

Unannounced Care Inspection Report 26 November 2018



Meadowcraft Day Centre incorporating The Church Hall

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

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

This is a Day Care Setting that provides care and support for up to 60 service users Monday to Friday. The day care setting delivers care and support from the main site and from an extension to the main site known as The Church Hall.

The day care setting provides day care and day time activities for adults living with a learning disability who may also have additional needs such as physical, sensory, mental health needs, challenging behaviour, autism, memory loss, and dementia.

3.0 Service details

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

4.0 Inspection summary

An unannounced inspection took place on 26 November 2018 from 10.00 to 16.45.

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the establishment was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff records; management arrangements; training and induction for staff; the home's environment; service user's individual assessment and care plans; the storage of service user's information; communication between staff; planning daily care; creating opportunities for listening to and taking account of the views of service users; communication between staff and the management team; support available for staff; governance; and maintaining good working relationships.

Areas requiring improvement were identified in relation to the entrance to the church hall; and two Policies and Procedures.

Service users said about Meadowcraft: "I love it up here in Meadowcraft. Good crafts and I like the company", "I like coming here, there is lots of activities", "I love coming here", "I like seeing (staff names), and gets me out of the house".

The findings of this report will provide the establishment 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	1	1

Details of the Quality Improvement Plan (QIP) were discussed with Paul Murtagh, Deputy Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 13 September 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 13 September 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- the registration details of the day centre
- information and correspondence received by RQIA since the last inspection
- incident notifications which highlighted that seven incidents had been notified to RQIA since the last care inspection in September 2017
- unannounced care inspection report and quality improvement plan from 13 September 2017

During the inspection the inspector met with the deputy manager who was the person in charge on the day of the inspection, and two staff on duty. The inspector greeted all of the service users in the setting on the day of the inspection and discussed with five of them their views about this day care setting. One relative was providing transport for their relative on the day of the inspection and spoke with the inspector about their experience of the day care setting.

The following records were examined during the inspection:

- Three service users' care records.
- A sample of service users' daily records.
- Two individual staff personnel records.
- The day centre's complaints/compliments record from April 2017 to November 2018.
- Staff roster information for September, October and November 2018.
- Fire safety precautions.
- A sample of minutes of service users' meetings for July, August and September 2018.
- The day centre's record of incidents and accidents that had happened since the last inspection.
- A sample of monthly quality monitoring reports from September, October and November 2018.
- The following Meadowcraft Policies and Procedures that were reviewed in 2017: staff social networking; staff supervision; safeguarding; Whistleblowing and Staff NISCC registration.
- The Statement of Purpose, October 2018.

At the request of the inspector, the manager was asked to display a poster within the day centre. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; no responses were received at the time of writing this report. Ten service user and/or relatives' questionnaires were provided for distribution; six questionnaires were returned to RQIA within the timeframe for inclusion in this report.

The inspector requested that the manager place a 'Have we missed you' card in a prominent position in the day centre to allow service users, relatives and staff who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received at the time of writing this report.

An RQIA information leaflet 'how can I raise a concern about an independent health and social care service' was also provided to be displayed in the day care setting.

The inspector would like to thank the manager, service users, and staff for their contribution to the inspection process.

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 manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 13 September 2017

The most recent inspection of the establishment was an unannounced care inspection.

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

6.2 Review of areas for improvement from the last care inspection dated 13 September 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 18 Stated: First time	The registered person shall review and improve the policies and procedures for this setting so they are current and there is evidence they have been subject to a systematic three year review. Ref: 6.7	Met

	<p>Action taken as confirmed during the inspection: The settings Policies and Procedures were available and had been subject to a three year review at the time of inspection.</p>	
--	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

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 inspection of the staff rota for September, October and November 2018 showed there were there was on average nine care staff and one deputy manager delivering care and support daily. The manager was based in the residential home and was available to support the staff to meet service users' needs if necessary.

