

Unannounced Care Inspection Report 18 September 2019



Palms Day Care Centre

Type of Service: Day Care Service

Address: The Jethro Centre, Flush Place, Lurgan, BT66 7DT

Tel No: 02838325673

Inspector: Maire Marley

www.rqia.org.uk

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

Palms is a Day Care Setting that is registered to provide care and day time activities for a maximum of 16 people over the age of sixty five who may be frail, have a physical disability or early stage dementia. The day centre operates on Wednesday, Thursday and Friday and is closed for statutory holidays.

3.0 Service details

Organisation/Registered Provider: Shankill Parish Association	Registered Manager: Gail Woolsey
Responsible Individual(s): Andrew Dunlop	
Person in charge at the time of inspection: Gail Woolsey	Date manager registered: 14/03/2016
Number of registered places: 16	

4.0 Inspection summary

An unannounced inspection took place on 18 September 2019 from 10:00 to 15:00 hours.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, 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 services, we are committed to ensuring that the rights of people who receive services are protected. This means we will be seeking assurances from providers that they take all reasonable steps to promote people's rights. Users of day care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted.

The inspection assessed progress with any areas for improvement identified 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.

Evidence of good practice was found in relation to care records, effective communication and operational systems, staff training and development and activities.

No areas of improvement were identified during this inspection.

Service users said:

- "I really like coming here everyone is so welcoming."
- "We are treated really well, you could not ask for any better."
- "I enjoy the company and have good friends here."
- "I really love coming here, staff are so good, absolutely no complaints."
- "I miss not coming here because I so enjoy the company."

Comments made by service users during the inspection were very positive and complimentary regarding the safety of the service and the staff and management team. Their comments confirmed that staff treat them in a polite dignified manner.

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 for improvement being identified. Findings of the inspection were discussed with Gail Woolsey, manager, as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent care inspection dated 9 January 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 9 January 2019.

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
- Unannounced care inspection report dated 9 January 2019.

During the inspection the inspector was introduced to eleven service users, spoke individually with four service users, consulted three staff members, one visitor and one service users' representative.

Service Users' comments during the inspection:

- "I really love coming here staff are so good."
- "I feel very safe here."
- "The dinners are always lovely and if you don't like something the staff would get you something else."
- "I came in early today as my husband had an appointment the staff didn't mind and they got me a lovely cup of tea."

Service User's representative comment during the inspection:

"My mother is moving into residential care and this is her last day in the centre but we were really pleased with the care provided and are sad to be leaving here."

Staff comments during inspection:

- "We all work as a team here, the manager is open and approachable and always looking for new ideas to stimulate and improve the care provided."
- "I feel we communicate very effectively with both service users and their families."
- "I would be very comfortable with my relatives coming here."

Visitor's comments during the inspection:

"I visit the centre regularly and I am always very impressed with the service provided by the staff, they know everyone so well and there is a lovely atmosphere, staff treat everyone the same."

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

Ten service user and/or representatives' questionnaires were provided for distribution. All questionnaires were returned and responses indicated services users were satisfied with all aspects of care within the centre.

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 9 January 2019**

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 9 January 2019

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 4 (1) (b) and 2 Stated: First time To be completed by: 31 March 2019	The registered person shall revise the statement of purpose and clarify the term “dementia.” The range of needs with memory loss that can be accommodated within the setting should be identified” The revised document should be submitted to RQIA. Ref: 6.5	Met
	Action taken as confirmed during the inspection: Information provided in the returned QIP, along with a review of the submitted statement of purpose and the document provided at inspection confirmed this area of Improvement had been addressed.	
Area for improvement 2 Ref: Regulation 14 (1) (c) Stated: First time To be completed by: 31 March 2019	The registered person shall confirm that a referral to the Speech and Language Therapist (SALT) for an assessment has been requested. Ref: 6.5	Met
	Action taken as confirmed during the inspection: Information in the returned QIP, discussion with the manager and a review of a care plan confirmed this had been completed.	

