

Unannounced Care Inspection Report 5 October 2018



Magherafelt Adult Centre incorporating Sperrin House Satellite Unit

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

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 What we look for



2.0 Profile of service

This is a day care setting with 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 physiotherapy team and has regular input from members of the HSC Trust's Behaviour Support Team.

3.0 Service details

Organisation/Registered Provider: Northern HSCT Responsible Individual: Anthony Stevens	Registered Manager: Amanda Matthews
Person in charge at the time of inspection: Amanda Matthews	Date manager registered: 19/01/2018

4.0 Inspection summary

An unannounced inspection took place on 5 October 2018 from 09.15 to 15.00.

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

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

Evidence of good practice was found in relation to: the care provided for service users, staff and service user relationships, assessment and care planning, involvement of service users in activity programmes including one to one service, staff training and the promotion of independence.

Areas requiring improvement were identified with regard to quality monitoring and fire safety.

Service user's comments:

- "I like coming to the centre."
- "I like ***** he's good."
- "I see all my friends here."
- "The staff are helpful always."
- "***** and other staff help me with my medication."

Staff comments:

- "Supervision is one to one and is regular."
- "My supervisor is excellent and very supportive."
- "Training is effective for me and other staff."
- "The staff work well together."
- "One to one work with service users is challenging, but rewarding when supported by the managers and other staff."
- "The members meetings provide the opportunity for good communication."
- "Good management of staff and an open door policy in place."
- "We have good relationships with parents and carers."

- “The service users respond well to structure and their time away from here during other activities.”

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	1	1

Details of the Quality Improvement Plan (QIP) were discussed with Amanda Matthews, 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.

4.2 Action/enforcement taken following the most recent care inspection dated 2 February 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 29 January 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:

- Records of notifications of significant events
- Quality improvement plan from the previous inspection 2 February 2018
- The RQIA log of contacts with, or regarding the centre.

During the inspection the inspector met with the registered manager, locality manager and seven staff members who spoke enthusiastically and comprehensively of the service provided, four services users and others in the group setting completing their daily activities. All comments received have been added to this report.

The following records were examined during the inspection:

- File records for eight service users, including assessments, care plans and reviews
- Progress records for eight service users
- Care file audits for eight service users
- Quality monitoring reports for the months of February 2018 to September 2018
- Minutes of members/service users’ committee meetings held during 2018
- Record of incidents and accidents
- Selected training records for staff pertaining to:
 - Safeguarding
 - Fire safety

- Medication
- Complaints
- Heart-start
- Dementia
- Dysphagia
- Records of formal supervision for six staff
- The Statement of Purpose 2018
- The Service user Guide 2018
- Fire safety records, including the report of a fire risk assessment dated 2 July 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; no responses were received.

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.

Comment:

- "New manager is great."

The inspector requested that the manager place a 'Have we missed you' card in a prominent position in the day centres two sites 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 and staff for taking time to give their views and co-operation throughout the inspection process.

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 2 February 2018

The most recent inspection of the establishment was an unannounced care type 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 2 February 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 20(1)(b) Stated: First time	<p>The registered person shall review the staffing of Magherafelt Adult Centre to ensure that the employment of any persons on a temporary basis will not prevent service users from receiving such continuity of care as is reasonable to meet their needs. An optimum operating proportion of permanent to temporary staff should be established and this should be included in the Statement of Purpose, in keeping with Regulation 4(1)(c).</p> <p>Ref: 6.6</p>	Met
	<p>Action taken as confirmed during the inspection: The manager was able to produce evidence of the current structure that shows clear evidence of a number of agency and permanent staff in place to meet the needs of service users. The centres statement of purpose has been updated to reflect the current staffing structure.</p>	
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 15.5 Stated: First time	<p>The registered person shall ensure that the report of a care review for the person identified to the manager is sufficiently detailed to meet this minimum standard.</p> <p>Ref: 6.5</p>	Met
	<p>Action taken as confirmed during the inspection: The inspector noted a number of care reviews in place during inspection. The records in place were satisfactory.</p>	

