



The **Regulation and
Quality Improvement
Authority**

**Magherafelt Adult Centre incorporating
'Sperrin House Satellite Unit'
RQIA ID: 11126
55 Hospital Road
Magherafelt
BT45 5EG**

**Inspector: Louise McCabe
Inspection ID: IN23709**

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**Unannounced Care Inspection
of
Magherafelt Adult Centre incorporating 'Sperrin House
Satellite Unit'**

13 and 15 October 2015

**The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1. Summary of Inspection

An unannounced care inspection took place on 13 October 2015 from 10.00 to 16.15 and from 10.15 to 16.30 on 15 October 2015. Overall on the day of the inspection the Day Care Setting was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Settings Regulations (Northern Ireland) 2007, The Day Care Settings Minimum Standards 2012.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	3	8

The details of the QIP within this report were discussed with Mr Danny Carron, registered manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Northern HSC Trust/Dr Anthony Baxter Stevens	Registered Manager: Mr Danny Carron
Person in Charge of the Day Care Setting at the Time of Inspection: Mr Danny Carron	Date Manager Registered: 02 October 2013
Number of Service Users Accommodated on Day of Inspection: On 13 October 2015 = 51 in Magherafelt Adult Centre and 10 in Sperrin House satellite unit. On 15 October 2015 = 53 in Magherafelt Adult Centre and 11 in Sperrin House satellite unit.	Number of Registered Places: 91

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

Standard 5: Care Plan - where appropriate service users receive individual continence promotion and support.

Standard 8: Service Users' Involvement - service users' views and comments shape the quality of services and facilities provided by the Day Care Setting

4. Methods/Process

Specific methods/processes used in this inspection included the following:

Prior to the inspection, the following records were examined:

- the registration status of the service
- written and verbal communication received since the previous care inspection
- the returned quality improvement plan (QIP) and it's report from the care inspection undertaken in the previous inspection year.

During the inspection, care delivery/care practices were observed by the inspector and a tour of the general environment took place. During the inspection process the inspector met with 23 service users and had discussions with seven staff and one carer.

The following records were examined during the inspection:

- Seven complaints and five compliments
- Five accidents/untoward incidents
- Statement of Purpose
- Service user's guide
- Minutes of three service user's meetings
- Six service users care files
- Service users annual quality assurance report
- Policies and procedures regarding standards 5 and 8
- Three monthly monitoring reports
- Minutes of three staff meetings.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the day service was an announced care inspection dated 23 and 24 July 2014. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection on 23 July 2014

Previous Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1</p> <p>Ref: Regulation 29</p>	<p>The registered manager must ensure the notifications made to RQIA under regulation 29 are evidenced as forwarded to RQIA by saving the received receipt if emailed or a record of the fax record and receipt. Alternatively record of posting could be provided.</p> <p>Agreed arrangements that evidence submission of regulation 29 reports to RQIA must be reported on the returned QIP.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection: Evidence is retained in Magherafelt Adult Centre of when notifications are forwarded to RQIA. Twenty eight accident and untoward incident records were received by RQIA since Magherafelt Adult Centre's previous care inspection. A random sample of five accident and untoward incidents were reviewed during this inspection. With the exception of one incident, RQIA had been notified in accordance with regulation 29. However a requirement is made in this QIP regarding an incident that occurred in Sperrin House satellite unit on 30 September 2015 as RQIA had not been notified. The manager was advised to retrospectively forward this notification to RQIA.</p>	
<p>Requirement 2</p> <p>Ref: Regulation 14 (3)</p> <p>(standard 7.6)</p>	<p>The registered person must ensure the Magherafelt Adult Centre safeguarding vulnerable adult's regional policy and guidelines are reviewed and amended to ensure the procedure clearly explains who when and how a vulnerable adult concern is reported, who it is reported to and clearly explains the responsibilities of the registered manager.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection: The registered manager devised a protocol/ procedures for Magherafelt Adult Centre and Sperrin House satellite unit regarding the reporting and safeguarding of vulnerable adults. This was completed on 15 September 2014.</p>	

