

Unannounced Care Inspection Report 28 February 2019



Sevenoaks Day Centre

Type of Service: Day Care Service
Address: Crescent Link, Derry, BT47 6DN
Tel No: 02871342254
Inspector: Heather Sleator

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 with 15 places per day 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: Radius Housing Association Responsible Individual: Mrs Fiona McAnespie | Registered Manager: Mrs Thelma Moore |
| Person in charge at the time of inspection: Thelma Moore | Date manager registered: 16 November 2009 |
| Number of registered places: 15 | |

4.0 Inspection summary

An unannounced inspection took place on 28 February 2019 from 10.30 to 15:00 hours.

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 day care centre was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the culture and ethos of the service; listening to and valuing service users, taking into account their views, choice and preferences. Good practice was demonstrated regarding the provision of therapeutic activities and recreational opportunities and dementia care practice. Overall there was evidence of good governance arrangements; staff training, professional development opportunities, supervision and appraisal, management of accidents/incidents and complaints, continuous quality improvement and effective team working.

Two areas for improvement were identified under the care standards regarding the use of a dependency rating tool and fire safety arrangements.

One area for improvement under regulation regarding the monthly quality monitoring report has been stated for a second time.

Service users said that they enjoyed the centre and enjoyed the activities. A service user commented, "the food's good, the entertainment is good, the centre is just good, that's all I can say."

A relative said:

"My (relative) comes home from the centre quite content."

The findings of this report will provide the day care centre 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 | 2 |

*Refers to one regulation which has been stated for a second time.

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 25 August 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 25 August 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 care centre
- incident notifications submitted to RQIA since the last care inspection
- unannounced care inspection report of 25 August 2017

During the inspection the inspectors met with:

- the registered manager
- three staff
- three service users on an individual basis
- a period of observation of the morning activity in the main hall
- one service user's relative

Questionnaires were given to the staff on duty to distribute between service users and relatives. There were no questionnaires completed and returned within the specified timescale from service users or staff. The registered manager was provided with a poster to be displayed in the service advising of how staff could complete electronic questionnaires and submit these to RQIA. Seven questionnaires were completed and returned by service users' representatives.

The following records were examined during the inspection:

- two service users' care records
- a sample of the staff duty rota
- two completed staff competency and capability assessments
- the complaints and compliments records
- incidents and accidents records
- the minutes of service user meetings
- the minutes of staff meetings
- supervision and annual appraisal planner
- a sample of monthly monitoring reports
- a staff training matrix
- quality audits/governance arrangements for the centre
- the annual fire safety risk assessment dated 3 July 2018
- records of fire drills undertaken during 2018
- the annual quality report
- the Statement of Purpose, Service User Guide and Service User Guide

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

The findings of the inspection were provided to the registered manager, Thelma Moore, at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 25 August 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 25 August 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 20 (1) (a) Stated: First time | 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 | Met |

| | | |
|---|---|-----------------------------|
| | <p>numbers that ensures care provided is safe, effective, compassionate and well led</p> | |
| <p>Area for improvement 2 Ref: Regulation 18 Stated: First time</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>Met</p> |
| <p>Action taken as confirmed during the inspection: The registered manager had implemented a system to daily monitor the number of service users who attend the centre. The records of this were reviewed and confirmed that the number of service users attending did not exceed 15.</p> | | |
| <p>Area for improvement 3 Ref: Regulation 28 Stated: First time</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>Partially met</p> |
| <p>Action taken as confirmed during the inspection: The review of three monthly quality monitoring reports did not evidence that points raised in the action plans had consistently been reviewed for compliance. Evidence should be present of the status of any point raised for remedial action within the reports.</p> <p>This regulation had not been fully addressed and is stated for a second time.</p> | | |

| Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012 | | Validation of compliance |
|---|--|---------------------------------|
| Area for improvement 1 Ref: Standard 23.3 Stated: First time | 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 | Met |
| | Action taken as confirmed during the inspection: The identified fire exit was viewed and evidenced that remedial action had been taken and a magnetic door opening device had been installed. However refer to 6.4 for further information regarding the use of door wedges. | |
| Area for improvement 2 Ref: Standard 28.1 Stated: First time | The registered person shall put in place arrangements for the settings fire risk assessment to be reviewed. | Met |
| | Action taken as confirmed during the inspection: The most recent fire risk assessment report was viewed and was dated 3 July 2018. The report combined the assessment of the adjoining residential care home and the day centre. This was discussed with the Senior Inspector (Estates) in RQIA and the arrangement was deemed satisfactory. | |
| Area for improvement 3 Ref: Standard 17.9 Stated: First time | 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. | Met |
| | Action taken as confirmed during the inspection: Audits completed by the registered manager were reviewed and where shortfalls were identified compliance with the remedial action taken was in evidence. | |

