



The **Regulation** and
Quality Improvement
Authority

Lurgan Road Day Care Services
RQIA ID: 11127
76 Lurgan Road
Portadown
BT63 5SG

Inspector: Michele Kelly
Inspection ID: IN023500

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**Unannounced Care Inspection
Of
Lurgan Road Day Care Services**

17 September 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 17 September 2015 from 09.45 to 15.00 hours. 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	1

The details of the QIP within this report were discussed with the Registered Manager, Vanessa Coulter, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Praxis Care Group/Irene Elizabeth Sloan	Registered Manager: Vanessa Coulter
Person in Charge of the Day Care Setting at the Time of Inspection: Vanessa Coulter	Date Manager Registered: 11 May 2010
Number of Service Users Accommodated on Day of Inspection: 14	Number of Registered Places: 15

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

Prior to inspection the following records were analysed:

- the previous care inspection report and returned Quality Improvement Plan (QIP)
- notifiable events submitted since the previous care inspection
- written communication received since the previous care inspection

During the inspection, four service users met with the inspector in a group. Furthermore, the registered manager and three staff also met individually with the inspector.

The following records were examined during the inspection:

- Three monthly monitoring reports
- Minutes of meetings of the service user group
- Selected policies, procedures and protocols relevant to Standard 5 and 8
- File records for four service users
- Staff duty rotas
- Staff training records
- Staff supervision history
- Accident and incident records
- One complaint record

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of this service was an announced estates inspection on 2 July 2015. The completed QIP was returned to RQIA on 15 September 2015. This QIP was approved by the estates inspector on 25 September 2015.

5.2 Review of Requirements and Recommendations from the Last Care Inspection on 7 January 2015

There were no requirements or recommendations from the last care inspection.

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

Is Care Safe?

A policy on continence promotion policy dated April 2015 was available for staff. The continence promotion policy was generally satisfactory. The inspector was advised that the

service users who attend the centre manage their continence needs independently. A small number of service users require assistance and support from time to time; but were usually able to manage their continence care independently. Four service users care files were reviewed during the inspection. Overall the needs assessment, risk assessment and care plans were up to date, kept under continual review and were amended as changes occur. Discussion with the manager and review of records provided evidence staff have knowledge of continence needs, they are promoting continence when possible and know how to write a plan to meet needs.

Is Care Effective?

The inspector was advised that staff have not been trained in continence promotion and this training has not been scheduled. A recommendation is made in respect of this. The registered manager stated that some service users have individual backpacks with extra clothing and continence products which they carry to the centre and when out on day activities. The inspector was shown a small set of drawers which had emergency continence products and personal protective equipment stored in one toilet area. In another male toilet some continence products and gloves were stored on the floor. The toilet seat had broken off and was also lying on the floor and the mirror in this toilet was shattered. These matters should be addressed immediately; they are not in keeping with good infection control and health and safety guidelines. Requirements are made in respect of these issues. The estates inspection of 2 July 2015 identified that the hot water supply to hand basins should be changed and the registered manager confirmed that this work was to take place in the week following the estates inspection.

Is Care Compassionate?

Observation of staffs' interactions with service user's throughout the inspection period, presented evidence of a high level of compassionate care being delivered. When speaking with a group of service users one person discussed a preference for another centre which was some distance away from their current home. The inspector was advised that this service user had only recently started attending the centre and was finding it hard to settle. The registered manager also confirmed that a care review for this service user was planned for the end of October and that preference and choices would be discussed at this.

Comments from services users included:

- "I like working in the Cookie Company."
- "We are well looked after."
- "I get on well with staff."

Areas for Improvement

Three areas for improvement were identified regarding Standard 5: Care Plan - Where appropriate service users receive individual continence promotion and support.

One recommendation is made to improve education and training on promotion of continence for staff.

One requirement is made regarding improving the storage of continence products and personal protection equipment.

One requirement is made regarding replacing the toilet seat and mirror in male toilet.

Number of Requirements:	3	Number of Recommendations:	1
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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?

There was evidence that as an organisation Praxis Care Group promotes service user involvement and empowerment. A range of effective policies and procedures were available including Service User Involvement Strategy (August 2015).

Service users confirmed they enjoyed the activities in the centre including trips and activities that were organised outside the centre. The inspector examined individual service user timetables and noted an array of activities both in the centre and in the community.

One member of staff interviewed on the day of inspection commented that staff were "stretched at times" while another said that it can be difficult to do team leader duties and also support service users at activities.

Two staff members returned questionnaires and added the following qualitative comments:

- "The unit could do with at least one additional staff."
- "As team leader, I complete more of a support worker role as we don't have the staff."

This matter was discussed with the registered manager and the staff rota was viewed. On the day of the inspection there was a number of staff available to deliver activities and meet individual needs as required. The inspection did not identify any significant deficit in staff on the day of the inspection; but did note staff were busy and this would indicate staffing numbers should not lower.

As previously indicated, there is good overall evidence to confirm that the needs assessment, risk assessment and support plans are kept under continuous review; changes had been identified and recorded in a timely way.