<p>Requirement 3</p> <p>Ref: Regulation 14.4</p>	<p>The registered manager must ensure the incident report dated 25/03/14 (not received by RQIA) which detailed a two person escort; and was a restraint is subject to a post incident analysis. The record in the service users file (file 4) must describe why this intervention was necessary, why it was considered proportionate and how this can be prevented in the future care of the service user. The service user's human rights must also be considered and the record should describe why in this context the restraint was necessary and a proportionate response.</p> <p>Action taken as confirmed during the inspection: The registered manager stated in the completed QIP a 'Use of Physical Intervention' form had been completed and forwarded to the Trust's Positive Behaviour Service (PBSS) on 26 March 2014. The manager acknowledged a copy of this completed form was not initially retained in the service user's care file. A copy of this was retrospectively inserted and observed during this inspection. In order to prevent reoccurrences, the registered manager liaised with the PBSS, their guidance and advice was incorporated into the identified service user's care plan.</p>	<p>Met</p>
<p>Requirement 4</p> <p>Ref: Regulation 14.4</p>	<p>The registered person must ensure the restrictive behaviour management strategy used for the service user identified as (file 1) is reviewed. The review must identify if the restrictive action is an appropriate response to the assessed risks, assess if the actions are compliant with regulations and standards for day care settings; ensure actions taken by staff are not in breach service users human rights or liberty in the day care setting and any management plan agreed must be a proportionate and effective response to the behaviour and risk posed by the behaviour.</p> <p>The returned QIP must report the date the review was undertaken and the outcome of this review.</p> <p>Action taken as confirmed during the inspection: The identified restrictive behaviour management strategy was reviewed on 06 August 2014 via written guidelines from the Consultant Clinical Psychologist. The revised strategy incorporated contact to be made with carers as part of the measures which has replaced the need for restrictive practices and also promotes the service user's independence. The registered manager liaised with the service user's named worker regarding this.</p>	<p>Met</p>

<p>Requirement 5</p> <p>Ref: Regulation 16 (2) (b)</p>	<p>The registered manager must ensure the following service users care plans are reviewed as a matter of urgency to ensure their care plans and assessment are current and responsive to each service users individual needs:</p> <p>File 1:</p> <p>This service user has not had their care plan reviewed since 2011; this was highlighted with the trust social worker in April 2014 however a date has not been set to address this.</p> <p>File 2:</p> <ul style="list-style-type: none"> This service user has not had their care plan reviewed since 2012, this service user has restrictive practices in place as part of their management plan and the care plan requires updating in the service users care plan through the review process. <p>Arrangements to achieve this must be reported on the returned QIP.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The previous completed QIP stated both of the identified service user's care plans were reviewed on 06 August and 11 September 2014 respectively. These reviews were completed in consultation with the Trust's PBSS.</p>		
<p>Requirement 6</p> <p>Ref: Regulation 20 (1) (a)</p>	<p>The registered manager must send the inspector the content of the RESPECT training delivered to staff in September 2013 to assure the staff are adequately trained to meet the behaviour needs of the service users in the day care setting and the care plans in place.</p> <p>This must be forwarded to RQIA with the quality improvement plan.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The registered manager forwarded the care inspector the requested information by email on 21 August 2014.</p>		

<p>Requirement 7</p> <p>Ref: Regulation 20 (1)</p>	<p>The registered manager must ensure there is a competency assessment in place for each individual staff member who acts in up the manager's absence. The assessment should assesses if they are knowledgeable regarding their role and responsibilities when acting up in the manager's absence and confirms they can competently and effectively undertake this role. Any deficits in knowledge, training or competency must be addressed in an action plan and acting up arrangements should not be put in place until this assessment is satisfactory and evidences competence.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection: Confirmation was obtained via the previous completed QIP which stated competency assessments were completed with five band 5 day care workers. These assessments showed all five staff were knowledgeable regarding their role and responsibilities when acting up in the manager's absence and confirmed they can competently and effectively undertake this role. Any training areas were identified in the respective staff member's annual personal development plan.</p>		
<p>Requirement 8</p> <p>Ref: Regulation 20 (1)</p>	<p>The registered person must ensure the regulation 28 reports identify the actual staffing arrangements in place for the month being inspected and form a view regarding: the effectiveness of staffing arrangements; and compliance with regulations and standards including is the service meeting their statement of purpose, service users care plans and the monitoring the environment of the day centre and the satellite service</p> <p>The regulation 28 reports for the next four months should be submitted to RQIA at the end of each month to examine compliance in this regard.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection: Four monthly monitoring reports were forwarded to RQIA and all detailed compliance with regulations, minimum care standards; staffing arrangements; statement of purpose; care plans and the environment in both the main centre and in Sperrin House satellite unit.</p>		

