

Unannounced Day Care Setting Inspection Report 19 December 2016



Age NI, Lisburn

Type of service: Day Care Service
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Inspector: Suzanne Cunningham

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Age NI, Lisburn took place on 19 December 2016 from 09:30 to 14:00 (hours).

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the day care setting was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

The inspection of two service users individual care files; staff records such as duty rotas, supervision and training; observations of the settings; discussions with service users and staff; and observations of care evidenced the care delivered was consistent with the settings statement of purpose and ethos. In conclusion the care and support provided was helping individuals to maintain independence, engage with each other in a social setting and take part in activities.

Overall the inspection of “is care safe” concluded the minimum standards inspected were met. Two areas for improvement were identified regarding: recording on the staff rota the staff member who is in charge of the setting in the absence of the registered manager; and the induction policy and procedure and induction pack should include an assessment of competency for all new staff.

Is care effective?

The inspection of service users individual care records, incident recording, discussion with the service users and staff concluded care was being delivered at the right time, in the right place, and with the best outcome. Individual care needs had been assessed and plans were in place to meet assessed needs.

Overall the inspection of “is care effective” concluded the minimum standards inspected were met. No areas for improvement were identified during this inspection.

Is care compassionate?

The inspection of records, observations of practice and discussions with staff and service users revealed that service users were being treated with dignity and respect. They were encouraged by staff to be involved in their day care and staff were observed communicating with service users in an appropriate manner.

Overall the inspection of “is care compassionate” concluded the minimum standards inspected were met. One recommendation is made to improve the annual survey report, this should include a summary of the findings and an action plan. The information collected should be used to improve day care in the future. This is a restated issue from the last inspection.

Is the service well led?

The discussion with staff revealed staff were clear regarding their roles and responsibilities and who they were managed by. Documents and records such as incident recording, complaints

recording, team meetings minutes, evidence of staff support and supervision meetings were in place and aimed to promote quality improvement in the setting.

Overall the inspection of “Is the service well led?” identified three areas for improvement which should be attended to ensure the minimum standards inspected are fully met. These are regarding review of the settings policies and procedures; improving audits of practices in the setting and completion of the annual report.

This inspection was underpinned by The Day Care Settings Regulations (Northern Ireland) 2007, the Day Care Settings Minimum Standards 2012.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	5

Details of the Quality Improvement Plan (QIP) within this report were discussed with Myrtle Johnston, 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.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 08 May 2015.

2.0 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: Myrtle Johnston	Date manager registered: 20 November 2009

3.0 Methods/processes

Prior to inspection we analysed the following records:

- The registration details of the day centre
- Information and correspondence received from the registered manager and Age Northern Ireland
- Incident notifications which revealed no incidents had been notified to RQIA since the last care inspection in May 2015
- Unannounced care inspection report 08 May 2015.

During the inspection the inspector met with:

- Registered manager
- One day care worker
- Six service users
- One relative.

Questionnaires were given to the staff on duty to distribute between service users, representatives and staff. No questionnaires were returned by service users, one was returned by a volunteer and two were returned from relatives.

The following records were examined during the inspection:

- Two service users care files
- A sample of service users' daily records
- Three complaints/issue of dissatisfaction recorded from 01 April 2015 to 31 March 2016
- The incidents and accidents records from March to December 2016
- The staff rota from November to December 2016
- Two individual staff files
- The minutes of three service user meetings (October, November and December 2016)
- Staff meetings held between September to November 2016
- Staff supervision dates for 2016
- Monthly monitoring reports from August to November 2016
- Staff training information for 2016
- A sample of policies and procedures relevant to safe, effective, compassionate and well led care
- Statement of Purpose
- Service Users Guide.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 08 May 2015

The most recent inspection of the establishment was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. This QIP will be validated by the care inspector at the next care inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 08 May 2015

