

Unannounced Care Inspection Report 24 October 2019



Magherafelt Adult Centre

Type of Service: Day Care Service
Address: 55 Hospital Road, Magherafelt, BT45 5EG
Tel No: 02879365060
Inspector: Jim McBride

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 registered places for 91 people with learning disabilities. Many of the service users have complex needs requiring high levels of staffs' attention. The centre employs a small number of Physiotherapists and has regular input from members of the Health and Social Care (HSC) Trust's Behaviour Support Team.

3.0 Service details

Organisation/Registered Provider: Northern HSCT Responsible Individual: Anthony Baxter Stevens	Registered Manager: Amanda Matthew
Person in charge at the time of inspection: Senior Day Care worker	Date manager registered: 19/01/2018
Number of registered places: 91	

4.0 Inspection summary

An unannounced inspection took place on 10 October 2019 from 09.00 to 14.30.

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.

Evidence of good practice was found in relation to staff training and infection prevention and control practices. Further areas of good practice were also noted in relation to communication between service users, staff and other key stakeholders, the culture and ethos of the day care setting, listening to and valuing service users and taking account of the views of service users. In addition, good practice was also observed in regard to governance arrangements, staff supervision and appraisal and maintaining good working relationships.

There was evidence identified throughout the inspection process that the day centre staff promote service users' human rights; this was evident in relation to the areas of consent, autonomy, equality, decision making, privacy, confidentiality and service user involvement.

Service user comments:

- “I love the centre.”
- “The staff are good.”
- “I have a load to do every day.”
- “The bus is good and fast.”
- “The food is really good.”
- “The staff are always here to help.”

Staff comments:

- “My induction was comprehensive.”
- “Good shadowing of experienced staff.”
- “We have good teamwork.”
- “The manager is excellent and very approachable.”
- “Good open door policy.”
- “Training is good and regular.”
- “We provide person centred care and support to service users.”
- “We have good care and support plans and reviews in place.”

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.

The inspector would like to thank the person in charge, service users, a visiting professional and staff for their support and co-operation throughout the inspection process.

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 the person in charge, 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 5 October 2018.

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on the 5 October 2018.

5.0 How we inspect

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 highlighted incidents that had been reported to RQIA since the care inspection on 5 October 2018.
- Unannounced care inspection report and QIP dated 5 October 2018.

During the inspection, the inspector met with the senior day care worker, an agency staff member, two day care workers and one visiting professional. Introductions were made to all service users while walking around the setting with individual interaction with three service users.

Agency staff member comments:

- “Excellent induction, very comprehensive.”
- “Staff communicate well with me.”
- “I feel well supported by all staff.”
- “I can ask for help at any time.”
- “I enjoy the varied work in the centre.”

Ten service user and/or relatives’ questionnaires were provided for distribution; two service user/relatives questionnaires were returned to RQIA within the timeframe for inclusion in this report. All respondents indicated that they were very satisfied that the care being provided to service users was safe, effective, compassionate and well led.

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; no responses were received prior to the issuing of this report.

A range of documents relating to the service were reviewed during the inspection and are referred to within the body of the 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 5 October 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 5 October 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 28.5 Stated: First time To be completed by: Immediate from inspection date.	The registered provider shall maintain a copy of the report required to be made under paragraph (4) (c) in the day care setting and make it available on request to— The Regulation and Improvement Authority. This area for improvement relates to the quality monitoring system the report should include the comments of carers and other service users' representatives. A copy of the reports should be forwarded to RQIA until further notice. Ref: 6.7	Met
	Action taken as confirmed during the inspection: The inspector viewed a number of reports in place that were satisfactory and meet the regulations.	

Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 28.3 Stated: First time To be completed by: Immediate from inspection date.	The agency must review the storage arrangements within the centre as per the fire risk assessment completed 2 July 2018. Ref: 6.4 Action taken as confirmed during the inspection: It was noted that all identified areas of concern had been cleared of equipment and all exits were clear.	Met

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 inspector reviewed the day care setting's systems in place to avoid and prevent harm to service users which included a review of staffing arrangements in place within the day centre.

Discussions with staff confirmed that they were satisfied that staffing levels were adequate to meet the needs of the service users when planned staffing levels were in place.

There were arrangements in place to ensure that staff were registered with the Northern Ireland Social Care Council (NISCC). Information regarding registration details and renewal dates were maintained and available to the inspector. It was confirmed that all staff are currently registered with NISCC.

