

Unannounced Care Inspection Report 16 July 2019



Grove Day Centre Age NI

Type of Service: Day Care Service
Address: 8 Antrim Road, Ballynahinch, BT24 8AN
Tel No: 028 97 565631
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 has 15 places and provides care and day time activities for adults who are over 65; service users may also have a physical disability and may be experiencing early signs of memory loss or dementia. The setting is open Monday to Friday.

3.0 Service details

Organisation/Registered Provider: Age NI Responsible Individual: Linda Robinson	Registered Manager: Justine Lavery
Person in charge at the time of inspection: Rhonda Comiskey – Day Care Worker	Date manager registered: Justine Lavery - application received. Registration pending.
Number of registered places: 15	

4.0 Inspection summary

An unannounced inspection took place on 16 July 2019 from 10.10 to 15.10 hours.

This inspection was underpinned by the Day Care Setting Regulations (Northern Ireland) 2007, the Day Care Settings Minimum Standards, 2012 and The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

As a public-sector body RQIA have a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of day care services, we are committed to ensuring that the rights of people who receive services are protected. This means we will be seeking assurances from providers that they take all reasonable steps to promote people's rights. Users of day care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the day 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.

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.

Areas for improvement were identified regarding; the control of substances hazardous to health, adult safeguarding training for staff, staff training regarding the international dysphagia diet standardisation initiative (IDDSI) and exploring and resolving staffs perceptions of the centre as indicated in the returned staff questionnaires following the inspection.

Service users said that they enjoyed the centre, liked coming to see their friends (staff included) and were spontaneous in their interactions with other service users and staff.

A service user said:

“It was a long weekend; I miss the centre when it’s closed.”

Comments received from service users and staff are included in the main body of this report.

The findings of this report will provide the day 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	3

Details of the Quality Improvement Plan (QIP) were discussed with Rhonda Comiskey, Day Care Worker, 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 18 April 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 18 April 2018.

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 and QIP of 18 April 2018

During the inspection the inspector met with:

- the person in charge, Rhonda Comiskey, day care worker
- one staff member
- two volunteers
- five service users on an individual basis and the remaining six service users on a group basis

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 from service users' representatives. The person in charge was provided with a poster to be displayed in the service advising of how staff could complete electronic questionnaires and submit these to RQIA. There were three questionnaires completed and returned by staff within the specified timescale.

The following records were examined during the inspection:

- two service users' care records
- staff duty rota from 1 June to 16 July 2019
- one completed staff competency and capability assessment
- the complaints and compliments records
- incidents and accidents records
- the minutes of service user self-advocacy group meetings
- the minutes of staff meetings
- supervision and annual appraisal planner
- three monthly quality monitoring reports
- a staff training matrix
- quality audits/governance arrangements for the centre
- the annual fire safety risk assessment dated December 2018
- records of fire drills undertaken during 2019
- the Statement of Purpose and Service User Guide
- the annual quality report of 2018/2019

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

The findings of the inspection were provided to the 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 18 April 2018

The most recent inspection of the day care setting 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 18 April 2018

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
<p>Area for improvement 1</p> <p>Ref: Regulation 20(1)(a)</p> <p>Stated: Second time</p> <p>To be completed by: 13 June 2018</p>	<p>The registered person shall make appropriate arrangements to assess the number of staff that is required to be in the setting to meet the needs of the service users. Once completed the rota must evidence the minimum staffing numbers are achieved.</p>	<p>Met</p>
	<p>The assessment should assess the number and needs of service users, the size of the day care setting and ensure the number of staff in the setting is appropriate to meet the needs of the service users; and the purpose of day care setting and activities they undertake (statement of purpose). A lone working risk assessment should also be in place if lone working continues in this day care setting.</p> <p>Action taken as confirmed during the inspection: The review of the staff duty rota evidenced that there were sufficient staff on duty daily (three staff) supported by a network of volunteers. The day care worker stated that the maximum number of service users attending the centre daily was capped at 13 with the exception of Mondays when 14 service users attended.</p>	
<p>Area for improvement 2</p> <p>Ref: Regulation 28 (4) & (5)</p> <p>Stated: First time</p> <p>To be completed by: 13 June 2018</p>	<p>The registered person shall improve the Regulation 28 monthly quality monitoring visits to ensure they monitor staffing numbers and specifically analyse the impact on care if staffing has reduced from three to two staff.</p> <p>Monthly monitoring reports should be forwarded to the inspector on completion indefinitely.</p>	<p>Met</p>