<p>Requirement 9</p> <p>Ref: Regulation 20 (2)</p>	<p>The registered manager must ensure staff training, supervision, and appraisal arrangements are compliant with the day care settings standards. Records regarding the same must be available for inspection and evidence compliance in this regard.</p> <p>Action taken as confirmed during the inspection: Evidence was obtained during this inspection to conclude formal supervision and annual appraisal of staff is occurring and is compliant with regulation 20(2) and standard 22.</p>	<p>Met</p>
<p>Requirement 10</p> <p>Ref: Regulation 20 (2)</p>	<p>The registered manager must ensure when staff act in the managers absence that there is adequate staffing arrangements to cover the day care workers duties in their absence.</p> <p>Arrangements in this regard must be reported on the returned QIP.</p> <p>Action taken as confirmed during the inspection: The registered manager stated <i>“the nominated person in charge in the absence of the manager, will have staff support in the room base to meet the needs of service users, according to the agreed staffing levels linked with category of need.”</i> The Locality Manager is informed of the manager’s absence and can provide support and advice as required, as can the managers of other centres in the locality. Staff have access to their contact numbers. Colour coded staffing rotas are in place regarding each group room and includes designated individuals responsible for identified service users. When the manager is absent, the name of the nominated person to be in charge is stated on the rota. Discussions with care staff on the day of this inspection reflected this.</p>	<p>Met</p>
<p>Requirement 11</p> <p>Ref: Regulation 19 (2) Schedule 5.9</p>	<p>The registered manager must ensure the complaint made to RQIA and passed to the trust to investigate is recorded in the complaint record with the outcome of the complaint and if the complainant is satisfied with the outcome.</p> <p>Action taken as confirmed during the inspection: The complaints record was updated to reflect details of the complaint made to RQIA. This was investigated by the Trust and the complainant was unsatisfied with the outcome/s of the action taken. This was shared with senior line management in the Trust who advised the complainant of the full complaints process.</p>	<p>Met</p>

Requirement 12 Ref: Regulation 26 (2) (b)	The responsible person must ensure the walls in the orange room are painted.	Met
	Action taken as confirmed during the inspection: The walls in the identified group room were painted on 17 November 2014.	

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 7.1	The registered manager must submit copies of the following policies and procedures pertaining to: <ul style="list-style-type: none"> • arrangements for access to records • communication • confidentiality • consent • monitoring of records • service user agreement. <p>The returned QIP must also assure the inspector staff do have access to these policies and procedures.</p>	Met
	Action taken as confirmed during the inspection: The above policies and procedures were forwarded to the care inspector.	
Recommendation 2 Ref: Standard 7.2	The registered manager should ensure service users and or representatives are informed regarding the information that is recorded about them by staff, how this is stored and how they can access this information if they wish to.	Met
	Action taken as confirmed during the inspection: This recommendation was discussed with service users during a committee meeting. Centre procedures are in place for service user induction which included information on the different types of documentation retained about them; how this is stored and how they go about accessing this information. The majority of service user documentation is completed in a user friendly format with signs, symbols or pictures.	

5.3 Standard 5: Care Plan - Where appropriate service users receive individual continence promotion and support

Is Care Safe?

The day service has corporate Trust policies and procedures pertaining to assessment, care planning and review. There are also associated guidance and information available for staff.

The policies and procedures regarding standard 5 were:

- Continence Management
- Care Management Guidelines.

Staff, where appropriate and safe, encouraged and enabled service users to make their own decisions and be as independent as possible. Service users were discreetly supported by staff when this was needed. Discussions with staff reflected a person centred approach was used with service users.

With regards to continence promotion, discussions with care staff concluded there were an identified number of service users attending the centre assessed to need staff support and assistance with their personal care. Discussions with service users able to verbalise their views and opinions concluded staff were discreet when approaching them to provide support and assistance. They said staff were sensitive and respectful; they preserved their dignity and they try their best to make them feel at ease and comfortable throughout the personal care process. No issues were raised.

It can be concluded care was safe in Magherafelt Adult Centre and Sperrin House satellite unit.

Is Care Effective?

Six service user's care files were reviewed during this inspection. Three of the six service user's assessments had not been reviewed in the previous year. This is not compliant with standard 4.4 and this lack of review was discussed with the registered manager. Care plans were reviewed by staff with service users on a systematic basis or when changes occurred. The statement of purpose details an overview of the information that should be included in a service user's care plan.

Review of six service user's care plans showed these to be person centred, comprehensive and reflective of the individual's needs. They were completed in easy read versions, with simple colourful pictures, signs and symbols. With regards to continence promotion with service users; positive comments were shared with the registered manager as the care plans reflected:

- How the service user was approached
- The language used by staff
- If a preferred bathroom is used
- The name and size of continence product used and where this is stored
- The name and type of equipment used and the type and size of sling
- The number of staff needed to provide assistance
- The level of staff support and assistance needed

- If a change of clothes is available and where these are located.

Discussions with seven care staff and one carer concluded staff were respectful, sensitive and diplomatic in the language used to support and assist service users. Staff described how they ensured service user's privacy and dignity were respected; and were knowledgeable about the use of hoists, slings, personal protective equipment and where continence products are stored. Staff explained some service users only need staff support to orientate them to the bathroom; others need one staff member and some require the help of two staff. Several service users have a preference regarding the bathroom they use. Discussions with staff concluded they have a working knowledge of current best practice with regards to infection, prevention and control and have received training on this.

