

Unannounced Care Inspection Report 28 September 2018 & 1 October 2018



Lisburn Assessment Resource Centre incorporating 'Rowan Centre Day Care', 'Dairy Farm Day Care' & 'Seymour Horticultural Unit'

Type of Service: Day Care Setting
Address: 58 Wallace Avenue, Lisburn, BT27 4AE
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Inspector: Jim McBride

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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 Day Care Setting provides a programme of day care and day time activities Monday to Friday for up to 195 service users, in one main building and three smaller buildings.

The Lisburn Assessment and Resource Centre (LARC) main base is located in Lisburn, the building was purpose built to meet the needs of service users with a Learning disability who may also have physical; sensory disabilities, behavioural needs or memory loss. The Rowan centre is on the same site in a different building, and delivers care to service users who are older and benefit from a more settled environment.

Dairy Farm is located in the dairy farm shopping centre on the Stewartstown Road, and delivers day care and day time activities for adults living with a learning disability; physical disability; and/ or sensory disability.

Seymour Horticultural Unit is located in Dunmurry, this project delivers day care activities involving horticulture to service user with a physical disability; and/ or sensory disability.

3.0 Service details

Organisation/Registered Provider: South Eastern Health & Social Care Trust	Registered Manager: Raphael Kearns
Responsible Individual: Hugh McCaughey	
Person in charge at the time of inspection: Raphael Kearns	Date manager registered: 08/10/2009

4.0 Inspection summary

An unannounced inspection over three sites took place on 28 September 2018 from 08.45 to 13.30, 1 October 2018 from 09.15 to 13.00.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

Evidence of good practice was found in relation to staff training, knowledge regarding adult safeguarding, infection prevention and control and risk management that promoted safe care. Regarding effective practice, examples of good practice were found in relation to individualised care planning, community involvement audits and reviews and communication between service users, staff and other key stakeholders. Good practice was found regarding compassionate care in relation to the culture and ethos of the day care setting, dignity and privacy, listening to and valuing and respecting service users and taking account of the views of service users. Finally, good practice was found in relation to governance arrangements and quality improvement supporting well led care in the setting.

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

Service user comments:

- “Good staff here.”
- “I love coming here.”
- “I have a good staff member who helps me.”
- “I love the plants and the seeding.”
- “I can see what I have done here.”
- “They are all good to me and the others.”

Staff comments:

- “Good induction training and development.”
- “Managers have an open door policy.”

- “We get to know both the service users and relatives well.”
- “Care planning and review is important to the care needs.”
- “Staff think out of the box to help meet the activity needs of service users.”
- “We try to ensure that service users are involved in the local community.”
- “The staff team communicate well with each other.”
- “Agency staff receive a comprehensive induction and support.”

Relatives’ comments:

- “The manager and staff are effective.”
- “The service is quite good.”
- “Communication is good.”
- “The manager is very proactive on behalf of relatives and service users.”
- “We communicate with the centre daily via an individual communication book.”

The findings of this report will provide the agency 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 Mr Raphael Cairns, registered 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 7 December 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 7 December 2017.

5.0 How we inspect

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- The registration details of the day centre
- Information and correspondence received by RQIA since the last inspection
- Incident notifications which revealed no incidents had been notified to RQIA since the last care inspection on 7 December 2017
- Unannounced care inspection report and quality improvement plan from 7 December 2017.

During the inspection the inspector met with the registered manager, seven staff members who spoke enthusiastically and comprehensively of the service provided, five services users in the group setting, whilst observing others completing their daily activities. The inspector also had the opportunity to speak with three relatives by telephone following the inspection. All comments received have been added to this report.

The following records were examined during the inspection:

- Six service users' care records.
- Six staff personnel records.
- The day centre's complaints/compliments record.
- Staff rota information during September 2018.
- Fire safety precautions.
- Minutes of service users' meetings.
- Minutes of staff meetings.
- Annual quality report 2018.
- The day centre's record of incidents and accidents since the last inspection.
- A sample of monthly quality monitoring reports from January to August 2018.
- Staff training records pertaining to:
 - Safeguarding
 - Human rights
 - Values
 - Medication
 - Fire safety
 - MAPA
 - Dementia
 - Quality improvement
 - Customer service
 - Complaints
 - Management of records
 - Health and safety
 - Supervision and appraisal
- The Statement of Purpose September 2017.
- The Service users guide 2018.

