

# Unannounced Care Inspection Report 25 January 2017



## Conlig Workskills incorporating 'Cookie Company', 'Garden's Group' & 'Green Road'

Type of service: Day Care Setting

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Inspector: Suzanne Cunningham

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Conlig Workskills incorporating 'Cookie Company', 'Garden's Group' & 'Green Road' took place on 25 January 2017 from 10.30 to 16.30 hours.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the day care setting was delivering safe, effective and compassionate care and if the service was well led.

### **Is care safe?**

The inspection of staff records such as duty rotas, supervision and training; observations of the settings; discussions with service users and staff; and observations of care evidenced the care delivered was consistent with the settings statement of purpose and ethos. The care provided was avoiding and preventing harm to the service users in the setting and in the community and aimed to help individuals to improve their potential future outcomes.

Overall the inspection of "Is care safe?" concluded the minimum standards inspected were met. No improvements were identified.

### **Is care effective?**

The inspection of service users' individual care records, incident recording, complaints recording, discussion with the service users, staff and visiting professionals concluded care was being delivered at the right time, in the right place, and with the best outcome. We found individual care needs had been assessed and plans were in place to meet assessed needs.

Overall the inspection of "Is care effective?" concluded the minimum standards inspected were met. No areas for improvement were identified during this inspection.

### **Is care compassionate?**

The inspection of records, observations of practice and discussions with staff and service users revealed that service users were being treated with dignity and respect and they were encouraged by staff to be involved in decisions affecting their care and support.

Overall the inspection of "Is care compassionate?" concluded the minimum standards inspected were met. No areas for improvement were identified during this inspection.

### **Is the service well led?**

The discussion with staff and service users regarding the management arrangements in place and their effectiveness revealed staff were clear regarding their roles and responsibilities and who they were managed by. Documents and records demonstrated there were clear arrangements in place to promote quality improvement throughout the setting.

Overall the inspection of "Is the service well led?" concluded the inspection of the minimum standards was met. One area of improvement was identified regarding the completion of the annual report for 2016.

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

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	1	0

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ciarna McGarry, registered manger, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

## 1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 30 September 2015.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Praxis Care Group/Mr Andrew James Mayhew	<b>Registered manager:</b> Miss Ciarna McGarry
<b>Person in charge of the service at the time of inspection:</b> Ciarna McGarry	<b>Date manager registered:</b> 09/09/2013

## 3.0 Methods/processes

Prior to inspection we analysed the following records:

- The registration details of the day centre
- Information and correspondence received from the registered manager and Praxis care group
- Incident notifications which revealed 31 incidents had been notified to RQIA in the last 12 months
- Unannounced care inspection report 30 September 2015

During the inspection the inspector met with:

- The registered manager
- Three care staff
- fifteen service users

Questionnaires were given to the staff on duty to distribute between service users, representatives and staff. Two were returned by service users, one by staff and three by relatives.

The following records were examined during the inspection:

- Three service users' care files
- A sample of service users' daily records
- The complaints/ issue of dissatisfaction record from April 2015 to January 2017
- A sample of incidents and accidents records from October 2015 to January 2017
- A sample of the staff rotas from September 2016 to January 2017
- Two service user meetings minutes for December 2016 & January 2017
- Staff meetings held between September 2016 to January 2017
- Staff supervision dates for 2016
- Monthly monitoring reports from November 2016 to January 2017
- Staff training information for 2015 and 2016
- A sample of policies and procedures relevant to safe, effective, compassionate and well led care
- Statement of Purpose
- Service Users Guide

#### **4.0 The inspection**

##### **4.1 Review of requirements and recommendations from the most recent specialist inspection dated 30 September 2015**

The most recent inspection of the service was an unannounced care inspection. The completed QIP was returned and approved by the specialist inspector. This QIP will be validated by the specialist inspector at the next inspection.

##### **4.2 Review of requirements and recommendations from the last care inspection dated 30 September 2015**

No requirements or recommendations were made at the last inspection.

##### **4.3 Is care safe?**

The staff rota was reviewed from September to the date of the inspection; the details were recorded in a large diary and this was available for reference. The record detailed the specified the staff covering each part of Conlig Workskills, staff who were absent and the details of the staff brought into cover absences such as agency staff. The staff providing one to one care and those on training was also identified on the record.

