

# Unannounced Day Care Setting Inspection Report 19 September 2016



## Meadowcraft Day Centre incorporating The Church Hall

Type of service: Day Care Service  
Address: 11 Main Street, Richill, BT61 9PJ  
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Inspector: Michele Kelly

## 1.0 Summary

An unannounced inspection of Meadowcraft Day Centre incorporating The Church Hall took place on 19 September 2016 from 10.00 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?**

On the day of this inspection this day care setting was found to be delivering safe care. In discussions with staff and service users it was established that staffing levels met the current assessed needs of service users. Two services users confirmed that they were safe and well cared for in the centre.

Observations of the delivery of care provided evidence that service users' needs were being met safely and in a responsive timely manner by the staff on duty. Arrangements are in place to prevent and protect service users from harm and staff were knowledgeable regarding their role and responsibilities in relation to adult safeguarding policies and procedures. A tour of the environment found the centre to be clean and well organised. The inspector also visited the Church Hall where activities are also provided and noted that service users were taking part in a range of activities to suit their preferences.

One area for improvement was identified and involves ensuring all staff have two written references before commencement of their post.

### **Is care effective?**

Four service users' records were examined and there was evidence of individual assessments and care plans stored for each individual. Incidents, complaints, audits and communication arrangements were also recorded and information had been used to improve future outcomes. Generally the inspector was very satisfied staff were working with service users, their relatives, and other professionals to improve the effectiveness of care in this setting.

### **Is care compassionate?**

Throughout this inspection evidence of compassionate care was observed. On arrival service users were warmly greeted by the deputy manager. It was evident that staff knew each service user well and was familiar with their interests and preference; conversations were respectful and appropriate. Care practices observed established that service users were treated with respect and were consulted regularly about their comfort and involvement in activities. Assistance when required was undertaken in a discreet manner and there were good examples of staff using diversion techniques when needed. Systems were in place to ensure that service users and their representatives were involved and communicated with regarding the issues that affect them.

All of the service users consulted commented very positively on the quality of care and their enjoyment of attending the centre.

## Is the service well led?

The discussions with staff, service users and a relative identified that they were aware of staff roles and responsibilities. There were examples of good practice found throughout this inspection in relation to governance arrangements, ongoing quality assurance programmes, and good working relationships within the team. Staff confirmed that they were well supported in their roles and that suitable training was provided. A monitoring officer who is not directly involved in the day to day operations of the centre visited monthly and provided a report of the visits.

This inspection was underpinned by The Day Care Setting Regulations (Northern Ireland) 2007, 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 Mr Paul Murtagh deputy manager and Mr Daniel Mc Hugh registered manager, 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 06 August 2015.

### 2.0 Service details

<b>Registered organisation/registered person:</b> Armagh Care Services/Mr Daniel McHugh	<b>Registered manager:</b> Mr Daniel McHugh
<b>Person in charge of the day care setting at the time of inspection:</b> Mr Paul Murtagh	<b>Date manager registered:</b> 04 December 2008
<b>Number of service users accommodated on day of Inspection:</b> 31	<b>Number of registered places:</b> 60

### 3.0 Methods/processes

Prior to inspection following records were analysed:

- The registration details of the day centre
- Information and correspondence received from the registered manager
- Incident notifications which revealed six incidents had been notified to RQIA since the last inspection in August 2015
- Unannounced care inspection report 06 August 2016
- Statement of Purpose
- Service Users Guide.

During the inspection the inspector met with:

- The registered manager
- The deputy manager
- One relative
- Three care staff
- Three service users.

The following records were examined during the inspection:

- Four individual service users case files
- A sample of the service users daily records
- Two complaints recorded from April 2015 to July 2016
- A sample of the incidents and accidents records from September 2015 to July 2016
- A sample of service user meeting minutes for August 2016
- A sample of the Incident and accident recording from August 2016
- Two staff supervision records for 2016
- Monthly monitoring reports from September 2015 to June 2016
- Staff training information for 2015 & 2016
- Policies and procedures.

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the most recent inspection dated 11 August 2015.