At the request of the inspector, the manager was asked to display a poster within the day centre. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; six responses were received. Staff survey results show that staff were satisfied or very satisfied when asked the following:

- Do you feel satisfied that service users, are safe and protected from harm?
- Do you feel satisfied that all service users are treated with compassion?
- Do you feel satisfied that care delivered to service users is effective?
- Do you feel the service is managed well?

The inspector noted some of the comments submitted from staff in their returned questionnaires that raised concerns regarding:

- Agency staff
- Training
- Staff support

The inspector discussed these concerns with registered manager on the 17 October 2018 who has agreed to action these points and forward to RQIA the outcomes of staff meetings.

Other comments included:

- *“I have worked in LARC for many years and enjoy my role and find it a happy place to work.”*
- *“I feel we provide a very good service for our service users.”*
- *“The manager and senior staff are very approachable.”*
- *“We deal with this job to the best to our ability.”*

Ten service user and/or relatives’ questionnaires were provided for distribution; two questionnaires were returned to RQIA within the timeframe for inclusion in this report.

The inspector requested that the manager place a ‘Have we missed you’ card in a prominent position in the day centre to allow service users, relatives and staff who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received. An RQIA information leaflet ‘how can I raise a concern about an independent health and social care service’ was also provided to be displayed in the day care setting.

The inspector would like to thank the manager, service users, relatives and staff for taking time to give their views and co-operation throughout the inspection process.

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 7 December 2017

The most recent inspection of the agency 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 dated 7 December 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with regulations.		Validation of compliance
Area for improvement 1 Ref: Regulation 14 Stated: First time	The registered person shall review the use of lap belts in the whole setting. The lap belts should only be used where the multidisciplinary team have concluded their use is the least restrictive option available to staff to ensure each individual service user is	Met

	<p>safe in the day care setting. Ref: 6.4</p> <p>Action taken as confirmed during the inspection: The Inspector confirmed that appropriate risk assessments were available and up to date at the time of inspection. The records in place were satisfactory.</p>	
Action required to ensure compliance with standards		Validation of compliance
<p>Area for improvement 1 Ref: Standard 20 Stated: First time</p>	<p>The registered person shall improve the evidence that staff recruitment arrangements are safe and effective in this setting including confirming the satisfactory completion and outcome of the recruitment checklist. Ref: 6.4</p> <p>Action taken as confirmed during the inspection: The inspector reviewed a number of recruitment checklists in place. The records in place were satisfactory.</p>	Met
<p>Area for improvement 2 Ref: Standard 6 Stated: First time</p>	<p>The registered person shall review the safeguarding concerns recorded for two service users to ensure both service users are supported and receive a safe and effective day care experience whilst also being treated compassionately in LARC. Ref: 6.4</p> <p>Action taken as confirmed during the inspection: The records pertaining to the above were available for inspection and were satisfactory.</p>	Met
<p>Area for improvement 3 Ref: Standard 12 Stated: First time</p>	<p>The registered person shall review the transport arrangements in this setting to ensure the service users who receive bus services have their needs met by the arrangements in place. Particular attention should be given to the availability of drivers and the types of buses provided. Ref: 6.4</p> <p>Action taken as confirmed during the inspection: The manager was able to produce evidence of ongoing meetings with the transport department, to ensure the transport needs of service users are being appropriately met.</p>	Met

6.4 Is care safe?

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

Discussion with the manager, staff, service users and relatives confirmed that sufficiently competent and experienced persons were working in the centre to meet the assessed needs of service users. The manager meets the qualification requirements and the other staff were a mix of care workers, and senior day care workers. A review of the staffing arrangements for w/e 14/9/18, 21/9/18 and 28/9/18 2018 evidenced that the planned staffing levels were adhered to. The manager and other staff had been present across a number of sites on a daily basis. Records showed the number of staff working each day and the capacity in which they worked. Records available for outside agency staff were in place and were satisfactory.

