

Unannounced Care Inspection Report 20 January 2020



Lurgan Road Day Care Services

Type of Service: Day Care Service
Address: 76 Lurgan Road, Portadown, BT63 5QR
Tel No: 02838392170
Inspector: Maire Marley

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 a maximum of 30 places for service users who receive day care and day time activities for adults living with a learning disability. The day activities are delivered in two buildings on the same site and operated from Monday to Friday. Closure takes place during statutory holidays. Full information on the day care service is reflected within the service user guide and statement of purpose.

3.0 Service details

Organisation/Registered Provider: Praxis Care Group	Registered Manager: Mrs Vanessa Coulter
Responsible Individual(s): Mr Andrew James	
Person in charge at the time of inspection: Assistant Manager	Date manager registered: 11 May 2010
Number of registered places: 30	

4.0 Inspection summary

An unannounced inspection took place on 20 January 2020 from 11.00 to 15.00.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003. The Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

RQIA, as a public-sector body 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 day care setting was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to care records, staff training, activities, communication with service users, families and health professionals and the general environment.

Three areas of improvement was identified during this inspection in relation to maintaining competency and capability assessments for any person left in charge of the centre, evidence required in regard to Access NI and improvements in regard to content of monthly monitoring reports.

Service users said:

- "This is a safe place, we are looked after well."
- "I like the staff they are really good to us."

Comments made by service users during the inspection were very positive and complimentary regarding the safety of the service, the staff and the management team. Their comments confirmed that staff treat them in a polite dignified manner.

The findings of this report will provide the day care setting 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	2

Details of the Quality Improvement Plan (QIP) were discussed with assistant 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 29 January 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 29 January 2019.

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
- unannounced care inspection report dated 29 January 2019

During the inspection the inspector was introduced and spoke informally to all service users, spoke to four service users privately, six service users during their lunch break and spoke with two staff members.

Service Users' comments during the inspection:

- "Staff know all of us really well and we get on very well, just like a big family."
- "If I had any complaints I would talk to any of the staff and they would always help me."

Staff comments during inspection:

- "The care here is very safe and this is because of good recruitment practices, staffing, training and supervision."
- "We deliver very effective care."

A range of documents, policies and procedures, relating to the service were reviewed during the inspection and are referred to within the body of the report.

Ten service user and/or representatives' questionnaires were provided for distribution. The ten returned questionnaires were positive in the responses to the questions in regard to "is Care Safe, "Is Care Effective," "Is Care Compassionate," "Is the Service Well Led."

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 assistant manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 29 January 2019

The most recent inspection of the day care setting 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 29 January 2019

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 26 (2)(d) Stated: First time	The registered person shall ensure that all areas within the day care setting are clean and that the general cleanliness of the day centre is maintained at all times. Ref: 6.4	Met
	Action taken as confirmed during the inspection: Information in the returned QIP detailed that the centre had been deep cleaned following the previous inspection. The assistant manager reported that the cleaning had been contracted to an external body however these arrangements had ceased recently and cleaning was currently undertaken by the day care staff. Management are monitoring the	

	cleaning on a weekly basis. A tour of the building confirmed that on the day of inspection the day care setting presented as clean and well organised.	
Area for improvement 2 Ref: Regulation 14 (4) Stated: First time	The registered person shall ensure any restrictive practice is reviewed and imposed for no longer than necessary and that each person has a restrictive intervention reduction programme in place. Ref. 6.4	Met
	Information in the returned Quality Improvement Plan along with discussion with staff and evidence viewed in care plans confirmed restrictive practices are reviewed on a regular basis.	

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.

On the day of the inspection, the day care centre was well maintained and in good decorative order, with no obvious hazards for service users or staff noted.

The manager was not available and an assistant manager had assumed responsibility for the centre in her absence, the assistant manager was fully familiar with her role and responsibilities in regard to the daily management of the centre and detailed the support provided by the management team. On the day of inspection there was no evidence of a competency and capability assessment in place for the assistant manager and this has been stated as an area for improvement.

The assistant manager described the staffing arrangements which had been assessed as necessary to provide a safe service in the setting. Assurances were provided that sufficiently qualified, competent and experienced persons are working in the centre to meet the range of needs accommodated.

A sample of duty records examined contained details of the number of staff on duty; hours worked and confirmed that staffing levels were maintained. Effective arrangements are in place to support staff and included structured induction, training, supervision and appraisals.

Examination of an induction programme confirmed that all new staff receive a structured induction to ensure they are familiar with service users' needs along with the setting's routines and procedures. Staff are supported to complete the induction standards workbook set down by The Northern Ireland Social Care Council (NISCC). A review of an induction record relating to a staff member who had transferred from a supported living service within the organisation to the day centre was examined and found to contain the relevant information; a further record was also reviewed and confirmed that induction records were signed and dated appropriately.

The review of training records found that all mandatory training was up to date; in addition, staff had accessed other training and development courses relevant to the needs of service users.

