

Unannounced Care Inspection Report

25 August 2017



Sevenoaks Day Centre

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

www.rgia.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 with 15 places and provided by Radius Housing. The setting provides care and day time activities for people who are elderly and who may also be living with dementia.

3.0 Service details

Organisation/Registered Provider: Fold Housing Association Responsible Individual(s): Mrs Fiona McAnespie	Registered Manager: Ms Thelma Moore
Person in charge at the time of inspection: Thelma Moore	Date manager registered: 16 November 2009
Number of registered places: 15 - DCS-DE, DCS-E	

4.0 Inspection summary

An unannounced inspection took place on 25 August 2017 from 10.00 to 15.00. 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 recruitment, training and staff support, safeguarding, care records, audits and reviews, and communication between service users, staff, the ethos of the day care setting, listening to and valuing service users, taking account of the views of service users, staff promoting quality improvement and maintaining good working relationships.

Areas requiring improvement identified for improvement were staff numbers at weekends, recording management arrangements when the manager is not in the setting, risk and fire management in the day care setting environment, the effectiveness of quality monitoring and audit arrangements in the setting.

Service users said:

- “I like attending the day centre, I have some good laughs with the staff and they are very good to me. I also love getting out on the bus for a drive or a day trip to the seaside”.
- “I look forward to coming to the day centre. The staff is excellent and there is variety of things to do. I appreciate what the staff do for me and they are always there to listen to me”.
- “I really enjoy coming into the day centre as it gets me out of the house, I am very well treated and listened to. There is plenty of things to do and the staff are great”.

Relatives said:

- “Could not be happier with the care and attention (relatives name) receives. Always kept informed as to what activities he does each day and the bus girls are so good and kind to him”.
- “Sevenoaks day centre is a fantastic day centre with wonderful staff. My father absolutely loves it and I for one don’t know how I would manage without their help”.

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	3	4

Details of the Quality Improvement Plan (QIP) 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.

4.2 Action/enforcement taken following the most recent care inspection dated 07 January 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 07 January 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 from the registered manager and Radius Housing formerly known as Fold
- Incident notifications which revealed no incidents had been notified to RQIA since the last care inspection in January 2017
- Unannounced care inspection report 07 January 2017.

During the inspection the inspector met with:

- The registered manager
- Four service users
- Two care staff.

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

The following records were examined during the inspection:

- One individual staff record
- Two service users care files
- A sample of service users' daily records
- The complaints/issue of dissatisfaction record from April 2016 to August 2017
- A sample of incidents and accidents records from January 2017 to August 2017
- The staff rota arrangements during June, July and August 2017
- The minutes of service user meetings held in March and June 2017
- The "Hot gossip" newsletter produced by the setting in July/August 2017
- Staff meetings held in March and June 2017
- Staff supervision dates for 2017
- Three Monthly monitoring reports from February to April 2017
- The staff training information for 2016 and 2017
- The settings statement of purpose.

One area for improvement identified at the last care inspection was 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 07 January 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 07 January 2017

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 17(1) &	The registered provider must improve the content of the annual report so it is compliant with schedule 3 and includes an action plan.	

Schedule 3 Stated: First time	The settings annual report for 2016/2017 should be sent to RQIA when completed.	Met
	Action taken as confirmed during the inspection: Inspector confirmed the annual report was available and up to date at the time of inspection. The report content had been improved.	

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 settings daily staff arrangements and records were inspected for July and August. This provided evidence that staff were assessed as competent and experienced and were working in the centre to meet the assessed needs of the service users. The inspection of the rota found less staff were recorded on the rota in the setting at weekends than during the week, the manager and staff did not have a reason why the staffing was lower at weekends. Furthermore it was not apparent how the reduction ensured that care provided was safe, effective, compassionate and well led because the lower numbers were not related to the size and layout of the premises or the number of service users. An improvement is made in this regard.

It was noted in the records of staff working each day, the capacity in which they worked was recorded during the week however, who was in charge of the centre at the weekends was not recorded. The staff said they would contact the manager by phone or the manager in the residential home adjoining the setting; however these arrangements should be clear for all staff and the management staff covering at weekends. Therefore who is in charge of the day care setting when the manager is absent should be clearly recorded for example on the staff rota. An improvement in this regard is made.

