

# Unannounced Day Care Setting Inspection Report 07 January 2017



## Sevenoaks Day Centre

Type of service: Day Care Service  
Address: Crescent Link, Derry, BT47 6DN  
Tel no: 02871342254  
Inspector: Suzanne Cunningham

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Sevenoaks Day Centre took place on 07 January 2017 from 10.30 to 14.30 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?

The inspection of two individual staff records, duty rotas, supervision and training; observations of the setting; discussions with service users and staff; and observations of care evidenced the care delivered was consistent with the settings statement of purpose and ethos. The care and support provided was helping individuals to maintain independence, engage with each other in a social setting and take part in activities in a safe environment.

Overall the inspection of “is care safe” concluded the minimum standards inspected were met. No areas of improvement were identified.

### Is care effective?

The inspection of service users individual care records, incident recording, discussion with the service users and staff concluded care was being delivered at the right time, in the right place, and with the best outcome. Individual care needs had been assessed and plans were in place to meet assessed needs.

Overall the inspection of “is care effective” concluded the minimum standards inspected were met. No areas for improvement were identified during this inspection.

### Is care compassionate?

The inspection of records, observations of practice and discussions with staff and service users revealed that service users were being treated with dignity and respect. Staff had encouraged them to be involved in their day care and staff were observed communicating with service users in a compassionate manner.

Overall the inspection of “is care compassionate” concluded the minimum standards inspected were met. No areas for improvement were identified during this inspection.

### Is the service well led?

The discussion with staff revealed they were clear regarding their roles and responsibilities and who they were managed by. Documents and records such as incident recording, complaints recording, team meetings minutes, evidence of staff support and supervision meetings were in place and aimed to promote quality improvement in the setting.

Overall the inspection of “Is the service well led?” identified one area for improvement regarding the completion of the annual report.

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 Thelma Moore, 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

There were no further actions required to be taken following the most recent inspection.

### 2.0 Service details

<b>Registered organisation/registered person:</b> Fold Housing Association	<b>Registered manager:</b> Thelma Moore
<b>Person in charge of the service at the time of inspection:</b> Thelma Moore	<b>Date manager registered:</b> 16 November 2009

### 3.0 Methods/processes

Prior to inspection we analysed the following records:

- The registration details of the day centre
- Information and correspondence received from the registered manager and Fold Housing Association
- Incident notifications which revealed one incident had been notified to RQIA since the last care inspection in the previous 12 months
- Unannounced care inspection report 24 March 2016.

During the inspection the inspector met with:

- Registered manager
- Two care workers
- Nine service users.

Questionnaires were given to the staff on duty to distribute between service users, representatives and staff. Five questionnaires were returned by service users, five were returned by staff and three were returned by relatives.

The following records were examined during the inspection:

- Two service users care files
- A sample of service users' daily records
- The complaints/issue of dissatisfaction record
- The incidents and accidents records from March 2016 to January 2017
- The staff rota from November to December 2016
- Two individual staff files
- The minutes of the service user meetings held in May & November 2016
- Staff meetings held in May and November 2016
- Staff supervision dates for 2016
- Monthly monitoring reports from September to November 2016
- Staff training information for 2016
- A sample of policies and procedures relevant to safe, effective, compassionate and well led care
- Statement of Purpose
- Service Users Guide.

## **4.0 The inspection**

### **4.1 Review of requirements and recommendations from the most recent inspection dated 24 March 2016**

The most recent inspection of the service was an unannounced care inspection. The completed QIP was returned and approved by the specialist inspector. This QIP will be validated by the specialist inspector at the next care inspection.

### **4.2 Review of requirements and recommendations from the last care inspection dated 24 March 2016**

There were no requirements of recommendations made as a result of the last care inspection.