	<p>Action taken as confirmed during the inspection: The review of the monthly quality monitoring reports of April, May and June 2019 evidenced that the staffing arrangements were reviewed in line with service users' needs and dependency.</p>	
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
<p>Area for improvement 1 Ref: Standard 28.4 Stated: First time To be completed by: 13 June 2018</p>	<p>The registered person shall improve the provision of fire training for staff to ensure training is renewed annually.</p>	Met
	<p>Action taken as confirmed during the inspection: The review of fire safety and training records evidenced that a fire evacuation drill took place on 5 July 2019. Service users and staff were involved in the drill and fire safety talk.</p>	

6.3 Inspection findings

6.4 Is care safe?

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

The staff duty roster/daily work plan reflected the staff on duty, capacity and time worked was viewed. Staff and service users attended specific activities of their choice; the staffing arrangements promoted continuity of care and support and enhanced the relationship between the service users and staff. There were no completed satisfaction questionnaires from service users returned to RQIA and in discussion with service users there were no issues raised regarding the staffing arrangements. One service user commented; "Staff are great and they'd do anything for you." No issues were raised by staff during the inspection in respect of the staffing arrangements. There were three completed staff questionnaires returned to RQIA within the specified timescale. One respondent indicated that they were very unsatisfied with the staffing arrangements and the remaining two respondents did not answer this question. Refer to 6.6 for further information regarding the responses within the returned staff questionnaires.

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 and samples reviewed were found to be satisfactory.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff were provided. A schedule for mandatory training was in place and the manager monitored staffs compliance with training. Staff confirmed they received supervision and appraisal. A planner was not available however the staff team is small and the current arrangement works well for the manager and staff.

The day care worker explained that all staff recruitment records were retained by the human resource department of the organisation (Age NI). The manager confirmed, by telephone on 18 July 2019, that 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 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 registration status of staff is also monitored at supervision.

We were advised that the use of restrictive practices was very limited for example service users who are wheelchair users may use lap belts (their own choice and decision). A policy was available and discussion regarding such restrictions confirmed these were appropriately assessed, minimised and reviewed with the involvement of the multi-professional team, as required. The review of service users' records confirmed that, for example; the use of a lap belt was the service users' choice.

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 concerns about poor practice and whistleblowing. A review of staff training records evidence that mandatory training in adult safeguarding had been provided for all staff. However, a system for ensuring that volunteers complete adult safeguarding awareness training was discussed with the manager, by telephone, on 18 July 2019 as the review of records did not evidence this had been undertaken by all the nominated volunteers. This has been identified as an area for improvement. The review of records evidenced that there had been no safeguarding referrals made from the previous inspection in April 2018.

The day care worker, service users and staff, who met with the inspector, confirmed that they have confidence in the practice of all members of the staff team in their work with service users. Staff members had generally been employed in the centre for lengthy periods and expressed strong commitment to their work with service users, which, they confirmed, is enjoyable and rewarding.

The premises of Grove Day Centre was well maintained and in good decorative order. There were several rooms, of varying sizes, available for group activities and for individual work with service users, when necessary. There was a small garden area, which had recently been transformed and this is a popular place for service users' in the better weather. There were notice boards throughout the centre providing service users, relatives and staff with information regarding activities, photographs of activities and events and information leaflets.

