

Unannounced Care Inspection Report 22 August 2018



Pavestone Centre

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

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a Day Care Setting with 60 places that provides care and day time activities for people who have a disabling condition, including those who have sensory impairments, mental ill health, physical disability or a learning disability.

3.0 Service details

Organisation/Registered Provider:
Northern HSC Trust

Responsible Individual(s):
Dr Anthony Baxter Stevens

Registered Manager:
Ms Rhoda Baxter

| | |
|---|--|
| Person in charge at the time of inspection: Mr Stephen Smith, Senior Support Worker | Date manager registered: 29 January 2014 |
| Number of registered places: 60 - DCS | |

4.0 Inspection summary

An unannounced inspection took place on 22 August 2018 from 10.40 to 16.30.

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

Evidence of good practice was found in relation to staffing, organising, information sharing, involving service users constructively, care planning, record keeping, promoting fulfilment and governance.

Areas requiring improvement were identified with regard to the regularity of formal supervision.

Service users said:

- “I’d never tried pottery before I came here and I find it really relaxing and satisfying.”
- “I’ve worked a lot in the wax room and I was encouraged to develop new ideas and to experiment.”
- “All the staff are good and very helpful.”

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 |
|--|-------------|-----------|
| Total number of areas for improvement | 2 | 1 |

Details of the Quality Improvement Plan (QIP) were discussed with Mr Stephen Smith, Senior Support Worker, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 18 September 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 18 September 2017..

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.
- Quality Improvement Plan from the previous inspection on 18 September 2017.
- The RQIA log of contacts with, or regarding Pavestone Centre.

During the inspection the inspector met with:

- seven service users in group settings and two people individually
- two day care staff in individual discussions
- one administration staff
- one Occupational Therapist who is based in the centre
- the senior support worker throughout the inspection

Ten questionnaires were left with the person in charge, to be distributed to service users. Nine completed questionnaires were returned to RQIA, six from service users and three from relatives of service users.

The following records were examined during the inspection:

- File records for three service users, including assessments and review reports.
- Progress records for three service users.
- Activity programmes and timetables.
- Monitoring reports for the months of January, February, March and April 2018.
- The Annual Quality Review report dated 9 May 18.
- Records of two service users' meetings.
- Selected training records for staff.
- Records of staff supervision dates.
- The Statement of Purpose.
- The Service User Guide.
- Pavestone Centre Service Guide.
- Daily staff duty record sheets.
- Records of complaints, including outcomes.
- Records of incidents and accidents.

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 18 September 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 18 September 2017

| 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 |
| Area for improvement 1 Ref: Regulation 20(1)(a) Stated: First time | 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. Ref: 6.5 | Met |
| | Action taken as confirmed during the inspection: A review of day care services within the Northern HSC Trust concluded that twenty additional staffing hours per week were required in Pavestone Centre. This additional provision has now been increased to thirty hours per week. At the time of the previous inspection the OT Technical Instructor post was vacant and this has since been filled. | |

| Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012 | | Validation of compliance |
|---|--|---------------------------------|
| Area for improvement 1 Ref: Standard E7 Stated: First time | 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. Ref: 6.5 | Partially met |
| | Action taken as confirmed during the inspection: The person in charge stated that, although the automated door has not yet been installed, the Trust's Estates Dept. has carried out the preliminary assessment for this job and measurements have been taken. | |
| Area for improvement 2 Ref: Standard 25.3 Stated: First time | The registered person shall assess the needs and associated risks relating to storage space for mobility aids and make provision as necessary. Ref: 6.4 | Met |
| | Action taken as confirmed during the inspection: The person in charge explained that a number of potential solutions to this problem have been assessed and that a decision has been agreed as to how the storage can be improved. The work is now planned to include a number of service users in its construction. | |

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, with no obvious hazards for service users or staff. There is an outstanding area for improvement with regard to automation of an exit door to the gardens to provide independent access for a number of service users who have a mobility limiting condition. We were informed that the Trust's Estates Department has assessed the job and that it is now awaiting the allocation of funds to have the work carried out.

Services are provided in the centre in several groups, operating in five main activity rooms which are suited to the size of the group and the nature of the specific activity. These are referred to in the centre's information booklet as: Clay Workshop; Paper Workshop; Fibre Workshop; Wax Workshop and Wood Workshop. We were informed that the number of activities, on offer simultaneously, is limited to those that can be directly led and supervised by a staff member. During the current absence of the registered manager, the two senior support workers are more heavily committed than is usual to management of the facility. However, service users told us that they are able to participate in the activities of their choice most of the time, with the help of temporary staff.

The person in charge and other staff members, who met with the inspector, confirmed that they have confidence in the practice of all members of the staff team in their work with service users. All staff members expressed strong commitment to their work with service users and confirmed that the work is enjoyable, challenging and rewarding. Staff described the range of interests and activities that they each supported service users to develop. There was evidence in training records that all staff had been trained appropriately for their specific areas of responsibility.