Competency and capability assessments for all staff were completed by the manager with individual staff and a sample of one staffs records was inspected. This showed the staff member could undertake caring tasks, understand and have the knowledge to fulfil their role and responsibility in the absence of the manager. Discussion with staff found they were knowledgeable regarding how to care for service users safely, effectively, compassionately and they also said they felt well supported by the organisation and manager. Examples of support were supervision, appraisal, training, promotion of communication between staff.

One individual staff record was examined and there was evidence the staff recruitment process included recruitment checks that were consistent with the day care setting standards and examined the individual's suitability for recruitment into a day care position.

Discussion with staff during inspection revealed staff felt the training programme provided by Radius was important because it guided and informed them how to care safely, effectively and compassionately. The staff confidently discussed their role and responsibility in safeguarding service users and knew to report safeguarding concerns to their manager or the staff member acting up in the manager's absence without delay.

The examination of the settings incidents, accidents found safety issues and risks had been identified and managed. Assessments and care plans had been reviewed and updated as necessary to ensure practice was safe and effective.

One restrictive practice was identified which was the managed front door, this managed by a ID pad to protect the service users who walk and pacing around the setting, and try to exit without staff support during their day care. During the inspection staff were observed diverting service users away from the front door by offering a walk in the garden, a walk with staff to the shop and involvement in activities. This timely and caring intervention was observed as reassuring to service users and avoided confusion or frustration escalating.

During the inspection observations of the environment and inspection of records revealed the environment presented as clean tidy, furniture, aids and appliances presented as fit for purpose.

Prior to this inspection the organisation had submitted a variation to increase the number of service users attending this setting, the premises inspector measured the available care space and the care inspector observed the use of space in this setting. This concluded there was not space in this setting to safely care for additional service users. Review of the record of service users attending daily found the setting had been caring for more than 15 service users on average twice a week since January 2017, the number varied from 16 to a maximum of 18 service users. The manager was advised this was not safe given the available care space in the setting, and was not compliant with the settings registration with RQIA. The manager agreed to cease this and assured the numbers would not exceed 15 from 26 August 2017. An improvement is made in the quality improvement plan to ensure this is adhered to.

Fire safety precautions were inspected and it was noted a fire exit door was being wedged open in the setting. Audit reports written by the manager for senior management from January to July 2017 described the person delivering fire training had identified it was not appropriate to wedge this door and a magnetic door catch should be installed. No action had been taken to resolve this since it was first recorded and an improvement was made in this regard.

The fire risk assessment was reviewed and it was apparent the assessment had been completed for the residential and day care services as one setting. The staff numbers stated in the assessment were not consistent with the number working and the assessment of the premises was focussed on the areas used by the residential setting. The assessment was due for review in June 2017 and had not been completed at the time of the inspection for the day care setting. An improvement was made in this regard.

Five staff returned questionnaires to RQIA post inspection, they identified they were "Very Satisfied" regarding questions on "is care safe" in this setting. They identified service users were safe and protected from harm in the setting; they had received safeguarding training and other training essential for their role and have working knowledge of safeguarding policies and procedures; they would report poor care to their manager; risk assessments and care plans were in place for service users and they receive supervision and appraisal. One respondent

wrote “I believe all staff work together in providing a safe and secure environment in the day centre”.

Five service users returned questionnaires to RQIA post inspection. Four identified they were “Very Satisfied” and one “Satisfied” regarding the questions “” is care safe” in this setting. They identified they felt safe in the setting, the setting was comfortable; and they could talk to staff. One respondent wrote “I have no complaints about the care I receive when at the day centre”.

Four relatives returned questionnaires to RQIA post inspection. They identified they were “Very Satisfied” regarding the questions “is care safe” in this setting. The questionnaires identified their relatives were safe and protected from harm, they can talk to staff about a range of matters, and the environment is suitable. One respondent wrote “I am delighted with everything and everyone at Seven Oaks”.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, training and staff support and safeguarding.