<p>Area for improvement 3</p> <p>Ref: Regulation 19 (3) (b)</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2019</p>	<p>The registered person shall ensure that records required by regulation for inspection are available at all times.</p> <p>Ref: 6.4</p> <hr/> <p>Action taken as confirmed during the inspection: Inspector confirmed that all records requested were available and up to date at the time of inspection.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 31 (a)</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2019</p>	<p>The registered person shall review the current management arrangements and advise RQIA of the proposed changes.</p> <p>Ref: 6.4</p> <hr/> <p>Action taken as confirmed during the inspection: There was evidence that a review of the management arrangements had been undertaken and this was evident in the positive outcomes of this inspection.</p>	<p>Met</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 20 (1) (c)</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2019</p>	<p>The registered person shall ensure staff have appraisals at least annually.</p> <p>Ref: 6.7</p> <hr/> <p>Action taken as confirmed during the inspection: Staff records examined during this inspection confirmed that staff appraisals were up to date.</p>	<p>Met</p>

Area for improvement 6 Ref: Regulation 21 (b) (c) Stated: First time To be completed by: 31 March 2019	The registered person shall ensure that volunteers are recruited in accordance with regulations. Ref: 6.4	Met
	Action taken as confirmed during the inspection: A review of the recruitment policy found it had been revised to include the recruitment of volunteers. There had been no new volunteers employed since the previous inspection.	

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.

A review of the day care setting's systems in place to avoid and prevent harm to service users which included a review of staffing arrangements was undertaken during the inspection.

On the day of inspection the staffing arrangements were noted to be appropriate and it was evident that the level being achieved enabled staff to be responsive to the needs of service users. Duty records examined contained the relevant details as set out in the day care standards.

Staff reported that effective arrangements were in place to support them and included induction, training, supervision and appraisals.

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. There was evidence that staff were appropriately registered with their professional bodies.

The day care setting had arrangements in place to identify, manage and where possible eliminate unnecessary health and safety risks. This included regular health and safety checks that ensured a safe environment was maintained. A fire risk assessment was in place and had been reviewed on 1/10/2019. There was evidence that the forthcoming review had been organised for 1/10/2019. A fire evacuation was undertaken on 24/7/2019.

Arrangements had been implemented in regard to the recording and reporting of accidents and incidents. There had been no accidents or incidents since the last inspection.

A review of policies confirmed that 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). It was good to note that training on The Mental capacity Act had been organised for the staff team.

Staff consulted with during the inspection were aware of the impact of human rights legislation within their work; and could adequately describe how this impacted on their work on a daily basis.

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). This 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 minimise the risks of abuse. Safeguarding procedures were understood by staff members who were spoken with during the inspection, they confirmed that practice throughout the centre was of a high standard and that training had been provided for staff on 22 May 2019.

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 very good.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, training and development, supervision and appraisal, adult safeguarding, infection prevention and control and the general environment.

Areas for improvement

No area of improvement was 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 generally reflected the elements set out in the regulations and standards. It was good to note that the Statement of Purpose contained reference to a commitment to promote the human rights of service users.

Prior to admission each person and, or their representative visit the centre and are 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.

Records relating to pre-admission assessments and referral information were examined during this inspection. It was noted in two service users' referral information that the assessment was informative and provided information to enable staff to ascertain if the centre could meet the needs of the identified person's safely.

There was evidence that comprehensive risk assessments and care plans were completed and included the views of service users and, when appropriate, their representatives. A range of assessments were carried out and were specific to each person's needs, for example moving and handling, falls risk, behaviour that may challenge and transport. The assessments provided information for staff that assisted them to minimise risks and to keep service users safe and included a detailed care plan. Care records examined included the relevant information specified in the minimum standards.

Initial post admission assessments were completed after a period of six weeks and thereafter annually, arrangements were in place that a review could be convened if a service users circumstances changed.

Due to personnel changes within the community teams some annual care reviews were out of date, the manager was aware of these and arrangements were in place to organise new dates.

Contact sheets recorded the involvement of families and professionals and progress records were maintained regularly. Dates and signatures were present in all files examined. There was evidence of continuous improvement in the care planning and delivery process and regular audits of practices were 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 with staff revealed that they felt care provided to service users within the setting was effective, 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 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 can't praise them (staff) enough, just wish it was open five days."