An induction programme was available for newly appointed members of staff. A review of this induction programme noted that it was comprehensive and included areas such as privacy and dignity, confidentiality, risk management, complaints procedure, health and safety and adult safeguarding.

The setting's training record demonstrated that there was an ongoing programme of mandatory training for staff, relevant to their roles and responsibilities; this will assist in ensuring staff know how to keep service users safe. There was evidence that compliance with completing mandatory training was routinely monitored and any training now due for update was being followed up with the staff member. Review of a sample of staff training records concluded staff had completed mandatory and other training relevant to their roles and responsibilities since the previous care inspection such as fire safety, adult safeguarding, infection prevention and control, epilepsy awareness and dementia awareness.

Observation of and discussion with staff evidenced that they were very knowledgeable regarding each service user and the support they required in order to promote their safety. In addition, discussions with staff evidenced that they had an understanding of the management of risk, and an ability to balance assessed risks with the wishes and human rights of individual service users.

Discussion with the staff confirmed that there was a clear pathway following place in relation to referring any safeguarding concerns to the appropriate professionals. This reflected staff awareness of their safeguarding roles and responsibilities and how they are supported to report concerns through existing management arrangements. This helps to ensure that appropriate and timely action is taken if service users' rights are at risk of being breached. The inspector advised the staff regarding the arrangements for the adult safeguarding position report which is due to be completed by 31 March 2020.

Discussions with the staff also confirmed that they were aware of their obligations in relation to raising concerns with respect to service users' wellbeing and poor practice, and were confident of an appropriate management response.

They were aware of the organisation's whistleblowing policy if they could not resolve their concerns locally but indicated that they would be unlikely to need this due to the transparent working relationships that existed within the team.

An inspection of the environment was undertaken and confirmed that it was appropriately warm, had suitable lighting and furniture and no mal odour was noted. Discussion with the staff and observation of the environment confirmed that furniture, aids and appliances were fit for purpose for the needs of the service users.

Infection prevention and control measures were in place, which included the availability of supplies of liquid soap and hand towels mounted on the walls, foot pedal operated bins and seven step hand hygiene notices which were positioned at wash hand basins.

The day centre's fire safety precaution records were reviewed. It was noted the last full evacuation drill was undertaken on 3 July 2019. Discussion with staff confirmed they were aware of the evacuation procedure. An updated fire risk assessment was completed on 2 July 2018 that no significant findings were highlighted. Fire exits were observed to be clear of clutter and obstruction. Records examined identified that a number of safety checks were undertaken including: fire safety drills to ensure service users can exit safely, fire extinguishers and weekly fire alarm tests.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the environment, infection prevention and control practices, staff training and induction.

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 (2019). Observations throughout the inspection confirmed that the day care setting was providing care in accordance with their Statement of Purpose.

The inspector reviewed elements of six service users' care files. The review reflected there were assessments of needs, risk assessments, care plans and records of health and well-being of the service users were current and had been reviewed. Staff discussion confirmed they use these records to guide their practice and therefore recognised the importance of keeping records current and relevant.

Care records also reflected the multi-professional input into the service users' health and social care needs. A record was kept of each service user's involvement and progress at the centre and entries were made in proportion to the frequency of attendance of the individual.

The records viewed were signed, as appropriate, by the service users and/or their next of kin, evidencing consultation and agreement with arrangements in place.

There was evidence in care records reviewed that service users' rights were recognised.

The staff advised that service users typically had access to a care review on an annual basis or more frequently if required; involving their HSCT representatives. The care review records reviewed included positive feedback from service users and their representatives with regards to the day care service.

Staff who spoke with the inspector clearly demonstrated that they had the knowledge, skills and experience necessary to fulfil their roles and responsibilities. They were knowledgeable about the centre's philosophy of care, promotion of human rights and risk management. Staff described how they observe service users, noting any change in dependency or mood and proactively take appropriate measures to promote/ensure the safety and wellbeing of the service user.

Discussions with service users and observation of their interactions with staff evidenced that service users were empowered to express their views routinely on a day to day basis.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to 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.

On the day of inspection the inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was reflected by the expression of staff attitudes towards service users and service delivery.

Staff were observed informing service users that the inspection was taking place and they encouraged service users to talk to the inspector. Service users were keen to share with the inspector how much they enjoyed attending the day centre and the positive relationships they have with staff.

Discussion with staff found they were informed regarding the ethos of the day care setting which promoted choice and ensured service users had access to a friendly, caring and stimulating atmosphere. Staff also discussed how they support and encourage service users to remain active and independent in the setting by ensuring they are able to access activities that they can engage in and the space they use facilitates their independence.

