

**Unannounced Care Inspection  
of  
Meadows Rehabilitation Centre incorporating The  
Church Hall**

**6 August 2015**

## 1. Summary of Inspection

An unannounced care inspection took place on 6 August 2015 from 10.00am to 16.00 hours. Overall on the day of the inspection the Day Care Setting 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 |
|---|--------------|-----------------|
| <b>Total number of requirements and recommendations made at this inspection</b> | 1            | 4               |

The details of the QIP within this report were discussed with Mr Paul Murtagh, Deputy Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

|  |  |
|--|--|
| <b>Registered Organisation/Registered Person:</b><br>Armagh Care Services/Daniel McHugh                    | <b>Registered Manager:</b><br>Daniel McHugh        |
| <b>Person in Charge of the Day Care Setting at the Time of Inspection:</b><br>Paul Murtagh, Deputy Manager | <b>Date Manager Registered:</b><br>4 December 2008 |
| <b>Number of Service Users Accommodated on Day of Inspection:</b><br>36                                    | <b>Number of Registered Places:</b><br>60          |

## 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:

- the previous care inspection report and returned Quality Improvement Plan (QIP)
- notifiable events submitted since the previous care inspection
- written and verbal communication received since the previous care inspection

At the commencement of the inspection, a poster was displayed in the centre informing service users and their representatives that an inspection was taking place and inviting them to speak to the inspector and provide their views of the service.

During the inspection the inspector met with three groups of service users, both in the day centre and church hall. One service user met the inspector individually.

The registered manager met with the inspector for a short period during the inspection. The deputy manager in charge of the centre on a day to day basis facilitated the inspection and was available throughout the inspection period.

In addition four staff met with the inspector individually and discussed the standards being inspected. One tutor also discussed service user involvement and their specific role in the day centre.

The following records were examined during the inspection:

- the statement of purpose
- the service user guide
- complaint records
- monthly monitoring reports
- selected policies and procedures relevant to standard 5 and 8
- minutes of meetings of the service user group
- file records for three service users
- staff duty rotas
- staff training records
- a sample of staff competency and capability assessments
- staff supervisory history

### **5. The Inspection**

#### **5.1 Review of Requirements and Recommendations from Previous Inspection**

The previous inspection of the service was an announced care inspection dated 22 May 2014. The completed QIP was returned and approved by the care inspector.

The areas to follow up were the two requirements and two recommendations recorded below.

## 5.2 Review of Requirements and Recommendations from the Last Care Inspection

| Previous Inspection Statutory Requirements              |  | Validation of Compliance |
|---|--|--------------------------|
| <b>Requirement 1</b><br><br><b>Ref:</b> Regulation 14.4 | <p>The registered manager must improve five of the seven care plans inspected to ensure the PRN used to modify behaviour is fully detailed in the plan, including what medication is to be administered, where it is kept, who can administer it and in what dosage. If the plan is that this is administered by the residential staff, this must be clear in the plan.</p> <p>The registered manager must also ensure that any incident in the future where PRN medication is used in the day centre, is reported post incident as detailed in the 2005 guidance on restraint and seclusion in health and personal social services, and reported to RQIA as an incident of behaviour.</p> | <b>Met</b>               |
|   | <p><b>Action taken as confirmed during the inspection:</b><br/>           The returned Quality Improvement Plan, (QIP), discussion with the deputy manager and a review of one service user record confirmed that this requirement had been addressed.</p> <p>The deputy manager confirmed that since the previous care inspection, there had been no occasions when PRN medication was administered.</p>  |                          |
|   |  |                          |
| <b>Requirement 2</b><br><br><b>Ref:</b> Regulation 14.4 | <p>The registered manager must improve any records where there is a plan that restricts service users or restrains service users, to include an assessment of their human rights and ensure interventions remain necessary and are proportionate to the behaviour.</p>   | <b>Met</b>               |
|   | <p><b>Action taken as confirmed during the inspection:</b><br/><br/>           The returned quality improvement plan and discussion with the deputy manager confirmed that the annual review form had been updated to include discussion of behavioural management plans and impact on service users' human rights.</p>  |                          |