### **4.3 Is care safe?**

The review of the staff rota record for November and December 2016 detailed the staff working including the registered manager, in her absence the person acting up was identified. The staffing arrangements were discussed with the staff member on duty at the start of the inspection. Because it was a weekend the registered manager was not on the rota to work however, they were described as accessible by phone. Shortly after the inspection commenced, the registered manager joined the inspection. The staff described if the manager is not available they would contact the manager or staff member in charge in the residential

home next door also operated by Fold; who will offer guidance and advice. The staff said the team meet each morning before service users arrive to plan for the day; they discuss any concerns, changes in risk management, safety information and transport arrangements to ensure safe care is delivered. Observation, discussion and the review of the staff rota provided evidence there was sufficiently qualified, competent and experienced persons working in the centre to meet the assessed needs of service users on the day of the inspection.

Two individual staff files were inspected and this confirmed recruitment processes were in place that were consistent with the day care setting standards. This provided evidence that new staff had been subject to pre-employment checks that would confirm they are safe to work in the setting and meet the essential criteria prior to commencing employment. Staff files contained records of competency assessments undertaken periodically with staff which verified they were working safely and in accordance with the settings procedures. The most recent example was a staff hand washing audit.

The manager is an experienced registered manager who was in the setting during the week day opening hours. At weekends the day care workers take responsibility for the setting. One day care worker's record detailed they were experienced in the caring role and had completed an assessment of their competency to act up in the manager's absence. This provided assurance they were competent and willing to act up in the manager's absence. Review of the assessments did not reveal any concerns.

The induction programme for staff and volunteers was discussed with the manager. The current induction documents included an assessment of competence which had been developed by the setting after liaison with the Northern Ireland Social Care Council (NISCC) and incorporates their induction standards. This is a safe approach to ensuring staff are competent, skilled and capable to undertake their role and responsibilities which is a key factor in ensuring safe care is delivered in the day care setting.

The incident and accident records were inspected. There was one report received by RQIA which was cross referenced with a sample of the centres records. This did not identify any incidents which had not been reported to RQIA or any gaps in planning to prevent reoccurrence.

There was a range of systems in place to ensure that unnecessary risks to the health, welfare and safety of service users were identified, managed and where possible eliminated. For example the centre had been kept clean and tidy; hygiene was promoted using notices and resources. The front door was managed which could have been viewed as a restriction, however the service users and/or relatives were agreeable to this to protect the safety of the service users who may wander out without alerting staff. Discussion with staff and examination of service users' assessments revealed the locked door was assessed as the least restrictive measure that could be put in place to meet the service users' needs for a safe environment. The service users could access an outside garden space independently if they wanted to from the door in the main activity room.

A tour of the day care setting, discussions with staff and the registered manager identified the building and grounds were kept tidy and were in a good state of repair. The day care setting's fire safety records were viewed for 2016. The fire risk assessment was current and the most recent fire evacuation was carried out in October 2016. Weekly checks had been undertaken which checked the safety of the fire extinguishers, exits, door closures and lighting, these had not revealed any concerns.

Service users were observed communicating with staff freely. The staff were observed greeting service users in a warm and friendly manner. On the service users' arrival, they promoted their independence when they knew it was safe to do so, for example finding a seat; choosing activities; eating; and drinking. The observations of staff caring for service users provided evidence they knew each individual's own needs such as knowing who needed help with moving, eating and communicating. Observations of care revealed they were safely responding to the group and individual needs between them.

Discussion with staff confirmed they were registered with NISCC, they knew how to access policies and procedures, they understood areas of risk for service users when using transport and when mobilising; and they understood their role and responsibility to report, record and protect if they identified a vulnerable adult concern in the setting.

Five service users returned questionnaires to RQIA regarding this inspection. They stated they were very satisfied with the safe care in the day centre. They felt safe in the setting; they could talk to staff if they were unhappy, the setting was comfortable, they could tell someone if they were worried about someone being treated badly and they knew what to do if the fire alarm sounded.

Three relatives returned questionnaires, they identified they were very satisfied with the safe care of their relative in the setting. They stated their relative is safe and protected from harm, they could talk to staff, the environment is suitable to meet their relative's needs and they would report concerns to the manager.

Five staff members returned questionnaires to RQIA post inspection. They stated they were very satisfied care was safe in the setting. They identified the care was safe because they had received training to care for service users safely, there are risk assessments and care plans in place for service users, they would report bad practice and they receive support to fulfil their roles and responsibilities.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 4.4 Is care effective?