6.3 Inspection findings

6.4 Is care safe?

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

The registered manager explained that all staff working in the centre were sufficiently qualified, competent and experienced and can meet the assessed needs of the service users; taking into account the size and layout of the premises, the number of service users accommodated, fire safety requirements and the statement of purpose. However, the use of a dependency rating tool was discussed with the registered manager so as to enable her to validate the centres staffing arrangements in terms of the overall dependency levels of service users, especially in respect of the weekend staffing arrangements. This has been identified as an area for improvement under the care standards.

The staff duty roster which reflected the staff on duty, capacity and time worked was viewed. Seven completed satisfaction questionnaires from service users/representatives were returned to RQIA, no issues of concern regarding the staffing arrangements were raised. We met with a service users representative during the inspection who expressed their complete satisfaction with the staffing arrangements and stated "Very friendly centre and there's a good atmosphere."

Competency and capability assessments had been completed for any person in charge of the centre in the absence of the manager; records of assessments retained, samples reviewed were found to be satisfactory.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff was provided. A schedule for mandatory training, annual appraisal and staff supervision was maintained and was reviewed during the inspection. The centre provides support for persons living with dementia. Discussion with the registered manager and a review of training records evidenced that staff completed face to face training in respect of dementia care practice on a regular basis. A number of staff had also completed the dementia champion training and one staff member had been awarded the 'Champion of Champions' accolade following the completion of their training in respect of life story work/information. Observation of staff practice and engagement with service users evidenced a skilled and sensitive approach to dementia care.

The registered manager explained that all staff recruitment records were retained at the human resource department of the organisation. Electronic confirmation of compliance with employment legislation as set within The Day Care Setting Regulations (Northern Ireland) 2007 and Department of Health (DoH) Day Care Settings Minimum Care Standards (2012) were provided to the centre's registered manager prior to new staff commencing duty.

Arrangements were in place to monitor the registration status of care staff with their professional body with monitoring records retained.

The person in charge advised that the only restrictive measure in use in the centre was the locking of the front door. Discussion regarding such restrictions confirmed these were appropriately assessed, minimised and reviewed with the involvement of the multi-professional team, as required.

Discussion with staff and inspection of records confirmed that staff had a good understanding of adult safeguarding principles and their obligation in relation to raising awareness concerns about poor practice and whistleblowing. A review of staff training records evidenced that mandatory training in adult safeguarding had been provided for all staff. The review of records evidenced that there had been no adult safeguarding referrals made from the date of the previous inspection.

Information was present on a notice board for service users and visitors of the adult safeguarding arrangements and the names of the nominated safeguarding champions

An inspection of the environment evidenced that it was clean, well maintained and that furniture, aids and appliances presented as fit for purpose. A garden area was available for service users to enjoy and discussion with staff confirmed that service users participate in the planting of bulbs and flowers. The garden area is a great attraction for service users. There were numerous notice boards throughout the centre providing service users, relatives and staff with information regarding activities, photographs of activities and events and policy guidance.

Fire safety precautions were inspected and it was noted that fire exits were unobstructed. The most recent report from the fire risk assessor was viewed and dated 3 July 2018. However, it was observed that the registered manager's door was wedged open. The door was a designated fire door. This was discussed with the registered manager who stated that the door was 'heavy' for service users to open when they wished to come and speak with her. The registered manager stated that it was important that she was readily available for service users. The wedging open of designated fire doors is prohibited. We acknowledged the need for service users to access the registered manager and maintain an 'open door' policy. Alternative arrangements need to be put in place regarding the identified door by the organisation. This has been identified as an area for improvement under the care standards. The fire safety records evidenced that fire drills were completed on a regular basis and staffs attendance was recorded to evidence the required number of fire safety training events per year had been complied with.

Staff spoken with during the inspection gave positive feedback in regard to the safe care provided. No issues or concerns were raised or indicated. A staff member commented:

"It's a great place to work."

A service user commented:

"Staff are brilliant, they make the place, it wouldn't work if they all didn't get on so well."

