

The Regulation and  
Quality Improvement  
Authority

Age NI  
RQIA ID: 11090  
Laurehill  
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BT28 3EX

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**Unannounced Care Inspection  
of  
Age NI  
Laurehill**

**8 May 2015**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Linda Robinson (Acting)	<b>Registered Manager:</b> Myrtle Johnston
<b>Person in Charge of the Day Care Setting at the Time of Inspection:</b> Myrtle Johnston	<b>Date Manager Registered:</b> 20 November 2009
<b>Number of Service Users Accommodated on Day of Inspection:</b> 9	<b>Number of Registered Places:</b> 10

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

**Standard 5 Care plan:**

**Where appropriate service users receive individual continence promotion and support.**

**Standard 8 Service users' involvement:**

**Service users' views and comments shape the quality of services and facilities provided by the Day Care Setting**

## 4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed: incidents notification which revealed no incidents had been reported and RQIA notes regarding this day care setting which did not reveal any records of concern or relevance to this inspection.

During the inspection the inspector met with nine service users, one member of staff, no visiting professionals and no representatives/family members. During the inspection four service users completed questionnaires with the inspector and a further six were returned to RQIA post inspection. One staff member completed a questionnaire during the inspection.

The following records were examined during the inspection: two service users individual care records including care plans, assessments and review documentation; service user meeting records; the service complaints/issue of dissatisfaction; a sample of the settings monthly monitoring visit records from July 2014 to April 2015; a sample of the staff meeting records from July 2014 to April 2015; and a sample of the settings incidents and accident records from July 2014 to April 2015.

Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b> Ref: Standard 7.1	The registered manager should improve arrangements for confidentiality; service user and representative access to records and; confidentiality. This should be clearly described for service user and or representative reference and consent; for example in the service user agreement or service user guide.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The service user guide and agreement had been updated in this regard. They were available for inspection and up to date at the time of inspection.	
<b>Recommendation 2</b> Ref: Standard 7.2 & 7.3	The registered manager should improve arrangements that inform service users and their relatives / representatives that records are kept, how they are stored and how they can be accessed by the service user or their relative / representative.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The service user guide and agreement had been updated in this regard. They were available for inspection and up to date at the time of inspection.	

**5.3 Standard 5 Care plan: Where appropriate service users receive individual continence promotion and support**

**Is Care Safe**

There is a continence promotion policy and procedure in place. The procedure promotes the service users dignity and comfort. However the policy does not identify training needs for staff in day care; the need for care plans to be informed by a professional assessment; or how in this dignity can be protected in a group care environment, when promoting the use of the toilet with someone who has impaired memory. A recommendation is made to review this procedure and provide clearer guidance for staff in day care in line with this theme.

During the inspection staff were observed actively seeking service user's views and incorporating these into practice. This was a good example of how staff ensure that choices, issues of concern, complaints are recorded and acted on.

The inspector's discussion with service users and four questionnaires completed during the inspection confirmed service users feel they have been listened to. Service users described valuing the staff and the care provided by staff. A further six questionnaires sent to the inspector after the inspection corroborated this view.

The inspection evidenced the manager has a system in place to identify continence issues, ie through the referral system, evaluation and review of care plans. This did not reveal any issues of concern however the manager did identify they rely on information being passed on by the referral agent or relative. Continence assessment information is not supplied to the day care setting as a matter of course and practice in this regard could be improved because this affects the safety and effectiveness of care provided to service users in this setting. A recommendation is made in this regard.

Overall the inspection evidenced care is currently effective and is in some cases improving service users independence in the area of continence. However the effectiveness of care could be improved by ensuring staff have access to training and professional assessment information. These issues were also identified in the inspection of safe care and further reinforce the need for the two recommendations made in this regard.

### **Is Care Compassionate**

The inspector did not identify any specific methods implemented by Age NI which are used to support staff, develop their knowledge and skills; or ensure they are compassionate and competent in providing continence care and support. Nevertheless the inspection did evidence staff were providing care that presented as compassionate. The inspection evidenced this using observation on the day of the inspection, listening to service users' views and comments, inspection of records; and discussion with staff.

The inspector observed staff interaction with service users during this inspection and noted staff were friendly, caring and using language that the service users could understand. There was also an overall feeling that staff were enabling service users to have a good experience in this day care setting. Staff were observed empowering service users to make choices as a group that promoted their enjoyment in day care.

### **Areas for Improvement**

Four areas of improvement were identified in the areas of continence promotion and support:

1. A recommendation is made the responsible person should improve the settings policy and procedure regarding continence promotion. Specifically the policy and procedure should as a minimum identify: training needs for staff in day care; care plans should be informed by a professional assessment; the policy should describe how in this day care setting dignity can be protected in a group care environment when promoting the use of the toilet with a group who have impaired memory
2. A recommendation is made the registered manager should improve arrangements for continence promotion care planning. Plans should be informed by professional assessment

## Is Care Effective

The inspection evidenced there is a range of methods and processes where service users' and their representatives' views are sought, recorded. Records include details of the action taken: for example ongoing communication in day care; forums and meetings with service users; informal and planned discussions with service user representatives and relatives; annual questionnaires. In summary service users' views and comments are effectively sought and had been effectively used to shape the quality of services and facilities provided by the day Care setting.

