

# Unannounced Care Inspection Report 08 March 2018



## The Rowan Centre

**Type of Service: Day Care Setting**  
**Address: 56 Wallace Avenue, Lisburn, BT27 4AE**  
**Tel No: 02892628523**  
**Inspector: Dermott Knox**

[www.rgia.org.uk](http://www.rgia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

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

**1.0 What we look for**



**2.0 Profile of service**

This is a Day Care Setting with 40 places for adults who have support needs related to a physical disability or sensory impairment.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> South Eastern HSC Trust	<b>Registered Manager:</b> Mrs Julie Walsh
<b>Responsible Individual(s):</b> Mr Hugh Henry McCaughey	
<b>Person in charge at the time of inspection:</b> Mrs Julie Walsh	<b>Date manager registered:</b> 11 September 2017
<b>Number of registered places:</b> 40 - DCS-PH, DCS-SI	

### 4.0 Inspection summary

An unannounced inspection took place on 08 March 2018 from 10 to 16.00.

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and 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 the environment, relationships with service users, assessment, planning, information sharing, reviewing care programmes, record keeping, monitoring, staff supervision and teamwork.

No areas requiring improvement were identified at this inspection.

Service users said: "I love coming here and meeting with my friends. We do painting, quizzes and go on outings in the bus. I wish I came more often."

One person had a joking conversation about the job of inspecting day centres and asked how long it takes for the report to be sent to the day centre. His response then was, "If I was your boss I'd be wanting the report out in 24 hours!" He reported that staff were good.

A third person, who is a wheelchair user, said, "I don't do a whole lot here, but I can mostly do what I want. I have a chat with people and I watch TV. I like those house renovation programmes like 'Homes under the hammer'. All the staff are very good and make the day enjoyable. Sometimes we have an outing in the bus. It's good to get out of the house and have a change of scene."

The findings of this report will provide the establishment with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

## 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Julie Walsh, registered manager and Rachel Smyth, day care worker, as part of the inspection process and can be found in the main body of the report.

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

## 4.2 Action/enforcement taken following the most recent care inspection dated 28 July 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 28 July 2016.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Record of notifications of events
- Record of complaints
- Quality Improvement Plan from the previous inspection on 26 July 2016
- Contact records between the service and RQIA

During the inspection the inspector met with:

- six service users in group settings
- two service users individually
- four care staff in individual discussions
- the registered manager at the commencement and conclusion of the inspection

Questionnaires were left with the manager to be distributed to service users and relatives or carers of service users. Three completed questionnaires were returned to RQIA by 23 March 2018, all from relatives of service users.

The following records were examined during the inspection:

- The day centre's Certificate of Registration
- File records for three service users, including assessments and review reports
- Progress records for three service users
- Monitoring reports for the months of September, October and December 2017
- Dates of six Service Users' Meetings held from November 2017 to March 2018
- Selected training records for the staff team
- Two staff files containing training records and formal supervision records

- Policy for Safeguarding Vulnerable Adults
- The Statement of Purpose
- The Service User Guide

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

**6.0 The inspection**

**6.1 Review of areas for improvement from the most recent inspection dated 28 July 2016**

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 28 July 2016**

<b>Areas for improvement from the last care inspection</b>		
<b>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 7.4 <b>Stated:</b> First time	The registered provider should carry out a revision and re-structuring of service users' file records in order to present information with greater clarity and ease of accessibility.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> An extensive review of the service users' records had been completed, with a separation of older documents from those that are current and which constitute the 'working file'. Information on each service user has been presented in a 'One page Plan' to give quick and easy access to essential information on the care required for that person. The day care worker provided a file of 'One page Plans' relating to those service users who were attending the centre on the day of the inspection. A similar file is prepared each day to inform staff on duty of the needs of each	

	<p>person. This ensures that any Bank staff or Agency staff who may be employed on a day to day basis have immediate access to essential information on the service users in the centre on that day. The provider's thorough response to the identified area for improvement is commendable.</p>	
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### 6.3 Inspection findings

#### 6.4 Is care safe?

##### **Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

The Rowan Centre premises were well maintained and in good decorative order. The spacious environment was well ventilated and adequately lit. No hazards to service users, to staff or to visitors were identified. Infection prevention and control measures were in place with a good standard of hygiene observed throughout the centre. Records confirmed that training has been provided with respect to Infection Prevention and Control. The daily staffing arrangements and records were available for inspection and were found to be clearly set out and up to date. The Daily Planner provided evidence of staff on duty, specific hours to be worked, identity and number of service users in attendance and specific responsibilities for staff throughout the day. This included duties such as fire safety checks and the flushing of seldom used water outlets, as a legionella preventive measure. The clarity and detail of these records is commendable.