Infection prevention and control measures were in place and personal protection equipment (PPE) units were well stocked and staff were observed using the correct protective equipment during the lunchtime meal service. An area for improvement was identified regarding the premises. Substances hazardous to health were being stored in a kitchen cupboard.

The cupboard was not lockable and was therefore potentially accessible to service users and/or others.

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 December 2018. The fire safety records evidenced that there had been a number of fire drills and staffs attendance was recorded to evidence the required number of fire safety training events per year had been complied with. Service users also participated in fire evacuation drills and records indicated that the last evacuation drill was in July 2019.

Service users spoken with during the inspection gave positive feedback in regard to the safe care provided. No issues or concerns were raised or indicated. A service user commented:

“I meet up with my friends and enjoy the company.”

Areas of good practice

Examples of good practice found throughout the inspection included: staff work rotas, staff induction, staff training, adult safeguarding, fire safety records, risk assessment and service user and staff engagement.

Areas for improvement

Areas for improvement were identified regarding the safe storage of substances hazardous to health and ensuring volunteers undertake adult safeguarding awareness training.

	Regulations	Standards
Total number of areas for improvement	1	1

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 assessment of need, 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. Progress recordings on service users’ wellbeing were completed by staff on a daily basis.

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. Discussion with staff confirmed that a person centred approach underpinned practice and staff demonstrated their knowledge of individual service users throughout the inspection. Audits of service users care records were conducted by the manager.

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.

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

Service users spoken with and observation of practice during a morning and afternoon activity evidenced that staff were able to communicate and engage effectively with service users.

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 day care worker confirmed that arrangements were in place, in line with the legislation, to support and advocate for service users.

A service user commented:

“It was a long weekend and I miss the centre when it’s closed.”

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 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.

On the day of this inspection, the atmosphere in centre was welcoming and purposeful and service users, arriving at the centre, were greeted warmly by their friends and by staff members with a cup of tea and a snack. Staff and service users stated that, at this time, options for the morning activity are discussed and the service users decide which they would prefer. Observations of interactions throughout the day provided evidence of service users relating positively to staff and to each other. Service users were engaged by staff with respect and encouragement at all times.

Activities, such as art, music, quizzes, crafts and board games were part of the weekly programme. Service users confirmed that staff listen to them and encourage them to take a full part in developing their plans for day care through the members meetings and the approachability of staff.

Therefore, activity programmes are organised with each individual's agreement and service users contributed positive comments on its value to them. Staff members were observed interacting sensitively with service users and being attentive to each person's needs.

We observed the serving of the midday meal. The meal service was relaxed and not rushed in any manner. Staff asked service users what their preferred meal choice was in the morning and this information was given to the catering staff. Staff were knowledgeable about the specific dietary needs of the service users however in discussion with staff it was stated that they had not had any training in relation to the international dysphagia diet standardisation initiative (IDDSI). This would be beneficial for staff and has been identified as an area for improvement.

The systems in place to ensure that the views and opinions of service users were sought and taken into account included regular service user meetings, an annual quality survey of service users and their carers or relatives and daily discussions with service users in groups or individually. The minutes of the service users meetings provided evidence of a strong focus on involving and empowering service users to contribute to decisions about the way in which the day care service is run. For example; service users had said that they would like an outing to a local attraction at a recent meeting; this had been actioned by staff and notices were on display in the centre advising of the date of the trip. Preparation for each person's annual review included a meeting with the key worker to discuss the value of attending the centre and appropriateness of the existing programme of activities.

During each monthly monitoring visit the views of a sample of service users were sought and their views were reflected in good detail in all four of the monthly monitoring reports that were reviewed. Each person's file contained progress notes relating to that person's involvement and wellbeing and these reflected the caring nature of the relationships and interactions observed during the inspection. Staff members' comments and actions, along with the views expressed by service users, and confirmed that compassionate care was being provided consistently in Grove Day Centre.

