

# Unannounced Care Inspection Report

## 18 September 2017



## Pavestone Centre

**Type of Service: Day Care Setting**  
**Address: 6a Rugby Avenue, Coleraine, BT52 1JL**  
**Tel No: 02870347875**  
**Inspector: Dermott Knox**

[www.rgia.org.uk](http://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 with 60 places for people who may have needs in one or more of a range of conditions or disabilities including, stroke recovery and rehabilitation, physical disability, mental ill health, sensory impairment or a learning disability. The service supports people in re-engaging with productive activities and work skills.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Northern HSC Trust  <b>Responsible Individual(s):</b> Dr Anthony Baxter Stevens	<b>Registered Manager:</b> Ms Rhoda Baxter
<b>Person in charge at the time of inspection:</b> Mr Stephen Smith, Senior Support worker	<b>Date manager registered:</b> 29 January 2014
<b>Number of registered places:</b> 60 - DCS-SI, DCS-MP, DCS-MP(E), DCS-PH, DCS-PH(E), DCS-LD	

### 4.0 Inspection summary

An unannounced inspection took place on 18 September 2017 from 10.30 to 17.00.

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

Evidence of good practice was found in relation to care planning, care records, service user involvement in decision making, promotion of productive and meaningful activities, staff training, monitoring the service, maintenance and development of the premises and outdoor areas.

Three areas identified for improvement are: -  
 the need to review the staffing levels in the centre,  
 the need for an automated door to and from the gardens, to facilitate those with mobility aids,  
 provision of adequate storage space for mobility aids.

Service users said:

- “Pavestone makes a big difference to my life, I love it here.”
- “This place is something to look forward to; everyone has a job to do and ownership of that job.”
- “Before I started coming here, I could hardly be persuaded to leave the house. Now I feel much more confident, I have made some good friends and I have developed the ability to make things that I never would have imagined I could do.”

The findings of this report will provide the day care service with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users’ experience.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	2

Details of the Quality Improvement Plan (QIP) were discussed with Mr Stephen Smith, Senior Support Worker, as part of the inspection process and further, with Ms Rhoda Baxter, Registered Manager, by telephone, following the inspection. 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 14 December 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 14 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:

- Record of notifications of significant events
- Record of complaints
- Inspection report from the previous inspection on 14 December 2016
- The RQIA log of contacts with, or regarding Pavestone Centre

During the inspection the inspector met nine service users in their groups and spoke with three individually. Three day care staff were interviewed individually and brief discussions were held with catering and domestic staff members. No visiting professionals or service users' visitors/representatives were available on the day of the inspection. Time was spent with two of the indoor groups and with several service users working in the gardens. Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The following records and documents were examined during the inspection:

- The Statement of Purpose
- The philosophy of Pavestone Centre
- Minutes of three staff meetings held in November 2016 and February and June 2017
- Reports of three monitoring visits for May, June and July 2017
- Record of complaints
- Record of Incidents and Accidents/ DATIX records dating back to 27 September 2016
- Four service users' files, including assessments of need, intervention plans and review records

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not 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 14 December 2017

The most recent inspection of the day care service 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 14 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
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 28  <b>Stated:</b> First time	The registered person shall ensure that monthly monitoring visits are undertaken with a copy of the written report retained within the centre.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Monitoring visits had been completed as required and reports of these were available for each month since the previous inspection.	
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> Second time	With regards to service users' views and opinions; the registered manager should ensure an evaluation report is completed regarding Pavestone Centre's annual service users survey. It should incorporate:	<b>Met</b>
	<ul style="list-style-type: none"> <li>details of the action taken in response to issues raised by service users from the</li> </ul>	

	<p>previous years' survey</p> <ul style="list-style-type: none"> <li>a copy of this report is made available or shared with service users and records are made of when this occurred.</li> </ul>	
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>A copy of the relevant report had been received by RQIA and had been shared with service users in February 2017.</p>	
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 13.1</p> <p><b>Stated:</b> First time</p>	<p>The registered provider should ensure that review and revision of the adult safeguarding policy/procedure is undertaken to reflect the new DOH regional policy including the named adult safeguarding "champion".</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The registered manager confirmed in writing to RQIA that this area for improvement was completed.</p>	
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 25.3</p> <p><b>Stated:</b> First time</p>	<p>The registered provider should request an assessment from the NHSCT estates department regarding assessment of the suitability of installing an automatic door opening device to allow independence for one service user.</p>	<b>Met</b>
	<p>Discussion with the service user regarding how best to meet the identified need for timely access to the dining room is recommended.</p>	
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>An electric door opening device had been installed and staff confirmed the value of this to service users.</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.**

Pavestone Centre premises were well maintained and in good decorative order. While there are a number of identified, potential hazards for service users or staff, in relation to the handling of materials and tools in production of the various items which the centre sells, risk assessments have been carried out and procedures introduced in order to minimise the risks. Coping with identified risks and undertaking productive, employment related tasks are important constituents of the meaningful programmes in which service users engage.

