

Unannounced Care Inspection Report

21 May 2019



Meadowcraft

Type of Service: Day Care Service
Address: 11 Main Street, Richill, BT61 9PJ
Tel No: 02838870932
Inspector: Maire Marley

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

Meadowcraft day centre provides care and day time activities for up to 60 adults with a learning disability who may also have additional needs such as physical, sensory, mental health needs, challenging behaviour, autism memory loss and dementia. The day care setting delivers care and support from the main site and from an additional site known as the Church Hall. All records pertaining to the services are available in the registered address.

3.0 Service details

Organisation/Registered Provider: Armagh Care Services Responsible Person: Daniel McHugh	Registered Manager: Daniel McHugh
Person in charge at the time of inspection: Paul Murtagh	Date manager registered: 4 December 2008
Number of registered places: 60	

4.0 Inspection summary

An unannounced inspection took place on 21 May 2019 from 10.00 to 15.30.

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

RQIA, as a public-sector body, have a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of day care settings, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. People who attend day care settings have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. All day care settings should safeguard and promote service user choices and freedoms as they relate to the range of services being provided.

During the inspection evidence that the day care setting promoted service users' human rights particularly in relation to the areas of consent, autonomy, equality, decision making, privacy, dignity, confidentiality and service user involvement was observed. Service users were seen moving freely around the centre and making independent choices in regard to the daily routines of the centre.

Evidence of good practice was found in relation to staff training and development opportunities, recruitment and induction, the range of activities provided and the opportunities for community inclusion.

It was evident the culture and ethos of the day centre promoted treating the service users with dignity and respect and maximising their independence. There was evidence of good overall governance and management systems and arrangements were in place for the registered person to formally obtain service users and their representatives' views on a monthly basis.

Service users expressed satisfaction with all aspects of care delivered within the centre and spoke highly of the management and staff team.

The findings of this report will provide the day care setting with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas of improvement being identified. Findings of the inspection were discussed with the assistant manager, as part of the inspection process and can be found in the main body of the report.

4.2 Action/enforcement taken following the most recent care inspection dated 26 November 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 26 November 2018.

5.0 How we inspect

- previous RQIA inspection report and QIP
- all correspondence received by RQIA since the previous inspection

During the inspection the inspector spoke briefly with the registered manager, had detailed discussions with the assistant manager who facilitated the inspection, four staff members, a visiting tutor and a number of service users. Service users were observed during the inspection participating in a range of individual and group activities.

Service users' comments:

- "I really enjoy coming here, I help to look after the kitchen and I make sure it is kept clean."
- "Very happy here."
- "Staff are really good anything bothering me I would tell Danny (registered manager) or any of the staff."
- "Staff keep me safe here, they look after me."
- "I really like art and talking to my friends."
- "I have learned to use the computer, that's what I like doing."
- "I help in the garden I love that."

Four service user/representative questionnaires were returned to RQIA within the time frame for inclusion within this report, all respondents indicated they were satisfied that the care was safe, effective, compassionate and the service was well led.

Staff comments during inspection:

- "A good teamwork, good communication and we all work well together."
- "Making sure service users are given choice in everything they do."

- “Providing service users with choices, promoting independence and encouraging them to try different things.”
- “We get good support from the management team and you can go to them at any time, no matter whether your issue is work or personal they will always help you.”
- “We (staff) enjoy our work and we are appreciated by management that means a lot.”

A range of documents policies and procedures, relating to the day care setting were reviewed during the inspection and are referred to within the body of the report.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 26 November 2018

The most recent inspection of the day care setting was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 14(1)(c) & 26(2)(k) & (n). Stated: First time To be completed by: 21 January 2019	The registered person shall complete a health & safety risk assessment to consider the safety issues related the pathway leading to the church hall. The health & safety risk assessment should consider: (1) improving the lighting levels adjacent ground level; (2) coating the step nosing with a luminous/high reflectance coating; and (3) install a tactile surface finish for 300mm distance before & after the change in level. Ref: 6.4	Met
	Action taken as confirmed during the inspection: The information in the returned QIP, records examined and observation on the day of inspection noted the requested improvements had been addressed.	