Last care inspection statutory requirements		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</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>Action taken as confirmed during the inspection: Inspector confirmed all continence equipment was stored in a cupboard with a door and were accessible when required.</p>	Met
<p>Requirement 2</p> <p>Ref: Regulation 26 (2)</p> <p>Stated: First time</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"> • There must be a place provided for service user's coats to be hung up in this setting • 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 • The male staff member in the care home situated next door must not use the 	Met

	bathroom in the day care setting.	
	<p>Action taken as confirmed during the inspection: The coats had been hung up on service users arrival, the storage of items in the corridor had been improved.</p> <p>The manager had informed the residential home manager their staff cannot use the toilets when the day care setting is in use.</p>	
Last care inspection recommendations		Validation of compliance
<p>Recommendation 1</p> <p>Ref: Standard 18</p> <p>Stated: First time</p>	<p>The responsible person should make appropriate arrangements for the settings policy and procedure regarding continence promotion to be reviewed and improved.</p> <p>Specifically the policy and procedure should identify training needs for staff in day care, the policy must outline care plans must be informed by a professional assessment, the policy must explain how dignity is protected in the group care environment when staff are promoting the use of the toilet with someone who has impaired memory</p> <p>Action taken as confirmed during the inspection: The policy and procedure was available and had been up dated at the time of inspection.</p>	Met
<p>Recommendation 2</p> <p>Ref: Standard 5.2</p> <p>Stated: First time</p>	<p>The registered manager should make appropriate arrangements to improve the continence promotion care planning for each service user. Care plans should be informed by a professional assessment of each individual service user.</p> <p>Action taken as confirmed during the inspection: The care plans were available and had been up dated at the time of inspection.</p>	Met
<p>Recommendation 3</p> <p>Ref: Standard 21.4</p> <p>Stated: First time</p>	<p>The responsible person must make appropriate arrangements for staff in this setting to increase their knowledge and skills regarding continence promotion and care.</p> <p>It would be good practice for staff to receive training in continence promotion and support; including information regarding assessments and products.</p>	Met

	<p>Action taken as confirmed during the inspection: The staff had received continence training in December 2015; training records were available and up to date at the time of inspection.</p>	
<p>Recommendation 4 Ref: Standard 8.5 Stated: First time</p>	<p>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.</p> <p>This should be shared with service users and their representatives.</p> <p>Action taken as confirmed during the inspection: The latest survey was dated 2015/2016 included an overview of feedback but not an action plan. This recommendation is restated.</p>	Partially Met
<p>Recommendation 5 Ref: Standard 9.1 & 9.2 Stated: First time</p>	<p>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.</p> <p>Action taken as confirmed during the inspection: One staff member had received training regarding arm chair aerobics so this could be delivered as part of the activity programme at the time of inspection.</p>	

4.3 Is care safe?

The review of the staff rota recorded for November and December 2016 evidenced the record detailed the staff and volunteers working. The registered manager discussed they had been absent due to sickness prior to this inspection however, the record did not show the absence or who was covering the manager's role and responsibilities in her absence. A recommendation is made to improve the record in this regard.

The staffing arrangements were discussed with the staff member on duty. They described roles and responsibilities are discussed each morning to ensure safe delivery of care. If the manager is absent the staff member confirmed they assume responsibility for managing the setting in her absence. Discussion with the manager and staff member confirmed they were aware of each individuals needs in the setting on the day of the inspection. Observation of care revealed they were safely responding to the group and individual needs between them.

The manager is a qualified nurse and has appropriate qualifications and experience to be the manager in a day centre for people who have a diagnosis of dementia. The day care worker's record detailed they were experienced in the caring role. An assessment of their competency to act up in the manager's absence had been completed and reviewed in 2016. This provided assurance they were competent and willing to act up in the manager's absence.