A full fire drill and evacuation of the premises was carried out on 14 November 2017 and this was recorded as having been effective and safe. Designated Fire Officers complete weekly fire extinguisher and fire door checks and monthly fire alarm tests, all of which were recorded and up to date. One area for improvement, identified in a previous fire risk assessment, has been the subject of extensive consideration, leading to the production of a plan to relocate the car parking area to the rear of the premises and to redesign the garden area to make it more accessible to all service users, including as an assembly point in event of an evacuation of the building. Each of the service user's records examined at this inspection contained a Personal Emergency Evacuation Plan (PEEP).

Staff employment records are held within the South Eastern Health and Social Care Trust (SEHSCT) human resources department and senior staff confirmed that all appointments made are in keeping with the Trust policy/ procedures, legislation and day care standards. Discussions with the manager and staff who were consulted confirmed that the staffing levels were appropriate to meet the assessed needs of the service users.

The day care worker confirmed that the registered provider has reviewed and updated the safeguarding policy and procedures to reflect information contained within the DHSSPS regional policy 'Adult Safeguarding: Prevention to Protection in Partnership' (July 2015) and the Operational Procedures. There is a clear pathway for staff to follow to refer any safeguarding concerns to the appropriate professionals. Staff spoke confidently about their

responsibilities to be proactive in safeguarding those who attend the day centre, and about their obligation to report concerns. Safeguarding procedures were understood by staff members who were interviewed, who confirmed that they would report poor practice, should they identify it. All expressed the view that staffs’ practice throughout the centre was safe and that they have confidence in the practice of other permanent members of the staff team in their work with service users. One relative met with the inspector and provided well informed and very positive evaluation of the quality of service provided to his family member.

The records of incidents and accidents were examined. No notifications have been made to RQIA since 05 January 2016 and records showed that this incident had been managed appropriately. Staff and service users confirmed that they felt care was safe in The Rowan Centre. Staff spoke of the need to observe service users throughout each day and to record any significant change in health indicators, or behaviour and to take appropriate measures to ensure the safety and wellbeing of each person. Records and discussions with staff and service users confirmed that objectives set following relevant professional assessments, e.g. Physiotherapists or Speech and Language Therapists, were implemented as part of each individual’s care plan.

Staff demonstrated awareness of need to continually assess risks to ensure service users are safe when on outings or while engaging in activities within the setting. They commented on the good working relationships with the community support services and how they can access support for a service user. One staff member described how the team looks for opportunities for mental and physical stimulation for service users through the activities programme. There was a strong focus on inclusion and consent of the service user in planning and reviewing his or her activities and care plan.

**Areas of good practice**

Examples of good practice found throughout the inspection included, knowledge and understanding of the relevant regulations and minimum standards, staff training, staff supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home’s environment.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**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 the Service User’s Guide provide the information required by regulations and minimum standards. Six service users provided information, verbally, in the course of the inspection. The feedback was entirely positive including the effectiveness of the care provided. Two service users confirmed that the service had contributed very positively to their lives, through attending the centre and participating in

activities. In the centre's Annual Quality Review, completed in July 2017, several service users commented on the positive impact of the service on their lives and their motivation. Two comments quoted are:

"The Rowan Centre is good for me it helps me with my walking and speech", and

"Staff excellent service first class."

The review report emphasised that service user satisfaction with care remains an agenda item for all meetings and will be discussed during monthly and pre-review meetings.

The centre benefits from having a gym room equipped with exercising machines, a treadmill and parallel support bars to help some service users to meet their care plan objectives. One service user spoke positively of using this facility on every occasion that she attended. A number of current service users had a Physiotherapy Assessment prior to their beginning to attend the centre. One staff member has a role in assisting service users to access equipment in the gym room of the centre, provided they already have a Physio designed programme in place. There is no Physiotherapist at present providing assessments and programme design for service users, some of whom said that they miss this aspect of the service. The loss of physiotherapy input in the centre's programmes was also regretted by a relative of one service user.

The Rowan Centre has a satisfactory staff to service user ratio, taking account of the assessed needs of each individual who attended the centre on the day of this inspection. Several service users, who attend in varying schedules throughout the week, are supported by one to one staffing whenever they are eating or drinking. The day care worker explained that only permanent staff members take responsibility for these duties, given the complex knowledge and understanding necessary regarding each person who requires this assistance. Coping with identified risks and undertaking planned and intricate tasks are important constituents of the programmes in which some service users engage, with staffs' support.