The inspector was told that all records relating to recruitment and selection were maintained in the central office and confirmation is forwarded to the day care setting when the full recruitment process is completed. In two records it was noted the manager had received an email confirming the Access N.I checks were completed. No further information was available. A record confirming all documents as detailed in Regulation 21 (2) (b) has been received should be in place. This record should include the date the access NI was received along with the reference number; evidence of I.D should be on file prior to a staff member commencing duty.

Discussion with the assistant manager and staff confirmed there was a clear pathway for staff to follow in relation to referring any safeguarding concerns to the appropriate professionals. Staff demonstrated their awareness of their safeguarding roles and responsibilities and confirmed that they would have the confidence to report any concerns in regard to a service user's well-being or a colleague's poor practice and were confident they would be supported by management. Training records sampled confirmed that training was up to date and had been provided for staff on 26 September 2018.

Regular health and safety checks were in place to ensure a safe environment was maintained. A fire risk assessment dated 19 June 2019 with a further review planned for June 2020. No significant findings were identified. Records showed that a fire evacuation had taken place on 29 July 2019 and fire training was up to date.

Arrangements had been implemented in regard to the recording and reporting of accidents and incidents. A review of the accident records from April 2019 to 20 January 2019 confirmed that there had been two accidents/incidents dated 05/12/2019 and 23/12/2019 recorded during that period. The accidents/incidents had been managed appropriately. One accident had been notified to RQIA as required.

A range of policies in keeping with Department of Health (DoH) Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998) were in place. Records showed that staff had attended training on restrictive practice on 3 September 2019 and the assistant manager confirmed this included information on the Mental Capacity Act and the implications of this legislation for day care.

Records relating to restrictive practices were inspected. The records detailed the service user's care plans and included behaviour management interventions that might be restrictive were also assessed.

There was clear guidance regarding when the restriction should be used and the guidance was signed by day care staff and referenced professionals involved in the decision making

process. The records showed that the manager had implemented measures to review each month any restrictive practice to ensure they were imposed for no longer than necessary.

Arrangements were in place to ensure service user care records and staff personnel records were stored securely in line with General Data Protection Regulation (GDPR). This meant people could be assured that their personal information remained confidential.

During a walk around the day care setting, it was observed that the environment was warm, clean, fresh smelling and had suitable lighting and heating. The standard of hygiene observed throughout the centre was found to be very good and infection prevention measures were in place.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, supervision and appraisal, adult safeguarding, infection prevention and control and environment.

One area for improvement was identified during the inspection in regard to maintaining competency and capability assessments for any staff member left in charge of the day centre in the absence of the manager. REVlew

	Regulations	Standards
Total number of areas for improvement	1	1

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

The centre’s Statement of Purpose and Service User Guide were reviewed and revealed that the documents reflected the elements set out in the regulations and standards. Observations throughout the inspection confirmed that the day care setting was providing care in accordance with the Statement of Purpose.

Three care files were chosen, at random, for examination. There was evidence that comprehensive risk assessments and care plans were completed and included the views of service users and, when appropriate, their representatives. A range of assessments were carried out and were specific to each person’s needs, for example moving and handling, falls risk, behaviour that may challenge, restrictive practice and transport. The assessments provided information for staff that assisted them to minimise risks and to keep service users safe and included a detailed care plan. Care records examined included the relevant information specified in the minimum standards and were current and had been reviewed in a timely manner.

Examination of a sample of annual care review reports demonstrated that an evaluation of the overall suitability of the placement had been discussed in detail and agreed. A written record of the review was contained in each service user’s file. The report included the views of the service user and/or their representative and was informed by the written progress notes. It was noted that the comments made by service users and their families during their annual reviews

were all very positive. Records examined were signed and dated and there was evidence that a regular audit of the documentation was undertaken.

There was evidence that the advice and input of other professionals had been requested when necessary and that staff worked closely with these professionals to deliver care that was effective and person centred.

During discussions with staff it was evident the care they provided to service users within the setting was effective. Staff were knowledgeable regarding service users' needs and care plans; they described how intervention with each service user was person centred depending on their individual needs. To ensure continuity of care staff participated in a daily brief where any changes or updates were communicated.

The interactions observed between staff and service users throughout the inspection confirmed that staff were suitably skilled and effective in communicating with all service users. There was good evidence of person centred interventions that assured service users were involved and communication opportunities maximised.

Discussion with staff and service users with regards to the provision of effective care included the following comments:

Service Users' comments:

- "I like the staff they are really good to us."
- "We are well looked after."

Staff comments:

- "We deliver very effective care, staff and management very professional"
- "There is very good communication between staff, service users and professionals."

Throughout the inspection service users expressed positive views on the quality of service provided and the staff team.

Areas of good practice

There were examples of good practice found in relation to care records, audits of records, communication between service users, staff and other key stakeholders.

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.

This inspection sought to assess the day care setting's ability to treat service users with dignity, equality and respect, and how they involve service users in decisions affecting their 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, individual attainable goals and social interactions.

