



The Regulation and
Quality Improvement
Authority

The Rowan Centre
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**Unannounced Care Inspection
of
The Rowan Centre**

16 June 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 16 June 2015 from 09.30 to 15.45. Overall on the day of the inspection the Day Care Service 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	0	3

The details of the QIP within this report were discussed with Teresa McKee, 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: South Eastern Health and Social Care Trust	Registered Manager: Teresa McKee
Person in Charge of the Day Care Setting at the Time of Inspection: Teresa McKee	Date Manager Registered: 16 June 2014
Number of Service Users Accommodated on Day of Inspection: 10	Number of Registered Places: 40

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 include the following:

Prior to inspection the following records were analysed: seven notifications of incidents sent to RQIA in compliance with regulation 29, RQIA duty log and activity log for this day care setting; and the quality improvement plan from the last care inspection on 18 September 2014.

During the inspection the inspector met with all of the service users and discussed the standards with five service users; three care staff and one day care worker. There was no visiting professionals or representatives/family members in the day care setting at the time of this inspection. After the inspection six staff questionnaires were returned and seven service users' questionnaires were returned.

The following records were examined during the inspection: three service users individual care files; one complaint record; the incidents and accident records for the service; relevant policies and procedures; general training records for staff; two regulation 28 monitoring records; the statement of purpose and service users guide.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the service was an announced care inspection dated 18 September 2014. The completed QIP was returned and approved by the specialist care inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: 5.2	<p>The registered manager should make appropriate arrangements for any restrictive practices or restraints to be regularly reviewed. This should, where possible, include consultation with the service user to ensure they are satisfied with the plan in place. Records should evidence the restriction remains necessary and should include reference to service user's human rights.</p>	Met
	<p>Action taken as confirmed during the inspection: Evidence of improvement was observed during this inspection. Discussion with staff and review of records evidenced there was an increased awareness of how practice can be restrictive. Staff demonstrated the need to ensure practice is necessary and protects individuals.</p>	
Recommendation 2 Ref: 21.4	<p>The registered manager should consider for the staff member who manages the day care setting in the manager's absence to undertake additional training such as the QCF level 5.</p>	Met
	<p>Action taken as confirmed during the inspection: Band 5 staff and below have been advised by the trust they cannot access QCF level 5, this is only accessible to band 6 staff. The trust are seeking QCF level 4 qualifications or any other course that may be appropriate. This has been placed on the band 5 staff KSF and supervision agenda.</p>	

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

Is Care Safe? (Quality of Life)

There is a trust continence promotion policy and procedure in place. The manager is reviewing the local continence policy and procedure to ensure recent improvements and developments which promote continence are clearly recorded for staff.

The inspection of continence care and promotion involved reviewing three of the service users' needs assessments, risk assessments and care plans. The records had been kept under continual review; and amended as changes occurred. The plans had been kept up to date which ensured they described the needs and preferences of the service user. The needs assessment and care plans had been appropriately signed. Discussions with staff confirmed they were aware of continence products; Personal Protection Equipment (PPE), and they described safe care practices in this regard.

Staff record in the service user records each time they communicate with service users. Discussions with staff revealed they had reflected on their approach to continence care and promotion to improve the support and care they give to service users. They had reviewed the information they are given when service users are referred and improved this so they request specific information regarding continence care and promotion. Once this is received; and during the initial assessment period, staff will complete their assessment with the service users / family to ensure the individual care plan is based on need; and service user preferences. Staff also discussed the importance of protecting the service users' privacy and dignity. During discussion with staff they described the practical and physical way they promote continence and support continence needs for each individual service user and this was also written in records. The discussions also revealed staff take time to communicate with each service user individually and ensure when in the group setting that continence care is not obvious to everyone, therefore protecting service user's privacy and dignity.

Discussion with staff revealed they had attended continence training. Staff reflected they had learnt about products and how to meet need, overall they concluded the training had improved their understanding and therefore would improve practice. One staff member showed the inspector the facilities in the day centre where continence needs are met. This confirmed PPE and continence products are stored in keeping with infection control guidance and no mal odour was identified in the facilities.

In conclusion information inspected; the review of the environment and discussions with staff demonstrated care was being delivered safely in this regard. The inspector acknowledges improvements had been started to further develop care plans; and this will continue to further improve the staff approach to meeting service users' continence needs. The inspector discussed with staff and the manager the benefit of introducing more specific information in care planning information, which would contain specific detail from the service user regarding how they would like to be cared for and a recommendation is made.

Is Care Effective? (Quality of Management)

The staff explained supplies of continence products are not kept in this setting and service users bring in their own product. Staff described service users may choose to keep this with them or they are discreetly kept by staff in the bathroom. In the bathroom there was adequate supplies of and ease of access to PPE for staff. Discussions with staff confirmed they are knowledgeable regarding when to use them.

Staff attended training in continence care and promotion in June 2015. Furthermore the team discussions had motivated staff to seek more information regarding service user's continence needs and how they can be met in a person centred way in the day care setting.