Staff have received mandatory training and other training relevant to their roles and responsibilities. For example, The Rowan Centre provides services to a number of people who have dysphagia related needs and staff have been trained, most recently on 21 February 2018, to understand the needs and provide safe and effective care for these service users. Specific and detailed training has been provided for permanent staff and only those who have completed this training are assigned to the tasks of assisting those with identified risks in swallowing their food and drink. Some training may be specific to only one service user, based on the SALT assessment. Staff felt that the training provided them with the skills and knowledge to competently fulfil their roles and responsibilities.

During 2017, the senior staff developed a 'One Page Plan' for each service user, in an effort to bring together, in a brief and easily accessible document, the information essential to the day to day care of the individual. In preparation for each day in the centre, a file is prepared of 'One Page Plans' relating to service users attending on that day. This can be particularly helpful to bank or agency staff who may not be familiar with the centre or its service users. This is a well-designed addition to the centre's revision of care planning records and helps to ensure that all staff have quick access to key information about the people they will work to support on the day.



Three service users' files were examined during this inspection and each was found to contain detailed referral and assessment information on the individual and on his or her functioning, along with a written agreement on the terms of the individual's attendance. Care plans identified service users' needs in good detail setting out the objectives for each person's care and the actions required of the day care staff, in order to meet the objectives.

Each of the files examined contained risk assessments appropriate to the individual service user, making the risk and vulnerability levels clear for staff involved in the work with that person. Written records were kept of each service user's involvement and progress at the centre. Entries were made in keeping with the frequency stipulated by the minimum standards. Records of annual reviews for each person demonstrated that an evaluation of the overall suitability of the placement had been discussed in detail and agreed. Well written review records were available in each of the files examined and these included the service user's views and were informed by the written progress records. Dates and signatures were present in all of the care records examined and attention to detail generally was of a high standard.

Four service users' files were examined during this inspection and each was found to contain detailed referral and assessment information on the individual and on his or her functioning, along with a written agreement on the terms of the individual's attendance. Each file also contained a signed consent form for information to be accessed appropriately by other professionals. Care plans identified service users' needs in good detail setting out the objectives for each person's care and the actions required of the day care staff, in order to meet the objectives.

Each of the files examined contained risk assessments appropriate to the individual service user, making the risk and vulnerability levels clear for staff involved in the work with that person. Written records were kept of each service user's involvement and progress at the centre. Entries were made in keeping with the frequency stipulated by the minimum standards. Records of annual reviews for each person demonstrated that an evaluation of the overall suitability of the placement had been discussed in detail and agreed. Well written review records were available in each of the files examined and these included the service user's views and were informed by the written progress records. Dates and signatures were present in all of the care records examined and attention to detail generally was of a high standard.

### **Areas of good practice**

Examples of good practice found throughout the inspection included, assessment, care planning, reviewing care plans, activity provision, organisation, staff training, service user involvement, communication with relatives and carers and, record keeping.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

## 6.6 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

On the day of this inspection, the atmosphere in The Rowan Centre was welcoming and relaxed. Most of the service users arrived at the centre by the Trust's transport buses and two service users confirmed that the transport arrangements were good. Observations of interactions throughout the day provided evidence of service users being engaged by staff with respect and encouragement at all times and relating positively to staff and to each other. Service users were involved in various groups and activities throughout the day and two people spoke of the range of activities that they enjoyed and said that staff respect individual wishes if anyone does not wish to participate. A number of service users routinely use the gym equipment whenever they are in the centre and one person spoke enthusiastically about the benefits of this.

There is a range of activities, such as art and crafts, cooking, exercising and outings. The manager of the Physiotherapy service had initiated a 'Step by Step' exercise programme within the Trust area and records were kept of each participant's performance. Certificates were presented annually. Service users confirmed that staff encourage them to take part in those aspects of the day care service that are identified as part of their care plan. One service user spoke of being motivated by exercising. Staff demonstrated an understanding of each person's needs as identified within the individual's assessment information. Staffs' practice that was observed, demonstrated compassionate care, particularly notable on a day when service users were being told that one of their group, who had been ill, had passed away.

