

Unannounced Care Inspection Report 19 January 2017



Bayview Resource Centre

Type of service: Day Care Service
Address: 11-13 Ballyholme Road, Bangor, BT20 5JH
Tel no: 02891270352
Inspector: Suzanne Cunningham

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Bayview Resource Centre took place on 19 January 2017 from 11.00 to 16.00 hours.

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

Is care safe?

The inspection of staff records; duty rotas; supervision and training; observations of the setting; discussions with service users and staff; and observations of care evidenced the care delivered was consistent with the settings statement of purpose.

The staff in Bayview were observed responding to a range of service users' needs. The staffing levels were responsive to service user's needs, welfare and safety. The premises presented as safe on the day of the inspection.

Overall the inspection of "is care safe?" concluded the minimum standards inspected were being met on the day of the inspection. No areas for improvement were identified.

Is care effective?

The inspection of three service users individual care records; incident recording; complaints recording; discussion with the service users; and the staff concluded care was being delivered at the right time and in the right place. Individual care needs had been assessed and the outcome was written into a care plan. Review arrangements were in place to review the effectiveness and quality of care delivered to service users.

Overall the inspection of "is care effective?" concluded the minimum standards inspected were being met on the day of the inspection. No areas for improvement were identified.

Is care compassionate?

The inspection of records, observations of practice and discussions with staff and service users revealed that service users were being treated with compassion, dignity and respect. Examples of how they were encouraged by staff to be involved in decisions affecting their care and support were inspected in records and observed.

Overall the inspection of "is care compassionate?" concluded the minimum standards inspected were being met on the day of the inspection. No areas for improvement were identified.

Is the service well led?

The discussion with staff and service users regarding the management arrangements confirmed they were informed regarding the management arrangements and the staffs role and responsibilities. Documents and records such as audit records, monthly monitoring reports and evidence of staff support demonstrated there were arrangements in place to promote quality improvement in the setting.

Overall the inspection of “is care well led?” concluded the minimum standards inspected were being met on the day of the inspection. Two areas of improvement were identified regarding improving the content of the annual report and improving the bus provision for service users who use this service.

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

1.1 Inspection outcome

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

Details of the Quality Improvement Plan (QIP) within this report were discussed with Lynn McQuillan, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/registered person: South Eastern HSC Trust/Mr Hugh Henry McCaughey	Registered manager: Ms Lynn McQuillan
Person in charge of the service at the time of inspection: Lynn McQuillan	Date manager registered: 20 May 2009

3.0 Methods/processes

Prior to inspection following records were analysed:

- The registration details of the day centre
- Information and correspondence received from the registered manager and South Eastern Health and Social Care Trust
- Incident notifications which revealed eight incidents had been notified to RQIA since the last care inspection on 24 August 2015
- Unannounced care inspection report 24 August 2015 which resulted in no recommendations or requirements

- The premises inspection report 31 August 2016 which resulted in four recommendations and no requirements.

During the inspection the inspector met with:

- The manager
- The senior day care worker
- Two staff
- 16 service users.

Questionnaires were given to the manager to distribute between service users, representatives and staff in Bayview. Five were returned by service users, Five by staff and Five by relatives.

The following records were examined during the inspection:

- Three service users' care files including a sample of service users' daily records
- The complaint/issue of dissatisfaction record which had no entries recorded since 1 April 2016
- A sample of incidents and accidents records from January 2015 to January 2016
- The minutes a service user meeting held on 24 June 2016
- A sample of the team meeting minutes for January, April and June 2016
- Staff supervision dates for 2016
- Three staff records
- One competency assessment for the senior day care worker
- Two Monthly monitoring reports for November and December 2016
- Staff training information for 2016
- A sample of the weekly staff rota for December 2016 & January 2017
- A sample of the Fire safety records for 2016
- Statement of Purpose
- Service Users Guide.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 31 August 2016

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

4.2 Review of requirements and recommendations from the last care inspection dated 24 August 2015

There were no requirements or recommendations made as a result of the last care inspection.

4.3 Is care safe?

Discussion with the manager revealed she regularly assesses the day centre staffing arrangements to ensure they are adequate to staff each activity room and meet the needs of the service users attending Bayview. Observation and review of the staffing rota confirmed there were no areas not staffed or service users' needs not being met. The staffing rota recorded the staff on duty each day, where they will be located and their role. The record was compliant with standard 23.7 which states a record should be kept of who is working and in what capacity.