The staffing numbers and allocation of staff to roles and responsibilities was discussed with staff on duty during the two day inspection. The staff described who was in charge in their area and the discussion provided assurance the service users' needs in each of the settings were being

met by allocated staff or the staff group. These arrangements ensured the service users care plans and identified needs were being met.

Observation, discussion and inspection of the staff rota provided evidence there was sufficiently qualified, competent and experienced persons working in the centre to meet the assessed needs of service users on the day of the inspection. The staff distribution arrangements across this large setting took into account the size and layout of the premises, the number of service users and the support needs; including one to one care.

The induction programme was discussed with the manager and a sample of the documents used was provided for the inspection. This revealed the induction was relevant for all grades of staff and included analysis of competency to identify training or additional mentoring that may be required. Advice was given to the manager regarding inclusion of self-reflection by staff during the induction programme. The manager provided an Assessed Year in Employment (AYE) example and this did include reflective practice.

During the inspection the staff detailed arrangements in place if they needed to seek support or advice; this ranged from daily discussions as with the team, supervision with their senior to contacting the registered manager. Staff identified they had all worked well together to ensure service users' needs were met safely in the day care setting. Staff identified they had undertaken training to ensure their practice was safe regarding moving and handling, safeguarding and responding to behaviour. They also identified service users undertake training regarding first aid and moving inanimate loads so they are safe when working in the gardens group or cookie company. Staff described measures they had put in place to ensure care was safe, such as teach service users road safety, provide information about keeping safe online, promote good hygiene practices, assist service users to manage their independence and help them to identify risks.

The incident and accident records were inspected. They detailed a range of accidents and incidents including behaviour incidents where a response was required and potential safeguarding issues. The notifications received by RQIA were cross referenced with a sample of the centres records; this did not identify any concerns and it was noted in each example inspected there was clear analysis of the event, follow up completed and some analysis of how to prevent reoccurrence.

A total of 31 incident reports had been forwarded to RQIA in the last 12 months. The detail recorded showed the incidents had been responded to in a timely manner by staff to avoid incidents escalating. In each example actions were in place to prevent future occurrence. The incident reporting was a good example of how staff in this service were meeting the welfare, care and protection needs of the service users in Conlig Worskills.

There was a range of systems in place to ensure that unnecessary risks to the health, welfare and safety of service users were identified, managed and where possible eliminated. For example the settings had been kept clean and tidy; hand hygiene was promoted using notices and resources. There were some physical restrictions in place such as locked doors, keypad entry systems and one to one staffing. These restrictions were in place to meet specific needs that had been identified in the service user's assessments and care plans. A sample of documents inspected confirmed the restrictions in place were agreed by all professionals involved in each service user's care. The care staff in Green Road informed RQIA they had assessed the entry system in place was the least restrictive measure to meet a small number of individuals identified needs who attend the setting. The service users who were independent had been given the access code so they could leave the setting at their own convenience.

Furthermore, staff identified by managing the front door they avoided the general public walking into the building from the play area to use their bathrooms.

The day care setting’s fire safety records were viewed for 2016. The fire risk assessment was not due for review until April 2017 and fire drills had been undertaken regularly, the last being in December 2016.

Discussion with service users across the settings provided evidence that staff had discussed their safety in day care and personal safety with them. They had discussed safe choices, safe behaviours, safety in the community and safety generally in the day care setting. Service users said the staff help them to keep safe when they are in day care and said: “Staff are safe”, they are “fantastic with us”, “excellent” and the drivers are “safe”.

Two service users returned questionnaires to RQIA regarding this inspection. They stated they were satisfied with the safe care in the day centre. They felt safe in the setting; they could talk to staff if they were unhappy, the setting is comfortable, they could tell someone if they were worried about someone being treated badly and they knew what to do if the fire alarm sounded.

Three relatives returned their questionnaires, they identified they were satisfied with the safe care in Conlig Workskills. They stated their relative is safe and protected from harm, they could talk to staff, the environment is suitable to meet their relative’s needs and they would report concerns to the manager.

One member of staff returned a questionnaire to RQIA post inspection. They stated they were very satisfied with the safe care in the setting. They identified the care was safe because they had received training to care for service users safely, there are risk assessments and care plans in place for service users, they would report bad practice and they receive support to fulfil their roles and responsibilities.

**Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations</b>	<b>0</b>
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**4.4 Is care effective?**

The inspection of three service users’ individual care records provided evidence that the day care setting had effectively planned to meet the assessed needs of the service users. Observation of care showed the care plans were being put into place by staff that were encouraging and knowledgeable regarding each individual service user. The staff were observed engaging the groups and individual service users in activities. The care plans inspected clearly described the service user’s needs including clear descriptions of how behaviour and risk should be managed for each individual.

The care records inspected had been maintained in line with the legislation and best practice guidance. There was evidence care records had been updated and reviewed by service user’s keyworkers in a timely manner or following a meeting; or the individual’s annual review of their day care placement. The care records included clear risk assessment information and planning documents which detailed the health and well-being needs of the service users.

The care records inspected showed there was multi-professional input into the service users' health and social care needs assessment. For example behaviour specialists, speech and language professionals and other medical professionals had contributed to assessing needs and formulating the care plan.

Discussion with staff in all of the settings regarding implementation of the care plans provided assurance they knew each individual's needs and plan. Staff described everything they do in day care is planned and based on what service users have said they do and don't like. Staff said they had adapted programmes and plans to service user's choices, preferences and behaviour on the day. Staff said they record daily and this had been used by the team leader to write the monthly reports for each service user, reports for reviews and to identify any changes or updates required in the plan.

Discussion with service users about what they were doing in each of the settings provided assurance they knew what activity they were taking part in and the choices available to them had been explained. They said: "Staff know what we need", they "know what they are doing" and service users knew staff got training to be able to care for them effectively. The service users talked about their plan and profile; they described the detailed information staff need to know about them to provide effective care.

Two service users' questionnaires stated they were satisfied with the effective care in this setting. They identified they were getting the right care at the right time, staff communicate well with them, their choices are listened to, they choose the activities they take part in and have been involved in the annual review of their day centre placement.

Three relative questionnaires identified they were satisfied with the effective care in this setting. Their relative gets the right care, at the right time, in the right place. They also identified they are satisfied with communication with staff, their awareness of their relatives' needs, preferences and choices and that these are incorporated into the care they receive and that they are involved in their relative's annual review.

One staff questionnaire identified they were very satisfied with the effective care in this setting. The service users are involved in their care plan; care plans inform the care provided; monitoring of quality is in place and that staff respond to service users in a timely manner.

**Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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**4.5 Is care compassionate?**

This day centre meets the needs of service users who have a learning disability, some who could take part in activities with little staff support; other service users required a higher level of staff support and a more restricted environment. Staff were observed enabling and empowering all service users to take part in activities. Discussion with staff revealed the key to achieving good outcomes was in the planning and responding to each individual's needs by providing person centred care. Observation of staff provided examples of staff promoting service users' independence, equality and choice when undertaking their activity schedule.

Observations and discussions with service users taking part in activities showed motivation to participate in the days plans was good.

The setting had a service user involvement strategy; an easy read version of the strategy had been given to service users. This explained how they can be involved such as involvement in their support plan, how they can have a voice and how they can be involved in the running of the service. Service users talked about new activities they were engaging in, involvement in recruitment of staff, developing ideas in the service user meetings and giving ideas to the development of the buildings. The inspection of service user meeting minutes for December and January showed the meetings reviewed the monitoring reports, achievements of the service and individuals, activities, service users' ideas, health and safety and service user involvement. Overall the inspection of records and discussions with the service users provided evidence this setting is involving service users in decisions regarding the day care setting as well as affecting their care and support.

Discussions with service users revealed they felt positive about coming to Conlig Workskills, One service user described it as "excellent". One service user described a historical incident on the bus and during the discussion staff gently enquired what the concerns were. When it became apparent it was not a current concern the staff offered reassurance. Discussion with staff after revealed they plan to do further checks and provided assurance they do work to ensure the service users' views and feelings are heard and responded to.

The discussion with staff revealed they use a number of strategies to ensure service users feel supported and are involved. On a daily basis staff said it is important to have chat time with service users to check how they are feeling and if they have any concerns; this is part of the daily routine. Open communication was encouraged by staff and when identified as a need one to one discussion/support time is allocated to individual service users; however, they are also encouraged to be as independent as possible. Staff identified it is important to know each individual's needs, plan and behaviours so they can respond to service users in the most effective way. Knowing each service user well also helps them to identify changes quickly to avoid service users' moods deteriorating and behaviour escalating. Staff said to make a difference you need to "know what works for each individual".