Is Care Effective

At local level, management and staff actively seek the views of members via Service user meetings. An agenda is recorded and minutes of meetings including who attended and the areas discussed are retained.

A sample review of the minutes confirmed that service users' views were sought and they were encouraged to exercise choice in respect of areas such as preferred activity provision. One example included a staff offering to solutions to transport problems at the request of a service user.

Within the organisation service users are also involved in the “Up in Policy” group which exists to include service users in the redrafting and updating of policies. The inspector was also advised that four service users have completed recruitment and selection training and some have been involved in interviews for staff. Service users are also able to join a support group Praxis Advocacy and Learning Support (PALS).

The review of staff meetings records demonstrated staff do meet regularly. In July 2015 staff discussed standards for this inspection.

During the inspection the inspector observed staff informing service users that the inspection was taking place; and facilitated opportunities for service users and others to give their views about the standard of care delivered and the conduct of the day care setting to the inspector.

Overall staff indicated both verbally and in returned questionnaires that they were very satisfied and satisfied with the service. One respondent was unsatisfied that they have the time to listen and talk to service users. Their comment in respect of requiring additional staff has been addressed previously in this report. Two service users also returned questionnaires which staff had assisted them to complete. Both reported feeling safe and secure but indicated dissatisfaction with staffing levels.

Is Care Compassionate?

Service users who met with the inspector confirmed that they felt well supported by staff in the service, and all comments provided regarding the staff team were positive. They also confirmed that during service user meetings their views were sought in respect of the day to day provision within the day centre. Observations and written records also provided good evidence of the provision of services in a professional and compassionate manner.

Areas for Improvement

There are no areas for improvement identified regarding Standard 8: Service Users’ Involvement - Service users’ views and comments shape the quality of services and facilities provided by the Day Care setting.

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

5.5.1. Environment

The inspector visited a new premises acquired by Praxis for the “Cookie Company” now to be known as “Blissful Bites”. This was located in unit 6 which is on the same site as the existing Lurgan Road day centre premises. It was noted that it was almost the same size as the current premises. The inspector was advised that workstations were being created for computers. Subsequent to the inspection the inspector emailed the registered manager to seek clarification in respect of the status of unit six; including who would staff this area and who would be attending this part of the service to determine if the premises require registration under the Day Care Settings Regulations. At the time of writing this report Praxis had not provided RQIA with clear and accurate information regarding the registration status of this building. A requirement is made that the responsible person writes to RQIA; without delay

regarding the use of unit six. RQIA must be informed If unit six will be used to provide Day Care. If it will be used to provide Day Care an application must be made to register unit six or an application to vary the current registration of Lurgan Road must be made; to add unit six to the current registration.

5.5.2. Monthly Monitoring Reports.

Monitoring arrangements put in place by Praxis Care Group were satisfactory in terms of their regularity and the feedback from service users, relatives/carers and staff members who were asked for their views. Three monitoring reports were examined and were found to address the required range of issues in good detail. Each monitoring report identified improvement actions when they needed to be taken.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Vanessa Coulter 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 26 (2)(b) (c)</p> <p>Stated: First time</p> <p>To be Completed by: 29 October 2015</p>	<p>The registered person must ensure that the premises to be used as the day care setting are of sound construction and kept in a good state of repair externally and internally.</p> <p>Refers to, but is not limited to, the broken toilet seat and mirror in the male toilet.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: Completed - Mirror in the male toilet has been removed, and toilet seat replaced and securely fixed. Staff and trainees all reminded to report any maintenance issues as soon as they happen.</p>

<p>Requirement 2</p> <p>Ref: Regulation 26 (2) (i)</p> <p>Stated: First time</p> <p>To be Completed by: 29 October 2015</p>	<p>The registered person must ensure that there is suitable storage provision for the purposes of the day care setting.</p> <p>Refers to, but is not limited to the storage of continence products and personal protection equipment in the male toilet.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: Completed - Shelf has been put in place to ensure equipment is stored off the floor.</p>

<p>Requirement 3</p> <p>Ref: Regulation 31 (h)</p> <p>Stated: First time</p> <p>To be Completed by: 29 October 2015</p>	<p>The registered provider must write to RQIA; without delay regarding the use of unit six. RQIA must be informed if unit 6 will be used to provide day care. If it will be used to provide day care an application must be made to register unit six or an application to vary the current registration of Lurgan Road must be made to add unit six to the current registration with updated plans and statement of purpose.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: Variation form to include the use of Unit 6 has been submitted to RQIA.</p>

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 21.4</p> <p>Stated: First time</p> <p>To be Completed by: 12 November 2015</p>	<p>The registered manager should arrange training for the staff team in the area of continence promotion. The training should complement the settings policy and procedure for continence support and promotion.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: The registered manager will liaise with staff development and schedule training in continence promotion.</p>

Registered Manager Completing QIP	V.Coulter	Date Completed	19/10/15
Registered Person Approving QIP	Andy Mayhew on behalf of Irene Sloan	Date Approved	29/10/15
RQIA Inspector Assessing Response	Michele Kelly	Date Approved	24/11/15

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