| Previous Inspection Recommendations                           |   | Validation of Compliance |
|---|---|--------------------------|
| <b>Recommendation 1</b><br><br><b>Ref:</b> Standard 7.2 & 7.3 | The registered manager should update the settings policy and procedures, as well as information available for service users regarding an individual service user's access to the information recorded by this setting about them, such as their case records and notes maintained by the day care setting. Service users' information should be person centred and accessible.  | <b>Met</b>               |
|   | <b>Action taken as confirmed during the inspection:</b><br><br>The inspector reviewed the record keeping policy, the service user guide, monthly service user questionnaire, and observed a user friendly poster on display, all of which have been updated to include information regarding access to care records.  |                          |
| <b>Recommendation 2</b><br><br><b>Ref:</b> Standard 7.4       | The registered person should improve the arrangements in this day care setting for service users' records and working practices to be systematically audited. Audits must be available for future inspection.   | <b>Met</b>               |
|   | <b>Action taken as confirmed during the inspection:</b><br><br>Confirmation provided in the returned Quality Improvement Plan (QIP) and discussion with the deputy manager confirmed that systems to audit service user records had been implemented.<br><br>In addition, specific areas of the service including care plan monitoring, is also undertaken by the agent completing the monthly monitoring report on behalf of the responsible individual. |                          |

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

#### Is Care Safe?

An evidenced based continence policy was available as well as a range of associated policies and procedures relevant to continence management. These include policies for continence assessments, the promotion of continence/skin care, management of catheter care and policies for prevention and control of infection.

A continence nurse from the associated nursing home is available to provide awareness training to staff as well as guidance and advice on continence issues.

The majority of service users attending the centre were from the associated nursing home with several service users also attending the centre from the local community.

Confirmation was provided that a number of service users who attend the centre have continence care needs and require assistance and support of two staff for assistance.

A few service users require support by way of prompting and reminding, whilst others require assistance of one person.

Four staff consulted individually had a clear understanding of each service user's continence care needs. They were aware that each service user had their own individual plan for continence management which was detailed in their individual care record. In one care record reviewed a picture prompt was used by staff to promote continence, and they confirmed this had proven effective for the individual service user. The care plan evaluation records for the service user also verified an improvement in continence since they had been using the prompt.

Staff confirmed that continence products were available in the day centre for service users who came from the nursing home, and for service users attending from the community they brought their own individual products to the centre.

There was evidence to confirm that generally continence care and promotion was safe.

### **Is Care Effective?**

Three service users' care records were examined during this inspection with the main focus on the management of continence care.

Continence assessments and risk assessments were completed by staff, culminating in an individual goal based care plan being devised for each service user.

Generally assessments reviewed were effectively recorded. Care plans recorded for personal care included information on continence management which was specific and person centred. There was evidence to confirm that service users and or their representatives' work together with staff when planning care. The care plans examined did not always include the type of continence product to be used. This was identified as an area for improvement.

It was noted that in accordance with prescribed care, fluid balance records were being effectively recorded for one service user.

Audit processes for the management of care records were now in place. In addition the nominated agent representing the responsible individual for the service also samples and monitors care records during monthly visits to the centre.

Overall care plans were well recorded and review care plans examined verified that they were reviewed at least three monthly to ensure care plan objectives remain relevant and accurate.

Discussion with four staff individually and a review of staff training records confirmed that staff had received training on continence management.

Staff consulted discussed the continence needs of specific individual service users, and when assisting and supporting service users during continence care, the use of the product, the management of skin care and the promotion of infection prevention and control and promoting dignity was also discussed.

It was noted in accordance with the skin care policy that a barrier cream was applied to protect the service users' skin. The inspector noted that the cream was used communally and not all service users had their own individual supply. This practice has the potential to transmit infection and is identified as an area for improvement.

An inspection of the two environments confirmed that generally clean, suitably maintained odour free toilet facilities were available. Personal Protective Equipment (PPE) was also available for staff use.