The induction programme for staff and volunteers was discussed with the manager. Whilst no new staff had commenced in the setting since the last inspection, a review of the process revealed the current induction documents did not include an assessment of competence, such as the Northern Ireland Social Care Council (NISCC) induction standards. Assuring staff are competent and capable to undertake their role and responsibilities is key to ensuring safe care is delivered in the day care setting. Competence is also described in standard 21.1. Therefore a recommendation is made to include an assessment of competency in the induction of all staff.

The incident and accident records were inspected. The records received by RQIA were cross referenced with a sample of the centres records. This did not identify any incidents which had not been reported to RQIA or any gaps in planning to prevent reoccurrence.

There was a range of systems in place to ensure that unnecessary risks to the health, welfare and safety of service users were identified, managed and where possible eliminated. For example the centre had been kept clean and tidy; hygiene was promoted using notices and resources.

The front door was locked which could be viewed as a restriction. However the service users and/or relatives were agreeable to this to protect the safety of the service users who may wander out without alerting staff. The locked door was viewed as the least restrictive measure the staff could put in place to meet the service user's need for a safe environment. The service users could access an outside garden space independently if they wanted to from the door in the main activity room.

Service users were observed communicating with staff freely, they said they could talk to the staff and they liked being the centre as it got them out of the house.

One relative discussed examples of safe care in the setting and said the care was "absolutely" safe. They identified their relative had liked to walk and pace. They described staff stayed with them to ensure they were safe when walking.

Two relatives returned questionnaires, they identified they were very satisfied with the safe care of their relative in the setting. They stated their relative is safe and protected from harm, they could talk to staff, the environment is suitable to meet their relative's needs and they would report concerns to the manager.

Staff discussed safe care with the inspector and said they planned to ensure safe care on transport, for example being aware and responding to who needs assistance and ensuring support is provided in a safe and dignified way. The staff described their procedure for responding to vulnerable adult concerns. This confirmed staff were well informed regarding their role and responsibility to identify concerns, reporting the concern to the trust and their manager, review how they meet the service user's needs in the setting and on transport and continuing to observe the service user for any further signs of abuse or need.

One volunteer returned a questionnaire to RQIA post inspection. They stated they were satisfied care was safe in the setting. They identified the care was safe because there are risk assessments and care plans in place for service users, they would report bad practice and they receive support to fulfil their roles and responsibilities.

Areas for improvement

Two areas of improvement were identified when inspecting is care safe? Two recommendations were made regarding recording on the staff rota the staff member who is in charge of the setting in the absence of the registered manager; and an assessment of competency should be included in the induction of all new staff.

Number of requirements	0	Number of recommendations	2
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4.4 Is care effective?

The inspection of two service users individual care records provided evidence that the day care setting had effectively planned to meet the assessed needs of the service users. Observation of care showed service user care plans were being put into place by staff in a gentle, encouraging way that protected the dignity and safety of each individual service user. For example staff anticipated and subtly helped service users with eating, personal care needs and engaging with the activities.

Discussion with service users provided assurance they were taking part in activities of their choice. Observation revealed the activities undertaken were encouraging each service user to use their skills and abilities. Staff assisted service user's involvement by providing one to one care when necessary. The care plans inspected described the service user's needs for personal care and detailed how their needs should be met in the day care setting, including the service users preferences.

The care records inspected had been maintained in line with the legislation and best practice guidance. There was evidence care records had been updated and reviewed by the manager. The service users individual care records included risk assessment information and planning documents which detailed how the health and well-being needs of the service users should be met.

Discussion with staff regarding implementation of the care plans provided assurance they knew each individual's needs and plan. The staff explained when new service users had commenced their placement the staff had reviewed the assessment and care plan together. This had ensured they were alert to new risks, changing needs in the group; and agree how best to meet them together.

Review of the arrangements in place to monitor and review the effectiveness and quality of care delivered to service users revealed the monthly monitoring visits, service user reviews, team meetings and staff supervision were the processes in place that had reviewed was care effective. These processes had not identified any concerns regarding effective care in this setting.