Areas for improvement

Areas for improvement were identified regarding staff numbers at weekends, recording management arrangements when the manager is not in the setting, risk and fire management in the day care setting environment.

	Regulations	Standards
Total number of areas for improvement	2	3

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 users guide contained information required by Regulations and Standards; and the content was consistent with the settings registration with RQIA.

Two service user's care files were inspected; they contained the service user's individual assessments and care plans which reflected their physical, social, emotional and psychological needs. Each service user had an individual written plan/agreement which was communicated in an easy read format.

The inspection of the care records found they were maintained in line with the legislation, the assessments of need, risk assessments, care plans and records of health and well-being of the service users were current and had been reviewed. Records were stored safely and securely in line with data protection. Staff discussion confirmed they use these records to guide their practice and recognised the importance of keeping records current and relevant.

The service user risk and other assessments were in place, the sample inspected detailed needs had been assessed, reviewed and updated. The care planning documentation

inspected detailed how each individuals needs should be met by staff and this included responding to risks safely and effectively. Care plans had been reviewed in a timely manner, referrals to other professionals had been made if needs changed or the plan was not working.

Service users in the setting on the day of the inspection were being encouraged to engage with activities by staff and were responsive to staff communicating with them however, their concentration and ability to recall events and conversations was impaired therefore having a conversation about their preferences or feelings about day care did not generate quality feedback from the service users. Service users were observed taking part in activities and asked if the activities they were taking part in were good. The service users were observed relaxed, laughing and smiling, the observations indicated they were engaging in activities that were emotionally, socially and cognitively beneficial for them, when asked service users responded they liked the games.

The discussion with staff found they were able to confidently express their views and knowledge regarding safe and effective care and they identified this was encouraged from the staff team by management in training, supervision and staff discussions.

Five staff returned questionnaires to RQIA post inspection, they identified they were "Very Satisfied" regarding questions on "is care effective" in this setting. They identified service users get the right care, at the right time, with the best outcome for them; service users are involved in their plan, staff have the right skills, knowledge and experience to care for the service users; there are systems to monitor quality and safety; staff are informed regarding activities; and staff respond to service users in a timely manner. One respondent wrote "Service users are encouraged to voice their opinions on day centre activities, food, décor".

Five service users returned questionnaires to RQIA post inspection. They identified they were "Very Satisfied" regarding questions on "is care effective" in this setting. They identified they get the right care, at the right time with the best outcome, staff communicate with them, they know their needs and choices, staff help and encourage them, they can choose activities and are involved in their day care review.

Four relatives returned questionnaires to RQIA post inspection. They identified they were "Very Satisfied" regarding questions on "is care effective" in this setting. They identified their relative gets the right care, at the right time with the best outcome, staff communicate with their relative, they know their needs and choices, staff encourage them to be independent, they can choose activities and are involved in their relatives day care review. One relative wrote "Staff see (service user's name) joins in as much as possible but he is very unaware of most things now, staff say he enjoys things he does, they inform me each day he goes".

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, and communication between service users and staff.

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.

Discussion with service users, staff and observation of activities and communication found examples of service users being treated with dignity and respect while promoting and maintaining their independence.

Discussion with staff found they were providing a range of activities for service users taking into account their abilities, needs and interests. Service user feedback was also sought during the activities on the day to check they were enjoying what they were taking part in. The staff said because they were a small team they noticed changes in service users health and presentation quickly and discussed this as a group to ensure they promoted service users safety, and ensure their care was effective and compassionate.

The service user's meetings minutes were produced in large print and the review of them found service users were consulted in service user meetings regarding activities, choices and preferences. Observation of care confirmed service users were being consulted informally by staff throughout the day.

The "hot gossip" newsletter was inspected and found the newsletter provided service users and relatives with information regarding what they had done in the setting, reports on special events, updates about the organisation, service user satisfaction surveys and RQIA inspection outcomes which kept them informed. This was produced in colour which allowed for service users visual needs.