It can be concluded care was effective in Magherafelt Adult Centre and Sperrin House satellite unit.

Is Care Compassionate?

Discreet observations of care practices found that service users were treated with sensitivity, friendliness, care and respect. Where appropriate service users were encouraged to make their own decisions, be independent and were supported by staff; when this was needed. Staff presented as knowledgeable, experienced and compassionate.

Discussions took place with a total of 23 service users, mostly individually, however the inspector met with several service users in small groups around tables in the dining room. Service users said staff were sensitive and respectful if they needed support or assistance with going to the toilet. During conversations service users said staff encouraged them to be as independent as possible and preserved their dignity.

It can be concluded care was compassionate in Magherafelt Adult Centre and Sperrin House satellite unit.

RQIA Questionnaires

As part of the inspection process RQIA questionnaires were issued to staff and service users.

Questionnaire's issued to	Number issued	Number returned
Staff	5	1
Service Users	5	2

Review of completed questionnaires evidenced all of the service users were either very satisfied or satisfied regarding the care and support they receive; that staff respond to their needs and that they feel safe and secure in the centre. The following qualitative comments were recorded:

- *"Staff are very good and kind. They always help me."*

One service user had stated he/she was unsatisfied with staffing levels being appropriate at all times. RQIA contacted the registered manager on 06 November 2015 to request he follows up on this matter.

The staff member stated they were satisfied or very satisfied concerning their responses to most of the questions which included the following:

- the training received by the Trust in core values;
- communication methods;
- mental health including dementia;
- continence management;
- access to continence products;
- personal protective equipment (PPE);
- how to assist and support a service user with their personal care needs.

The staff member stated he/she was unsatisfied regarding the following:

- the training on reporting poor staff practice and whistle blowing.
- the centre's environment is not appropriate in meeting service users care, health and welfare needs. He/she stated: "staff do not have time to spend time with service users to talk to them off what they need, want and enhance their interests and social needs. All care is done in a rush.... Day care workers doing rota do not share staff to all rooms fairly, there's no management input in this area. Service users in rooms suffer because of this".
- Service users are not afforded privacy, dignity and respect at all times.
- Service users are not encouraged to retain their independence and make choices.
- The staff member stated he/she does not have time to listen and talk to service users.
- Care is not provided based on individual service user's needs and wishes.
- Service users are not involved in and given opportunities to influence the running of the centre.
- Systems are not in place in the centre to seek service users' views and opinions.

RQIA contacted the registered manager on 6 November 2015 requesting he follow up on all of the matters raised. The overall assessment of this standard showed the quality of care to be compassionate, safe and effective.

Areas for Improvement

Two identified areas for improvement are needed regarding RQIA's review of standard 5. These matters concern:

1. The review of service user's assessments.
2. Follow up on the issues raised by the service user and staff member.

Number of Requirements:	0	Number of Recommendations:	2
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5.4 Standard 8: Service Users' Involvement - Service users' views and comments shape the quality of services and facilities provided by the Day Care setting

Is Care Safe?

The day service has corporate Trust policies and procedures pertaining to service user involvement; communication and complaints. There are also associated guidance and information available for staff. The following procedures were in place:

- Complaints and Service User Feedback Policy
- Personal and Public Involvement Strategy
- Good Relations Strategy.

Discussions with 23 service users, seven staff, one carer and the manager reflected how service users were involved in the running of the service. Examples were given about how staff and management have responded to their suggestions, views and opinions. Review of the minutes of service users meetings and discreet observations of staff interactions with service users concluded safe care was delivered in Magherafelt Adult Centre and Sperrin House satellite unit.

Is Care Effective?

Discussions with the manager, 23 service users and review of documentation show management and staff actively encouraged service user involvement in all aspects of their work.

Examples were given by service users of how staff ensured these were obtained, for example: there is a suggestion box in the reception area; informal discussions with staff, service user meetings; annual quality assurance surveys; three monthly newsletter and their annual review of their day care placement.

Service users committee meetings were held on a bi monthly basis and the minutes of three meetings were examined to evidence this. Each group room in Magherafelt Adult Centre Centre have monthly meetings. The minutes of three service users meetings which had taken place on 07 July; 27 August and 02 October 2015 showed these were qualitative and informative. They contained an agenda, the names of the service users who attended and a summary of discussions. However they did not reflect if any action was needed and who would be responsible for this. The minutes of a service users' group meeting held on 07 July 2015 showed a service user asked for sun blinds for service users in wheelchairs on the buses. This was agreed by the manager but the minutes did not state who was responsible for purchasing these. The minutes of the next group meeting did not comment on this. The minutes of the wider service user committee stated these were not purchased but no follow up action was recorded. This was discussed with the manager and assurances given the sun blinds would be purchased within the week. Improvements are needed regarding the minutes of meetings as these should state the action/s required, who is responsible with specific time frames. There was evidence that service users views and opinions are sought and form the basis of all discussions.