The staff discussed they work together to ensure information recorded is up to date, they take part in mandatory training and training relevant to the service users' needs and will revise care plans as necessary. One example was a service user who no longer needed to use a rolator in

the setting. The transport assessment and care plan was reviewed with the service user and representative immediately to ensure their independence was supported and encouraged.

The volunteer questionnaire returned to RQIA identified they were satisfied the care in this setting was effective. They identified care plans informed the care provided, monitoring of quality is in place and that staff respond to service users in a timely manner.

The two relative questionnaires identified they were very satisfied the care is effective in this setting. They identified their relative gets the right care, at the right time, in the right place. They also identified they were satisfied with communication with staff, their awareness of their relative's needs, preferences and choices and that these were incorporated into the care they receive and that they were involved in their relative's annual review.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.5 Is care compassionate?

This day centre meets the needs of service users who are older people and may have a diagnosis of dementia. Some service users require more intensive staff support than others. In spite of the range of needs and support required staff were observed encouraging all service users to remain active, promoting independence and to enjoy the activity. Staff were observed communicating warmly and respectfully with the service users to promote involvement. When service users chose to do something else, this was facilitated by staff. The staff presented as familiar with their role in the activity and they gently sought service user feedback to ensure they were enjoying the activity and were getting the right level of support. These examples provided evidence that staff promote the values of dignity and respect, independence and choice consent when supporting service users in this day care setting.

Discussion with staff and review of records confirmed the staff met with service users monthly. The minutes revealed they had discussed what they had done in the setting and service users' opinions regarding food and activities. The service users and representatives/relatives had taken part in a survey in 2016 regarding their views about the care they had received. This did not generate any concerns or complaints. It was noted the findings did not include an action plan of how this information will be used to improve day care in the future. A recommendation is restated in this regard, which should further improve the service users' views influencing their care and support.

Observation of service users taking part in activities concluded their participation was good. Service users received support in a timely manner which supported their involvement in the activity. Observation concluded the small size of the service user group, the staffs caring approach and their knowledge of each service user promoted the service users participation.

Discussions with service users revealed they felt positive about coming to the day care setting. They said coming to Laurelhill gets them "out of the house" and means they "don't have to look at the four walls". One service user said "we enjoy it" and others agreed. Another said "it's nice to get food and be with others. Finally they all agreed the lunch and refreshments were great value and at that price couldn't be sourced anywhere else.

The discussion with a relative revealed the communication between staff and them was very good. After each day the relative was informed regarding what had happened in day care, what they had eaten and information regarding their wellbeing. They said staff were observant, caring and excellent.

The two relative questionnaires reported they were very satisfied regarding the compassionate care in the setting. They identified their relative was treated with dignity and respect and involved in decisions affecting their care. Their relative is treated well and they were consulted regarding decisions.

The volunteer questionnaire identified they were satisfied service users are cared for compassionately. They stated the service users are treated with dignity and respect, encouraged to be independent; and their views were sought and acted upon at a level that they can be.

Areas for improvement

One area for improvement was identified regarding the annual survey report which should include an action plan so information collected can be used to improve day care in the future. This is a restated issue from the last inspection.

Number of requirements	0	Number of recommendations	1
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4.6 Is the service well led?

The inspection of arrangements in the day care setting provided evidence that effective leadership and management arrangements were in place to deliver care. For example the statement of purpose described how the setting delivers day care safely, effectively and compassionately; and the details of the staff team. The staff training records evidenced staff had received mandatory training and training specific to the needs of the service users in this setting. Discussion with staff confirmed they have regular staff meetings, access to policies and procedures and receive quarterly staff support such as supervision meetings.

The review of the staff policies and procedure file revealed many policies were due for review. A recommendation is made for the organisation to review all day care setting policies and procedures to ensure they are current, responsive to the most recent legislation and guidance, are available, guide staff in providing safe, effective and compassionate care; and ensure service users' needs are met in the day care setting.