The deputy manager was identified on the staff rota as in charge, when he was absent the senior care worker had assumed management responsibility. This arrangement was detailed on the rota and described in the setting's statement of purpose. The deputy manager and senior care worker had completed and been awarded the Level 5 Diploma in Leadership for Health and Social Care Services (Adults' Management) (Wales and Northern Ireland) qualification. This qualification is necessary for registered managers and assured the staff covering the registered manager had the skills and knowledge to act up in the manager's absence. Discussion with the deputy manager and the senior care worker confirmed they were willing and confident they had the skills, experience and knowledge to act up in the manager's absence. The findings of this inspection did not identify any evidence that would indicate this arrangement was not safe.

The registered manager had maintained individual staff files and two were inspected. They contained evidence that organisational recruitment procedures had been complied with and these were also consistent with standard 20. One staff member did not have their current NISCC registration details recorded however the NISCC register showed they were registered. The manager was advised to keep this information up to date to ensure they are informed that the staff are maintaining their registration.

Discussion with the manager and review of two staff records showed an induction programme was in place for the care staff working in the day centre. The staff had received an induction to their specific role and the building. The manager had also used a competency induction based on the NISCC standards; this was signed by the staff member and manager. The process showed staff had reflected on the skills and knowledge they had learned during their induction to the care staff role; they were satisfied they knew their role and responsibilities; and felt competent in delivering care in the same areas.

The staff training records were sampled and they showed mandatory training and some other training relevant to the staff's roles such as General Data Protection Regulation's (GDPR),

Anaphylaxis, wound care, palliative care and core values had been provided since the last inspection.

RQIA records revealed seven incident's had been reported to RQIA since the last inspection. The review of the settings incident and accident records confirmed they had been responded to on the day to ensure the service user was safe. Post incident the information was reviewed, the records showed the recording had been analysed to see if anything could be put in place to prevent reoccurrence. Overall the inspection of the record found safety issues and risks had been identified and responded to, and all notifiable incidents or events were reported to RQIA.

Safeguarding arrangements were discussed with the deputy manager and senior, this revealed the staff had identified potential safeguarding concerns and discussed them with the management team since the last inspection. The records showed staff had acted in a timely manner to ensure service users were safeguarded when in the setting.

The walk around the environment found the setting's furniture and general environment presented as safe, clean and tidy. Furniture used by service users presented as fit for purpose for service users to relax in and undertake a range of activities. The service users were observed moving around the setting freely, the lift enabled the service users with mobility needs to access the two floors in the main building, and no rooms in the day care setting presented as overcrowded during the inspection.

The front door to the day care setting was kept locked the service users explained this was to avoid any one walking into the day centre unannounced. Discussion revealed the service users can exit the day centre with staff at any time for example for a walk or to go to an activity in the church hall. This was observed happening during the day of the inspection.

During the inspection the church hall was visited. On entering the hall it was noted the step at the front door was not easily visible. The incident records detailed an incident had been recorded in relation to the same entrance, however no injury was sustained. Discussion with staff found they assist service users in and out of the church hall. Due to the poor visibility and potential for further incidents the entrance should be improved. The registered person should complete a health & safety risk assessment on the access pathway and steps to the church hall and 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. This has the potential to promote service users independence when entering and exiting the building and preventing further incidents. An improvement is stated in the Quality Improvement Plan (QIP) for this inspection.

The last fire risk assessment was carried out in October 2018; the suggested date for review was October 2019. There was evidence that the action plan was being addressed and there were no areas of high risk. The last fire drill was undertaken in November 2018 and this did not identify any areas for improvement.

Discussion with staff regarding safe care revealed the staff felt the setting was a safe place for service users to receive care and support. They confirmed they had undertaken training and had taken time to get to know each individual service user, their "ways", needs and what they want or like to do. If they had any concerns they confirmed they would raise this with the senior, deputy or manager. Staff discussed they keep the environment clean and tidy,

equipment is inspected to ensure it is safe. Finally staff confirmed they knew about the role of the safeguarding champion in the organisation.

On the day of the inspection a small group of service users were asked if they felt safe in the day care setting, they said it was a safe place, they liked the secure front door which meant strangers could not come in. Service users said about safe care in the day care setting “what we do is safe” and “staff help us to be safe”.

One relative was visiting the setting and told the inspector they felt the care was safe because the staff knew their relative’s needs, they said their relative was “well catered for”. This was because there was a safe care plan that had been informed by other professionals involved in their relatives care.