The inspection of this domain confirmed there were systems in place to promote communication between service users, staff and other professionals. Service users had been provided with information, in a format that they understood which had enabled them to make informed decisions regarding their life, care and treatment.

Five staff returned questionnaires to RQIA post inspection, they identified they were "Very Satisfied" regarding questions on "is care compassionate" in this setting. They identified service users were treated with dignity and respect, involved in decisions, encouraged to be independent and make informed choices, involved in improvements and informed regarding the service they receive. One respondent wrote "I feel service users are assisted to be as independent as they possibly can".

Five service users returned questionnaires to RQIA post inspection. They identified they were "Very Satisfied" regarding questions on "is care compassionate" in this setting. They identified they are treated with dignity and respect, staff are kind and caring, their privacy was respected, they can choose activities and they were included in decisions and support they received in the setting.

Four relatives returned questionnaires to RQIA post inspection. They identified they were "Very Satisfied" regarding questions on "is care compassionate" in this setting. They identified their relative was treated with dignity and respect, staff treated their relative well, they had no concerns, they had been consulted and involved in their relatives care and staff advocate for their relative. Comments made were "Thelma and the staff provide an outstanding service.

(name) loves and looks forward to her time at Sevenoaks, she enjoys the music and quiz sessions etc. A few examples are: taking her to the local art gallery to enhance her love of art; providing an easy to eat lunch as she has difficulty handling cutlery; transport. Delightful staff – a real home to home experience”.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the 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.

	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. Staff confirmed they had access to a range of policies and procedures in place that they used to guide and inform their practice.

Supervision records detailed the staff had received recorded individual, formal supervision at least every three months and had a recorded annual appraisal. Inspection of staff meeting minutes revealed they were held quarterly with minutes and attendance recorded. The content recorded detailed discussions of informing staff regarding changes to service users' needs, best practice examples including a record that they watched a DVD regarding a lady living with dementia, policy and procedure changes, training opportunities improvements.

The complaints record was inspected and this showed no complaints had been recorded since the last inspection.

The manager provided audit reports she had prepared for senior managers in the organisation and Regulation 28 monthly quality monitoring visits. The records showed measures should have been in place to audit and monitor the effectiveness and quality of care delivered to service users in this setting and the safety arrangements in the setting. The audit and monitoring arrangements that were inspected were not effective in this regard; the Regulation 28 monthly quality monitoring visits had not identified the fire safety concerns or the increase of service user numbers which was not consistent with their registration and therefore a key conduct issue. Furthermore the audit reports which reported actions required by the organisation had not been responded to. This was not an example of effective leadership or governance by the organisation and two improvements are made in this regard.

Five staff returned questionnaires to RQIA post inspection, they identified they were “Very Satisfied” regarding questions on “is care well led” in this setting. They identified staff felt the service was managed well; quality monitoring was undertaken regularly; management responded to and acted regarding any complaints, issues or suggestions; they could approach the manager regarding concerns; staff meetings were held and communication was effective. One respondent wrote “I feel I can approach my manager at any time if there is something I need to discuss. She is always willing to give advice and also praise”.

Five service users returned questionnaires to RQIA post inspection. They identified they were “Very Satisfied” regarding questions on “is care well led” in this setting. They identified they felt the setting was managed well; they knew who the manager was; the staff respond well to concerns, issues or suggestions and they were asked about what they want to do. They wrote “I love attending the day centre”; “I look forward to coming into the day centre on my two days a week. I enjoy most getting out on the bus. The staff are very good”.

Four relatives returned questionnaires to RQIA post inspection. They identified they were “Very Satisfied” regarding questions on “is care well led” in this setting. They identified they feel the setting is managed well; they know who the manager is; the staff respond well to communication, concerns, issues or suggestions and they had received information about the complaints process and the setting. One wrote “he likes going to his day centre, he thinks he is going to work. Thelma and all the staff are wonderful and have given me 100% help. . “

Areas of good practice

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

Areas for improvement

Two areas for improvement were identified during the inspection regarding quality monitoring and the effectiveness of audit arrangements in the setting.