It was noted that there was no signage on toilet doors. This was discussed with the deputy manager, and as an aid for service users was identified as an area for improvement.

Overall there was evidence to confirm that an effective service was delivered.

### **Is Care Compassionate?**

Staffs' interaction with service users presented evidence of a high level of compassionate care being delivered throughout the inspection period. Discreet observations of care practices confirmed that service users' were treated respectfully and their right to privacy supported.

Service users who were able to discuss their experience of attending the centre confirmed they were very satisfied with all aspects of the service.

Comments made by service users included:

- "I enjoy coming here and helping to tidy and make tea"
- "I enjoy meeting my friend, but she is not here to-day"
- "the staff are great, we have great fun"
- "I enjoy the meals, but also enjoy going out for meals"

### **Areas for Improvement**

A few issues which have implications for practice in relation to continence management were identified resulting in one requirement and two recommendations.

The registered person should ensure that:

- all service users who require barrier cream for skin protection should have their own individual supply and the use of cream being used communally should cease.
- where continence products are required, the product type should be specified in individual service users' care plans.
- as an aide for service users, signage for toilet doors should be considered.

|                                |          |                                   |          |
|--------------------------------|----------|-----------------------------------|----------|
| <b>Number of Requirements:</b> | <b>1</b> | <b>Number of Recommendations:</b> | <b>2</b> |
|--------------------------------|----------|-----------------------------------|----------|

## **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?**

There was good evidence that the service promotes service user involvement and empowerment. A range of effective policies and procedures which had recently been reviewed and updated were in place.

Examples include arrangements for consultation with service users/relatives encouraging them to have a say in the operation of Meadowcraft Day Centre.

The culture within the centre also supports the wellbeing of service users, enabling them to feel valued and promoting and supporting their engagement and participation in the running of the service. Some of the service users who took part in group discussions confirmed that they were involved in discussions about what took place in the centre. There were no negative comments received from service users during this inspection.

There was evidence from discussions held with service users, the staff team and in records examined that the registered manager and staff team presented as being committed to ensuring that safe, effective and compassionate care is always delivered.

Written records examined also supported good evidence of consultation in regard to planning care and service users were able to exercise choice in the activity programmes they wished to participate in. A range of activities are provided both within and outside the centre.

The complaint policy had recently been reviewed and updated. Service users and their representatives are informed how to make a complaint. It was noted that information for service users which was displayed in the centre had not been updated to reflect the personnel name changes in the complaint policy. This was identified as an area for improvement.

A complaint procedure was available and records were maintained of any complaints or expressions of dissatisfaction received together with details of the actions taken.

Whistleblowing policies were also available and training records examined confirmed that these were included in induction training for staff.

The registered manager covers more than one service within the organisation, and when attending the day centre met briefly with the inspector on the day of inspection. A deputy manager appointed to manage the centre on a day to day basis was in attendance throughout the inspection. The deputy manager confirmed that the registered manager visited the centre frequently and advised that good support was provided.

### **Is Care Effective**

Examples of opportunities which encourage service users' involvement include:

- participation in day care events
- participation in service user groups
- service user participation in monthly questionnaires
- service user meetings



Records indicated that service users enjoyed fulfilling and rewarding activities, both within the centre and during many social outings that were arranged.

During college term time there was evidence of a range of educational based activities such as drama clubs and computer based activities led by accredited teachers. In summer months, service users have opportunities to take part in group based leisure activities such as canoeing. There were also opportunities for informal activities and contact between service users and staff.

On the day of inspection, a number of service users went walking during the morning period as part of their daily health and wellbeing activity, an art project and games took place within the centre, and several service users accompanied by staff went out for lunch to a local hotel.

During the afternoon the inspector visited the church hall where the majority of service users in attendance were observed taking part in a computer activities. Each service user was taking part in the preferred computer activity of their choice, for example some service users were uploading photographs they had taken whilst out on a nature walk, whilst others were listening to music and watching videos. It was evident from the views of service users that they enjoyed these computer sessions.