The ratio of staff to service users was significantly reduced following an audit in 2014, resulting in a reduction of almost 25% in the day care staffing. The woodwork room could no longer be staffed regularly and the fibre room staffing was reduced by 20%. Each activity in the centre is now staffed by one person, sometimes with a group of service users numbering 10 or 11 people. Three of the activity rooms are staffed by one Band 3 staff member, working alone, and two rooms by a Band 5 staff member. Other than the manager and a driver who has caring duties, there is no additional cover for staff who may need to assist a service user with personal care or individual health and wellbeing needs. The manager provided statistics to show that service user attendances at the centre increased by 25% between 2009 and 2016.

Regulation 20(1) (a) of The Day Care Setting Regulations (Northern Ireland) 2007, requires the registered person to, “ensure that at all times suitably qualified, competent and experienced persons are working in the day centre in such numbers as are appropriate for the care of service users.”

Evidence presented at this inspection indicates that the registered provider may no longer be operating in compliance with this regulation and must carry out a review of the needs of service users attending the centre and the staffing necessary to meet these needs safely and effectively.

The centre has a range of activity rooms of varying sizes, all, except for the woodwork room, constantly in use for group activities, and the dining room is regularly used to accommodate art groups. With the increasing number of service users having mobility aids, the centre is faced with the problem of finding adequate storage space for these during the day and adequate safe space for them on the transport vehicles. It is recommended that the provider should assess the options for providing additional storage space to address these matters.

Improvement work on the outdoor areas is continuous, as service users are developing gardening skills. A senior support worker conducted a tour of the garden areas, pointing out the recent and planned improvements that will make the garden safer and more attractive for everyone to use. All staff members expressed strong commitment to their work with service users, which, they confirmed, is enjoyable and fulfilling. New staff undertake a detailed induction programme, as do students who are accepted on placement on a regular basis and volunteers, currently four, who assist at various times throughout the week.



Safeguarding procedures were understood by staff members who were interviewed, who confirmed that they would report poor practice, should they identify it. All expressed the view that practice throughout the centre was of a high quality, that team members worked well together and that they have confidence in the practice of all members of the staff team in their work with service users. There were systems in place to ensure that risks to service users were assessed regularly and managed appropriately and this included inputs by community based professionals, service users and, where appropriate, a carer.

Risk assessments with regard to transport, mobility, or other areas, specific to an individual, were present where relevant and each one had been signed as agreed, either by the service user or a representative. Staff members were observed interacting sensitively with service users and being attentive to each person's needs. Observation of the delivery of care, throughout the period of the inspection, provided evidence that service users' needs were being met safely by the staff on duty.

During the inspection visit, several service users spoke positively of their enjoyment of attending the centre and confirmed that they felt safe and well cared for in the premises and in the transport vehicles. Staff presented as being well informed of the needs of service users and of methods of helping to meet these needs safely. Service users' rights and feelings, and the methods available to them of raising a concern or making a complaint were set out in the service user guide and information had been provided for service users to help them understand and use the procedures for making their views known to staff. The monitoring officer includes safety checks and audits in each monthly visit, reports of three of which were examined. One senior support worker has specific responsibility for ensuring that all fire safety measures have been carried out as scheduled. Fire alarm systems checks were carried out and recorded on a weekly basis and fire exits were seen to be unobstructed.

The manager and staff endeavour to ensure that the identified risks for service users are assessed and well managed. It is a matter of concern that, in recent years, staffing has been reduced while service user attendances have increased and the presenting needs of a number of service users are reported as demanding more intensive staff attention.

### **Areas of good practice**

Examples of good practice found throughout the inspection included, implementation of safety procedures, staff training, empowerment of service users, adult safeguarding, infection prevention and control, risk assessments and the home's environment.

### **Areas for improvement**

The registered provider must carry out a review of the needs of service users attending the centre and the staffing necessary to meet these needs safely and effectively and ensure that the staffing complement in the centre complies with Regulation 20(1)(a).