	Regulations	Standards
Total number of areas for improvement	1	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 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 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 Web Portal for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

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 20 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: 20 August 2017</p>	<p>The registered person must audit and review staff numbers working and recorded on the rota at weekends in the day care setting. The staff working must be suitably qualified, competent, experienced and in such numbers that ensures care provided is safe, effective, compassionate and well led</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The organisations review of staff ratio to service user numbers has been calculated using the method determined by RQIA. All day care employess receive a full comprehensive induction; inclusive of on-going mandatory training, which helps assist Radius in meeting legislative requirements as outlined in DHSSPS and RQIA regulations and Day Care Setting Minimum Standards.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 18</p> <p>Stated: First time</p> <p>To be completed by: 20 August 2017</p>	<p>The registered person shall put in place arrangements to ensure the number of service users' attending the setting daily does not exceed 15 which is the number on the settings registration and is a number deemed as a safe maximum given the available care space in the setting.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The number of allocated places for service users attending the day centre during the week Monday to Friday has been fixed at 15; all staff, relatives and referring agents have been advised re same; and the daily service user attendance sheet has been amended accordingly to reflect this.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 28</p> <p>Stated: First time</p> <p>To be completed by: 20 August 2017</p>	<p>The registered person shall improve the monitoring arrangements in the setting to ensure they effectively identify and report on the conduct of the day care setting and put in place an action plan to areas of non-compliance, address concerns, issues and areas for improvement.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: There is an up to-date emergency evacuation plan in place; weekly checks are carried out in regards to Internal & External Escape Routes; inclusive of exit doors and lighting. All staff attend annual fire awareness training and are present during fire drills and familiarisation training which is scheduled to take place at least twice yearly.</p>

Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012	
Area for improvement 1 Ref: Standard 23.3 Stated: First time To be completed by: 20 August 2017	The registered person shall ensure there is a competent and capable person identified as in charge of the day care setting at all times. For ease of staff reference and audit this can be recorded on the staff rota. Ref: 6.4
	Response by registered person detailing the actions taken: The staff rota has been reviewed and amended to reflect and identify the person in charge Monday to Sunday; all staff have been advised to ensure that the staff rota is fully completed on a daily basis.
Area for improvement 2 Ref: Standard 28 Stated: First time To be completed by: 20 August 2017	The registered person shall improve fire safety precautions in the setting. The fire exit wedged open in the setting should be replaced with a magnetic door catch or similar as recommended by the fire safety officer who visited the setting. The actions and timescale for completion should be reported on the returned QIP Ref: 6.4
	Response by registered person detailing the actions taken: There is no recommendation recorded on the Fire Risk Assessment carried out on the 01/09/17 by the assessor in regards to the installation of a magnetic lock; however in line with Fire Regulations and for the Safety and Wellbeing of service users a works request has been logged with the relevant estates manager, who advises that this job will be costed and completed within a six month period.
Area for improvement 3 Ref: Standard 28.1 Stated: First time To be completed by: 20 August 2017	The registered person shall put in place arrangements for the settings fire risk assessment to be reviewed. Ref: 6.4
	Response by registered person detailing the actions taken: The Day Care Setting Fire Risk Assessment was reviewed on 01/09/17 and a copy of the report forwarded to the inspector 'Suzanne Cunningham' for her perusal on 08/09/17.
Area for improvement 4 Ref: Standard 17.9 Stated: First time To be completed by: 20 August 2017	The registered person shall improve the audit arrangements in the setting to ensure they are effective. Where an audit report identifies actions required, the organisation should have arrangements in place to respond to this. Ref: 6.7
	Response by registered person detailing the actions taken: Compulsory monthly audits are carried out by a CSM and are conducted against a Scheme Checklist, which is structured in Specific Sections to monitor performance; a schedule detailing each of the sections completed during audits is collated to ensure all aspects of service delivery is reviewed during a Calendar year. In addition the

	DCM completes monthly reports which are forwarded to the CSM for their perusal; all reports will be reviewed and actions required will be completed within an agreed time frame set.
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****Please ensure this document is completed in full and returned via Web Portal****



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