

Unannounced Care Inspection Report 05 February 2018



Age NI, Lisburn

Type of service: Day Care Service
Address: Laurelhill, 1a Ballymacash Road, Lisburn, BT28 3EX
Tel no: 02892660801
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 that provides care and support for a maximum of 10 service users daily. A programme of day care and day time activities is delivered Monday to Friday for adults who are over 65; and have a diagnosis of dementia.

3.0 Service details

Registered organisation/registered person: Age NI/Ms Linda Robinson	Registered manager: Myrtle Johnston
Person in charge of the service at the time of inspection: Michelle Quigley	Date manager registered: 20 November 2009

4.0 Inspection summary

An unannounced inspection took place on 5 February 2018 from 09.30 to 14.00.

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 knowledge and competency in regard to safe care and the day care setting environment; providing the right care, in the right place, in the right time; activities; ethos of the day care setting; listening to service users and maintaining good working relationships.

Areas requiring improvement were identified in relation to notifying RQIA the management arrangements; recording safe recruitment practices; improving the incident record; improving the security between the residential home and day care setting; service user and relatives survey and governance arrangements

Service users were asked what they thought of the day centre, they said: "good to get out of the house", can get "a good meal", "we laugh here".

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	3

Details of the Quality Improvement Plan (QIP) were discussed with Michelle Quigley, 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 19 December 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 19 December 2016.

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 manager and Age NI
- the last care inspection in December 2016
- unannounced care inspection report 19 December 2016

During the inspection the inspector met with:

- the manager
- eight service users
- One volunteer and one care staff

Questionnaires were given to the staff on duty to distribute between service users, representatives and staff. One was returned by staff; and two were returned by relatives.

The following records were examined during the inspection:

- three individual staff competency records
- One volunteer record
- two service users' individual care files
- the complaints/issue of dissatisfaction record from April 2016 to February 2018
- a sample of incidents and accidents records from October 2016 to February 2018
- the staff rota arrangements during December 2017 and January 2018
- the minutes of service user meetings held in November and December 2017 and January 2018
- sample of the monthly monitoring reports from November, December 2017 and January 2018
- the staff training information for 2017/ 2018
- the settings statement of purpose and service user guide

Six areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met in four areas and partially met in two.

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 19 December 2016

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 19 December 2016

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
Requirement 1 Ref: Regulation 17.1 & Schedule 3 Stated: First time To be completed by: 13 February 2016	The registered provider must put in place arrangements for the annual report to be completed for 2016. This report should be sent to RQIA with the returned QIP.	Met
	Action taken as confirmed during the inspection: The report was sent to RQIA with the returned QIP.	
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Recommendation 1 Ref: Standard 8.5 Stated: Second time To be completed by: 13 February 2016	The responsible person should improve the summary of the annual questionnaire/survey. The summary should include an overview of feedback received and how this will be integrated into future delivery of the service, for example an action plan. This should be shared with service users and their representatives.	Partially met
	Action taken as confirmed during the inspection: The summary of the annual survey 2017 was provided for this inspection and the general reporting was improved. However one suggestion was made by a relative and this was not summarised at the end of the report	

	or stated in an action plan. This improvement is stated for a third time in the QIP for this inspection.	
Recommendation 2 Ref: Standard 23.7 Stated: First time To be completed by: 13 February 2016	<p>The registered provider should make arrangements for the staff rota to name the staff member who is covering the manager's role and responsibilities in her absence.</p> <p>Action taken as confirmed during the inspection: Inspector confirmed the staff rotas were available and had been improved in this regard at the time of inspection.</p>	Met
Recommendation 3 Ref: Standard 21.1 Stated: First time To be completed by: 13 February 2016	<p>The registered provider should improve the induction policy, procedure and pack for new staff to include an assessment of competency, for example the NISCC induction standards.</p> <p>Action taken as confirmed during the inspection: Inspector confirmed the staff induction had been improved at the time of inspection.</p>	Met
Recommendation 4 Ref: Standard 18.5 Stated: First time To be completed by: 13 February 2016	<p>The registered provider should make arrangements for the day care setting policies and procedures to be reviewed to ensure they are current, responsive to the most recent legislation and guidance available, guide staff in providing safe, effective and compassionate care; and ensure service users' needs are met in the day care setting.</p> <p>Action taken as confirmed during the inspection: Inspector confirmed the day care setting policies were available, a sample were read which showed they were up to date at the time of inspection.</p>	Met
Recommendation 5 Ref: Standard 17.9 Stated: First time To be completed by: 13 February 2016	<p>The registered provider should improve the audit of working practices such as file audits, environmental audits or audits of infection prevention and control. Audits should evidence practice is focussed on effective and safe care; and consistent with the settings policies and procedures.</p>	Partially met