- “I really love coming here and I really mean that, it’s a brilliant place and the company is lovely.”

Staff comments:

- “We are open and transparent in everything we do.”
- “The manager has an open door policy and can be contacted at any time.”
- I believe service users are treated with respect at all times and given choice in everything they do.”

Throughout the inspection service users and staff 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 care records and the audits of records, communication between service users, staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	X	X

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.

Observations of staff interactions with service users were observed to be compassionate, caring and timely. Staff spoken with reflected the ethos of the day care setting which promotes respect, openness, honesty, good quality care, individual attainable goals and social interactions.

Throughout the inspection 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. The centre promotes community involvement and invites a range of guest speakers who deliver activities such as “singing for the brain” and inter generation activities with local nurseries/schools.

On the morning of the inspection a representative from Asda was hosting a fashion show, this activity was facilitated by staff who modelled the clothes, there was lots of banter and all service

users were fully engaged and involved in the process and spoke of their enjoyment and benefits of the event.

Service users were observed to approach staff freely, communicating their needs and making requests. Staff responses were noted to be cheerful and appropriate. Staff who engaged with the inspector spoke positively about the service and the ongoing benefits of the service to both service users and their representatives.

Staff described the informal arrangements in place that ensured service users were consulted on a daily basis and their views and opinions sought. This included daily ongoing discussions with service users and checking 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 and service user surveys.

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 2017-2018. The care co-ordinator reported that annual satisfaction questionnaires would be circulated and responses included in the 2019/2020 annual report.

Service Users' comments:

- "The staff treat us really well, they are just like family."
- "This place is the best so many different activities, there is something for everyone, take this morning for example when would we get a chance to see these lovely clothes and the staff model them and we can see what the clothes look like on its such good fun."
- "I am settling in well here and have made new friends and met some people I used to know."
- "I enjoy doing different things and the meals are always excellent".

Staff comments:

- "We know our service users and make sure they always come first."
- "Service users must always be treated with respect, and they must decide what they want to do."

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 and their representatives.

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.

Gail Woolsey is the registered manager for the day care setting, in the absence of the manager the assistant manager assumes responsibility for the day to day running of the centre.

This inspection was facilitated by the manager who demonstrated an excellent understanding of The Day Care Setting Regulations, minimum standards and the systems and processes in place for the daily management of the setting.

The Statement of Purpose was reviewed and presented as compliant with Regulation 4 of The Day Care Setting Regulations, there was evidence that the document was reviewed annually. Observations during the inspection demonstrated integration of the values and philosophy of care in practice.

During the inspection the setting's leadership, management and governance arrangements were assessed and found to be in line with 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 during the inspection demonstrated knowledge of their roles, responsibility and accountability. A competency and capability assessment was in place for the person left in charge of the centre in the absence of the manager.

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.

In 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, they gave very positive feedback in respect of leadership and team working.

There are arrangements in place to ensure staff are registered with the relevant regulatory bodies such as the Northern Ireland Social Care Council (NISCC). Information regarding staff registration details and renewal dates were maintained.

Staff have the opportunity to meet with the manager or deputy manager informally on a daily basis and the review of staff records established that supervision and appraisal were in keeping with the minimum standards. The manager maintains a tracker system to ensure supervision and appraisals are completed within the specified timeframe. Staff reported that they found supervision supportive and provided opportunities to discuss their responsibilities and personal development.

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 inspector can confirm that 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 satisfactory and in keeping with Regulation 28. In addition an officer from The Southern Health and Social Services undertakes an annual audit and follow up action is taken if required.

The inspector noted that the day care setting collects equality information in relation to service users, during the referral and assessment process. The data is used effectively and with individual service user involvement when a person centred care plan is developed. Records showed that equality information included communication methods, adult safeguarding and risk assessments where a risk was identified.

Discussion with service users and staff evidenced that they felt the service was well led. They described the service as well planned and they confirmed the manager operates an open door policy and their views and opinions are sought on a regular basis.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training and development, quality improvement and maintaining good working relationships.

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

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

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



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