Safeguarding procedures were understood by staff members who were interviewed. All confirmed that practice throughout the centre was of a high standard and that they were trained to respond appropriately in all aspects of their work. Safeguarding training had been provided for all staff and was identified in the training records for 2017--18. One staff member demonstrated the use of the computerised training records, explaining how this would alert the management team to any overdue training for each individual staff member.

The person in charge confirmed that fire precaution systems checks were carried out and recorded on a daily, weekly, or monthly basis, as appropriate and fire exits were seen to be unobstructed. Fire Safety training for all staff was up to date. The centre's Fire Safety Log is routinely checked by a senior manager with governance responsibilities for the service. Risk assessments with regard to transport, mobility, food textures and other matters relevant to the service user had been signed as agreed, either by the service user or a representative. The monitoring officer carries out regular audits of a range of the centre's operations, including the Fire Safety Log and findings are presented monthly in the registered provider's monitoring reports.

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. One complaint, related to an environmental issue, had been received within the period since the previous care inspection. Records indicated that the complainant was fully satisfied with the outcome. Three notifications of incidents or accidents had been received by RQIA from Pavestone Centre since the previous care inspection and there was evidence in the centre's records to confirm that all had been managed appropriately. Staff presented as being well informed of the needs of each service user and of methods of helping to meet those needs safely. 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. The evidence presented supports the conclusion that the manager and staff are focussed clearly on the provision of safe care in Pavestone Centre.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the physical environment, risk assessments, fire safety, staff training, adult safeguarding and service user and carer involvement.

Areas for improvement

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

6.5 Is care effective?

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

The centre's Statement of Purpose and the Service User's Guide provide the information required by regulations and minimum standards. Nine service users contributed verbally, in the course of the inspection and the feedback was entirely positive. All nine service users confirmed verbally that the service had contributed very positively to their lives, through participating in activities in the centre and from enjoying outings which were arranged by staff, as part of their planned work and leisure programmes. The inclusion of Occupational Therapists in the staff team is beneficial to all aspects of the service, including knowledge and skills development with other team members and in the development of positive, goal oriented programmes in which service users engage.

Three service users' files were examined during this inspection 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 of the individual's attendance and programme. Care plans were structured according to the service user's assessed needs and the objectives relating to them and included the actions required of those involved in order that objectives would be met. There was evidence in the review records to show that flexibility was applied to this process so that each service user could influence the pace and direction of his or her participation. The clarity of certain rehabilitation and leisure objectives, the associated progress records and the positive outcomes, are commendable. Information was provided by one of the Occupational Therapists on the number of service users whose independence has progressed significantly in the past year: nine who have gained permanent employment and five who have taken up educational or voluntary work opportunities which have led to greater fulfilment.

Each of the files examined contained risk assessments appropriate to the individual service user, making the risk and vulnerability levels clear for staff involved in the work with that person. Written records were kept of each service user's involvement and progress at the centre. Entries were made in keeping with the frequency stipulated by the minimum standards. Records of annual reviews for each person demonstrated that an evaluation of the overall suitability and effectiveness of the placement had been discussed in detail and agreed. Review records were available in each of the files examined and these included a comment on the service user's views. Dates and signatures were present in all of the care records examined.

Nine service users presented positive views of the enjoyment and support that they gained from taking part in the centre's activities, such as pottery, felting, embroidery and gardening. Service users confirmed that staff were understanding of their needs and were always eager to help promote their learning and enjoyment. Four people in one of the workshops spoke of the value they gained from each other's company and the general humour and friendship that goes with it.

Evidence from discussions with service users, from written records and from observations of interactions between service users and staff, confirmed that service users viewed the centre as a valuable resource from which they gained knowledge, skills and confidence. Six service users returned completed questionnaires to RQIA, following the inspection visit. Four indicated that they were very satisfied with the effectiveness of the service, one indicated 'satisfied' and one person 'unsatisfied'. This service user did not provide identification or a contact number for this matter to be followed up.

Overall, the evidence indicates that the day care service provided by Pavestone Centre is effective in promoting service users' wellbeing, fulfilment and, for some, independence.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to vocational and leisure programmes and activities, care records, audits and reviews, communication between service users, staff and other key stakeholders.

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.

Staff interactions with service users were observed to be compassionate, caring and timely. A daily planner for activities is in place although there was evidence of flexibility in its operation, allowing scope for change when appropriate and timely. Staff were observed responding sensitively to both verbal and non-verbal cues of service users and encouraging people who were less confident in expressing their views and wishes. Service users were observed being afforded choice in a respectful manner. Discussions with nine service users, in two groups and with two people individually, provided positive feedback on the encouragement and support they received to promote their independence. Service users were observed being assisted and supported by some of their peers, while engaged in workshop activities. Through the support of the staff, service users were enabled to engage and participate in meaningful and fulfilling activities, relating either to vocational or leisure interests. Several service users referred to the resulting increase in confidence and the positive impact on their general wellbeing.

