

Unannounced Care Inspection Report 29 August 2019



Pavestone Centre

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

www.rqia.org.uk

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 living with mental ill health.

3.0 Service details

Organisation/Registered Provider: Northern HSC Trust Responsible Individual(s): Dr Anthony Baxter Stevens	Registered Manager: Mrs Rhoda Baxter, registered manager, has recently retired from her post the Trust are currently recruiting)
Person in charge at the time of inspection: Judith Beckett, senior support worker	Date manager registered: 29 January 2014
Number of registered places: 60	

4.0 Inspection summary

An unannounced inspection took place on 29 August 2019 from 09.30 to 15.30.

This inspection was underpinned by the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012. The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

As a public-sector body RQIA have a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of day care services, we are committed to ensuring that the rights of people who receive services are protected. This means we will be seeking assurances from providers that they take all reasonable steps to promote people's rights. Users of day care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the establishment was delivering safe, effective and compassionate care and if the service was well led.

On the day of the inspection there was good evidence that the day care setting promoted service users' human rights particularly in relation to the areas of consent, autonomy, equality, decision making, privacy, dignity, confidentiality and service user involvement. Service users were observed moving freely around the centre and making independent choices in regard to activities, with whom they wished to spend time and food provided.

Service users said they were happy in the day care setting, that staff were attentive and that the activities were enjoyable. Examples included –

- “I like it here I don't know what I'd do if I couldn't come.”
- “It's a life line for me.”

One representative spoke at length with the inspector. The representative stated that her relative had attended the centre for several years and that the service had been “a God send for him”

No specific areas requiring improvement were identified part from the on-going issue in regard to the appointment of a new registered manager. Roger Connell, line manager, stated that he had informed RQIA of the retirement of the previous manager and of the interim arrangements for managing the centre during the process of recruitment and selection of a new manager. Mr Connell confirmed that he would maintain contact with RQIA during the recruitment process.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Judith Beckett, senior support worker and Roger Connell, line manager as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 22 August 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 22 August 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the previous inspection report, the returned quality improvement plan and any notifications from the centre to RQIA since that date.

During the inspection the inspector met with nine service users, one relative and seven staff.

The following records were examined during the inspection:

- Statement of Purpose
- Service users’ Guide
- Care files (three)
- Complaints
- Accidents
- Staff training
- Staff supervision matrix

- Fire
- Reports of visits as required by regulation 28
- Annual quality review report

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as 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 22 August 2018

The most recent inspection of the establishment was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 22 August 2018

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 30(1)(b) Stated: First time	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. Ref: 6.7	Met
	Action taken as confirmed during the inspection: The line manager, Roger Connell who was present at the inspection, stated that the registered manager had retired three weeks before the inspection and that he had informed RQIA accordingly.	

Area for improvement 2 Ref: Regulation 20(1)(c)(iii) Stated: First time	The registered person shall ensure that staff are enabled to obtain training and/or further qualifications appropriate to the work they perform. Ref: 6.7	Met
Action taken as confirmed during the inspection: Records showed that the Trust provides a range of training in addition to the mandatory requirements.	Validation of compliance	
Area for improvement 1 Ref: Standard 22.2 Stated: First time	Recorded, individual, formal supervision shall be provided no less than every three months. Ref: 6.7	Met
Action taken as confirmed during the inspection: A matrix was in place to monitor the regularity of supervision sessions for staff to ensure these met the minimum standard required.		

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The Pavestone day care centre premises were well maintained and in good decorative order, with no obvious hazards for service users or staff noted on the day of the inspection.

The manager has recently retired and the day to day management of the centre is undertaken by two senior support workers. The line manager confirmed that he is closely monitoring the centre and is present in the centre on most days. There is a team of day care workers, an occupational therapist and ancillary staff.

On the day of inspection the staffing arrangements were found to be satisfactory and sufficient to meet the needs of service users. Duty records examined contained details of the number of staff on duty, hours worked, and information of the specific care duties allocated to staff. Discussion with the person in charge, staff, service users and one relative confirmed that staffing levels were appropriate to meet the assessed needs of service users.

Effective arrangements are in place to support staff and include induction, training, supervision and appraisals. The line manager stated that any new staff would receive a structured induction to ensure they are familiar with service users' needs along with the setting's routines and procedures. Staff recruitment records were not inspected on this occasion.

A review of the staff training records found that all staff had up to date mandatory training and had accessed additional training and development relevant to the needs of service users.

The day care setting had arrangements in place to identify, manage and where possible eliminate unnecessary risks. There is an occupational therapist dedicated to the centre and she provides valuable input into the assessment of service users many of who have complex needs. There was evidence that comprehensive risk assessments and safety management plans were completed inclusive of service users and when appropriate their representatives. Risk assessments were personalised and included information specific to each person and their needs. The records examined provided evidence that the day care setting had attained a balance between promoting autonomy and maintaining safety.

