service users said "Staff are very good at supporting us, looking after us and the manager does a very good job. We get awards from Praxis and I am looking forward to awards night", "I feel very safe at Green Road with staff around me", "Staff keep me safe in the cookie company and talk to me to help me stay calm and make me feel cared for".

Overall this feedback combined with the evidence viewed and examined during this inspection concluded staff have a proactive approach to ensuring continence needs are met in a safe way in this day care setting.

Is Care Effective?

There was no service users identified as in need of continence support or care however, one service user had a care plan in place regarding continence support when anxious. This was developed following an incident and all staff were aware of the plan. The recording revealed this plan had appropriately managed the service users continence as well as their anxiety, thus in this example; care was assessed as effective.

Six staff responded in inspection questionnaires they were satisfied to very satisfied they had access to supplies which support service users and access to PPE. Finally staff reported they have sufficient knowledge, skills and experience to support service users who attend the day centre.

Six service users responded in discussion and recorded on the RQIA questionnaire they feel very satisfied and three service users said they are satisfied that staff know how to care for them. Seven service users responded in the questionnaire they feel very satisfied and two revealed they feel satisfied the staff respond to their needs. One service user commented "I work hard at Green Road" and another said staff make sure they give him his medication.

The inspection concluded care provided by staff is effective in promoting and supporting continence needs.

Is Care Compassionate?

Observation of staff working with service users on their care plan and discussion with service users revealed staff are using a compassionate approach in their care of service users in all aspects. One example of continence support in a care plan demonstrated staff taking a compassionate approach to the needs of the service user by using techniques that specifically calm the service user. Using the approach the service user feels most comfortable with has avoided the use of restrictive practice to manage behaviour. Discussion with staff revealed they present as knowledgeable regarding caring for service users using a person centred approach, which incorporates the values that underpin the day care setting standards.

Six staff reported in the questionnaires that they were satisfied to very satisfied service users are afforded privacy, dignity and respect at all times; they are encouraged to retain their independence and make choices; they are satisfied they have time to talk to and listen to service users; and the care provided is based on service users' needs and wishes.

Eight of the service users reported in the questionnaires they are very satisfied and one reported they are satisfied with the care and support they receive in the day care setting. Service users commented “staff are very kind and helpful” and “staff are very, very helpful to me, very nice and good hard workers”.

The inspection concluded staff approached meeting service users’ needs with compassion and ensured service users were given time to talk openly or privately.

Areas for Improvement

There were no areas for improvement identified regarding Standard 5 - Care plan: Where appropriate service users receive individual continence promotion and support

Number of Requirements	0	Number Recommendations:	0
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5.4 Standard 8 - Service users’ involvement: Service users’ views and comments shape the quality of services and facilities provided by the Day Care setting

Is Care Safe?

In this day care setting staff actively seek service users’ views and incorporate these into practice, to ensure that choices, issues of concern, complaints or risks are recorded and acted on. The inspection of six service users individual records including their review documentation, the complaints record, the service user meeting minutes and discussion with service users demonstrated staff are using a person centred approach in their communication with service users. This ensures service users are given time and the right support to provide their views, preferences and ideas, which can influence their personal care and the whole service provided. Staff were observed listening and responding to service users during the inspection using their knowledge about service users’ individual modes of communication.

The inspection of six needs assessment, risk assessments and care plans showed they are kept under continual review, had been amended as changes occurred and kept up to date to accurately reflect at all times the needs and preferences of the service user. The needs assessment and care plans were appropriately signed

There are policies regarding:

- service users’ meetings and forums
- service users’ involvement in activities and events
- communications with carers and representatives in the general communication policy
- general communication arrangements
- safe and healthy working practices.

Seven staff responded in the inspection questionnaires that they were satisfied to very satisfied with the training they had received which included mandatory training and training relevant to their role with this service user group.

The inspection confirmed staff communicate effectively with service users and use this information to ensure care is safe and responsive to need.

Is Care Effective

In addition to individual service user individual records there are a range of methods and processes where service users' and their representatives' views are sought, recorded and include details of the action taken such as:

- **Service user meetings:** The meetings are held at least once a month across the three locations. The agenda covers the registered persons monitoring visit and report, service users' ideas for developing the group and health and safety. The minutes provided evidence that communication with service users was consistent with the settings policy and guidance for staff regarding service user meetings. There is a very clear the focus of encouraging service users to communicate, share ideas about the scheme, self-advocacy is encouraged and supported as is involvement and preferences. Agenda items are encouraged pre-meeting.
- **Service user involvement strategy 2012 – 2015:** this is a praxis document that guides staff. The focus of the strategy is for meaningful service user involvement and participation. Staff are guided to ensure service users are being informed, keeping informed and being involved. The strategy aims to development service user skills such as interviewing and advocacy and the inspection revealed service users had been trained and were being used in interview panels within Praxis.
- **Service user survey:** The document has the “you said, we did 2015” sub title. The document describes the outcome of the survey and what the centre is doing to address suggestions made. This document presents as clear description of how service users views, opinions and preferences are going to be integrated into care and this is in the in the spirit of the values which underpin the standards.