	<p>Action taken as confirmed during the inspection: Inspector confirmed monitoring visits and training was being monitored by the person in charge at the time of inspection. However other audits such as file audits and environmental audits were not evidenced as in place for this inspection.</p>	
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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 December 2017 and January 2018. Since the last inspection the registered manager had retired and the day to day management role and responsibility was provided by a new manager who was undertaking the QCF level 5 while working in the post. The registered manager of another Age NI setting was providing part time management support in the absence of a registered manager in this setting. These arrangements had not been notified to RQIA and an improvement is made in this regard.

The staffing record had been updated in relation to staff absences and when the cover manager was on site. On average the rota showed one member of staff and the manager were on duty daily. When one of them was absent cover arrangements were provided by a bank member of staff who was familiar with the service user group and setting. Observation on the day of the inspection showed service users' needs were being met, activities were being delivered and service users were being supported when needed within this staffing ratio.

A competency and capability assessment had been completed with the senior member of staff who had acted as manager; this was signed in January 2018. The inspection of the record recorded the staff member who may be in charge in the managers absence was willing to undertake management tasks, had the knowledge required to act up and understood how to fulfil their role and responsibility in the absence of the manager.

Observation of service users' needs showed they were being met during the inspection by staff organising and delivering activities. Staff assisted service users to move around and helped orientate service users when they observed service users needed help. Observation of these arrangements showed staff were promoting and encouraging service users to be independent when it was safe and activities focused on developing social skills and using their cognitive skills.

Three individual staff records and one volunteer's record was inspected for evidence of safe recruitment, induction and support practices. Evidence of the staffs induction and training plan were in place however evidence of safe recruitment practices were not evidenced. Discussion with the manager and cross referencing of what was said with what was written in the settings

policy and procedure for recruitment showed the organisation does practice safe recruitment practices. It was likely the evidence of the same was not kept in the staff file held in the setting. An improvement is detailed in the QIP in this regard.

The settings training record showed that new staff had received or plans were in place to receive mandatory training and training relevant to their roles and responsibilities. Examples of training planned was infection prevention and control; COSHH; food hygiene; safeguarding; moving and handling; and dementia awareness.

The settings incidents, accidents and notifications were sampled and this showed the book used to record incidents did not record the right information for the inspection to evidence safety issues and risks had been identified, recorded and managed. The pages recorded on were torn out and there was no general log kept for example the details of what had been recorded, if other professionals or agencies had been informed of the incident or accident, what action had been taken including any action to prevent reoccurrence. An improvement is detailed in the QIP in this regard.

Discussion with the staff revealed service users were free to move around the day care setting and go outside to the garden however the front door was locked, and thus service users would need to ask staff if they wanted to leave. This was described as a security measure to ensure service users with memory loss do not wander outside the front door where cars drive past to park, and no one walks in from outside of the setting unannounced. A general discussion with service users regarding their access to outside found they were not concerned on the day of the inspection that the front door was locked.

During the inspection personnel from the residential home came into the day care setting to use the service user's toilets. The manager explained this was not appropriate during day care hours and they were asked to leave. Nevertheless security arrangements between the residential home and day care setting should be improved to ensure strangers do not wander in to use the day care setting facilities. An improvement is detailed in the QIP in this regard.

The inspection of the day care setting environment revealed care was being provided in areas that presented as clean and tidy, furniture, aids and appliances presented as fit for purpose. Additional aids were in place to assist service users with dementia in the day care setting bathrooms that enabled service users to maintain their independence.

The service users talked about what had happened in the setting since the last inspection, they knew staff had changed and said the new staff were "great", they said the staff help them with activities and they said about being in day care "we laugh".

Staff were asked is care safe in this setting, they said care is safe because there are policies and procedures in place that guide practice safely, they receive relevant training and the general environment was safe. Staff said they work together to ensure service users' needs are met by referring to the care plan and using their knowledge of each service user to help them identify changes or concerns.

Two relatives returned questionnaires to RQIA post inspection. They were "very satisfied" regarding the questions "is care safe" in this setting. By this they meant there were enough staff to help them, they felt protected and free from harm, they could talk to staff if they had concerns, and the environment was safe and clean.