Six service users and/or relatives returned questionnaires to RQIA. The responses indicated that they were very satisfied that the care provided to service users was safe.

Areas of good practice

There were examples of good practice found during this inspection in relation to staff records, management arrangements, training and induction for staff and the home’s environment.

Areas for improvement

One area for improvement was identified during the inspection in relation to the entrance to the church hall.

	Regulations	Standards
Total number of areas for improvement	1	0

6.5 Is care effective?

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

Three service user’s care files and a sample of recording regarding service users’ attendance at the day care setting were inspected. This found service user’s individual needs were recorded in the service user’s assessment and care plans. This detailed information had informed staff so they knew how to care for and support service users, taking into account service user’s preferences regarding their care and support. The inspector noted the progress care records were mostly noting problems or issues that had arisen in day care. The deputy manager was advised the progress notes should also record positive behaviours and outcomes, this should enable patterns of care that had promoted positive outcomes to be identified and mapped and can be used in future planning for each individual.

Two of the three service users’ care plans were reviewed within the suggested timescales. One service user’s records showed the deputy manager was in communication with the trust regarding the service user’s review of the care plan to ensure they were still providing the right care.

The inspection confirmed records were stored safely and securely in line with data protection and staff reported they could access the records when they needed to. Staff had received training in relation to GDPR.

Discussion with a group of service users revealed they felt the staff were effective and staff knew what they were doing. They said if they had any concerns in this regard they could speak with the deputy manager or senior and they will help them. In relation to effective care service users said “I like my own routine”, “I like Meadowcraft”, “staff help”. Overall the comments were positive in relation to effective care.

Discussion with the staff revealed they felt care was effective because staff provide effective care and support through activities; give service users time and listen; ensure each individual is happy in Meadowcraft; use the assessment and care plan to inform day to day care and ensure this is kept up to date; and finally if there are any changes, discuss these with the service user, supervisor and family to agree changes. These examples of effective care provided were consistent with the minimum standards and observations of staff during the inspection showed they knew each service user and their needs well during interactions.

The visiting relative discussed a message book that was used by the relative and staff to communicate about what the service user did in home or day care and any information that may impact on his needs being met in either setting. The relative said this was effective because they knew what their relative had done and could gauge what they needed when they arrived home. The relative also said in their opinion the family are listened to and they had been provided with updates and information that assured them their relative’s safety was priority in the day care setting.

Six service users and/or relatives returned questionnaires to RQIA. The responses indicated that they were very satisfied that the care provided was effective.

Areas of good practice

There were examples of good practice found during the inspection in relation to service user’s individual assessment and care plans; the storage of service user’s information; communication between staff; and planning daily care.

Areas for improvement

No areas for improvement were identified during the inspection.

	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.

The inspection of this setting included observation of service users taking part in activities in the group rooms. Service users’ needs were varied and staff on duty was observed supporting service users individually or in groups in a caring and respectful way. Observation of the

activities during the inspection included watching the Christmas play rehearsal. Service users were guided and supported so they could take part and showcase their talents. Staff were observed being patient, encouraging and included all the service users in the room in the production. The staff's gentle, supportive, encouraging and enthusiastic approach which enabled and empowered all service users in the church hall is commended. The drama production that was observed during the inspection was impressive, creative and well executed.

The observations of care in the main Meadowcraft building found some service users were given intense support to take part in craft activities and physical activities, in contrast others were more independent and encouraged to move round the setting freely and independently by staff. In conclusion the inspection confirmed when staff were observed interacting with service users they gave them time, and when appropriate, privacy to protect their dignity when meeting needs.

Discussion with a small group of service users confirmed that they felt their views and opinions had been taken into account in matters affecting them. One service user spoken to said they like to help out and others confirmed they are given roles in the setting if they want to help such as gardening, recycling and cleaning tables after the meals. The service users said they like doing drama, gardening and boating activities which the staff facilitate. One service user said "in here's great".

The systems in place to promote effective communication between service users and staff were service user meetings that were held monthly with a different group of service users each month. They used a questionnaire format and this had led to improvements such as the introduction of flash cards to facilitate service users choosing what they want to eat. This approach had ensured all service users had an opportunity to give their views the deputy manager.