The centre has a range of formal and informal systems to ensure that service users' views and opinions are taken into account in all matters affecting them. Service users' inputs and involvement are evidenced in the progress notes and in the formal review process. Records of service users' meetings provided evidence of a wide ranging agenda to which all those who attend are invited to contribute. Minutes were typed and were available for inspection. Three relatives returned completed questionnaires to RQIA following the inspection, indicating that they were very satisfied with all aspects of the service.

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, taking account of their views and promoting their confidence and self-esteem.

Areas for improvement

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 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 the senior support worker, in charge on that day, provided information on the current operation of the centre and introduced service users and staff members to the inspector. A wide range of documentary evidence was provided to inform the inspection's findings. These included minutes of staff meetings and service user committee meetings, monitoring reports, service users' files, staffing information and written policies and procedures. Pavestone Centre and the Northern Health and Social Care Trust have systems in place to ensure that staff are well-informed on the responsibilities of their roles and the expected standards of practice.

The registered manager has encouraged staff to further their training and qualifications. However, in August 2016, the registered manager wrote to the Head of Workforce Planning in the Trust, expressing frustration that Band 5 staff are not supported to undertake QCF Level 5 in Leadership and Management, the lack of which qualification leaves them ineligible to be selected for a higher level management post. We were informed that this situation continues unchanged and recommend that the registered provider should identify an appropriate qualification pathway for experienced Band 5 staff who wish to further their management careers. This area for improvement is specifically relevant in Pavestone Centre at present, due to the lengthy absence of the registered manager and the sharing of management duties and responsibilities by two senior support workers.

During each monthly monitoring visit, the views of a sample of service users and staff were sought and their comments were included in good detail in all four of the monitoring reports examined, which were for January, February, March and April 2018. Monitoring visits regularly took place unannounced and a report was completed every month. Monitoring reports showed that most of the required aspects of the centre's operations were checked and action plans completed to ensure that identified improvements would be addressed within a specified timescale.

There was evidence in records and from discussions with staff members to verify that staff training was generally well planned and delivered in a way that enabled staff members to connect the course content of the training with their day to day practice. The manager and staff had identified a number of training topics in addition to the mandatory training for staff, in order to ensure that the needs of service users are being met by staff who are appropriately skilled and knowledgeable. Supervisory staff were enthusiastic on the subject of staff's learning and this had a positive influence on the work of team members and on the overall team morale. Supervision was welcomed by staff members who said that they felt well supported and encouraged in their work. In the period since the previous care inspection, formal, individual supervision has not been provided as frequently as is stipulated in the minimum standards and this is identified as an area for improvement. The irregular patterns of formal supervision were not identified in the monitoring process.

There was evidence from discussions and from the records of monthly staff meetings to confirm that working relationships within the staff team were constructive and supportive. In addition to staff meetings, there was evidence of effective day to day communications in the team. Staff commented that the manager's leadership style was constructive and reflective and motivated team members to accept responsibility for their work and for the overall effectiveness of the centre. The centre's 2017/18 Annual Quality Review report, including the findings of the latest service user evaluation of the service, was in progress and the person in charge undertook to forward this to RQIA on completion.

The evidence available at this inspection confirmed that Pavestone Centre has effective leadership in most respects. Three areas for improvement are identified below.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to clear aims and objectives, staff training, management of complaints and incidents, maintaining good working relationships, governance arrangements.

Areas for improvement

The registered provider should identify an appropriate qualification pathway for experienced Band 5 staff who wish to further their careers in management.

The registered person shall notify RQIA of any absence of the registered manager of more than 28 days and of the arrangements for managing the day care setting in her absence.

Recorded, individual, formal supervision shall be provided no less than every three months, as stipulated in the minimum standards.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 2 | 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 Mr Stephen Smith, Senior Support Worker, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the day care setting. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

| Quality Improvement Plan | |
|--|--|
| Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007 | |
| Area for improvement 1 Ref: Regulation 30(1)(b) Stated: First time To be completed by: 7 September 2018 | <p>The registered person shall notify RQIA of any absence of the registered manager of more than 28 days and of the arrangements for managing the day care setting in her absence.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: The arrangements for managing Pavestone Centre were notified to RQIA and a replacement certificate issued. .</p> |
| Area for improvement 2 Ref: Regulation 20(1)(c)(iii) Stated: First time To be completed by: 21 December 2018 | <p>The registered person shall ensure that staff are enabled to obtain training and/or further qualifications appropriate to the work they perform.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: The NHSCT have training available for all grades of staff and will ensure staff are made fully aware of these opportunities</p> |
| Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012 | |
| Area for improvement 1 Ref: Standard 22.2 Stated: First time To be completed by: 28 September 2018 | <p>Recorded, individual, formal supervision shall be provided no less than every three months.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: The NHSCT will review their governance arrangements to ensure the standard in relation to supervision is met</p> |

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



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