Discussion with staff and the manager revealed there were vacant posts and some cover was being provided by temporary staff to ensure staff could provide safe and effective care. The staff spoken to confirmed they were meeting the service users' assessed needs; and delivering care as described in the care plans. Safe delivery of care was observed during the inspection. The staffing arrangements, for example duties and location in the setting were written on the staff notice board. Staff were observed signing the record once they had read it to acknowledge they knew what they were doing on the day. This was a safe way of ensuring the group care needs and individual care needs of service users were met.

In summary the staffing arrangements presented as safe however, when the staff team is working at full capacity, staff will be able to offer a more varied programme of activities, have more opportunity to actively review care and develop their service which should further improve outcomes for service users.

The staff on duty during the inspection discussed the service users they were looking after. They gave a clear description of their needs, how those needs were being met. They knew who needed more intensive support and the service users who were independent. Overall the staff described their care was safe because they had access to good training, they completed individual assessments for each service user and care plans that clearly described the needs and how they will be met. Staff also identified they work well together and will discuss concerns or care needs daily to ensure they are addressed by all staff. On the busses the bus escorts carry telephones to ensure they can make contact with the setting if advice or assistance is required. The senior day care worker described the team as exceptional in terms of working together to provide safe care.

The observations of care revealed service users were taking part in activities that stimulated their mind and involved movement. They also engaged in the social aspect of the group activities. Service users presented as comfortable and relaxed in this environment. When asked if the setting was safe one group replied staff are "very helpful" and "caring". They said staff ask them if they are "alright" and "do they need help". If they had any problems or needed to talk they said they would go to a staff member. They also said staff had promoted their safety for example assist them getting on and off the bus and they had taken part in fire drills so they know where to go in an emergency.

Three staff records including one competency assessment was examined as part of this inspection. The competency assessment provided assurance the staff member had the skill, knowledge and experience to act up in the manager's absence. The staff files contained confirmation that the staff had met the recruitment checklist, as described in standard 20.2. This includes confirmation they had the appropriate qualifications, experience, employment history, references, health checks and criminal records checks to commence employment in this setting. This process was undertaken by the personnel staff in the trust.

The staff training record was inspected for 2016. The staff mandatory training and training specific to service users' needs record detailed they undertook a range of training such as recording; fire safety; medication training; first aid; diversity and equality; manual handling; vulnerable adult training; challenging behaviour and continence training. This record and discussion with the staff and manager confirmed there had been adequate arrangements in place in 2016 for staff to receive appropriate training to safely undertake their role and responsibilities in this day care setting.

The discussion with staff and a student revealed they were familiar with the specific systems that assure service users safety in the setting. Examples of documentation were the assessment of need and risk, moving and handling assessments, Speech and Language swallowing assessments and incident and accident recording. Samples of these records were inspected and they provided examples of when staff had safely identified and met service user's welfare and safety needs.

The care in Bayview was being delivered in a range of rooms. Each room was allocated to a specific activity. There was also a dining area and bathrooms, which were all observed as accessible and an outside space. The day centre environment presented as functional for this group, warm, comfortable and service user's movement was not being restricted in the setting.

The staff working in the setting discussed they were empowering individuals to experience the benefits of social interaction between service users and staff. Service user's independence was promoted by staff during the activities for example the music and movement activity was led by an enthusiastic member of staff. When they noticed a service users attention was drifting they included them in the music and encouraged them to take part. The service users who were quieter and wanted to watch were also included in the cometary but their choice not to fully involve themselves was respected.

The environment had been decorated with service users' art, crafts and pictures/ information of activities. The walk around the building did conclude the building had a homely feel and there were no obvious hazards internally or externally that were noted. Overall the inspection of the premises and grounds identified they presented as suitable for their stated purpose.

The fire records were sampled for November and December. The weekly fire alarm checks had been recorded by staff and did not reveal any outstanding issues at the time of this inspection.

Sixteen service users were spoken to about day care during this inspection and six were specifically asked their opinion regarding is care safe in this day care setting. They described this was a safe place for them to come to and the staff helped them.

Five service users completed questionnaires regarding this inspection. They identified they were satisfied care was safe in the setting. They could talk to staff if they were unhappy, four of them said the setting is comfortable and one said the rooms are too small, they knew what to do if the fire alarm sounded and they could tell someone if they were worried about someone being treated badly. One respondent wrote "as safe as possible due to staff shortage".

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

Five staff members returned questionnaires which indicated they were satisfied care was safe in the setting. They responded the care was safe because they had received training to care for service users safely, there are risk assessments and care plans in place for service users, they would report bad practice and they receive support to fulfil their roles and responsibilities

Areas for improvement

No areas for improvement were identified during the inspection.