A shortage of storage space was reported as problematic for the centre, particularly for keeping mobility aids out of the way, when they were not in use. These have the potential to create trip hazards and the provider should assess the options for resolving this matter.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	1



## 6.5 Is care effective?

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

Four service users' files were examined and each was found to contain detailed referral and assessment information on the individual and on his or her functioning, along with a written agreement on the terms and schedule of the individual's participation. Care planning information was termed the "Intervention Plan" and set out the essential information in a clear format. Each file included a review preparation report, informed by progress notes and including the service user's views. Records of annual review meetings for each person demonstrated that an evaluation of the overall suitability of the placement had been discussed in detail and agreed.

Intervention plans clearly reflected the support and assistance required by the individual to achieve his or her goals or objectives. The content of each person-centred intervention plan was appropriately derived from the referral and assessment information, which was available on file. A daily timetable for each person identified the programme related activity for that day. In some cases a service user might stick to one activity because it suited his or her needs specifically, while another person would participate in more than one area of interest, in parallel. There are six main work related activities in the centre, all producing useful products, several of which are income generating. All work is carried out at the pace that is best suited to the service users' abilities and motivation.

Each of the files examined contained risk assessments appropriate to the individual service user and to his or her activity schedule, making the risks clear for staff involved in specific aspects of the work with that person. A record was kept of each service user's involvement and progress at the centre and entries were made in proportion to the frequency of attendance of the individual. Dates and signatures were present in all of the files examined.

The premises are spacious, on one floor, allowing relatively easy movement throughout the building. Following the previous inspection one doorway was automated for the convenience of service users who have a mobility restriction. Due to the current interest and involvement in gardening of a service user who has a powered wheelchair, it is now recommended that the rear exit door to the garden area should also be automated to facilitate this person's independent movement to and from his preferred activity. There is good outdoor space, including a large, attractive garden area, in which garden furniture and raised plant beds are designed to facilitate the involvement and enjoyment of service users to sow and tend mostly vegetables. Several service users take a particular interest in gardening and have expanded their knowledge and enjoyment of this activity, with the support of staff, who encourage their learning and self-reliant decision making.

Service users spoke about their experiences of participating in the centre's activities and all were positive about the benefits they gained from these. Activities included arts and crafts such as knitting, papier-mache work, pottery, mosaics, candle making and gardening. The centre's records show that, in the year 2016-17, eight service users were enabled to return to full-time employment in the community, while seven returned to part-time employment. This is an encouraging and commendable outcome.

Two service users completed RQIA questionnaires following the inspection and both were entirely positive about the care and the service provided in Pavestone Centre. Comments included:

- “I like to know that we are producing things that people want to buy”
- “Choice of activities but restricted to the group I’m in.”

Two completed questionnaires were returned by staff members who also indicated high levels of satisfaction with the service Pavestone provides. The evidence indicates that the care provided in Pavestone Centre is effective in terms of promoting each service user’s involvement, development, enjoyment and wellbeing and in enabling the return of eight people to some degree of employment.

### Areas of good practice

Examples of good practice in effective care were found throughout the inspection in relation to assessments of needs, care/intervention planning, employment related experiences, care records, reviews of placements, audits, communication between service users, staff and other key stakeholders and the promotion of fulfilling and job related opportunities for service users.

### Areas for improvement

There is a need to further promote the independence of service users, who have a physical disability and mobility difficulties, by installing an automated door from the building to the gardens, at the rear of the premises.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

#### 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 Pavestone Centre was welcoming and purposeful and service users were greeted warmly by their friends and by staff members. Observations of interactions throughout the day provided evidence of service users relating positively to staff and to each other and all were engaged by staff with respect and encouragement. Service users were assigned to specific groups and activities in both morning and afternoon sessions. Four service users met individually with the inspector while they were engaged in making, or decorating clay pots. They confirmed that staff consult with them regularly and encourage them to take a full part in developing their plans for day care. Activity programmes are organised with each individual’s agreement and service users contributed positive comments on its value to them. Staff demonstrated an understanding of each service user’s needs as identified within the individual’s referral records, assessments and his or her intervention plan.