The inspection of two service users' individual care records provided evidence that the day care setting had effectively planned to meet the assessed needs of the service users. The care records inspected had been maintained in line with the legislation and best practice guidance. There was evidence staff had updated the care records with the service user. A questionnaire had been completed annually with the service user to check the assessment and care plan was current and remained relevant. This was written in a format that was suitable for this service user group. The service users' individual care records included risk assessment information and planning documents which detailed how the health and well-being needs of each service user should be met with information regarding their preferences.

Observation of care provided evidence of how the staff were being acted on by staff. Staff approached service users in a gentle, encouraging way that protected the dignity and safety of each individual service user. Examples were staff anticipated and subtly helped individual

service users with eating, personal care needs and assisted the group or individuals to engage with the activities.

Discussion with service users and observation of their care provided assurance they were taking part in activities of their choice. Observation revealed the activities undertaken were consistent with service users' preferences and encouraged each service user to use their skills and abilities. Staff assisted service user's involvement by providing one to one care when necessary which was described in the service user's care plan.

Discussion with staff regarding implementation of the care plans provided assurance they knew each individual's needs and plan. They also knew it was important to care for service users that met their criteria for day care which ensured the care delivered had been the most effective and safe. They identified records were reviewed regularly by staff and the manager to ensure any changes in needs were identified and that care plans could be delivered by staff. Staff said they had reviewed care plans throughout the year and once a year they hold a meeting with the service user; and if appropriate their families to check the plan, assessment and care is meeting the service users' needs. The staff confirmed they had taken part in mandatory training and training relevant to the service users' needs and had revised care plans as necessary.

Review of the arrangements in place to monitor and review the effectiveness and quality of care delivered to service users identified the monthly monitoring visits, service user reviews, team meetings and staff supervision were processes in place that had reviewed was care effective. These processes had not identified any concerns regarding effective care in this setting.

Five service users' questionnaires stated they were very satisfied regarding the effective care in this setting. They identified they were getting the right care at the right time, staff communicated well with them, their choices were listened to, they chose the activities they took part in and had been involved in the annual review of their day centre placement.

Three relatives questionnaires identified they were very satisfied with the effective care in the setting. Their relative received the right care, at the right time, in the right place. They also identified they were satisfied with communication with staff, their awareness of their relative's needs, preferences and choices and that these were incorporated into the care they received and that they were involved in their relative's annual review.

Five staff questionnaires identified they were very satisfied with the effective care in the setting. They stated service users were involved in their care plan, care plans informed the care provided, monitoring of quality was in place and that staff responded to service users in a timely manner.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### **4.5 Is care compassionate?**

This day centre had met the needs of service users who were older and may have a diagnosis of dementia. Some service users required more intensive staff support than others nevertheless, observation of care revealed all service users were equally encouraged to take



part in activities and be active. Staff promoted individuals independence where possible and sought service users views, preferences and feelings. Staff providing care did so in a gentle manner and communicated using words, phrases and themes that were familiar to the service users and generated a response. Overall the observations confirmed staff were communicating with service users in a way that was promoting involvement. The staff presented as energetic and focussed on service users enjoying the activity and getting the right level of support. The observations also provided examples of how compassionately staff were promoting the service users dignity, independence and choice when supporting service users in this day care setting.

Observation of service users taking part in activities concluded they enthusiastically participated with staff support. Service users were observed receiving support in a timely manner which enabled them to be involved in the activity. Observation concluded the small size of the service user group, the staffs caring approach and their knowledge of each service user all promoted the service users participation.

Discussion with staff and review of records confirmed the staff met with service users at least once every six months; and with the service user and representatives annually. The minutes revealed they had reviewed care needs and the plan; this had ensured care was current and responsive to the service user's needs. The service users and representatives/relatives had taken part in a survey in 2016 regarding their views about the care they had received. This did not generate any concerns or complaints. The findings and action plan were displayed on a notice board in the hallway of the setting. These examples of gathering views and using them to improve care and support in this setting were a sound example of compassionate care.