6.3 Inspection findings

6.4 Is care safe?

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

The registered manager Daniel McHugh has responsibility for two registered homes and Meadowcraft day centre and spends time in each facility. In the absence of the registered manager an assistant manager assumes responsibility for the centre, the appropriate competency and capability assessment was in place and up to date.

Duty records examined contained details of the number of staff on duty, hours worked, and information of the specific care duties allocated to staff. Discussion with the assistant manager, staff and observations during this inspection verified that there were sufficient numbers of staff to meet the needs of service users accommodated in the centre on the day.

Effective arrangements are in place to support staff and include structured induction, training, supervision and appraisals. New staff receive a structured induction to ensure they are familiar with service users' needs along with the settings routines and procedures. One recently employed staff member confirmed they had shadowed an experienced staff member for three weeks, received a range of training and had completed the Northern Ireland Social Care Council (NISCC) induction programme.

A review of staff training records found that all staff had up to date mandatory training and had accessed additional training and development relevant to the needs of service users for example, Palliative care and breaking bad news, Basic care and Core values, Epilepsy, Diabetes, Anaphylaxis and Eating and drinking.

The day care setting had arrangements in place to identify, manage and where possible eliminate unnecessary risks. There was evidence that comprehensive risk assessments and safety management plans were completed inclusive of service users and when appropriate their representatives. Risk assessments were personalised and included information specific to each person and their needs.

A range of health and safety risk assessments were in place and included fire risk assessments, fire safety training and fire drills. All staff had received up-to-date safeguarding and health and safety training appropriate to their role and were aware of how to identify and report concerns.

The service undertook regular health and safety checks that ensured a safe environment was maintained. A fire risk assessment was completed on 14 October 2018; the next review date was recorded on the document as 24 October 2019. A fire drill was undertaken in 25 November 2018.

Arrangements had been implemented in regard to the recording and reporting of accidents and incidents. Notifications of such events were submitted to RQIA as required. A review of the records confirmed that all accidents and incidents reportable and not required to be reported had been managed in a timely appropriate manner. Staff records relating to accidents or incidents were also maintained.

A review of the settings policies confirmed there was a policy and procedure on restrictive practice in keeping with Department of Health (DoH) Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and Human Rights Act (1998). It also included Deprivation of Liberty Safeguards (DoLS).

Staff consulted were aware of the impact of human rights legislation within their work and the following comments indicated their understanding of their role in promoting service users rights:

- “Service users have the same rights as everyone else.”
- “Promoting independence and ensuring service users are given choices in all aspects of their lives”
- “Treating people with respect, and ensuring they have privacy is promoting human rights.”

Arrangements were in place to ensure service user care records and staff -personnel records were stored securely in line with General Data Protection Regulation (GDPR) which meant people could be assured that their personal information remained confidential.

Safeguarding and whistleblowing policies and procedures were in place to help protect service users and help minimise the risks of abuse. Safeguarding procedures were understood by staff members who were interviewed. They confirmed that practice throughout the centre was of a high standard and that they had attended training in 2018. It was noted that the policies and procedures were in line with the regional guidance and the Organisation’s Adult Safeguarding Champion was known to staff. Discussion centred on the need for the organisation to develop a safeguarding position report, the deputy manager confirmed the report would be available in March 2020.

Observation of the environment was undertaken during a walk around the day care setting, this confirmed that the environment was warm, clean, fresh smelling and had suitable lighting. The standard of hygiene observed throughout the centre was found to be good and relevant infection prevention measures were in place.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to risk assessment and management, fire safety, the physical environment, staff training and support, and adult safeguarding.

Areas for improvement

There were no areas of improvement identified during the inspection of this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

The centre's Statement of Purpose and Service User Guide were reviewed and revealed that the documents reflected the elements set out in the regulations and standards. Information on the rights of service users was limited to one paragraph and the inspector suggested that this should be expanded to include information on the range of rights service people have under the Human Rights Act 1998. The assistant manager agreed to review and update the document.