The most recent inspection of the day care setting was an unannounced estates inspection. There were no areas identified for improvement.

#### 4.2 Review of requirements and recommendations from the last care inspection dated 6 August 2015

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 13(4)(b)  <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector viewed evidence that each service user had their own individual supply of barrier cream which were prescribed by their doctor and administered according to pharmaceutical advice.	
Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 5  <b>Stated:</b> First time	The registered person should ensure that where continence products are required, the type is specified in individual service user care plans.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Individual care plans have been updated to specify the specific continence products required by the service user.	
<b>Recommendation 2</b>  <b>Ref:</b> Standard 17  <b>Stated:</b> First time	The registered person should consider signage for toilet doors as an aide for service users.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector noted that appropriate signage had been added to toilet doors.	

<b>Recommendation 3</b>  <b>Ref:</b> Standard 14  <b>Stated:</b> First time	<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>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> The complaints policy was updated in July 2016 and reflects accurate and up to date personnel details. Records of complaints have been updated to reflect if the complainant was satisfied with the investigation and outcome.</p>	
<b>Recommendation 4</b>  <b>Ref:</b> Standard 17  <b>Stated:</b> First time	<p>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.</p> <p>In addition outcomes and comments from service users and representatives should also be incorporated.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> The inspector noted efforts made in the publication of the annual report to reflect a more user friendly format and the comments from service users and representatives.</p>	

#### 4.3 Is care safe?

The registered manager for the service was unavailable for the initial part of the inspection, as he was undertaking management duties in another service he is responsible for.

In the absence of the registered manager the Deputy Manager, Paul Murtagh facilitated the inspection. The person in charge of the centre was detailed on the duty roster and staff and service users consulted were fully aware of who was in charge on the day of inspection.

The planned daily staffing levels for the day care centre were outlined by the deputy manager and staff and they confirmed that these levels were subject to regular review to ensure the assessed needs of the service users were met. Staff also work in the residential and nursing home where many of the service users live, and travel with service users to their day care setting ensuring continuity of care.

Staff who were consulted confirmed that staffing levels met the assessed needs of the service users. Observation of the delivery of care provided evidence that service users' needs were met by the staff on duty.

The registered manager confirmed the arrangements in place to ensure information pertaining to recruitment specified in Schedules 2 and 5 of The Day Care Setting Regulations (Northern Ireland) 2007 was reviewed. The inspector viewed four staff files and noted that one member of staff had only one reference prior to commencement of employment. A requirement has been made in respect of this.

Review of training records and discussion with care staff confirmed that staff had received mandatory training. It was good to note that the deputy manager was aware of the new regional guidance Adult Safeguarding: Prevention and Protection in Partnership, and that management recognised there was a need to enhance staff awareness regarding the new procedures.

Staff who were interviewed clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. Management reported that there were no current safeguarding concerns ongoing. On the day of the inspection restrictive practices were noted to be appropriate and proportionate.

Discussion with staff confirmed that mandatory training and other professional development training was provided. Staff felt they were well supported in their role and responsibilities by the provision of individual staff supervision, annual appraisal and easy access to the management team.

The day care setting in Meadowcraft and the Church Hall were found to be welcoming, fresh smelling and clean throughout. On the day of inspection the centre was undergoing redecoration and painters were working within the setting at Meadowcraft. Fire exits and corridors were observed to be clear of clutter and obstruction.

### **Areas for improvement**

One area for improvement was identified during the inspection and involves ensuring all information pertaining to recruitment specified in Schedules 2 and 5 of The Day Care Setting Regulations (Northern Ireland) 2007 is obtained before employment is commenced.

#### **4.4 Is care effective?**

Discussion with the deputy manager, staff and service users established that the service responded appropriately to and met the assessed needs of the service users.

There was evidence that introductions to the day care service for service users and their representatives are planned. On the day of inspection a relative was consulted and confirmed that they had been provided with relevant information about the centre and visits had been facilitated to enable the service user to become familiar with the setting and the staff. This relative spoke highly of the way staff had assisted the service user to settle in the centre and praised the efforts made by the deputy manager to ensure the service met individual needs and communicated with relatives. Relevant documentation relating to the service user's assessment had been obtained by staff and there was evidence of appropriate consultation regarding the assessment with the service user representative.