<p>Area for improvement 2</p> <p>Ref: Standard 7.7</p> <p>Stated: First time</p> <p>To be completed by: 30 March 2018</p>	<p>The registered person shall ensure that dates and signatures are present in all of the key parts of the care records examined in Sperrin House and that file audits are carried out regularly to maintain the required standards of record keeping.</p> <p>Ref: 6.5</p>	Met
<p>Action taken as confirmed during the inspection: The inspector noted a number of completed file audits in place during the inspection. Date and signatures and dates were in place.</p>		
<p>Area for improvement 3</p> <p>Ref: Standard 7.4</p> <p>Stated: First time</p> <p>To be completed by: 30 March 2018</p>	<p>The registered person shall ensure that the Sperrin House progress records for the identified service users are kept regularly, up to date and in meaningful detail.</p> <p>Ref: 6.5</p>	Met
<p>Action taken as confirmed during the inspection: All records reviewed during inspection were satisfactory.</p>		
<p>Area for improvement 4</p> <p>Ref: Standard 22.2</p> <p>Stated: First time</p> <p>To be completed by: 30 April 2018</p>	<p>The registered person shall ensure that staff supervision is provided in keeping with the minimum standard.</p> <p>Ref: 6.7</p>	Met
<p>Action taken as confirmed during the inspection: Records of staff supervision reviewed were satisfactory and in line with policy and procedures.</p>		
<p>Area for improvement 5</p> <p>Ref: Standard 3.1</p> <p>Stated: Second time</p> <p>To be completed by: 30 April 2018</p>	<p>The registered provider should ensure that an individual written service user agreement is provided for each service user which details the services to be provided and is in keeping with all aspects of this standard. (A 'Transition Plan', addressing all of the required aspects of the standard, will meet the standard).</p> <p>Ref:6.2</p>	Met
<p>Action taken as confirmed during the inspection: Service user agreements reviewed met the requirement of the previous inspection.</p>		

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.

Discussion with the manager, staff and service users 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 and included external agency staff. 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 are present across both sites on a daily basis.

Records show the number of staff working each day and the capacity in which they worked. Records available for external agency staff were in place and were satisfactory. It appears from records available that the centre endeavours to engage the services of external agency staff on a block booking system that goes some way in ensuring continuity for service users.

Observation and discussion with the staff 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 day 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. One obvious health and safety hazard was identified as corridors leading to fire exits were not clear or free from obstruction. A number of pieces of medical equipment including storage cupboards were present in corridors. An area of improvement was identified.

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 the 28 June 2018. Risk assessments for the centre were available for the inspection completed on the 2 July 2018. Risks had been identified relating to storage in corridors.

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 how 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 identified within their individual care and support plans.

One returned questionnaire 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 and training and effective communication with service users.

Areas for improvement

The agency must review the storage arrangements within the centre as per the fire risk assessment completed 2 July 2018. Standard 28.3

	Regulations	Standards
Total number of areas for improvement	0	1

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.

Eight 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. The inspector noted some of the comments made by service users during their annual review:

- "I like coming to the centre it takes me out and I get to meet friends."
- "I really enjoy the activities."
- "I enjoy all aspects of the group."
- "I'm motivated and happy."
- "I'm happy at present with my care."
- "I enjoy the satellite days."
- "I enjoy attending Sperrin."

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 meetings with service users; team meetings and communication were effective ways of ensuring they were providing effective care.

One 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?

Patients and clients 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. 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
- Outings
- Gardens
- Feedback to other members
- Rotas

One returned questionnaire from a service user 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 through effective communication, supervision, staff meetings and the open door approach provided by the manager.

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 the last eleven months reports 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. A number of reports did not include any discussion with carers or other representatives. An area for improvement has been identified.

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 and staff evidenced that they felt the care provided was well led. 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 herself available as required.

One returned questionnaires 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:

The agency must review their quality monitoring system the reports should include the comments of carers and other service users representatives. A copy of the report should be forwarded to the RQIA until further notice.

	Regulations	Standards
Total number of areas for improvement	1	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Amanda Matthews, registered manager as part of the inspection process. The timescales commence from the date of inspection.

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

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

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

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

Quality Improvement Plan

Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007

<p>Area for improvement 1</p> <p>Ref: Regulation 28.5</p> <p>Stated: First time</p> <p>To be completed by: Immediate from inspection date.</p>	<p>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.</p> <p>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.</p> <p>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken: All Locality Managers are now aware of the detail required in monitoring reports. Monitoring reports have been forwarded to RQIA inspector commencing October 2018, and will continue to be forwarded monthly until further notice.</p>

Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012

<p>Area for improvement 1</p> <p>Ref: Standard 28.3</p> <p>Stated: First time</p> <p>To be completed by: Immediate from inspection date.</p>	<p>The agency must review the storage arrangements within the centre as per the fire risk assessment completed 2 July 2018.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: The back hallway was cleared of all Physiotherapy equipment immediately after inspection as requested. Alternative arrangements have been made within the centre regarding storage of same.</p>

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



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

Twitter @RQIANews