In accordance with day care regulations, day services are involved in the annual reviews of service user's day care placements. Review of five service user's annual review reports took place during this inspection. Three of the five review reports concerned service users who have no verbal speech. Improvements are needed in initial and annual review reports concerning the quality of recording of service user's satisfaction levels about their day care experience. It is acknowledged this can be challenging for staff regarding service users who have no speech. Care records should be objective and reflect a summary of observations of the individual's non-verbal communication, for example: their facial expressions; body language, behaviours. In terms of advocacy, the views and opinions of the service user's carer or their representative should be recorded. This is an identified area for improvement. In contrast the inspection concluded the views and opinions of service users verbally able to express themselves were recorded. These were qualitative and positive about the day service.

Standard 8.4 states service user's views and opinions about the running and quality of the service are sought on a yearly basis. The most recent annual quality assurance service user survey was distributed to 61 service users and their representatives in June 2015. Positive comments were shared with the registered manager about the easy read colourful pictorial surveys which had 'yes' and 'no' signs and symbols for the service user to indicate their level of satisfaction. The manager said the Trust's Adult Learning Disability Speech and Language Therapy team were involved in devising the surveys in consultation with service users. The surveys encompassed the quality of care following areas: quality of day activities/staff/ environment/transport. A sample of the questions asked included:

- "Do you enjoy coming to the centre?"
- "Are you happy with the building and facilities?"
- "Are the staff and management helpful to you?"
- "Are staff kind and caring towards you?"
- "Do you feel listened to?"
- "Do you feel you are involved in planning your day?"
- "What activities do you do in the centre?"
- "Did you get to choose these activities?"
- "Do you enjoy these activities?"
- "Are there any other activities that you would like to do?"
- "Do you take part in any communication or music groups?"
- "Is there anything else you would like to say about the activities in Magherafelt Adult Centre?"

Twenty completed questionnaires were received. An evaluation report had been completed, it was informative and qualitative. A summary of qualitative comments were included along with action points. This was completed in an easy read version and shared with service users in group meetings and committee meetings. Positive comments were shared with the manager regarding the qualitative report.

Complaints

Since the previous care inspection, seven complaints had been recorded in Magherafelt Adult Centre's complaints record. These had been investigated and six of the seven complaints records were responded to in accordance with minimum standard 14.10. The concern recorded on 16 September 2014 did not state if the complainant was or was not satisfied with the outcome of the investigation. This was discussed with the registered manager who explained the service user was satisfied with the outcome and he had forgotten to record this. The manager informed RQIA of the details of this during the inspection, and the identified service user told the inspector he was happy with the outcome. The manager was asked to retrospectively record this. He said a new template to record complaints was devised at the end of 2014. This recording template contains specific columns with headings so that all relevant information regarding standard 14 is recorded.

A discussion took place with the manager about a complaint that had been made prior to Magherafelt Adult Centre's previous care inspection on 24 July 2014. Improvements are needed when complaints are not resolved at a local level (by the manager of the centre) and are investigated by senior line management in the Trust. Senior line management in the Trust should share the following information with the registered manager in a timely manner:

- (a) a summary of the outcome/s of the investigation.
- (b) if the complainant was or was not satisfied with the outcome/s.
- (c) if the complainant was unsatisfied with the outcome/s, they were informed of the next step of the Trust's complaints process.

The centre's complaints record can then be updated by the manager and available for inspection purposes.

Discussions with service users concluded they are aware of the centre's complaints process. Service users said they would have no difficulty raising any areas of dissatisfaction, concern or complaint with staff or the manager.

Compliments

Five compliments received by the centre since the previous inspection were examined. These were all very positive about staff and the centre.

Monthly Monitoring Reports

Three monthly monitoring reports completed in July, August and September 2015 were reviewed during this inspection. The monthly monitoring reports were informative, qualitative and generally reflected the views and opinions of approximately four – six service users and one carer /representative each month.

It can be concluded the quality of care provision in Magherafelt Adult Centre and Sperrin House satellite unit was effective.

Is Care Compassionate?

Discreet observations of care practices found that service users' were treated with respect, kindness and care.

Discussions took place with a total of 23 service users, individually or in groups of two. A number of service users were unable to verbally communicate with the care inspector but observations of their facial expressions; body language and behaviour indicated they were comfortable and at ease in the centre. Observations of interactions between service users and care staff showed they were treated with respect and kindness.

Discussions with 23 service users concluded they enjoy attending Magherafelt Adult Centre and Sperrin House satellite unit. Service users informed the inspector staff frequently ask them for their views and opinions about different aspects of the day service.