The complaints record revealed there had been three complaints or issues of dissatisfaction recorded in this setting since March 2015. The complaint records described the investigation, outcome and that service users were satisfied with the outcomes achieved. The processes used were consistent with the settings policy and procedure. No outstanding issues or concerns were identified.

The inspection of well led care sought evidence of governance arrangements that were in place which evidenced the delivery of care was safe, effective and compassionate. Audits should document that care is being reviewed or audited, and that the audits are focussed on promoting effective and safe care of the service users attending the setting. Other than the monitoring reports and individual service user reviews there was no evidence of other audits such as file audits, environmental audits or audits of infection prevention and control. To ensure practice is

effective and safe audits arrangements should be improved. A record should be available for inspection of each audit undertaken. A recommendation is made to improve practice in this regard.

The annual report was not available for inspection and the manager had not completed one or seen one completed by anyone else in the organisation. A requirement is made for this annual report to be completed for 2016. This should be sent to RQIA with the returned QIP.

The working relationships between the staff, volunteers and management were reviewed through discussions, review of the minutes of staff/team meetings and analysis of questionnaires. This revealed there was arrangements in place for staff to get support from the manager such as supervision, open door access to management as required, and morning discussion/ team meetings. The feedback and observations confirmed the registered manager was effectively responding to staff support needs.

One volunteer questionnaire identified they were satisfied the service was well led. They responded the service was managed well, monitored, and communication between the staff and management was effective.

The two relatives questionnaires stated they were very satisfied the service was well led. They identified the service was managed well; staff and the manager were approachable, professional and caring. They were informed about the complaints process and they had a copy of the service user's guide.

Discussion with one respondent, at their request, revealed they hold the manager, staff and volunteers who work with their relative in the highest regard. They were complimentary regarding the effectiveness of the communication with staff. They gave an example of when staff had effectively planned and organised to adapt to the service user to a new routine and changing needs. They concluded this day care setting is "a very personal service that is caring and supportive" of the service user and extended family.

Areas for improvement

Three areas of improvement were identified regarding review of the settings policies and procedures; improving audits of practices in the setting and completion of the annual report

Number of requirements	1	Number of recommendations	2
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Myrtle Johnston, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Day Care Settings Regulations (Northern Ireland) 2007.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Day Care Settings Minimum Standards 2012. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to day.care@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Statutory requirements	
Requirement 1 Ref: Regulation 17.1 & Schedule 3 Stated: First time To be completed by: 13 February 2016	<p>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.</p> <p>Response by registered provider detailing the actions taken: The annual report has been completed and is attached as requested.</p>
Recommendations	
Recommendation 1 Ref: Standard 8.5 Stated: Second time To be completed by: 13 February 2016	<p>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.</p> <p>This should be shared with service users and their representatives.</p> <p>Response by registered provider detailing the actions taken: The annual survey has been updated and includes an action plan.</p>
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>Response by registered provider detailing the actions taken: Staff rota includes names of all staff on duty and their roles.</p>
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>Response by registered provider detailing the actions taken: Induction policy has been reviewed and all staff are inducted in line with NISCC induction standards.</p>

<p>Recommendation 4</p> <p>Ref: Standard 18.5</p> <p>Stated: First time</p> <p>To be completed by: 13 February 2016</p>	<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>Response by registered provider detailing the actions taken: All day care policies and procedures were reviewed and updated in April 2016 with some being amended after this date. a copy of all updated policies and procedures are held in each centre</p>
<p>Recommendation 5</p> <p>Ref: Standard 17.9</p> <p>Stated: First time</p> <p>To be completed by: 13 February 2016</p>	<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> <p>Response by registered provider detailing the actions taken: A revised format has been put in place for audit of all service user records, this record will be held in front of each service user file.</p>

Please ensure this document is completed in full and returned to day.care@rqia.org.uk from the authorised email address



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