Systems in place to ensure that the views and opinions of service users were sought and taken into account included service user meetings at least quarterly, an annual quality survey of service users, the monitoring officer's monthly sampling of service users' views and daily discussions with service users in groups or individually. Discussions with service users and staff members and examination of service users' records, provided evidence of a strong focus on involving and empowering people to contribute to decisions about the ways in which they are supported. Preparation for each person's annual review included a meeting with the key worker to discuss and complete a pre-review form regarding the value of attending the centre and the 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 excellent detail in all three of the monthly monitoring reports that were reviewed. Each person's progress notes reflected the constructive relationships and interactions observed during the inspection. Staff members' comments and actions, along with the views expressed by service users, confirmed that compassionate care was being provided consistently in Pavestone Centre.

### 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, facilitating service users' involvement in both learning and leisure interests and maintaining records of activities. From observations in two of the work groups, there were many examples of warm and compassionate interactions between staff and service users.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

#### 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

At the beginning of the inspection a Senior Support Worker provided information on the operation of the centre and presented a range of documentary evidence to inform the inspection's findings. The manager was available briefly at the conclusion of the inspection and further feedback discussion took place by telephone two days later.

Pavestone Centre and the NHSCT have systems in place to ensure that staff are well-informed on the responsibilities of their roles and the expected standards of practice. There was evidence from discussions and from the minutes of staff meetings to confirm that working relationships within the staff team were supportive and positive. Staff meetings are scheduled on a quarterly basis, usually taking place in the morning of a closure day, when the bulk of the day is used for training purposes.

Service users in the centre stated that the service was well organised and staffed by “very supportive and kind staff”. These views were supported by the written records of service users’ meetings and in the report of a Review of Service, produced on 19 June 2017, under the headings: “Product, Place, Promotion, Price and People”.

During each monthly monitoring visit, the views of a sample of service users and staff were sought and their comments were included in all three of the monitoring reports examined, which were for May, June and July 2017. Monitoring reports showed that all of the required aspects of the centre’s operations were checked, with action plans completed to ensure that identified, necessary improvements would be addressed within a specified timescale. Records of discussions with service users were especially well detailed, indicating that the monitoring officer gave considerable time to this part of the monitoring task. One of the two Occupational Therapists, who are based in the centre and who work with many of the service users, told the monitoring officer, “I am happy in my job and I enjoy working with this staff team.”

There was evidence in records and from discussions with staff members to verify that staff training was well planned and delivered in a way that enabled staff members to implement their learning in day to day practice. Day care staff had all been trained in ‘Systematic Instruction’, to develop the knowledge and skills required for training service users in employment related activities. Supervisory staff were knowledgeable and enthusiastic on the subject of staff’s development and this had a positive influence on the work of team members and on the overall team morale.

Discussions with staff confirmed that staff meetings had been held quarterly and that staff had quarterly supervision. Overall, the evidence available at this inspection confirmed that the registered manager was effectively supporting and motivating staff and was promoting a culture of continuous improvement within the team. The service is well led.

### Areas of good practice

Examples of good practice were found throughout the inspection in relation to promoting fulfilment for service users, continuous quality improvement, governance arrangements, management of complaints and incidents, staff supervision and appraisal, staff training and maintaining good team-work and relationships.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 Mr Stephen Smith, Senior Support Worker, as part of the inspection process and with the registered manager, Ms Rhoda Baxter, by telephone following the inspection. 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 assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 20(1)(a)  <b>Stated:</b> First time  <b>To be completed by:</b> 31 December 2017	<p>The registered provider shall carry out a review of the needs of service users attending the centre and the centre's staffing to ensure that at all times suitably qualified, competent and experienced persons are working in the day centre in such numbers as are appropriate for the care of service users.</p> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b>  The inspectors perception of staffing in the centre unfortunately has not included the two OTs and the OT technician who are part of the team on duty and daily staffing levels are reviewed by the manager to ensure they reflect the numbers and dependancy levels. The Trust can confirm that there is currently a review of Day Care taking place within the Trust and the manager of Pavestone is a member of the steering group.</p>
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard E7  <b>Stated:</b> First time  <b>To be completed by:</b> 31 December 2017	<p>The registered person shall further promote the independence of service users by installing an automated door to and from the gardens, at the rear of the premises.</p> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b>  A Minor Works Request has been sent to the NH&amp;SCT Estates Department to have electronic opening device to back door &amp; linked to fire alarm. This is currently on the waiting list for funding.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 25.3  <b>Stated:</b> First time  <b>To be completed by:</b> 30 November 2017	<p>The registered person shall assess the needs and associated risks relating to storage space for mobility aids and make provision as necessary.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b>  A storage facility is being considered in conjunction with the Estates Department and the Fire Officer to determine what is going to be feasible and appropriate to meet the need.</p>

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



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