The inspection showed the staff have used Praxis policy and procedures to effectively involve service users in the running of the day care setting. Furthermore service users (or their representative) participate in decisions about the care and support services they receive and there is a clear focus on enabling service users to exercise choice and control over their lifestyle.

There are policies regarding:

- inspections of the day care setting
- consent as found in the informed consent to information sharing policy and procedure
- listening and responding to service users' views as found in the communication with service users policy and procedure
- management, control and monitoring of the setting
- quality improvement
- complaints.

Discussion with staff and observation confirmed the staff treat service users with dignity; and respect service user's privacy. For example their method of communication is appropriate, they give time for each person to speak, the group discussions are done in a seating areas that encourages involvement, they notice if someone isn't taking part and encourage participation and they offer reassurance as required to enable service users to feel calm and settled in their environment.

Service users explained “the staff talk to us if we have a wee problem; I am involved in interviews for staff and football tournaments”. Involving service users in interviews and enabling them to belong to a team was exciting for the service users spoken to and they discussed feeling involved and recognised their involvement was valuable.

The inspection confirmed the care in this setting effectively seeks service user’s views, opinions and preferences and this information is used to inform day care delivery.

Is Care Compassionate?

In conclusion, the inspection of day care setting records and service user individual records showed staffing arrangements and processes are in place for staff to listen and respond to individual service users’ communication needs. Observation provided evidence this is done using a person centred and compassionate approach. Records show service users are kept informed about issues affecting them and are treated with respect. Staff presented as knowledgeable and their approach was informed by the values which underpin the day care setting standards.

During the inspection staff informed service users regarding the inspection visit and encouraged service users to give their views regarding the day care setting.

Six staff questionnaire’s stated they were very satisfied regarding the following questions: service users are involved in and are given opportunities to influence the running of the centre; systems are in place to seek service user’s views; management action service user’s suggestions, issues or complaints; and service users are kept informed regarding any changes. One staff member wrote “I am delighted to work in a scheme where the wishes of the service users come first”.

Nine service users completed RQIA questionnaires for this inspection and five service users stated they feel very satisfied and four stated they are satisfied that their views and opinions are sought about the quality of the service. Service users commented “they make good lunches for me” and “I would like to work on computers” (this is noted in the service user’s preferences record).

In conclusion this inspection confirmed the staff uses a compassionate approach to gather service users’ views, opinions and preferences.

Areas for Improvement

There were no areas of improvement identified regarding Standard 8 - Service users’ involvement: Service users’ views and comments shape the quality of services and facilities provided by the Day Care setting

Number of Requirements	0	Number Recommendations:	0
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5.5 Additional Areas Examined

5.5.1. Service users files

The inspector reviewed six service user individual records which were kept in individual files. They contained evidence of assessment; care planning documentation; activity records; risk assessment; review documentation and minutes. The review of these files did not identify any improvements were required and the inspection identified the quality of information recorded was very good and person centred.

5.5.2. Monthly monitoring visits:

Monitoring visits were sampled from June 2015 to August 2015 and this did not reveal any improvements or concerns that require further discussion.

5.5.3. Complaints

The complaints record was reviewed by the inspector and these revealed no complaints had been recorded in 2014 or in 2015.

5.5.4. Staff meeting minutes

The inspector sampled the notes and minutes of meetings held from June to September 2015. The meetings were held with the staff regularly and the minutes clearly demonstrated the staff consult and communicate with each other on a range of issues that seek to improve the delivery of individual and group day care in Conlig.

5.5.5. Incidents

The inspector sampled entries made in this record from the April to September 2015 and this did not reveal any improvements or concerns that require further discussion.

5.5.6. Training

The inspector sampled the staff training matrix which showed staff mandatory training was up to date. For example staff had been trained in September 2015 in safeguarding and infection control in 2014.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.

6.0 No requirements or recommendations resulted from this inspection.

I agree with the content of the report.			
Registered Manager	Ciarna McGarry	Date Completed	03/11/15
Registered Person	Andy Mayhew on behalf of Irene Sloan	Date Approved	18/11/15
RQIA Inspector Assessing Response	Suzanne Cunningham	Date Approved	10/12/2015

Please provide any additional comments or observations you may wish to make below:

Please complete this document in full and return to day.care@rqia.org.uk from the authorised email address