Pre-admissions assessments are completed and referral information received prior to a service user commencing day care to ensure the care and support they required was understood by staff. Each person is provided with a service user guide that informs them of their right to full involvement in all aspects of their care. Information on how to raise a concern or complaint regarding the quality of care is included. It was evident from records viewed and staff discussion that the centre organised and delivered services to meet individual needs and took account of individual preferences.

Care planning documentation was in place for each service user and was written in a way that ensured care delivered was current, care records were available to relevant staff. Records included referral information, service user agreement, contact information and personal outcomes. A range of assessments were carried out and were specific to each person needs, for example moving and handling, falls risk, behaviour that may challenge, swallowing and choking and transport. The assessments provided information to staff that assisted them to minimise risks and to keep service users safe and included a detailed care plan.

It was noted that information in the service user agreement included all the elements set out in The Day Care Settings Minimum Standards.

Records of annual care reviews for each service user demonstrated that an evaluation of the overall suitability of the placement had been discussed in detail and agreed. A written review report was available in files examined and included the views of the service user and/or their representative and was informed by the written progress notes. It was noted that the comments made by service users during their annual reviews were all very positive. Records examined were signed and dated and there was evidence that a regular audit of the documentation was undertaken.

There was evidence that the advice and input of other professionals had been requested when necessary and that staff worked closely with these professionals to deliver care that was effective and person centred.

Systems to promote effective communication between staff, service users and their representatives were reviewed during the inspection. There was evidence to indicate that communication supported the protection and promotion of individualised and person centred care for service users. Discussion was held with the assistant manager in regarding to further developing communication aids for those people who had no verbal communication, the assistant manager agreed to discuss suggestions with the speech and language therapist.

Staff were knowledgeable regarding service users' needs and care plans; they described how intervention with each service user was person centred depending on their individual needs. The care staff also work in the nursing home and follow the service user to day care, staff reported that this ensured continuity of care and also gave them a greater understanding of each person's needs in the different settings.

The interactions observed between staff and service users throughout the inspection confirmed that staff were suitably skilled and effective in communicating with all service users. There was good evidence of person centred interventions that assured service users were involved and communication opportunities maximised.

Discussion with staff and service users with regards to the provision of effective care included the following comments:

Service Users' comments:

- "I like all the staff here we have good craic."
- "I think the care here is good, I like working in the garden and doing art."
- "The staff know me and what I need, that's good."

Staff comments:

- "We know all our service users well."
- "Care is very effective, because we follow the service user from the home to day care you get to know them really well, what their likes and dislikes are."
- "Promoting service users' human rights is really at the heart of what we do."

All service users and staff consulted on the day expressed positive views on the quality of service provided, staff also expressed the confidence they had in the practice of their colleagues.

Areas of good practice

There were examples of good practice found in relation to assessment of needs and risk assessments, audits of records, communication between service users, staff and other key stakeholders.

Areas for improvement

There were no areas of improvement identified during the inspection of this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

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

This inspection sought to assess the day care setting's ability to treat service users with dignity, equality and respect, and to fully involve service users in decisions affecting their care and support.

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

Service users confirmed that they would be comfortable speaking with staff or management if they had any concerns or complaints. The day care setting's Statement of Purpose and Service User Guide provides information on how to make a complaint and the importance of ensuring the opinions and feedback of service users is heard and addressed.

Throughout the day staff were observed to stimulate and encourage service users to participate in a range of therapeutic activities that promoted positive outcomes for their health and well-being and encouraged meaningful social engagement. Observation of activities included hand and foot massages, use of the sensory environment, listening to music, artwork and computer studies. Staff were observed providing differing levels of support to service users to enable them to participate in their chosen activity.

In discussions with service users, it was very evident that they enjoyed the time spent in the day care setting, they spoke highly of their activities and how these promoted their involvement in the community, such as walks in the local park, boating, using local shops, computer studies, drama pottery, gardening, and health and beauty activities. There were measures in place that confirmed all service users, irrespective of their needs were supported and encouraged to have equal opportunity for access to meaningful activities and engagement with others.