The staff had held meetings with service users quarterly and these were recorded in large print to encourage service users to access and read them. The areas discussed ranged from staffing, outing, transport, meals, safeguarding and falls prevention. The meeting minutes provided examples of how staff had sought service users' involvement in their care as well as informing service users regarding keeping safe in the setting and the community. The staff also produced a magazine twice yearly for service users and their families. This was an informative paper that detailed what had been celebrated in the setting, activities and outings. Survey results and outcomes of inspections were also reported on. These were clear examples of how service users and their representatives were kept informed and the actions taken by staff following feedback from the service users were recorded.

Five service users questionnaires identified they were satisfied with the compassionate care in this day care setting. Specifically they were treated with dignity and respect, all of the staff were kind and caring, their privacy was respected, they had choice regarding activities and were included in decisions about the support they receive.

Three relatives responded in their questionnaires they were very satisfied with the compassionate care. They stated their relative was treated with dignity and respect and involved in decisions affecting their care. Their relative was treated well and they were consulted regarding decisions.

Five staff questionnaires identified they are very satisfied with the compassionate care in the setting. They stated the service users were treated with dignity and respect; encouraged to be independent; their views were sought and acted upon. One staff member commented "Staff is very good to all of the service users and give them the highest of care".



## Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 4.6 Is the service well led?

The inspection of arrangements in the day care setting provided evidence that effective leadership and management arrangements were in place that delivered effective care. For example the statement of purpose described how the setting planned to deliver day care safely, effectively and compassionately; and the details of the staff team. The staff training records evidenced staff had received mandatory training and training specific to the needs of the service users in this setting. Discussion with staff confirmed the staff meetings had been held at least quarterly, they could access policies and procedures, and they had met with their manager at least quarterly for supervision meetings.

The complaints record revealed no complaints or issues of dissatisfaction had been recorded in this setting since March 2015.

The inspection of well led care sought evidence of governance arrangements that evidenced the delivery of care was safe, effective and compassionate. Audits available for inspection such as the audit of the environment, the incidents, infection prevention and control, service user individual files and compliance with procedures promoted effective and safe care of the service users attending the setting.

The annual report for 2015/2016 was available for inspection however; the content was not compliant with schedule 3 and an action plan was not included. A requirement is made for the settings annual report to be improved for 2016. This should be sent to RQIA when completed.

The working relationships between the staff were reviewed through discussions, review of the minutes of staff/team meetings and analysis of questionnaires. This revealed there were arrangements in place for staff to get support from the manager or staff in charge such as supervision, open door access to management as required, team meetings and morning discussion. The feedback and observations confirmed the registered manager was effectively supporting staff and promoting safe care.

Five service users' questionnaires identified they were satisfied with the well led care in this setting. The service was managed well; they knew who the manager was and could talk to them if they had any concerns. They stated staff responded well to them and they were asked what they would like to do in the setting by staff.

Three relative questionnaires identified they were very satisfied that the service was managed well; staff and the manager were approachable, professional and caring. They were informed about the complaints process and they had a copy of the service user's guide.

Five staff questionnaires identified they were very satisfied the service was managed well. The service was monitored, and communication between the staff and management was effective.

## Areas for improvement

One area for improvement was identified during the inspection regarding completion of the annual report for 2016/2017.

<b>Number of requirements</b>	1	<b>Number of recommendations</b>	0
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### 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Thelma Moore, 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 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.

### 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 Setting Regulations (Northern Ireland) 2007.

### 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Day Care Settings 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 to be 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 17(1) & Schedule 3

**Stated:** First time

**To be completed by:**  
04 March 2017

The registered provider must improve the content of the annual report so it is compliant with schedule 3 and includes an action plan. The settings annual report for 2016/2017 should be sent to RQIA when completed

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

The content of the annual report has been reviewed and amended accordingly; unfortunately the file was too large to e-mail; and will be posted for the attention of Inspector Suzanne Cunningham later to-day. Please can you confirm receipt; thank you.



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