The progress made by service users since the computer training commenced was discussed by the tutor, for example, service users were now able to set up their individual computer with minimal support and forthcoming plans to provide a photograph booklet of was discussed.

Service user group meetings are held approximately every six weeks and minutes of meetings reflect the list of attendees and details of the issues discussed and actions agreed.

Records examined revealed that each month a number of service users had completed a satisfaction survey and records of completed surveys reflected very positive outcomes.

The service users spoke positively about the service, the facilities and their opportunities for involvement and their ability to exercise choice.

Comments made by service users included:

- "I enjoy coming here as I like getting away for a bit"
- "I enjoy listening to music on the computer"
- "I enjoy going on trips to Carlingford"
- "I enjoy going to Gosford"

The records reviewed reflected that annual multidisciplinary reviews are held which service users, carers and representatives are invited to attend.

A copy of the annual quality review report for 2014-2015 had been completed by the registered person and was presented during the inspection.

The comprehensive report demonstrated a detailed assessment of the quality of the service and recorded the top three strengths of the day centre. The improvements made during the period April 2012- 31 March 2013 as well as improvements planned for April 2013-March 2014 was also recorded.

A few areas for improvement were identified to ensure continuous improvement of the service is reflected. These included producing the annual review report in a user friendly format to meet the needs of service users, for example, presenting aspects of the report in a pictorial format. Whilst the report provides evidence of service user and representatives consultation, the outcomes had not been reflected and these should be included.

The centre demonstrated effectiveness in ensuring that there is regular and consistent engagement with service users.

### **Is Care Compassionate?**

Staff interaction with service users was discreetly observed throughout the inspection period. Examples of supportive appropriate language and encouraging tones of voice were observed, as well as good examples of service users being treated with dignity and respect. Generally written records reviewed also provided good evidence of the provision of services in a professional and compassionate manner.

Service users who were able confirmed that staff in the service provided assistance and involved them in decisions regarding care and support. All comments regarding the staff team were positive and there were no issues or concerns raised by service users during this inspection.

### **Areas for Improvement**

The issues identified resulted in two recommendations being made. These were with regard to service users' complaint information being updated to reflect personnel changes as recorded in the revised complaint policy for the service.

The annual quality review report should be presented in a user friendly format, such as a pictorial format. In addition outcomes and comments from service users and representatives should be incorporated.

|                                |          |                                   |          |
|--------------------------------|----------|-----------------------------------|----------|
| <b>Number of Requirements:</b> | <b>0</b> | <b>Number of Recommendations:</b> | <b>2</b> |
|--------------------------------|----------|-----------------------------------|----------|

## **5.5 Additional Areas Examined**

### **5.5.1 Monthly Monitoring Reports**

It was noted that since the previous care inspection, an agent undertaking the monthly monitoring visit on behalf of the responsible individual, reviews a theme each month. Examples reviewed included meals and mealtimes and the management of service user reviews. An action plan is recorded where issues had been identified. This is an excellent way for the service to demonstrate how it is improving and getting better. It is suggested that a summary statement is recorded when monitoring each theme to reflect how the improvements implemented have impacted on service users.

A sample of three monthly monitoring reports completed from May – July 2015 were reviewed. The most recent visit was undertaken on 24 July 2015. A report from each monitoring visit was available, and overall these were thorough and comprehensive.

### **5.5.2 Accidents and Incidents**

A review of accident and incident records which had occurred at the centre was completed appropriately. Confirmation was provided that three notifications received by RQIA since the previous care inspection had been addressed.

Accidents and incidents which occur in the centre were also reviewed during monthly monitoring visits by the agent representing the responsible individual.

### **5.5.3 Complaints**

A review of the complaints records indicated that the service had a low level of complaints, and those that were received had been dealt with appropriately with correspondence being sent to the complainant detailing the action taken. The complaint records reviewed did not confirm if the complainant was satisfied with the investigation and outcome. A recommendation was made that this information is also recorded in the complaint records.

Discussion with the deputy manager confirmed that there had been ongoing communication with the complainant to ensure the improvements made had been sustained, and that these discussions were recorded in the service users care records.