A sample of the comments made by service users about the Magherafelt Adult Centre service included:

- *"I love coming here, I like the staff and my friends. The best thing about the centre is my job of shredding".*
- *"I like it a lot".*
- *"I like it here, I enjoy drawing".*
- *"I love it, my favourite is coming up to Christmas. I love the foot spa on Mondays and Thursdays. I like the cookery on Wednesdays".*
- *"I like coming here, it takes me out of the house. It's good for me to mix with people. I like to help out at the green gym on a Tuesday. I enjoy cooking".*
- *"I enjoy the trampoline the best, it's on a Wednesday. I like everything and going out on the bus".*
- *"I like it here, especially the jigsaws".*
- *"I love the centre. On Mondays I do art, on Thursday I do computers and on Friday I like cookery. The most favourite thing about coming to the centre is my taxi man".*
- *"The staff are kind. They listen to us and I go to them if I need help".*

Another service user raised several areas of dissatisfaction, these concerned:

- the unfairness of some service users getting their lunch before others;
- an outside smoking shelter
- wanting a shredding machine for his/her group room
- having no one to play pool with in the centre.

The service user said they have spoken to staff in their room about these matters and discussed same with the manager. These were shared with the manager who explained he had met with the service user on numerous occasions explaining the reasons for each of the areas raised. The service user was advised of the next steps in the centre's complaints process and raised his/her issues with the director in the Trust. No other concerns were raised.

A sample of the comments made by service users about the Sperrin House satellite unit included:

- *"I love it. I like coming here. I watch television and enjoy the relaxation".*
- *"I like it, it's good here".*
- *"I like the art and drawing pictures".*
- *"It's alright here and I'm looking forward to getting our games room all sorted".*
- *"It's nice here, I like being here better than being in the centre. We're getting a games room. I love the big televisions that we have. The staff treat us well".*
- *"I like the way we get out and about on the bus. The staff are good and I love our big televisions".*

No concerns were raised by service users in Sperrin House.

It can be concluded the quality of care provision in Magherafelt Adult Centre and Sperrin House satellite unit was safe, effective and compassionate.

Areas for Improvement

Three areas for improvement were identified as a result of examination of this standard. These regarded:

1. Complaints.
2. Minutes of service users' meetings.
3. Service user's initial and annual review reports.

Number of Requirements	0	Number Recommendations:	3
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5.5 Additional Areas Examined

5.5.1. Accidents and Untoward Incidents

Five accident and untoward incident forms were randomly sampled during this inspection. With the exception of one incident which occurred in Sperrin House satellite unit on 30 September 2015; the records were being maintained in accordance with regulation 29. RQIA were not notified of the incident on 30 September 2015 and this was discussed with the manager. The manager was asked to retrospectively forward this notification to RQIA.

5.5.2. Safeguarding Vulnerable Adults

A discussion took place with the manager about vulnerable adult referrals to the Trust's safeguarding team concerning service users attending Magherafelt Adult Centre. The registered manager said he has been waiting on updates and outcomes of several safeguarding investigations. Improvements are needed regarding timely communication from the Trust's safeguarding team to the manager of the outcomes of vulnerable adult referrals and their associated investigations. On receipt of this information the registered manager should ensure, where appropriate, the service user's care plan is updated.

5.5.3. Environment

The general décor and furnishings were fit for purpose and there were displays of service user's photographs, art work and pictures on walls and notice boards around the centre. The centre was observed to be clean, tidy and generally well maintained.

Improvements are needed in the disabled bathroom used by service users in the yellow group room. Discoloured and mouldy patches were observed on one identified wall, there were also numerous sticky patches and small lumps noted on this wall. The manager explained there had been a leak behind the plaster board wall. This was reported to the Trust's estates department approximately three years ago; the leak was repaired and several attempts have been made to remove the discolouration, lumps and sticky patches. PVC panels were purchased but have not yet been fitted. The wall in this current condition is unacceptable and in the interests of infection prevention and control and the health and safety of service users; the registered persons must urgently address this. A requirement is made about this in the QIP. Appropriate storage is also needed in this bathroom.

Personal protective equipment (PPE) was observed to be openly stored on shelves in toilets and bathrooms in Magherafelt Adult Centre and Sperrin House satellite unit. PPE should be in closed storage. This is an identified area for improvement.

5.5.4. Sperrin House Satellite Unit

The general décor and furnishings were fit for purpose and there were displays of service user's photographs, art work and pictures on walls and notice boards around the centre. The centre was observed to be clean, tidy and well maintained. Positive comments were shared with staff and service users regarding the Sperrin House satellite unit environment.