Discussion with staff found they were concerned with doing all they can for each individual and the activity groups. They identified they ask service users daily what they would like to do, are they comfortable, happy, warm etc. They were clear service user's comfort and facilitating their choices and preferences was key to providing compassionate care and ensuring needs were met. Staff stated if they notice a plan is not working they will discuss this with senior staff, if necessary identify improvements or changes that can be made to improve outcomes for the service user and work out what is the best approach with relatives, the service user and any other professionals involved in the service users care.

Six service users and/or relatives returned questionnaires to RQIA. All responses indicated that they were very satisfied that the care provided was compassionate.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to creating opportunities for listening to and taking account of the views of service users.

Areas for improvement

No areas for improvement were identified during the inspection.

	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 registration certificate was up to date and displayed appropriately.

The Statement of Purpose for the day care service was reviewed during this inspection. The document described the nature and range of services provided and addressed the matters required by Regulation 4(1) of The Day Care Setting Regulations (NI) 2007. The statement of purpose had been amended in October 2018; the content described the needs of service users that will be met and arrangements in place to meet those needs.

A number of Policies and Procedures were sampled for content and dates of review. The policies inspected had been reviewed by the manager in 2017, however the following policies should be reviewed in relation to their content, to ensure they are consistent with current regional guidance:

- The Safeguarding Policy and Procedure should be updated to ensure it refers to the safeguarding champion in the organisation and the current regional guidance and procedures
- The NISCC Policy and Procedure should be updated to ensure it clearly states day care staff must be registered with NISCC and describes arrangements in place to ensure new staff register without delay

An improvement is stated in the Quality Improvement Plan (QIP) for this inspection.

One complaint had been recorded and the records showed this had been responded to within stated timescales. The deputy manager identified the general recording maintained by staff and the management team ensured staff gathered the right information to respond to the issues raised. This assured the inspector the settings governance approach provided the right evidence and was effective in this regard.

Discussion with the staff confirmed they were fully appraised of the management structure in the day centre and they confirmed they could seek support or advice from the senior, deputy or registered manager at any time. The staff also confirmed they have individual meetings with their supervisor every three months. One member of staff said "it's nice to work here".

The provider monthly monitoring visits had been undertaken to monitor, audit and review the effectiveness and quality of care delivered to service users. The reports showed the visits had been undertaken monthly by the responsible individual and included the monitoring of service users' files and records. An action plan was in place to address areas for improvement that had been identified and progress was monitored during the next visit to ensure improvements were implemented and anticipated outcomes met.

Six service users and/or relatives returned questionnaires to RQIA. All responses indicated that they were very satisfied that the care provided was well led.

Areas of good practice

There were examples of good practice found in relation to communication between staff and the management team, support available for staff, governance and maintaining good working relationships.

Areas for improvement

One area for improvement was identified in relation to the settings policies and procedures

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Paul Murtagh, Deputy Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007

<p>Area for improvement 1</p> <p>Ref: Regulation 14(1)(c) & 26(2)(k) & (n).</p> <p>Stated: First time</p> <p>To be completed by: 21 January 2019</p>	<p>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.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Luminous anit-strip nosing fitted to step into Churchhall entrance. Light fitting above front door checkd and working to illuminate front step area.</p>

Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012

<p>Area for improvement 1</p> <p>Ref: Standard 18.4</p> <p>Stated: First time</p> <p>To be completed by: 21 January 2019</p>	<p>The registered person shall review and improve the content of the following Policies and Procedures and ensure the content is consistent with current regional guidance:</p> <ul style="list-style-type: none"> • The Safeguarding Policy and Procedure should be updated to ensure it refers to the safeguarding champion in the organisation and the current regional guidance and procedures. • The NISCC Policy and Procedure should be updated to ensure it clearly states day care staff must be registered with NISCC and describes arrangements in place to ensure new staff register without delay. <p>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Current Safeguarding Policy has reference to Safeguarding Champion and current regional guidance and procedures.</p> <p>NISCC Policy and procedure updated to include that all new staff must have completed NISCC Apllication pack and have it sent away by the end of their induction period.</p> <p>All staff must be registered within 6 months of commencing job role.</p>



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)