There were seven questionnaires completed and returned to RQIA within the specified timescale from service users' representatives. The respondents indicated that they were very satisfied that care was safe, effective and compassionate and that the centre was well led. There were no questionnaires completed and returned from service users or staff within the specified timescale.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff arrangements, training, supervision and appraisal, adult safeguarding, risk management and the day centre’s environment.

Areas for improvement

An area for improvement was identified under the care standards regarding ensuring that the registered manager could maintain her ‘open door’ policy and that an alternative arrangement must be put in place and the wedging of the office door stopped.

N area for improvement under the care standards was identified regarding the use of a dependency rating tool to assess the dependency levels of service users when determining the staffing arrangements.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 2 |

6.5 Is care effective?

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

A review of two service users’ records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and regular statement of health and well-being of the service user. Care needs assessment and risk assessments, including falls, moving and handling were reviewed and updated on a regular basis or as changes occurred.

The records also reflected the multi-professional input into the service users’ health and social care needs and were found to be updated regularly to reflect the changing needs of the individual service users. Service users and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the service user and/or their representative (as far as possible). Discussion with staff and a review of the service users’ records evidenced that a person centred approach underpinned practice. For example service users participated (as far as possible) in the development of their person centred care plans. Copies of reviews held were retained within service user records. Audits of care records were conducted with random selection reviewed at staff supervision and monthly monitoring visits. An individual agreement setting out the terms of placement were in place and appropriately signed. Records were stored safely and securely in line with data protection.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, service users’ meetings and staff meetings. The staff and a service user’s representative confirmed that management operated an “open door” policy in regard to communication within the day centre.

Service users spoken with and observation of practice evidenced that staff were able to communicate effectively with service users and other key stakeholders. Minutes of service users’ meetings were viewed during the inspection.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the service users. The senior care worker confirmed that arrangements were in place, in line with the legislation, to support and advocate for service users.

Service users commented:

“They look after me well.”

A service user’s representative commented during the inspection:

“The manager seems very helpful.”

Staff spoken to commented:

“The manager is very approachable and supportive.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, 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 | 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 registered manager confirmed that staff in the centre promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of service users. Discussion with service users, staff, a relative and observation of practice evidenced that service users were treated with dignity and respect while staff promoted and maintained their independence. Service users stated that they were asked their opinion regarding what they like to do in day care and that staff were approachable and listened to them. One service user commented, “Staff ‘let me be me’, some days I feel I want to talk and join and others I don’t.”

Discussion with service users and staff along with observation of care practice and social interactions demonstrated that service users were treated with dignity and respect. Staff confirmed their awareness of promoting service users' rights, independence and dignity and was able to demonstrate how service users' confidentiality was protected. We observed the morning activity, a reminiscence quiz. Staff were sitting with service users and all were asking questions, this kept the service users alert and focused on what was being said. The questions skilfully prompted service users to reminisce in response to the answer. It was evident that the service users thoroughly enjoyed the activity; all were engaged with staff and each other. A high level of companionship was evident

Discussion with staff and service users and observation of practice confirmed that service users' needs were recognised and responded to in a prompt and courteous manner by staff.

Service users spoke about the range of activities they enjoyed taking part in, including bus runs, the garden, music activities, arts and craft and baking. Staff said that service users enjoyed trips to local attractions and events. Service users stated that staff were approachable and supportive. A service user's representative commented to us, "My (relative) comes home from the centre quite content."

There were systems in place to ensure that the views and opinions of service users, and or their representatives, were sought and taken into account in all matters affecting them. For example: service users' meetings, annual reviews and monthly monitoring visits undertaken on behalf of the registered provider. Links have been maintained with the local community and service users have participated in arts and crafts activities in an art gallery in city which was formerly a shirt factory. Service users also attend tea dances in the Guild hall once a month. A quarterly newsletter, 'Hot Gossip' is produced and provides updates as to what has been happening in the centre.

Service users are consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for service users and other interested parties to read. An action plan was developed and implemented to address areas of improvement. A 'You said, We did' action plan.

Comments received from service users during the inspection included:

- "They look after me well."
- "The centre is interesting, stimulating and has helped, things have started coming back to me that I had forgotten about."
- "I like it here, it's very good."
- "The food's good, the entertainment is good, the centre is just good, that's all I can say."
- "Thelma (manager) is very friendly."