In the event of the manager's absence a number of staff have been assessed as competent and capable in an acting up role, evidence in place confirmed the centre has used this arrangement. The staff arrangements were formalised in the settings policy and procedure for the absence of the manager. An assessment of the staff member's competency and capability was completed in this regard. Observation and discussion with the staff, relatives and service users on the day of inspection provided examples of how staff had met service users' needs and supported service users to improve their health outcomes and social experiences. Discussion with staff revealed they understood the service users' needs and how those needs should be met in day care.

Staff induction records informed the staff members regarding their role and responsibility, included familiarising themselves with the settings statement of purpose and staffing arrangements.

The manager had a record of staff training in place which evidenced that the staff had received mandatory training including additional training relevant to their roles and responsibilities. Discussion with staff members on the days of inspection confirmed that they had received sufficient training to enable them to fulfil the duties and responsibilities of their role and the needs of service users.

Review of governance records confirmed that an effective incident/accident reporting policy and system was in place. Discussions with the manager confirmed that restrictive practices were required for some service users. The required risk assessments in place show clear evidence of the review of current practices. Practices described by the manager and staff are used for no longer than necessary and are proportionate to the risks and the least restrictive options for individual service users.

An inspection of the environment was undertaken and confirmed that it was appropriately warm, and had suitable lighting. On the days of inspection the inspector observed service users undertaking a number of activities, and using the space to socialise. No obvious health and safety hazards were identified and fire exits were clear and free from obstruction. Discussion with the manager and observation of the environment confirmed that furniture, aids and appliances were fit for purpose for the needs of the service users.

Records examined identified that a number of checks and audits had been undertaken including fire alarm tests. It was noted that the last full evacuation drill was undertaken on 23 August 2017 and was due to be completed soon, no improvements were identified previously. The fire

risk assessments for a number of sites were available for the inspection; they were dated 2017, 2018 and were due for review in 2019.No risks had been identified.

Discussion with staff confirmed they felt care was safe in the setting. The staff confirmed they had access to and received training to ensure their practice is safe. Staff described they use risk assessments to ensure individuals have the right support to maintain their safety. Discussion with staff found they had a good knowledge of service users and communicate with them individually on a regular basis to ensure the assessment and care plans are current.

Discussion and observations of service users confirmed they can speak to staff when they need to and get one to one time with staff as needed.

Two returned questionnaires from service users indicated that a safe service meant:

- “There are enough staff to help you.”
- “You feel protected and free from harm.”
- “You can talk to staff if you have concerns.”
- “The environment is safe and clean.”

Areas of good practice:

There were examples of good practice found throughout the inspection in relation to staff induction, training, risk management and the centres 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 inspector reviewed the day care setting’s arrangements for appropriately responding to and meeting the needs of people who use the service. Information relating to the nature and range of services provided was outlined in the Statement of Purpose. Observations throughout the inspection confirmed that the day care setting was providing care in accordance with their Statement of Purpose.

Six service users’ individual files were inspected. They contained referral information; service user agreements, assessments; individualised care plans with risk assessments; and multi-disciplinary assessment information as applicable. Care plans presented as comprehensive, and person centred, and they clearly described service users’ needs and individual service user’s objectives.

There were systems in place to review service users’ placements within the setting to ensure it was the best place to meet their health and social care needs. There was also evidence of annual care reviews in partnership with the service user and the HSC Trust representatives.

On each record there was evidence service users were supported to be involved in the annual review process and their care plan by staff.

In summary service user care records were well organised and stored safely and securely in line with data protection requirements. File audits had also been undertaken to assure the minimum standard was achieved.

Discussion with staff provided evidence that they were knowledgeable regarding service users' individual needs. They had undertaken training to expand the activity schedule. Staff explained they follow the care plans, use the policies and procedures and communication at all levels to ensure they provide the most effective care they can. They identified the monthly meetings with service users; daily team meetings and communication were effective ways of ensuring they were providing effective care.

Two returned questionnaires from service users indicated that an effective service meant:

- “You get the right care, at the right time in the right place.”
- “The staff know your care needs.”
- “You are kept aware of your care plans.”
- “Your care meets your expectations.”

Areas of good practice:

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

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?

Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Observations of staff interactions with service users were observed to be compassionate, caring and timely. Staff spoken with reflected the ethos of the day care setting which promotes respect, openness, honesty, good quality care and individual attainable goals.