The flooring in one identified toilet needs to be addressed as a small area of concrete was noted around the pedestal base of the toilet where previously there had been floor tiles. With regards to infection prevention and control, this was discussed with staff. Improvements are needed to ensure the floor can be easily cleaned. PPE was observed on the window sill in one identified toilet, in the interests of infection prevention and control, PPE should be in closed storage. Discussions with two care staff concluded storage is needed in the large group room used by service users. Improvements are needed in the areas of storage and PPE should be in closed storage in bathrooms or toilets.

A discussion took place with staff regarding the needs of two identified service users, the positioning of one individual and the sensory needs of another individual. Staff were advised to liaise with the manager to ensure referrals are made to the appropriate professionals so that assessments can be undertaken. If the outcomes of the respective professional's assessments indicate changes or adaptations to the environment (concerning service user's with a visual impairment) are needed; these must be put in place and the necessary equipment provided regarding the other identified service user.

5.5.5. Service User's Progress Care Notes

Review of the progress care notes in six service user's care files evidenced subjective language is recorded for example: "*in good form*", "*in quiet form*" etc. The registered manager was advised to meet with care staff about the need for objective recording in care notes. Subjective written language should be avoided unless it is reinforced with visual observations of the service user's facial expressions; body language, behaviour etc. This is an identified area for improvement.

5.5.6. Minutes of Staff Meetings

The minutes of three staff meetings were reviewed during this inspection. The minutes contained an agenda, the names of who attended and a summary of discussions, however they did not specify if action was needed; who was responsible or time frames. This is an identified area for improvement.

Areas for Improvement

Seven areas for improvement were identified as a result of the examination of additional areas. These areas concerned:

1. Notification of accidents and untoward incidents to RQIA.
2. Safeguarding Vulnerable Adults.
3. Health and safety of service users.
4. Service users progress care notes.
5. Storage.
6. Infection prevention and control.
7. Minutes of staff meetings.

Number of Requirements	3	Number Recommendations:	4
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6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Danny Carron, registered manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Day Care Settings Regulations (Northern Ireland) 2007.

6.2 Recommendations

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

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to day.care@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory Requirements

<p>Requirement 1</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p> <p>To be Completed by: Immediate and ongoing</p>	<p>The registered manager must ensure all notifiable accidents and untoward incidents as per regulation 29 are reported to RQIA in compliance with this regulation and RQIA's revised provider guidance. The notification of 30 September 2015 must be retrospectively forwarded to RQIA's Incidents Team.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: This notification has been completed and forwarded to RQIA on 16.10.15. Manager will ensure that all notifiable accidents and untoward incidents will be sent to RQIA as per regulation 29.</p>
<p>Requirement 2</p> <p>Ref: Regulation 26(2)(b)(d)(j)</p> <p>Stated: First time</p> <p>To be Completed by: 14 January 2016 for (a) 16 November 2015 for (b) Immediate and ongoing for (c)</p>	<p>In the interests of infection prevention and control and the health and safety of service users; the registered persons must:</p> <ul style="list-style-type: none"> (a) Make good the identified wall in the disabled bathroom located in the yellow group room. (b) Ensure appropriate flooring is in place in the identified toilet in Sperrin House satellite unit so this can be easily cleaned. (c) Ensure personal protective equipment (PPE) is in closed storage. <p>The completed QIP must state the action taken with dates for completion.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: a/ Minor Works requests have been forwarded to Estates dept. on: original - 09.05.15 resent - 27.10.14; resent - by email - 17.09.15 and 02.10.15. Approval for costing has been obtained from director. Manager has informed director of estates of completion date of 14.01.16 as stipulated in QIP.</p> <p>b/ work has been completed on 10.11.15</p> <p>c/ PPE is now in closed storage</p>

<p>Requirement 3</p> <p>Ref: Regulation 13</p> <p>Stated: First time</p> <p>To be Completed by: 23 October 2015</p>	<p>With regards to the health, safety and positioning of service users; the registered manager must ensure referrals are made to the appropriate professionals regarding two identified service users in Sperrin House satellite unit.</p> <p>If the outcomes of the respective professional's assessments indicate changes or adaptations to the environment (concerning service user's with a visual impairment) are needed; these must be put in place and the necessary equipment provided.</p> <p>The completed QIP must specify the action taken as a result of both matters above.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Referral has been made to physiotherapist and to visual impairment officer by agreed date. Recommendations have been put in place.</p>
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Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 4.4</p> <p>Stated: First time</p> <p>To be Completed by: Immediate and ongoing</p>	<p>The registered manager should ensure systems are in place for the review of all service user's assessments on an annual basis or sooner if the individual's needs change.</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken: Annual reviews are held annually or as required in conjunction with support services. Manager will ensure that reviews are up to date. Audit checklists are in place at the front of each service users file - to be checked during supervision; monitor visits; perr audits.</p>
<p>Recommendation 2</p> <p>Ref: Standard 7</p> <p>Stated: First time</p> <p>To be Completed by: Immediate and ongoing</p>	<p>The registered manager should ensure staff use objective language in service user's progress care notes. Subjective language for example: 'In good form', 'in quiet form' etc should be avoided unless backed up with visual observations of the service user's facial expressions; body language, behaviour etc.</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken: This has been raised with team during team meeting on 10.11 15. manager will be requesting further training in 2016 on report writing. care notes / records will be monitored during supervision; monitor visits; peer audits.</p>
<p>Recommendation 3</p> <p>Ref: Standard 8.5 and 23.8</p> <p>Stated: First time</p> <p>To be Completed by: Immediate and ongoing</p>	<p>In relation to the minutes of service users' (standard 8.5) and staff meetings (standard 23.8), the registered manager should ensure if any action is needed, this is specified along with the name of who is responsible with a time frame. The minutes of the subsequent meeting should state if this action was taken.</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken: This is now in place and minutes from meeting on 29.10.15 have been recorded in revised format as will future minutes.</p>