### **5.5.4 Questionnaires**

Four service users and four staff completed questionnaires providing their views in response to questions about the service. In response to the questions asked, all of the responses indicated that service users and staff were very satisfied or satisfied about all aspects of the service. There were no further comments recorded.

## **6. Quality Improvement Plan**

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Paul Murtagh, deputy manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

## 6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Day Care Settings Regulations (Northern Ireland) 2007.

## 6.2 Recommendations

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

## 6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/ registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [day.care@rqia.org.uk](mailto:day.care@rqia.org.uk) and assessed by the inspector.

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. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the service.

| Quality Improvement Plan   |   |
|--|---|
| Statutory Requirements   |   |
| <b>Requirement 1</b><br><br><b>Ref:</b> Regulation 13(4)(b)<br><br><b>Stated:</b> First time<br><br><b>To be Completed by:</b> From date of inspection | <p>The registered person must ensure that the use of barrier cream being applied from a communal tube ceases with immediate effect, and where a cream is required for skin protection, each service user has their own individual supply which is administered in accordance with medical or pharmaceutical advice.</p> <p><b>Ref 5.3</b></p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Each service user who requires the use of a barrier cream now has their own individual tube prescribed by G.P and in accordance with G.P and pharmaceutical advice.</p> |
| Recommendations  |   |
| <b>Recommendation 1</b><br><br><b>Ref:</b> Standard 5<br><br><b>Stated:</b> First time<br><br><b>To be Completed by:</b> 7 September 2015.             | <p>The registered person should ensure that where continence products are required, the type is specified in individual service user care plans.</p> <p><b>Ref 5.3</b></p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Care Plans and Continence assessments updated to include the specific type of continence product required by Service User.</p>   |
| <b>Recommendation 2</b><br><br><b>Ref:</b> Standard 17<br><br><b>Stated:</b> First time<br><br><b>To be Completed by:</b> 30 September 2015            | <p>The registered person should consider signage for toilet doors as an aide for service users.</p> <p><b>Ref 5.3</b></p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> User-friendly signage in place on all Toilet doors.</p>   |
| <b>Recommendation 3</b><br><br><b>Ref:</b> Standard 14<br><br><b>Stated:</b> First time<br><br><b>To be Completed by:</b> 30 September 2015.           | <p>The registered person should ensure published complaint information is updated to reflect personnel changes as recorded in the revised complaint policy for the service.</p> <p>Complaint records should also reflect if the complainant was satisfied with the investigation and outcome.</p> <p><b>Ref 5.4 and Additional Areas Examined 5.5.3</b></p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Complaints Policy on public display updated to include update to Care Manager details.</p>  |

|  |   |
|--|---|
|  | Complaint letter updated to include a reply slip fr the complainant to confirm whether or not their complaint has been satisfactarely resolved. |
|--|---|

|   |  |                       |          |
|---|--|-----------------------|----------|
| <b>Recommendation 4</b><br><br><b>Ref:</b> Standard 17<br><br><b>Stated:</b> First time<br><br><b>To be Completed by:</b><br>When completing the annual report for 2015-2016. | The registered person should review the presentation of the annual quality review report to reflect a user friendly format which meets the needs of service users, for example the use of a pictorial format.<br><br>In addition outcomes and comments from service users and representatives should also be incorporated.<br><br><b>Ref 5.4</b> |                       |          |
|   | <b>Response by Registered Person(s) Detailing the Actions Taken:</b><br>A more user friendly format which includes pictures will be developed for the 2015-2016 Annual Quality review which will incorporate service user and their representatives views outcomes.  |                       |          |
| <b>Registered Manager Completing QIP</b>  | Mr. Daniel McHugh  | <b>Date Completed</b> | 10/09/15 |
| <b>Registered Person Approving QIP</b>  | Mr. Daniel McHugh  | <b>Date Approved</b>  | 10/09/15 |
| <b>RQIA Inspector Assessing Response</b>  | Lorraine Wilson  | <b>Date Approved</b>  | 14/09/15 |

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