Service users spoken with during the inspection made the following comments:

- "Staff are great, they'd do anything for you."
- "Staff help me when I need it."
"It's very good here."
- "I meet up with my friends and enjoy the company."
- "I could go to the manager if I needed to."

There were no completed questionnaires returned to RQIA from service users.

We spoke to staff during the inspection and comments included:

- "This is the best job I've ever had, it's just a happy place, not like a job at all."
- "I know I'm doing my job right when the service users are happy."
- "The manager is very good, If I'm not sure about anything I'd go straight to her."

There were three completed questionnaires returned to RQIA from staff. The responses on the questionnaires indicated that staff were either very unsatisfied or unsatisfied that care was safe, effective and compassionate and that the service was well led. An additional comment was made and was:

“Communication handover poor.”

The manager of the centre was informed of the outcome of the staff questionnaires, prior to the issue of the report, and advised that staffs opinion, as indicated in the returned questionnaires must be explored and rectified. This has been identified as an area for improvement.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the day care setting, listening to and valuing service users and taking account of the views of service users.

Areas for improvement

An area for improvement was identified regarding staff training in the IDDSI framework and discussion with and resolution of staffs’ perceptions as indicated in the returned staff questionnaires.

	Regulations	Standards
Total number of areas for improvement	0	2

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 centre’s statement of purpose and service users guide fully and accurately reflected the regulations and care standards. The manager was unavailable at the time of the inspection and Rhonda Comiskey; day care worker facilitated the inspection and demonstrated a very good understanding of the systems and process in place for the daily management of the day centre. The manager was recently appointed and an application for registration with RQIA has been submitted. A wide range of documentary evidence to inform the inspection’s findings, including minutes of staff meetings, service users meetings, monitoring reports, audit records, work rotas, service users’ files, staffing information and written policies and procedures were made available. We discussed a range of the centre’s current strengths and the aspects that require further development, as identified in 6.4 and 6.6.

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. The 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 28 of The Day Care Settings Regulations (Northern Ireland) 2007. Records of the past three months were reviewed, the reports showed the visits were both announced and unannounced, provided a view regarding the conduct of the setting, included outcomes/action plans and qualitatively reflected service users and staff views and opinions.

Grove Day Care Centre and Age NI have systems in place to ensure that staff were well-informed on the responsibilities of their roles and the expected standards of practice. Staff confirmed that there were good working relationships within the day centre and that the manager was always responsive to suggestions and/or concerns raised. One service user commented:

“I could go to the manager if I needed to.”

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 Rhonda Comiskey, Day Care Worker, 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	
Area for improvement 1 Ref: Regulation 26 (2) (n) Stated: First time To be completed by: Immediate action	The registered person shall ensure that staff are aware of and adhere to the guidelines regarding the control of substances hazardous to health. Ref: 6.4 Response by registered person detailing the actions taken: all staff have received COSHH training and aware of guidelines. all hazardous substances are stowed away.
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012	
Area for improvement 1 Ref: Standard 13.4 Stated: First time To be completed by: 31 August 2019	The registered person shall ensure that staff and volunteers have undertaken awareness training in respect of safeguarding vulnerable adults. Ref: 6.4 Response by registered person detailing the actions taken: all staff have received this training. Volunteer training will be completed and then ongoing with staff training.
Area for improvement 2 Ref: Standard 10.1 Stated: First time To be completed by: 31 August 2019	The registered person shall ensure that staff have undertaken training in respect of the international dysphagia diet standardisation initiative framework (IDDSI) Ref: 6.6 Response by registered person detailing the actions taken: a revised training package will now include more detail on this area.
Area for improvement 3 Ref: Standard 17 Stated: First time To be completed by: 30 September 2019	The registered person shall ensure that staffs perceptions and comments, as indicated in the returned staff questionnaires, are explored and resolved. Ref: 6.6 Response by registered person detailing the actions taken: The Head of Care services will review the comments and ensure staff comments are explored further and new methods of communicating in small teams are put in place.

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



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