The systems in place to ensure that the views and opinions of service users were sought and taken into account included regular service users' meetings, held at least quarterly, daily discussions with people in groups or individually and , an annual quality review report setting out the findings of a questionnaire based survey of service users' satisfaction with the service. Records of service users' meetings provided evidence of a strong focus on involving and empowering people to contribute to decisions about the way in which the day care service is run. Throughout the year, service user meetings are held on different days of the week to ensure that all service users have an opportunity to be involved. In November 2017, service user meetings were held on five consecutive days, Monday 20 2017 to Friday 24 2017. This inclusive practice is commendable.

During each monthly monitoring visit the views of a sample of service users were sought and their views were reflected in good detail in all of the monthly monitoring reports that were reviewed. Each person's file contained progress notes relating to his or her involvement and wellbeing and these reflected the caring nature of the relationships and interactions observed during the inspection. Observations provided good examples of warm and compassionate interactions between staff and service users who were clearly at ease with the staff and with the operations of the centre. Staffs' comments and actions, along with the views expressed by service users, confirmed that compassionate care was being provided consistently in The Rowan Centre. These views were strongly supported by one relative who provided an evaluation of this service, comparing it very favourably with others that the family had experienced.

Service users' rights and feelings, and the methods available to them of raising a concern or making a complaint were set out in the service user guide and information had been provided for service users and relatives to help them understand and use the procedures for making their views known to staff. Staff members were observed interacting sensitively with service users and being attentive to each person's needs. Observation of the delivery of care, throughout the period of the inspection, provided evidence that service users' needs were being met by the staff on duty. The evidence presented supports the conclusion that effective care is provided in The Rowan Centre.

### 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, demonstrations of caring attitudes in minute by minute practice, facilitating service users' involvement in the various activities and leisure interests and maintaining records of activities and progress.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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.**

Discussions with the manager, the day care worker, six service users, one relative and three support staff members, and an examination of a range of records, including staff training schedules, monitoring reports and review reports, provided evidence that effective leadership and management arrangements are in place in The Rowan Centre. There was evidence to indicate that service users and their relatives rated the service very positively.

Staff training records confirmed that staff had received mandatory training and training specific to the needs of service users in this setting. The Manager has a system in place to monitor the NISCC registration of staff and renewal dates as part of the training records. The centre was closed for four consecutive days in February 2018 for staff training in areas including, Fire Safety, Dysphagia Awareness, Epilepsy Awareness, Safeguarding Vulnerable Adults, Infection Prevention and Control, COSHH and Improving the Service User's Experience. Staff who were interviewed commented very positively on the quality and usefulness of the training provided.

Examination of records confirmed that staff meetings were held regularly and that the staff team was well involved in discussing issues related to the operations of the centre. Staff reported that the manager and the day care worker updated information regularly and that they were consulted on a range of decision making aspects of the service. There was evidence from discussions with staff to confirm that working relationships within the team were positive and supportive and that team morale was generally good. Staff confirmed their confidence in all of

their permanent team colleagues, but one example was given of lower confidence in the reliability of an agency worker. There has been a period of lowered staffing stability in recent months due to care staff vacancies and the frequent use of bank and agency staff, but one newly appointed staff member is due to commence working in the team in the week following this inspection, with another appointment to follow, when all formalities have been concluded. Senior staff said that current bank staff have become very familiar with the needs of service users and contribute positively to the work of the team.

Staff who met with the inspector were well informed on all aspects of the centre's operations and confirmed that they were clear about their roles and responsibilities. Records showed that formal supervision was taking place more frequently than the minimum standard requirement. There was evidence from discussions with staff to confirm that ideas for improvement are encouraged. Staff felt they were well supported following any incidents that they found challenging in their work.

Three monthly monitoring reports, for September, October and December 2017 were examined and were found to address all of the matters required by regulation. Each report contained well-detailed feedback from discussions with service users and with one or two staff members. A sample of service user records was checked during each visit and a check completed of an aspect of the centre's compliance with a selected standard or area of performance. Any resulting necessary improvements were clearly set out in an action plan. This approach to monthly monitoring aligns well with the centre's commitment to the provision of a high quality service. Overall, the evidence available at this inspection confirmed that The Rowan Centre is well led.

### Areas of good practice

Examples of good practice found throughout the inspection included, planning, organising, staff training, supervision, building good working relationships, delegation, information sharing, governance arrangements including monthly monitoring, management of complaints, management of incidents and accidents, promoting fulfilment for service users.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



The **Regulation** and  
**Quality Improvement**  
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

**Tel** 028 9051 7500

**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)

**Web** [www.rqia.org.uk](http://www.rqia.org.uk)

 [@RQIANews](https://twitter.com/RQIANews)