Two service users' questionnaires identified they were satisfied with the compassionate care in this setting. They were treated with respect and were involved in decisions affecting them; the staff are kind and caring; their privacy was respected; they have choices and were involved in decisions.

Three relatives responded in questionnaires that they were satisfied with the compassionate care in this setting. Their relative was treated with dignity and respect and involved in decisions affecting their care. They identified they do not have any concerns, their relative is treated well and they confirmed they are consulted with.

One staff questionnaire identified they were very satisfied with the compassionate care in this setting. Service users were treated with dignity and respect and encouraged to be independent; their views are sought and acted upon.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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#### 4.6 Is the service well led?

This inspection provided evidence that effective leadership and management arrangements were in place. For example, the statement of purpose described how the setting works and delivers day care safely, effectively and compassionately. The staff team in the setting had received mandatory training and training relevant to the service user group. Training, staff development discussions, supervision and team meetings had made staff familiar with legislation and best practice guidance, policies and procedures and innovative developments in practice.

The discussions with the manager revealed she has clear systems in place to record, monitor and audit practices to ensure practice and care delivered in the setting is safe, effective, compassionate and well led. During the discussions with the manager about the challenges and opportunities this service had managed since the last inspection, the manager produced evidence of the processes in place to support the delivery of safe, effective and compassionate care. They included audits, reviews and meeting minutes that were focussed on improving outcomes for service users, and monitoring of actions was in place. This level of internal scrutiny and audit meant the manager was able to clearly communicate and evidence compliance with the day care setting standards and regulations. A range of records and discussions took place which verified this; they were:

- The complaints record was inspected and this revealed there had been no complaints made since April 2015.
- The working relationships between staff and management were reviewed through discussion with staff and management, review of the minutes of staff/team meetings and analysis of questionnaires. This revealed there are arrangements in place for staff to access their line manager such as supervision, open door access to management as required, and the registered manager was described as regularly in the setting gathering general feedback and observing care practices.
- Staff supervision records provided evidence the staff had an individual meeting with their supervisor at least once every three months which focussed on their role, responsibility and personal development.
- The staff meetings were inspected from September 2016 to January 2017. They showed a clear drive by the management and staff team to ensure safe and effective care was being delivered and opportunities for improvement were acted upon.
- Monitoring reports were inspected for December 2016 and January 2017; they reported on the conduct of the day care setting and any improvements required were put into an action plan.
- The manager had a number of communications that had been received since the last team meeting which were ready to review with staff. They included updated policies, procedures, communications from the trust and RQIA that were relevant for their service to consider the impact of these with staff on their service delivery.

One area of improvement was identified. The annual report had not been completed since the last inspection. Advice was given regarding the content of the report and this report must be written and available for inspection annually. A requirement is made for this to be completed for 2016.

Two service users' questionnaires identified they were satisfied care was well led in this setting. The service was managed well; they knew who the manager was and could talk to them if they had any concerns. Staff respond well to them and they were asked what they would like to do in the setting.

Three relatives' questionnaires identified they were satisfied care was well led in this setting. The service was managed well; staff and the manager are approachable, professional and caring. They were informed about the complaints process and they have a copy of the service user's guide.

One staff questionnaire identified they were very satisfied the care was well led in this setting. The service is managed well, the service is monitored, and communication between the staff and management is effective.

### Areas for improvement

One area of improvement was identified regarding the completion of the annual report for 2016.

<b>Number of requirements</b>	1	<b>Number of recommendations</b>	0
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## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ciarna McGarry, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the day care setting. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Day Care Setting Regulations (Northern Ireland) 2007.

## 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Day Care Settings Minimum Standards 2012. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

### 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to [day.care@rqia.org.uk](mailto:day.care@rqia.org.uk) for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Statutory requirements

#### Requirement 1

Ref: Regulation 17 &  
Schedule 3

Stated: First time

To be completed by:  
22 March 2017

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.

#### Response by registered provider detailing the actions taken:

Annual report for March 2016-March 2017 has been completed and attached.

*\*Please ensure this document is completed in full and returned to [day.care@rqia.org.uk](mailto:day.care@rqia.org.uk) from the authorised email address\**



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