On the day of inspection, a variety of different activities were facilitated by staff. During observation of the activities the inspector observed service users approaching staff freely, communicating their needs and making requests. Staff responses were noted to be cheerful and appropriate. Service users who engaged with the inspector spoke positively about the staff and that they felt staff treated them well.

Consultation with service users and when appropriate and 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 meetings that occurred at least monthly and an annual quality satisfaction questionnaire. Samples of minutes from service user meetings were reviewed which provided evidence service users had been consulted about a range of matters related to the day care setting including:

- Activities
- Staffing
- Meals
- Transport
- Complaints
- Environment.

The inspector also noted the minutes of staff meetings facilitated by centre that included discussions pertaining to:

- Health and wellbeing
- NISCC
- RQIA
- Training
- Staffing issues
- Service users' updates
- Communication
- Good practice.

Results from the annual service user/relative quality assurance survey evidenced that respondents gave positive feedback. The manager has in place action plan to deal with any areas of concern raised by service user or relatives. The responses/outcomes were reported back to the service users during service users meetings.

Some comments received during quality assurance survey:

- *“Our son has settled really well in the LARC and we are very pleased with care and support he receives”.*
- *“Always find the staff ready to listen and help if it’s needed. We find the staff are there for the clients and family”.*
- *“I think all staff are very nice and the driver of bus very friendly. I enjoy going to LARC”*
- *“Great service great staff and resources provides good range of activities – Archery days out etc.”*
- *“My heartfelt thanks to the staff in LARC for the wonderful care and support they have always given to my daughter and myself”.*

Two returned questionnaires to RQIA from service users indicated that a compassionate service meant:

- “Staff treat you with kindness.”
- “Staff ensure you are respected and that your privacy and dignity is maintained.”
- “Staff inform you about your care.”
- “Staff support you to make decisions about your care.”

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 and community involvement initiatives.

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. 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. The registration certificate was up to date and displayed appropriately.

Discussion with the manager and staff confirmed they were aware of their roles, responsibilities and accountability. They confirmed that they had a good understanding of their role and responsibilities under the day care legislation.

A review of governance records evidenced that staff typically received individual, formal supervision at least quarterly and an annual appraisal. Staff confirmed that there were systems in place to ensure they received support and guidance from the manager as needed.

Staff gave positive feedback in respect of leadership and good team working. Staff stated that this is achieved though effective communication, supervision, staff meetings and the open door approach provided by the manager.

Evidence that staff meetings were held weekly were maintained. The records included the date of the meeting, names of those in attendance, updates from the previous meeting, a record of discussion and any agreed actions.

A complaints and compliments record was maintained in the day centre. There had been a number complaints recorded since the previous inspection, these had been responded to by the manager and effective actions were taken to resolve the complaints. Samples of compliments were available for review and evidenced a high level of satisfaction with the service provided.

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 reports from Jan to Aug were inspected. 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 reviewed them 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, they knew they were stored on the staff intranet which everyone confirmed they could access.

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.

Some of the areas of equality awareness identified during the inspection include:

- Effective communication
- Service user involvement
- Adult safeguarding
- Advocacy
- Equity of care and support
- Individualised person centred care
- Individualised risk assessment.

Discussion with service users, staff and relatives evidenced that they felt the care provided was well led. They knew who was the manager and who acts up in his absence, they described the service was well planned and they confirmed they are asked to be involved in the monitoring visits.

All staff are required to be registered with the Northern Ireland social Care Council (NISCC) or other regulatory bodies as appropriate; it was noted that the agency's policy details the procedure for managing this process. The agency retains a list of staff registration details and expiry dates; a record is also maintained by the human resource department.

The registered person has worked effectively with RQIA to operate and lead the organisation in maintaining compliance with Regulations and Minimum Standards.

Discussion with staff revealed they felt well supported by the manager. They described service users were central to the service and they need to ensure care and support was safe, effective and compassionate. They identified they were well supported by management in staff meetings, supervision and the manager makes himself available as needed.

Two returned questionnaires to RQIA from service users indicated that a well led service meant:

- "You always know who is in charge at any time."
- "You feel the service is well managed."
- "Your views are sought about your care and the quality of the service."
- "You know how to make a complaint."

Areas of good practice:

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints, 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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