A range of health and safety risk assessments were in place and included fire risk assessments, fire safety training and fire drills. All staff had received up-to-date safeguarding and health and safety training appropriate to their role and were aware of how to identify and report concerns. Staff confirmed that they would have the confidence to report poor practice if they saw it. They felt all their colleagues would do the same and that no one in the centre would tolerate any form of poor practice.

The service undertook regular health and safety checks that ensured a safe environment was maintained. A fire risk assessment undertaken on 6 June 2018 was in place. Records showed that a fire evacuation had taken place on 28 November 2018. Fire training was up to date for staff and two senior support workers have been identified as fire wardens. The inspector was informed that the Trust had planned additional training for these two staff in their role of fire warden.

Arrangements had been implemented in regard to the recording and reporting of accidents and incidents. Notifications of such events were submitted to RQIA as required. A review of the records confirmed that all accidents and incidents reportable and those not required to be reported had been managed in a timely and appropriate manner.

A review of policies confirmed there was a policy and procedure on restrictive practice in keeping with DOH Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberty Safeguards (DoLS). The person in charge stated that restrictive practice is neither needed nor used in the day centre and on the day none was observed.

The centre's Statement of Purpose and Service User Guide were reviewed and showed that the documents accurately reflected the elements set out in the regulations and standards.

Staff were aware of the impact of human rights legislation within their work. They gave examples of promoting and maintaining the rights of service users in the care they provide. For example in how they empower service users to make decisions and choices.

Discussion with service users and staff in regard to the provision of safe care included the following comments:

Service users’ comments

- “It’s a good place to come you get a good dinner.”
- “I like it I meet my friends and I love making the things.”
- “It’s good here if I need help there is always staff around.”

Representative comments

- “I don’t know how I would have coped if X (relative) hadn’t been able to come here. I knew he was safe and well looked after.”

Staff comments

- “These service users sometimes are shy and withdrawn when they come at first often don’t get out anywhere apart from here. We just work at their pace and see what suits them best among the activities we have on offer.”
- “We all work well together and the service users’ needs always comes first.”
- “We like to support service users with activities outside the centre in the community.”

Arrangements were in place to ensure service user care records and staff personnel records were stored securely in line with the requirements of GDPR.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff induction, training, adult safeguarding, infection prevention and control, risk management and the centre’s environment.

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 Service User Guide were reviewed and showed that the documents accurately reflected the elements set out in the regulations and standards. It was good to note that the Statement of Purpose contained reference to the commitment to promote the human rights of service users.

When a new referral is made to the setting, potential service users are assessed to ensure the centre can meet their identified needs. The potential service user and /or their representative undertake several visits to the centre and are provided with a service user’s guide. The service

user's guide provides information of the service user's right to full involvement in all aspects of their care. The guide includes information on how service users can raise a concern or complaint if necessary, regarding the quality of care. It was evident from records viewed and staff discussion that the centre organised and delivered services to meet individual needs and took account of individual preferences. The centre has a contract to make produce (pottery, candles etc.) for a local well known tourist centre. Service users told the inspector how much they enjoy this enterprise.

The accommodation provided in the centre was appropriate to meet the needs of the people attending. There is an outdoor area with green houses and gardens dedicated for the use of the day care centre.

Three care files were chosen, at random, for examination. The care files included referral information, service user agreement, contact information and personal outcomes. A range of assessments were carried out and were specific to each individual's needs. For example, moving and handling, falls risk, swallowing and choking and transport. Each care plan was underpinned by the rights of service users and methods for improving outcomes. The assessments provided information to staff that assisted them to minimise risks and to keep service users safe. Care planning documentation contained regular progress notes. Also evident within the records was the view of the service users themselves as to how they viewed the effectiveness of the care they received.

Records of annual care reviews for each service user demonstrated that an evaluation of the overall suitability of the placement had been discussed in detail and agreed. A written record of the review was contained in each file. It was good to note that the O.T. was fully involved with the assessments and reviews. The record of review also included the views of the service user and/or their representative and was informed by the written progress notes. It was noted that the comments made by service users during their annual reviews were all very positive. Records examined were signed and dated and there was evidence that a regular audit of the documentation was undertaken.

During discussions with staff it was evident the care they provided to service users within the setting was effective. Staff were knowledgeable regarding service users' needs and care plans; they described how intervention with each service user was person centred depending on their individual needs. To ensure continuity of care staff checked daily to ascertain if there were any changes or updates of which they needed to be aware.

The interactions observed between staff and service users throughout the inspection confirmed that staff were suitably skilled and effective in communicating with all service users. There was good evidence of person centred interventions that assured service users were involved and communication opportunities maximised.