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

The content of the Bayview statement of purpose was sampled. The content of this document was consistent with the registration details held by RQIA. The document described the service “provides structured activity based care” and the objective is “to promote health and wellbeing of each individual service user through a range of activities with a person centred approach”. The inspection of three individual service user files evidenced the description of the service in the statement of purpose was being put into practice. For example each service users’ needs had been assessed with information from service users, relatives or representatives and other professionals involved with the service users. This had been used to draw up a plan with the service users; which had been reviewed at least annually and focussed on improving health and wellbeing outcomes for each individual.

The planning and review recording in the three files had promoted service users involvement in their care. They had identified their preferences, set objectives they would like to achieve in the day care setting and service users were empowered to make their own choices. The examples inspected showed staff had promoted service user’s abilities, independence and choices through activities and communication.

Discussion with staff revealed they were aware the service users’ needs were different each day and categories of care changed on different days during the week. They felt this structure assisted in the delivery of the effective care i.e. grouping service users with similar needs on specific days. Staff explained multi-disciplinary assessments were used to ensure staff were responding effectively to a range of needs such as diet, swallowing needs, physiotherapy needs and moving and handling.

They discussed some service users were more independent than others; some could communicate and process instructions quicker than others. Staff identified this can impact on the number of staff needed when planning activities. Observations of care being given revealed all service users were encouraged to choose their activities and to be involved in the activities delivered. To promote inclusion some service users were given more individualised support. This presented as an effective way to meet their needs and respond to the service user’s preferences and objectives.

The record keeping formats stored in three service users’ individual files were completed in accordance with legislation, standards and best practice guidance. For example risk assessments had been completed when necessary, and were reviewed at least annually. The care plans incorporated the outcome of the assessment and if required the risk assessment.

Five service users' questionnaires identified they were satisfied effective care was being delivered in this day care setting. They were getting the right care at the right time; staff were communicating well with them; their choices are listened to; they choose the activities they take part in; and have been involved in the annual review of their day centre placement.

Five relative's questionnaires responded they are satisfied effective care was delivered in this day care setting. Their relative gets the right care, at the right time, in the right place; they are satisfied with communication with staff; their awareness of their relative's needs; preferences and choices and that these are incorporated into the care they receive; and they are involved in their relative's annual review. One relative raised a concern regarding space for wheelchairs in the dining room and this has been passed to the manager.

Five staff questionnaires identified effective care is given in this setting, service users are involved in their care plan, care plans inform the care provided, monitoring of quality is in place and that staff respond to service users in a timely manner.

Areas for improvement

No areas for improvement were identified during the inspection.

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

This inspection included observation of the lunch time and afternoon activities in Bayview. Staff were observed responding to and supporting service users in a compassionate way. For example the staff communicated with the service users individually and in groups, in a respectful way. Service users were encouraged to make choices, give their preferences and staff protected service user's dignity and privacy when specific care needs were identified. The staff were observed encouraging service users to be involved in their day care and promoted their independence when possible.

Comments made by service users were "the staff are terrific with us, nothings a problem". The staff said they know every service users' needs and plan who they work with. They identified staff always seek service user agreement; promote the service users independence and rights. The care plans are written with service users, reviewed annually with them and any changes are agreed with the service user. Service users meetings had been held monthly and the service users' representatives were described as vocal advocates.

This setting provided evidence they had communicated and consulted with service users regarding the care they receive. For example service user meetings for the whole setting were held monthly, the service users had elected the committee and their details with minutes of the meeting were displayed on the service user information board. Review of one set of minutes detailed they discussed and made decisions about activities and general issues relevant to the delivery of day care in Bayview. The last annual review was sampled and it was noted the outcome was clearly reported to service users on their notice board using 'this is what you said and this is what we have done' headings which provided evidence service users views are being incorporated into the delivery of care in Bayview.

Five service users' questionnaires identified they were satisfied with the compassionate care delivered in this day care setting. They were treated with respect and are involved in decisions

affecting them, the staff are kind and caring, their privacy is respected; they have choices and are involved in decisions. One service user wrote they had been elected as a representative for service users and had raised issues brought to them with the manager who deal with them. Five relative's responded in questionnaires that they were satisfied the care was compassionate. Their relative was treated with dignity and respect and involved in decisions affecting their care. They identified they do not have any concerns and their relative is treated well.

Five staff questionnaires identified they were very satisfied that care was compassionate in this setting. They service users are treated with dignity and respect, encouraged to be independent; their views are sought and acted upon.

Areas for improvement

No areas for improvement were identified during the inspection.

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

The manager was present during the inspection; she has relevant management experience as well experience of working in the day care setting. The manager was supported by a senior day care worker who was also experienced in working in this day care setting. Discussion with the management team and staff revealed they were informed regarding The Day Care Setting Regulations (NI) 2007 and The Day Care Settings Minimum Standards (2012), their settings policies, procedures, role and responsibilities. The management arrangements were described in the settings statement of purpose and these arrangements presented as effective and safe.