We spoke with a service user's representative during the inspection who commented in very positive terms regarding the centre. The representative stated there was good communication from staff, staff were very friendly and there was a good atmosphere. The representative also stated that their relative may say they don't like coming out but are able to tell us what they did and who they met.

Seven service users’ representatives’ questionnaires were completed and returned to RQIA. The respondents indicated they were “very satisfied” that the care provided by staff was safe, effective, and compassionate and that the centre was well led. An additional written comment was also provided:

“My (relative) is fairly new to Sevenoaks however they seem well settled and content to attend. The staff are easy to talk to and very accessible to me as a relative.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing service users / representatives and taking account of their views.

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 registered manager demonstrated very good understanding of The Day Care Setting Regulations, minimum standards and the systems and process in place for the daily management of the day centre. The management arrangements and governance systems and processes in place within the day centre were discussed. These were found to be in line with good practice. Inspection of the premises confirmed that the current RQIA certificate of registration was displayed within a prominent position

Review of governance arrangements within the day centre and the evidence provided within the returned QIP confirmed that the registered provider respond to regulatory matters in a timely manner.

There was a clear organisational structure and all staff demonstrated knowledge of their roles, responsibility and accountability. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the day centre through, for example, monthly monitoring visits made on behalf of the registered provider, emails and telephone calls.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DOH) guidance on complaints handling. Service users and/or their representatives were made aware of how to make a complaint by way of meetings, service user’s guide and trust information leaflets displayed. Discussion with the person in charge and review of records evidenced that complaints received had been fully investigated and resolved to the complainant’s satisfaction.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process.

A monthly monitoring visit was undertaken in accordance with Regulation 29 of The Day Care Settings Regulations (Northern Ireland) 2007. The reports showed the visits were unannounced, provided a view regarding the conduct of the setting and qualitatively reflected service users and staff views and opinions. Reports were produced and made available for service users, their representatives, staff, trust representatives and RQIA. As discussed in 6.2 we were unable to verify that the outcomes/action identified in some reports had been assessed for compliance at the next monthly monitoring quality visit. Therefore this regulation has been stated for a second time in this report.

The provision of an annual quality report for 2017/18 was discussed with the registered manager and a copy of the report was made available. The report contained information including, for example; service user quarterly meetings, annual satisfaction survey results, an overview of accidents and incidents and an action plan for 2018.

Discussion with staff confirmed that there were effective working relationships with internal and external stakeholders. The centre had a whistleblowing policy and procedure in place and discussion with one staff member established that they were knowledgeable regarding this. Staff confirmed that there were good working relationships within the day centre and that the registered manager was always responsive to suggestions and/or concerns raised.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|--|--------------------|------------------|
| Total number of areas for improvement | 0 | 0 |

7.0 Quality improvement plan

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 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 28</p> <p>Stated: Second time</p> <p>To be completed by: 1 April 2019</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. Evidence of compliance with an area/s identified for improvement must be present.</p> <p>Ref: 6.2</p> <p>Action required to ensure compliance with this regulation was not present and the regulation has been stated for a second time.</p> |
| | <p>Response by registered person detailing the actions taken: Monitoring and recording arrangements within the day centre have been reviewed and actioned accordingly.</p> |

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

| | |
|--|---|
| <p>Area for improvement 1</p> <p>Ref: Standard 23.3</p> <p>Stated: First time</p> <p>To be completed by: 1 May 2019</p> | <p>The registered person shall improve fire safety precautions in the setting. The fire exit wedged open (registered manager's office) should be replaced with a magnetic door catch or similar as recommended by the fire safety officer who visited the setting. This will enable the registered manager to maintain an 'open door' policy. The actions and timescale for completion should be reported on the returned QIP</p> <p>Ref: 6.4</p> |
| | <p>Response by registered person detailing the actions taken: In line with Fire Regulations and for the safety and wellbeing of service users and staff; a works request has been logged with the estates manager, who advises that the job is to be costed and completed within time scale set.</p> |
| <p>Area for improvement 2</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> <p>To be completed by: 1 May 2019</p> | <p>The registered person shall ensure that a dependency rating tool is made available so as the staffing arrangements can be validated in terms of service user dependency levels.</p> <p>Ref: 6.4</p> |
| | <p>Response by registered person detailing the actions taken: A service user dependency rating tool has been implemented.</p> |

Please ensure this document is completed in full and returned via Web Portal



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