In conclusion this inspection provided evidence that continence needs are met effectively by staff. There is further potential to improve staff effectiveness by ensuring baseline continence assessment information is recorded. Staff discussed the training will be reflected on to improve practice and person centred plans.

Is Care Compassionate? (Quality of Care)

Discussion with three care staff and the senior in charge on the day of the inspection revealed they were clear regarding their role and responsibility to promote and meet continence needs. The staff specifically said they do not carry out 'toileting programmes' but they do respond to individual need. The staff also acknowledged they have a clear role regarding protecting all of the service users dignity and privacy in this setting. Staff described service users use individual signs when they need support which are recognised by staff.

Six questionnaires were completed by staff in this day care setting for this inspection. Staff reported they were satisfied to very satisfied regarding training on vulnerable adults, responding to behaviour, methods of communication and continence management. Three questionnaires did identify staff would like training regarding mental health and or dementia care in the setting and one questionnaire identified they would like more training regarding behaviours. One questionnaire identified external assessments for equipment can take some time to commence. These issues were discussed with the manager of the setting and records regarding training were reviewed. This revealed this type of additional training is not essential to ensure service users' needs are met in this setting; however the manager will discuss with the staff team what training can be accessed for staff, to ensure they feel confident and appropriately trained to meet service users' needs in this day care setting.

The discussions with staff identified they are knowledgeable regarding continence care and the content of their discussions reflected a person centred approach to continence care. It was also evident staff practice focuses on protecting service user's dignity and privacy. Staff discussion demonstrated they use an informed value base in their work such as protecting service users including their dignity and privacy; and promoting independence where possible. Staff identified training and staff discussion had been key for staff in promoting proactive development of practice.

In conclusion staff were using methods of care that were compassionate. Staff had sought to develop their knowledge and skills to ensure their care was compassionate and ensure they are competent in providing continence care and support.

Areas for Improvement

One area of improvement has been identified in the areas of continence promotion and support:

1. The registered manager should make appropriate arrangements for the continence care plan for each individual service user to be further improved. Specifically service user's preferences regarding their intimate care and continence promotion should be recorded.

Number of Requirements	0	Number 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? (Quality of Life)

During the previous inspection on 18 September 2014 staff were observed actively seeking service users' views and incorporating these into practice. During this inspection this practice was still in place. Staff were observed openly communicating with the group and individuals in a variety of ways; such as verbally, using communication aids or using visual cues. The observation of communication in this setting evidenced the service users choices, issues of concern, complaints or risks are listened to; they are acted on and recorded as necessary. Discussion with staff and observation of staff practice identified they are knowledgeable about service users' individual modes of communication.

The inspection included review of three service users' individual records including the needs assessment, risk assessments and care plans. These had been kept under continual review, amended as changes had occurred and kept up to date to accurately reflect the needs and preferences of the service user. The needs assessment and care plan were appropriately signed.

There were policies in place that support this standard. However the policies below were identified for review to ensure they are reflective of practice and a recommendation is made.

- service users' meetings and forums
- listening and responding to service users' views
- service users' involvement in activities and events
- communications with carers and representatives
- general communication arrangements
- safe and healthy working practices.

In conclusion this inspection evidenced service users' views and comments shape the quality of services and facilities provided by the day care setting to ensure the care is safe and responsive to need.

Is Care Effective? (Quality of Management)

The setting has a range of methods and processes where service users' and their representatives' views are sought. They had been recorded and the records detailed the action taken. Examples of these methods and processes are service user meetings, regulation 28 visits which are the settings monitoring arrangements and reports, reviews, annual surveys and questionnaires, one to one sessions with the key worker were some examples of records when service users had been enabled to be involved in and given opportunities to influence the running of the day care setting.

The review of three service users care records evidenced service users (or their representative) had been encouraged and enabled to participate in decisions about the care and support services they receive in the day centre. Service users records identified they had been encouraged to exercise choice and control over their attendance in the day centre.

At the time of the inspection service users' views and opinions were being sought using a questionnaire. These were in the process of being evaluated and incorporated into the annual report for this day care setting. On previous years this had been completed annually and the outcomes were shared with service users and their representatives.

The inspector talked with all of the service users during the inspection. The discussions revealed service users felt they had been listened to regarding their individual care plan and on a day to day basis regarding the activity they are taking part in. They also confirmed their choices, preferences, opinions or suggestions are generally promoted by staff when they are in the day centre.

One complaint had been recorded in the complaints record in 2014. This was investigated and responded to in compliance with the settings policy and procedure. The file also contained compliments made regarding the service since January 2014 to 31 March 2015. These detailed service users views regarding compassion shown by staff towards service users, compliments regarding the care provided by staff and gave examples of how caring they are as individuals and as a team.

There are policies regarding:

- inspections of the day care setting
- consent
- listening and responding to service users' views
- management, control and monitoring of the setting
- quality improvement
- complaints.

This inspection evidenced service users' views and comments shape the quality of services and facilities provided by the Day Care setting and staff use these views to improve the effectiveness and quality of the service.

Is Care Compassionate? (Quality of Care)

Discussion with staff and review of three service user individual records evidenced staff are knowledgeable and communicate verbally and in writing using a person centred approach.