<p>Recommendation 4</p> <p>Ref: Standard 13.7</p> <p>Stated: First time</p> <p>To be Completed by: Immediate and ongoing</p>	<p>With regards to safeguarding of vulnerable adult referrals from Magherafelt Adult Centre and effective communication; the registered person should ensure the registered manager is updated in a timely manner about the outcome/s of the safeguarding investigation. On receipt of this information the registered manager should ensure, where appropriate, the service user's care plan is updated.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Manager has requested update on progress re SVA from senior managers and this will be raised with the relevant sage guarding team re receipt of SVA closures by managers. In the meantime manager continues to update care plan as relevant to ensure internal safeguards are in place with support from relevant services/</p>
<p>Recommendation 5</p> <p>Ref: Standard 14.10</p> <p>Stated: First time</p> <p>To be Completed by: Immediate and ongoing for all</p>	<p>In relation to centre's complaints record; when complaints are investigated by senior line management in the Trust, the registered person should ensure the following information should be shared with the registered manager in a timely manner:</p> <ul style="list-style-type: none"> (a) a summary of the outcome/s of the investigation. (b) if the complainant was or was not satisfied with the outcome/s. (c) if the complainant was unsatisfied with the outcome/s, they were informed of the next step of the Trust's complaints process and this is recorded. <p>The centre's complaints record can then be updated by the manager and made available for inspection purposes.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: This information has been shared with manager by senior manager and record has been updated accordingly.</p>
<p>Recommendation 6</p> <p>Ref: Standard 15.5</p> <p>Stated: First time</p> <p>To be Completed by: Immediate and ongoing</p>	<p>With regards to service users with no verbal communication; the registered manager should ensure the initial and annual review reports of these individuals reflect their views and opinions of the centre. This could be undertaken via summaries of observations of their facial expressions; body language and behaviour. It is good practice for staff to seek and record the views and opinions of their carer or representatives.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: This has been discussed within staff team. There is a section in the care plan meeting report to record views of service user / representatives and manager will ensure that this section is completed. Manager has discussed with staff ways of capturing the views and opinions of with service users with limited / no verbal communication and this will be incorporated into the report.</p>

<p>Recommendation 7</p> <p>Ref: Standard 25</p> <p>Stated: First time</p> <p>To be Completed by: 16 January 2016</p>	<p>The registered manager should ensure a review of storage provision is undertaken in both the disabled bathroom used by service users, in the yellow group room and in Sperrin House satellite unit. If this review concludes additional storage is needed, the completed QIP should state the action to be taken with timescales.</p>		
<p>Recommendation 8</p> <p>Ref: Standard 21 and 23</p> <p>Stated: First time</p> <p>To be Completed by: 7 December 2015</p>	<p>The registered manager should ensure all of the concerns raised by the service users and the staff member are investigated, appropriate action taken and records are made accordingly of same.</p>		
	<p>Response by Registered Person(s) Detailing the Actions Taken: Request for wipeable storage space is in the minor works re the bathroom in the yellow room and this is being followed up by manager with request for work to be completed by 16.01.16. Storage boxes and a lockable cupboard have been ordered for Sperrin House - expected date of arrival by 31.12.15</p>		
<p>Registered Manager Completing QIP</p>	<p>Danny Carron</p>	<p>Date Completed</p>	<p>07.12.15</p>
<p>Registered Person Approving QIP</p>	<p>Tony Stevens</p>	<p>Date Approved</p>	<p>09/12/15</p>
<p>RQIA Inspector Assessing Response</p>	<p>Louise McCabe</p>	<p>Date Approved</p>	<p>Awaiting follow up by Gemma Mulholland in estates regarding requirement 2 and recommendation 7 (completion dates are 14 and 16.01.16)</p>

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