One staff member returned a questionnaire to RQIA post inspection. They were very satisfied that they were safe and protected from harm, staff were employed in sufficient numbers to meet the needs of the service users, Staff had been inducted and had received all mandatory training, staff had received safeguarding training and all staff were aware of their responsibility to report any concerning or unsafe practice.

Areas of good practice

There were examples of good practice found during the inspection in relation to staff knowledge and competency in regard to safe care and the day care setting environment.

Areas for improvement

Four areas for improvement were identified during the inspection in relation to notifying RQIA the management arrangements, recording safe recruitment practices for new staff, improving the incident record and improving the security between the residential home and day care setting.

	Regulations	Standards
Total number of areas for improvement	3	1

6.5 Is care effective?

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

Two service users' care files were inspected; they contained the service user's individual assessments and care plans which reflected their physical, social and emotional needs. Written agreements were in place for each service user. There was evidence that one file had been audited and the service users plan had been reviewed in the last 12 months.

Inspection revealed records were stored safely and securely in line with data protection. Staff discussion confirmed they had used the individual records to guide their practice and had updated the information if they observed changes, deterioration in a service user's presentation or a change was communicated to the staff. Overall the inspection found the settings management of service user records enabled staff to recognise service users' needs and respond to them effectively.

Discussion with service users revealed they did not recall meeting with staff about what they needed in day care however, they said staff knew what they needed, they could talk to staff and the staff helped them when they were in day care.

Discussion with a new member of staff and a volunteer revealed they felt this was a good service, they described the care delivered by staff was good for example they sit with service users and communicate with the individuals and group; get to know their needs and personalities and deliver the best standard of care. Overall staff described their close observation and open communication with service users, their training and knowledge of procedures had ensured they provided safe and effective care.

Two relatives returned questionnaires to RQIA post inspection. They were “very satisfied” regarding questions on “is care effective” in this setting. By this they meant they had got the right care, at the right time in the right place; staff knew their care needs, they were aware of their care plan and the care met their expectations.

One staff member returned a questionnaire to RQIA post inspection. They were “very satisfied” regarding questions on “is care effective” in this setting. By this they meant they believe that all services users had been assessed and were in the right place for their needs to be met, staff are kept informed of changes to service users care plans, referrals/treatment to/from other agencies and professionals was dealt with promptly, the service has good working relationships with other professionals/agencies.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to providing the right care, in the right place, in the right time and activities.

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. For example staff took time and care to promote service users independence and involvement during activities and when moving around the setting. Service users confirmed they were asked their opinion regarding what they wanted to do in day care daily and they commented they felt the staff knew what they were doing.

The service user’s meetings record was inspected and provided evidence the staff and service users met on average once a month and service users were being encouraged to be involved in the settings delivery of care and support. Any suggestions made were recorded and when possible actions were put in place to act on the suggestions.

The service users’ and relatives’ annual survey had been distributed and the responses were analysed by Age NI. However inspection of the surveys found one relative had suggested diaries were put in place to improve communication between the day centre and relative. They noted this could help the relative to prompt conversation about what the service users did in day in day care which is difficult due to the service user’s memory loss. This was not identified as an improvement in the report and not included in the action plan. The summary report of the surveys was identified for improvement during the last two inspections; and whilst improvement in the content of report was noted this suggestion was missed. This improvement is stated for a

third time. It should be noted the summary report for 2017 should also be revisited to ensure suggestions are noted and actions to improve the services are evidenced as considered.

During the inspection the staff was observed delivering a programme of activities to the service users. The staff worked with smaller groups to encourage service users' involvement and interest. The activities caused service users to laugh and talk freely with each other and the staff about the activity and their memories. Service users said they could speak to staff if they wanted to change anything or were not happy.

The inspection of this domain confirmed there were robust systems in place to promote effective communication between service users, staff and other professionals, however the staff must take care to use information they have to improve the service where possible.

Two relatives returned questionnaires to RQIA post inspection. They identified they were "very satisfied" regarding questions on "is care compassionate" in this setting. They identified they were treated with kindness; staff ensured they were respected, their privacy and dignity was maintained; staff informed them about their care; and staff supported them to make decisions about their care.