During the inspection the service users were informed by staff that there was an inspector visiting the day centre and they were encouraged to speak with the inspector.

Seven service user questionnaires were returned following this inspection. Six of the questionnaires responded they feel satisfied to very satisfied the care in The Rowan Centre is compassionate. Specifically the care and support they receive and that their views and opinions are sought. One questionnaire responded they feel satisfied with their care and support but are very unsatisfied that their views and opinions are sought about the quality of the service. There is no additional information regarding this and the respondent had not identified themselves therefore; this has been fed back to the manager to address generally in their communications with the service user group. Six of the questionnaires reported they feel satisfied to very satisfied the care in The Rowan Centre is effective. Specifically the staff know how to care for them and staff respond their needs. One questionnaire responded they feel unsatisfied that staff respond to their needs. Again there is no additional information regarding this and the respondent has not identified themselves therefore; this has been fed back to the manager to address generally in their communications with the service user group. Four of the questionnaires responded they feel satisfied to very satisfied the care in The Rowan Centre is safe. Specifically they feel safe and secure in the setting and staff levels are appropriate at all times. Three questionnaires did identify dissatisfaction with the staffing levels. The service users have described the staff can be busy at times when other staff are absent or just generally however, they said they eventually get what they need. All of these comments have been given to the manager for her attention and a recommendation is made.

In conclusion this inspection evidenced service users' views and comments shape the quality of services and facilities provided by the day care setting and staff use this service user feedback to ensure the care delivered is compassionate and of high quality. The inspection of records examined evidenced staff listens and responds to service users. Furthermore staff use the knowledge they have of each individual service users' communication needs to ensure the participation of each service user.

Areas for Improvement

Two recommendations are made regarding improving the service's approach to promoting service users' views and comments; and using them to shape the quality of services and facilities:

1. The registered person should make appropriate arrangements for the following policies and procedures to be reviewed to ensure they are reflective of current practice.
 - service users' meetings and forums
 - listening and responding to service users' views
 - service users' involvement in activities and events
 - communications with carers and representatives – ok but could be improved to
 - general communication arrangements
 - safe and healthy working practices.

2. The registered manager should discuss this inspection questionnaire feedback with the service user group to ensure they are satisfied care is compassionate, safe, and effective. The outcome of this consultation should be reported on the returned QIP.

Number of Requirements	0	Number Recommendations:	2
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5.5 Additional Areas Examined

5.5.1 Monitoring reports

The last two months monitoring arrangements and reports were inspected. This evidenced the monitoring officer had used service users views, staff views and samples records to form a view regarding the quality of care.

5.5.2 Incidents and accident record

A sample of incidents and accidents records was inspected from 18 September 2014 to 16 June 2015. This review did not identify any improvements or concerns.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Teresa McKee, 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

Recommendations

Recommendation 1

Ref: Standard 5.2
Stated: First time

To be Completed by:
11 August 2015

The registered manager should make appropriate arrangements for the continence care plan for each individual service user to be further improved. Specifically service user's preferences regarding their intimate care and continence promotion should be recorded.

Response by Registered Person(s) Detailing the Actions Taken:

Immediate action has been taken to implement recommendations. Support Plan has been amended to record the needs and preferences of the service user in respect of their continence promotion and intimate care. In addition, this aspect of care will form part of the pre-review discussion between service user and keyworker and outcome will be recorded. The Support Plan is kept under continuous review during the year and will be altered in response to any change in the service users needs and preferences.

Recommendation 2

Ref: Standard 18
Stated: First time

To be Completed by:
11 August 2015

The registered person should make appropriate arrangements for the following policies and procedures to be reviewed. The review should include amendments to the documents to ensure they are reflective of current practice.

- service users' meetings and forums
- listening and responding to service users' views
- service users' involvement in activities and events
- communications with carers and representatives – ok but could be improved to
- general communication arrangements
- safe and healthy working practices.

Response by Registered Person(s) Detailing the Actions Taken:

Immediate action has been taken to implement a review of the above mentioned policies and procedures to ensure they are reflective of current practice.

Recommendation 3

Ref: Standard 8.2 & 8.3
Stated: First time

To be Completed by:
11 August 2015

The registered manager should discuss the inspection questionnaire feedback with the service user group to ensure they are satisfied care is compassionate, safe, and effective. The outcome of this consultation should be reported on the returned QIP.

Response by Registered Person(s) Detailing the Actions Taken:

The outcome of the inspection questionnaire will be discussed at the next Service User meeting scheduled for 29th July 2015 and on a one to one basis during monthly contact with keyworker. The outcome of this consultation will be forwarded to Inspector. Service user satisfaction with care will remain an agenda item for all future meetings and will be discussed at both monthly and pre-review meetings between service user and key worker.

Registered Manager Completing QIP	Teresa McKee	Date Completed	20.07.15
Registered Person Approving QIP	Bria Mongan	Date Approved	22/7/15
RQIA Inspector Assessing Response	Maire Marley	Date Approved	24 07.2015

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