The manager provided examples of management and governance systems in place which ensured the setting was safe, well managed and service users' needs were met in compliance with the Day Care Settings Regulations (NI) 2007 and Standards 2012. For example the monthly monitoring visits; the audits of the settings records and supervision arrangements for staff. The evidence provided did not identify any concerns regarding the centres compliance.

Staff supervision arrangements were inspected and the frequency of the supervision meetings between staff and their supervisor in 2016 was at least one supervision session no less than once every three months. In most cases it was more than this minimum frequency. Discussion staff confirmed the frequency of supervision and they described the meetings as supportive.

The monthly monitoring visits and reports were inspected for November and December 2016. The reports available evidenced the visits had taken place once per month as required in regulation 28. The reports did report on the matters to be monitored by the registered person as detailed in Schedule 3. The reports were detailed and described the conduct of the setting.

Policies and procedures were accessible for staff reference. They consisted of trust policies and procedures, as well as day care specific policies and procedures.

The complaints record was reviewed and this revealed none had been received. The annual report was requested and the content did not detail the matters described in Schedule 3 of The Day Care Setting Regulations (NI) 2007. A requirement is made that future reports are completed in accordance with this schedule and RQIA guidance regarding the same.

Discussion with staff confirmed they knew how to respond to a range of situations such as responding to issues of dissatisfaction or a vulnerable adult concern communicated by service users. The staff described the manager as supportive and professional. They described the manager gave clear instructions and ensured they received training so care was safe, effective and compassionate. The manager had also promoted trust behaviours with the staff which focus on staff respecting each other and promoting service users' dignity, choice and independence. Staff described they were motivated to promote service users rights and needs and were passionate about their work, therefore this was not a new concept to them. The staff described the team as proactive and Lynn was described as empowering. She had been encouraging staff to bring ideas to her and the team to ensure care was responsive to need and is improving.

Discussion with service users revealed they knew who to talk to about any concerns, requests, advice or issues/concerns. The service users named the manager and staff who work with them. Service users described the staff in positive terms. One issue was raised regarding the busses; this was a significant concern for some service users. They described waiting from 09.15 until 11.15 in their home waiting for the bus. They described they turn off their heating in preparation for the busses arrival however, if it is late by the time it turns up they are cold and some said they doze off and were uncomfortable when they woke. This was discussed with the manager who confirmed this issue had brought to her by the staff and service users. This had been logged by her and raised with transport and senior management in the trust. To date no changes had been put in place by the trust to improve this service. In view of the significant impact of busses being delayed on service users such as less time in day care and the impact on their health and well-being; a recommendation is made that the bus timetable and provision is reviewed and improved in this regard.

Five service users' questionnaires identified care was well led, the service was managed well; they said they knew the manager and could talk to them if they had any concerns. Finally staff had responded well to them and they are asked what they would like to do in the setting.

Five relative's questionnaires described the care was well led. The service was managed well; staff and the manager are approachable, professional and caring. Four of the five had a copy of the service user's guide.

Five staff questionnaires identified they were satisfied care was well led. The service is managed well, the service is monitored, and communication between the staff and management is effective.

Areas for improvement

Two areas of improvement were identified regarding improving the content of the annual report and improving the bus provision for service users who use this service.

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

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

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

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

5.1 Statutory requirements

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

5.2 Recommendations

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

5.3 Actions to be taken by the registered provider

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

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

Requirement 1

Ref: Regulation 17 (1) & Schedule 3

Stated: First time

To be completed by: 16 March 2017

The registered provider must improve the content of the annual report. The must refer to the matters described in Schedule 3 of The Day Care Setting Regulations (NI) 2007.

Response by registered provider detailing the actions taken:

The annual report is being written in line with Regulation 17 (1) and Schedule 3 of The Day Care Setting Regulations (NI) 2007 and will be fully compliant before 16th March 2017

Recommendations

Recommendation 1

Ref: Standard 12

Stated: First time

To be completed by: 16 March 2017

The registered provider should bus provision for service users in this day care setting. Improvements should be put in place to avoid service users' length of their day in day care being reduced and avoid delays impacting on service users' health and well-being.

Response by registered provider detailing the actions taken:

The Manager has met with Senior Transport Managers on 13th February 2017 to review the current position and develop actions to improve this service. Transport Department have recruited new staff who will take up post within the next few weeks. This will enable the 3rd bus to be operational at Bayview
There will be monthly meetings put in place to review this service and capture outcomes

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



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