Staff described the informal arrangements in place that ensured service users are consulted on a daily basis and their views and opinions sought. This included daily ongoing discussions with service users and checking out before the commencement of each activity that people were willing to participate. More formal arrangements to promote effective communication with service users and/or their representatives were facilitated through annual care reviews, monthly monitoring visits and service user meetings. A sample of the minutes of service meetings found management held individual discussion with some service users to gain their views as they found groups difficult, whilst they met others in a group setting. These arrangements provided evidence of service user involvement in the decision making process and also evidenced how each person's preferences were taken into consideration.

Evidence of additional opportunities for service users and their carers to express their views was contained in the annual satisfaction survey undertaken and reported on in the Annual Quality Report 2018.

A review of the records of the monthly monitoring visits found that the views of service users and their carers were sought on each occasion and reflected in the report of the visit. The reports were in line with Regulation 28.

Discussion with service users with regards to the provision of compassionate care included the following comments:

- “Staff are brilliant, I like all of them (staff).”
- “I really love coming here.”
- “Meadowcraft is the best, I like going on outings to the park and going in the boat.”
- “I decide what I want to do and staff help me.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the day care setting, listening to and valuing service users and taking account of the views of service users.

Areas for improvement

No areas for improvement were identified during the inspection of this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The inspection was facilitated by the assistant manager who was the person in charge and who demonstrated a very good understanding of The Day Care Setting Regulations, minimum standards and the systems and process in place for the daily management of the day centre.

During the inspection the setting's leadership, management and governance arrangements were assessed and found them to be in line with good practice and the regulatory framework. Inspection of the premises confirmed that the current RQIA certificate of registration was displayed within a prominent position.

There was a clear organisational structure and staff consulted demonstrated knowledge of their roles, responsibility and accountability. Arrangements are in place to ensure the registered provider is kept informed regarding the day to day running of the day centre through, for example, monthly monitoring visits made on behalf of the registered provider.

The assistant manager discussed his commitment to driving improvement in the service and described the importance placed on supporting and valuing staff to develop and improve their skills and knowledge base.

A range of policies and procedures were in place to guide and inform staff, during the inspection staff discussed their knowledge of policies in regard to whistleblowing, safeguarding and complaints, it was evident they were fully familiar with the action required to be taken by them in the event of any concern. From the discussions with staff it was evident they enjoyed working in the day care setting and enjoyed good working relationships with their colleagues and the management team.

There are arrangements in place to ensure staff are registered with the relevant regulatory bodies of the Northern Ireland Social Care Council (NISCC). Information regarding staff registration details and renewal dates were maintained. The registered manager confirmed that staff were aware that a lapse in their registration would result in the staff member being unable to work within the centre until their registration was suitably updated.

Review of staff records established that supervision and appraisal were in keeping with the minimum standards. Staff reported that they found supervision supportive and provided opportunities to discuss their responsibilities.

Examination of the complaints record found the centre had no complaints since the last inspection. Discussion with staff confirmed that they knew how to receive and deal with complaints and of their responsibility to ensure that management were made aware of any complaints. Information on the complaints procedure was displayed in areas throughout the day centre.

Records examined provided evidence that regular staff meetings were held and records of the meetings maintained. The record included the names of staff in attendance and agenda items. Relevant information was discussed regarding the needs of service users, forward planning and the arrangements to ensure the delivery of safe and effective care. The minutes of meetings were available to those staff unable to attend the meeting.

The inspector can confirm there was evidence of arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. A range of audits are undertaken weekly and monthly and included health and safety audits, audits on care records, cleanliness audits, staff training, supervision, fire prevention and checks on professional registration.

The Regulation 28 monthly quality monitoring visit reports for the past three months were reviewed and found to be unannounced visits. The reports were found to be satisfactory and adhered to the elements specified in Regulation 28.

The inspectors discussed the measures in place in relation to promoting equality of opportunity for service users and the importance of staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The manager discussed the ways in which staff development and training enabled them to engage with a diverse range of service users. It was confirmed that no issues regarding equality had been raised by service users to date.

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

- effective communication
- service user involvement
- equal care and support

- individual person centred care
- individual risk assessment

The day centre had collected equality data on service users such as; age, gender, race, disability, marital status via their referral information.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and compliments, incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas of improvement and identified during this inspection, and a QIP is not required or included.



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