A review of four care records confirmed that these were generally maintained in line with the legislation and standards. They included assessment of needs, life history, risk assessments, care plans and daily notes about the activity and health and well-being of the service user.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

#### **4.5 Is care compassionate?**

Staff interactions with service users were observed to be compassionate, caring and timely. Service users were afforded choice, privacy, dignity and respect.

Staff demonstrated a detailed knowledge of service users', preferences and assessed needs as identified within the service users' care plan. Relationships between all staff and service users were observed to be relaxed and friendly. Discussions with staff concluded that they are working in a very person centred way and strive daily to interpret the service users' wishes. A relative provided examples of sensitive perceptive interventions implemented to improve the comfort and care of those who attend the centre.

Care records confirmed that a service users' quality of life had been improved as they had been enabled to access varied activities including boating with staff encouragement and support. Care practices observed established that service users were treated with respect and were consulted regularly about their comfort and involvement in activities. Assistance when required was undertaken in a discreet manner and there were good examples of staff using diversion techniques and one to one support when a service user was restless. All of the service users consulted talked very positively on the quality of care and their enjoyment of attending the centre.

#### **Service users' comments:**

"I love coming here".

"People look after me well".

"Staff are very good, lovely meals".

A relative confirmed that the centre provided care in a safe compassionate manner and that staff communicated effectively on all relevant matters. This person praised the range of meaningful activities offered by the centre and said that staff work very flexibly to ensure that on days of respite care, or illness their relative can access the centre on an alternative day.

#### **Relative's comments:**

"There is a big focus on getting out and being involved in meaningful activities".

"It is my life line".

An annual survey about the standard and quality of the day service is undertaken and actions taken following survey results from 2015/2016 were discussed with the inspector.

### **Areas for improvement**

No areas for improvement were identified during the inspection.



#### 4.6 Is the service well led?

The certificate of registration issued by RQIA was displayed in a prominent position in the entrance to the day care setting.

The deputy manager confirmed that there were management and governance systems in place to meet the needs of service users.

A range of policies and procedures were in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Staff confirmed that they had access to the day centre's policies and procedures.

Discussion with the deputy manager and staff evidenced that there was a clear organisational structure within the day care setting. Staff were able to describe their roles and responsibilities and were fully aware of the organisational structure within the day care setting and the trust, and with their lines of professional accountability. Staff were aware of their individual responsibility in relation to raising concerns about any aspect of practice.

In discussion service users were aware of the roles of the staff in the day care setting and whom they should speak to if they had a concern. Service users confirmed that they were confident that staff/management would manage any concern raised by them appropriately.

Records of complaints were viewed and confirmed complaints were properly responded to, investigated and outcomes recorded. The deputy manager outlined the background to a complaint which was referred as a safeguarding issue. A review of information evidenced that this area of practice was managed in accordance with the regional safeguarding protocols and the day care settings policies and procedures. RQIA were notified appropriately.

Monthly monitoring visits were undertaken as required under Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007; reports were produced and made available for service users, their representatives and RQIA.

Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

Staff expressed their confidence in the management of the service commenting;

"We are well supported by management".

"Everyone works well".

#### Areas for improvement

No areas for improvement were identified during the inspection.

## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Paul Murtagh, deputy manager and Daniel McHugh, 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 service. 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.

## 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 Settings Regulations (Northern Ireland) 2007.

## 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Day Care Setting 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 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 21  
(b)(c)

**Stated:** First time

**To be completed by:**  
Immediate and ongoing

The registered person must ensure that all information and documents as specified in Schedule 2 have been obtained before employing persons to work in the day care setting.

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

As evidenced during inspection several attempts were made to obtain 2nd reference. One reference was held in file at time of inspection. Further to this 2nd reference has been obtained and now held in staff file. All future documents will be obtained prior to commencement of employment.

*\*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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