Throughout the inspection staff were observed to stimulate and encourage service users to participate in a range of therapeutic activities that promoted positive outcomes for their health and well-being and encouraged meaningful social engagement. Emphasis is placed on community inclusion and on the morning of the inspection service users were in the community at the local college. In the afternoon activities were facilitated by staff and the inspector noted service users approached staff freely, communicating their needs and making requests. Staff responses were noted to be cheerful and appropriate.

Staff who engaged with the inspector spoke positively about the service and the ongoing benefits of the service to both service users and their representatives.

Staff described the informal arrangements in place that ensured service users were consulted on a daily basis and their views and opinions sought. This included daily ongoing discussions with service users and checking before the commencement of each activity that people were willing to participate. More formal arrangements to promote effective communication with service users and/or their representatives were facilitated through annual care reviews, weekly discussions in regard to activities, annual satisfaction surveys and service user meetings. A sample of the minutes of service meetings found evidence of service user involvement in the decision making process.

Service users confirmed they were asked their opinion regarding what they like to do in day care and their ideas and preferences were sought for their plan, discussion with staff confirmed they work with service users to seek their preferences and use observation to assure activities they are involved in and their schedule is centred on their preferences.

The organisation undertakes annual surveys/consultation with service users and relatives and a report outlines the results, identifies any improvements that need to be made and the action to be taken.

It was good to note that the views of service users are sought and recorded during the monthly monitoring visits.

Service Users' comments:

- "If I had any complaints I would talk to any of the staff, they would always help me."

- “Lots of things to do, I help in the kitchen and the office and now I can help my mum at home.”
- There are lots of different things to do here I like the boccia, gym and the computers.”

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 their representatives.

Areas for improvement

No areas for improvement were identified during the inspection of this domain.

	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 inspection was facilitated by an assistant manager who demonstrated a good understanding of The Day Care Setting Regulations, minimum standards and the systems and processes in place for the daily management of the setting.

The registration certificate was up to date and prominently displayed in the centre. Staff confirmed they had access to a range of policies and procedures in place that they used to guide and inform their practice.

Supervision records detailed that staff had received recorded individual, formal supervision at least every three months. Staff expressed satisfaction with the support and guidance received from the manager and confirmed that the manager had an open door policy and was always available to them.

Staff gave positive feedback in respect of leadership and good team working, they confirmed they could access training as needed and were being encouraged to seek opportunities to learn new skills that benefit service users.

There was evidence that staff meetings had been held on a three monthly basis since the last inspection and records were maintained. The records included the date of the meeting, names of those in attendance, updates from the previous meeting, a record of discussion and any agreed actions.

A complaints and compliments record was maintained in the day centre. There had been one recorded complaint since the previous inspection and this was dated 3/2/2019, there was evidence this had been addressed and resolved satisfactory. A range of compliments in regard to the service were on file. Discussions with service users did not reveal any concerns regarding the care provided and service users were able to tell the inspector the process they would follow if they were unhappy or concerned about anything.

The inspector reviewed the monitoring arrangements to ensure compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. Monthly and annual quality monitoring reports were completed by the registered provider and in the main were available for inspection. The reports demonstrated there was engagement with service users, staff and professionals, with positive feedback recorded. It was noted that a record was maintained detailing that the reports of October and November 2019 were missing due to the monitoring officer being on unplanned leave, the inspector was informed the officer had since returned. Management should confirm that the monitoring visit reports for October and November 2019 have been issued. This is stated as an area of improvement. Discussion centred on the content of the reports which were noted to be repetitive with similar findings each month. Guidance was provided by the inspector on how these might be further developed to ensure that the report provides a comprehensive overview on the conduct of the day care setting.

During the inspection the setting's leadership, management and governance arrangements were assessed and found to be in line with the regulatory framework.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, staff training and support and maintaining good working relationships.

Areas for improvement

One area for improvement was identified during the inspection of this domain and related to management confirming that the reports of the monthly monitoring visits for October and November 2019 have been issued to the day centre.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with the assistant 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 21 (2) (b)</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2020</p>	<p>The registered person shall ensure the day care setting maintains a record confirming that the recruitment documents specified by regulations have been received by the organisation. This record should also include the date the access NI check was received along with the reference number; evidence of I.D should also be on file prior to a staff member commencing duty.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Current practice requires this data to be held in central office HR department as per GDPR policy. HR send scheme manager an email to confirm that references and police checks are satisfactory. Going forward a check list will be established to include the data required in regulations and will be held in staff files at scheme.</p>

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

<p>Area for improvement 1</p> <p>Ref: Standard 23.3</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2020</p>	<p>The registered person shall ensure a competency and capability assessment for all persons left in charge of the centre in the absence of the manager is completed.</p>
	<p>Response by registered person detailing the actions taken: Competency and capability assessments are in place for all staff who are left in charge in the absence of the manager. These are held in staff files and available for inspection.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 17.10</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2020</p>	<p>The registered person shall confirm that the reports of the monthly monitoring visits for October and November 2019 have been issued to the day care setting.</p> <p>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken: Head of - Karen Harding has completed October and November 2019 reports, however remains on sick leave. These reports will be made available to the day service on her return from sick leave.</p>

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



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