Discussion with staff and service users with regard to the provision of effective care included the following comments:

Service Users comments

- "I don't know what I'd do if I couldn't come here"
- "I've been coming for many years it's my life."

Staff Comments

- “It’s a good centre and well run. We work as a team.”
- “Everybody just wants the same thing, the service users’ best interest.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between residents, 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.

Discussion with service users, one representative and observations of care during the inspection showed service users were treated with dignity and respect while promoting and maintaining their independence. Service users were enabled and supported to engage and participate in meaningful activities, social events, hobbies and interests.

Observation of activities during the inspection found service users were encouraged to be comfortable, communicate and have fun. Staff used eye contact and non-verbal cues with service users who had limited communication to ensure what they were doing was consistent with the service users’ preferences. Service users were observed making pottery, candles and linen items which would go for sale. They were observed being fully assisted by staff who provided encouragement and support. Overall observations of staff consulting with service users during the inspection showed staff seeking opportunities to involve service users in their care and support and empowering service users to achieve their full potential.

Service users were seen approaching staff freely, communicating their needs and making requests. Staff responses were noted to be cheerful, appropriate and non-patronising. Service users who engaged with the inspector spoke positively about the staff and said that they felt staff treated them well.

Consultation with and involvement of service users and, where appropriate their relatives, was evidenced in the records relating to the assessment, care planning and review process. In addition, governance arrangements to promote effective communication with service users and/or their relatives included service user committee meetings. Minutes of the meeting on 4 March 2019 were reviewed. This provided evidence that service users had been consulted about a range of matters including corporate issues, for example:

- activities, for example, the prospect of a holiday
- menus
- staffing
- monitoring visits
- transport

The inspector was informed that the centre is responsive to changing needs and, where this is needed, advocates for service users. This may take the form of liaising with other professionals to increase additional days of attendance at the centre. There is a well-defined ethos in the centre in place for consulting with service users.

Discussion with one representative, service users and staff with regard to the provision of compassionate care included the following comments:

Service Users comments:

- “Every one of them (staff) is so kind.”
- “It’s good here, staff are good.”

Representative comments:

- “I worked in the care sector all my life and I can’t tell you how very kind these people were to X (relative).”

Staff Comments:

- “We work hard to ensure that the people who come here have an enjoyable time and are cared for.”
- “It’s a very open place; anyone is welcome to call in.”

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 and taking account of the views of service users.

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.

The Statement of Purpose for the day care service was reviewed. (May 2018). The document clearly describes the nature and range of the service to be provided and addresses all of the matters required by Regulation 4(1) of The Day Care Setting Regulations (NI) 2007.

Discussion with the line manager and staff confirmed they were aware of their roles, responsibilities and accountability under the day care legislation. A review of governance records evidenced that staff received individual, formal supervision on a regular basis.

Staff gave positive feedback in respect of the previous manager and good team working. Staff also confirmed that the line manager is available and supportive while the recruitment process for a new manager is on-going.

A complaints and compliments record was maintained in the day centre. A review of this record showed that all concerns raised had been taken seriously, dealt with effectively and the complainant informed of the outcome. Compliments had been shared with staff.

The inspector discussed the monitoring arrangements in compliance with regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. Monthly and annual quality monitoring reports were completed by the service and a number of recent reports of April, May and June 2019, were inspected and found to be satisfactory.

These records demonstrated that at appropriate intervals the effectiveness and quality of care delivery was monitored, audited and reviewed in order to identify and act upon any improvements required. The reports were a mix of announced and unannounced visits. The monitoring arrangements identified improvements carried forward and progress was reviewed as part of each subsequent monthly monitoring visit.

The manager and staff advised there were a range of policies and procedures in place to guide and inform staff.

The inspector noted that the day care setting collects equality information in relation to service users, during the referral and assessment process. The data is used effectively and with individual service user involvement when a person centred care plan is developed. Records showed that equality information included communication methods, adult safeguarding and risk assessments where a risk was identified.

Discussion with service users and staff evidenced that they felt the care provided was well led. They described the service as well planned and they confirmed they are asked to be involved in the monitoring visits.

The line manager stated that all staff are required to be registered with the Northern Ireland social Care Council (NISCC) or other regulatory bodies as appropriate and a record of their registration details held in the centre.

Discussion with staff revealed that service users are central to the service and they are aware of the need to ensure care and support was safe, effective and compassionate. Staff meetings take place and a review of the minutes from meetings on 21 February and 18 June 2019 showed that the meetings provide the opportunity to review the past work and plan for the work ahead.

Review of the 2018 annual report provided evidence that the contents complied with (Regulation 17 (1) & Schedule 3. The line manager confirmed that work is underway to collect the necessary data to compile the annual report for 2019.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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