The inspection identified the staff enable service users to be involved in and give opportunities to influence the running of the day care setting on an informal basis during their time in day care. Staff were observed seeking service user views during the session.

Records and the discussions with service users evidenced service users participate in decisions about their care and support they receive in day care. In particular the inspection identified the manager is empowering service users to exercise choice and control over their lifestyle, while not infringing on the rights of others. The impact of this is limited due to the service users deteriorating health needs. Nevertheless the inspection observed everyone is given the same opportunity to give their views, wishes and feelings.

Service users discussed with the inspector that they felt staff were listening to them and choices, preferences, opinions or suggestions were encouraged by staff. The inspector observed this happening throughout the inspection.

Discussion with staff and observation confirmed they respect and protect service users' dignity and privacy when asking questions or are helping them with personal care. Service users were encouraged to see they have choices and encouraged to make choices.

Service users' views and opinions had been sought on a formal basis at least once per year. A report had been completed which incorporates details of the feedback collected. However this process could be improved by developing an action plan to address the suggestions or issues raised. It is not clear if the outcomes of the questionnaires are shared with service users and their representatives. In the last annual questionnaire arm chair aerobics was suggested in the service user and representative feedback. Discussion with the manager ascertained this is something staff would like to provide however, one staff member needs to be trained. To date Age NI has not agreed a staff member doing the training. Therefore two recommendations are made regarding staff accessing training and the outcome of the survey should be made available within an action plan to address issues raised.

The setting has policies for staff reference regarding: inspections of the day care setting; consent; listening and responding to service users' views; management, control and monitoring of the setting and complaints.

#### **5.5.4 Service user meeting minutes**

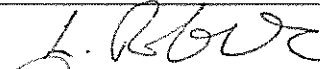

The inspection of the service user meeting minutes for January to April 2015 and August to December 2014 evidenced the records detailed events in the setting and plans for future events.

#### **5.5.5 Environment**

The inspection included a review of the environment and identified the environment must be improved to meet the overall needs of the service users and staff. For example there was nowhere to hang the service user's coats in this setting. The second bathroom was being used to store large items, which impedes on overall space and storage in the bathroom. Finally the second bathroom was being used by a male staff member in the care home situated next door which means during the open hours of this setting it can be engaged and not accessible for staff or service users. One requirement is made to improve these matters.

<b>Quality Improvement Plan</b>	
<b>Statutory Requirements</b>	
<p><b>Requirement 1</b></p> <p>Ref: Regulation 13 (7)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 26 June 2015</p>	<p>The responsible person must ensure continence promotion equipment and supplies are stored in a unit that is not left open. As a minimum supplies should be placed in a cupboard with a door and supplies are accessible for staff.</p> <p>Improvements in this regard must be consistent with current infection control guidance and consistent with the manufacturer's storage guidance or advice.</p>
	<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> All continence promotion equipment is now stored in a cupboard with a door and supplies are accessible to staff consistent with current guidance and advice.</p>
<p><b>Requirement 2</b></p> <p>Ref: Regulation 26 (2)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 26 June 2015</p>	<p>The responsible person must ensure must ensure the following improvements are made to the environment in this setting:</p> <ul style="list-style-type: none"> <li>• There must be a place provided for service user's coats to be hung up in this setting</li> <li>• Storage in this setting must be improved. Items stored in the both bathrooms must be removed to ensure the bathroom is fully accessible. Infection control working practices must be adhered to and any items stored in the bathroom must be there because they are essential to the use of the room. Items stored in the bathroom must not be a fire hazard</li> <li>• The male staff member in the care home situated next door must not use the bathroom in the day care setting</li> </ul>
	<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Coat hooks now in place. Items stored in bathrooms have been removed. The manager of the Home has been informed no one from there should use the bathroom in the day centre. The manager is to contact the inspector to discuss this issue.</p>

<b>Recommendation 5</b> <b>Ref: Standard 9.1 &amp; 9.2</b> <b>Stated: First time</b> <b>To be Completed by:</b> 3 July 2015	The responsible person should act on the feedback from the last annual questionnaire/survey. Specifically the request for arm chair aerobics should be considered in terms of staff training and provision of this as an activity in this setting.
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> Staff training is to be arranged re arm chair exercises as requested in the questionnaire.

Registered Manager Completing QIP	Myrtle Johnston	Date Completed	10.06.15
Registered Person Approving QIP		Date Approved	10.6.15
RQIA Inspector Assessing Response		Date Approved	15/10/15.

*\*Please ensure the QIP is completed in full and returned to [day.care@rqia.org.uk](mailto:day.care@rqia.org.uk) from the authorised email address\**