One staff member returned a questionnaire to RQIA post inspection. They identified they were "very satisfied" regarding questions on "is care compassionate" in this setting. They identified all staff treated services users with kindness, dignity and respect, all staff engaged with service users with warmth and consideration, care was delivered in a person centred, individual manner and not routinely, staff communicate with service users about their care and treatment in a manner which was understood, there was a culture of reporting any concerning practice and confidence that these concerns will be dealt with.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the ethos of the day care setting and listening to service users.

Areas for improvement

One area for improvement was identified in relation to the service user and relative's survey during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	1

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 would use to guide and inform their practice.

The complaints record was inspected and this showed no complaints had been recorded since 01 April 2016 to February 2018. The audit records were asked for and whilst the monitoring reports and a training plan was in place, more evidence of general audits should be in place in this setting. This was stated in the last QIP and is stated for a second time in the QIP for this inspection.

The Regulation 28 monthly quality monitoring visits had been undertaken monthly by the independent monitoring officer. The reports detailed visits included unannounced visits and the reports qualitatively reflected service users and staff views and opinions. The reports commented on the conduct of the setting and did not reveal any concerns that were outstanding.

The annual report was inspected the report was signed in March 2017 and commented on the matters listed in Schedule 3.

Discussion with service users revealed they knew who the manager, staff and the volunteers was who were working in the setting. They said they could speak to them if they had any concerns about the setting or their care.

The staff and volunteers were asked was the setting well led. They said they work well together and the management support was accessible from other managers in Age NI and the monitoring officer. They described they liked the way they worked together to develop ideas and improve the standards of care in this setting. The volunteer had experience of being a relative of a service user, they had wanted to help out because they said their relative had been "well cared for", they also said they had received "good support from staff" and could talk to the manager or staff if they had any concerns.

Two 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 knew who was in charge; the service was well managed; their views were sought about their care and quality of service; and they knew how to make a complaint.

Areas of good practice

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

Areas for improvement

One area for improvement was identified regarding some governance arrangements

	Regulations	Standards
Total number of areas for improvement	0	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 Michelle Quigley, 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	
Area for improvement 1 Ref: Regulation 30(1) Stated: First time To be completed by: 2 April 2018	<p>The registered person shall notify the new management arrangements for this setting to RQIA without delay</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: this has been completed.</p>
Area for improvement 2 Ref: Regulation 19 & Schedule 5 Stated: First time To be completed by: 2 April 2018	<p>The registered person shall improve the settings incidents, accidents and notifications record</p> <p>The record should be a chronological record of every incident or accident in the setting or if an incident or accident happens during day care setting outings. The record should detail any incidents or accidents, what action had been taken including any action to prevent reoccurrence and detail if other professionals or agencies were informed.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: systems are in place currently, this will be reviewed to ensure it meets regulation.</p>
Area for improvement 3 Ref: Regulation 13 (8) Stated: First time To be completed by: 2 April 2018	<p>The registered person shall put in place adequate arrangements to ensure the door between the residential home and day care setting is secure and strangers or residential staff do not wander in to use the day care setting facilities.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: this has been raised with the local Health Trust and will be monitored.</p>
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012	
Area for improvement 1 Ref: Standard 8.5 Stated: Third time To be completed by: 2 April 2018	<p>The registered person shall improve the summary of the annual questionnaire/survey. The summary should include an overview of feedback received and how this will be integrated into future delivery of the service, for example an action plan.</p> <p>This should be shared with service users and their representatives. The 2017 responses and report should be revisited to ensure all suggestions are considered for improvement. This should be forwarded to RQIA with the QIP.</p>

	Ref: 6.2 & 6.5
	Response by registered person detailing the actions taken: an action plan is currently attached to all annual quality plans. The 2017 plan will be forwarded directly to the Inspector.
Area for improvement 2 Ref: Standard 17.9 Stated: Second time To be completed by: 2 April 2018	The registered person shall improve the audit of working practices such as file audits, environmental audits or audits of infection prevention and control. Audits should evidence practice is focussed on effective and safe care; and consistent with the settings policies and procedures. Ref: 6.2 & 6.7
	Response by registered person detailing the actions taken: Audit forms are in place for each area of regulation and this will be discussed further with the Inspector.
Area for improvement 3 Ref: Standard 20 Stated: First time To be completed by: 2 April 2018	The registered person shall put in place arrangements that evidence safe recruitment practices have been undertaken for each member of staff who works in this setting. Ref: 6.4
	Response by registered person detailing the actions taken: All Age NI staff are recruited in line with current employment regulations.

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



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