Staff approaches and responses to service users were noted to be caring, cheerful and compassionate. Staff acknowledged that service users require varying degrees of support with their care needs, and that service users' independence should be promoted in a discreet manner. The inspector observed staff discreetly responding to service users who required such assistance in regards to mobilising safely, eating lunch and participating in activities. In addition, staff demonstrated awareness of their responsibilities and requirements to ensure service users' confidentiality and consent. Service users spoken to confirmed that they liked the activities on offer in the setting.

Service users confirmed they were asked their opinion regarding what they would like to do in the day centre and their preferences were sought before any plans were made. Service users were enabled and supported by staff to engage and participate in meaningful activities. The inspector discussed the provision of activities with staff.

In addition to daily informal discussions, the setting had in place robust systems that aimed to promote effective communication between service users and staff such as service user meetings, individual care review meetings and an annual service user's quality assurance survey.

The inspector noted some of the topics discussed during meetings with service users:

- Food
- Activities
- Outings
- Transport safety

An observation of the lunch time meal confirmed that service users were given a choice in regards to food and fluid choices and the level of help and support requested. Staff treated service users with dignity and respect affording adequate time for service users to make decisions and choices and offered reassurance and assistance appropriately.

Service users described good relationships with staff, which enabled them to be able to speak to staff if they had any concerns. This approach to communication supports the protection and promotion of individualised and person centred care and support for service users.

Service users are advised of what they can do if they are not happy with the service within the Statement of Purpose and Service User Guide. The Service User Guide also provides information regarding what service users should expect from the service, which promotes a rights based approach that empowers service users. It was good to note a number of documents were in 'Easy read format'."

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 inspector sought to assess the day centre's leadership, management and governance arrangements to meet the assessed needs of service users.

There was a clear organisational structure and this information was outlined in the day care settings Statement of Purpose. Staff demonstrated awareness of their roles, responsibilities and accountability.

The registration certificate was up to date and displayed appropriately.

The manager and staff advised there were a range of policies and procedures in place to guide and inform staff and were easily accessible within the day care setting.

A complaints and compliments record was maintained in the day centre. Review of the complaints record evidenced that a number of complaints had been recorded since the previous care inspection, these were resolved satisfactorily.

Discussion with staff confirmed that they knew how to receive and deal with complaints and ensure that the manager was made aware of any complaints. Samples of compliments were available for review and evidenced a high level of satisfaction with the service provided.

Discussions with staff confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. This included the availability of continuous training updates alongside supervision / appraisal processes, an open door policy for discussions with the management team and observation of staff practice. A review of a sample of records verified that staff received supervision sessions and annual appraisals.

Review of the minutes of staff meetings identified that these meetings were held regularly. The areas discussed included:

- Service user feedback
- Service user updates
- Training
- Policies and procedures
- Staffing

The inspector discussed the monitoring arrangements in compliance with Regulation 28 of The Day Care Settings Regulations (Northern Ireland) 2007. The Regulation 28 monthly quality monitoring visits had been undertaken by the responsible person, who demonstrated a good understanding of the setting. Review of quality monitoring reports 2019 confirmed that a quality monitoring visit was undertaken.

The inspector noted some of the comments made by service users, staff and others during quality monitoring visits:

Service users:

- "I get on well with my day care worker."
- "The activities are enjoyable."
- "I enjoy my job and helping in the centre."
- "I always have a good time here."

Staff:

- "The standard of care is very good."
- "Individual needs are met."
- "The team support each other in our work."
- "Good teamwork and everyone pulls together."

Relatives:

- “A good team that support my ***** well.”
- “I’m happy that my *** get choices.”
- “I’m satisfied with the service and staff support.”
- “Staff are approachable and good at communication.”

HSC Trust:

- “The service users are happy and content with the centre.”
- “Good communication.”
- “Clients are encouraged in the day to day running of their room.”
- “Staff are helpful, supportive and friendly.”

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The staff confirmed that this was addressed with staff through their training, supervision and appraisal process. In addition, it was confirmed that the day centre had not received any complaints with respect to equality issues from service users and/or their representatives.

The inspector noted that day centre 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 and support plan is developed.

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

- Effective communication
- Service user involvement
- Adult Safeguarding
- Equity of care and support
- Individualised person centred care
- Individualised risk assessment
- Disability awareness

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, staff supervision and appraisal, compliments received, 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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