

Unannounced Care Inspection Report 5 July 2016



Manor Court Day Centre

Type of Service: Day Care
Address: Sloan Street, Lurgan BT66 8RN
Tel No: 02838329586
Inspector: Maire Marley

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Manor Court Day Centre took place on 5 July 2016 from 10.00 to 16.00 hours.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the day care setting was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

On the day of the inspection, Manor Court Day Centre was found to be delivering safe care. Staff were knowledgeable of their specific roles and responsibilities in relation to adult safeguarding. Observations and discussions with staff demonstrated that they actively worked to ensure service users were safe and protected from harm. A general inspection of the day care setting confirmed that the premises and grounds were well maintained. No areas for quality improvement relating to safe care were identified during this inspection.

Is care effective?

On the day of the inspection, observations of staff interactions with service users and discussions with a total of eight service users provided evidence that the care being delivered was effective. There were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. No areas for quality improvement were identified.

Is care compassionate?

Observations of care delivery evidenced that service users were treated with dignity and respect. Staff were observed responding to service users' needs and requests promptly and professionally. Discussions with service users provided evidence they were listened to, valued and communicated with in an appropriate manner. No areas for quality improvement were identified.

Is the service well led?

Manor Court Day Centre has systems in place to ensure that staff are well-informed of their responsibilities, various roles and expected standards of practice. A capability assessment for the staff member who takes charge in the absence of the manager was in place. Staff confirmed that they were well supported in their roles and that suitable training was provided. A monitoring officer who is not directly involved in the day to day operations of the centre visited monthly and provided a report of the visits. There was little evidence that the registered manager is actively involved in the management of the day centre and this is an area identified for improvement.

This inspection was underpinned by The Day Care Setting Regulations (Northern Ireland) 2007, the Day Care Settings Minimum Standards 2012 and previous inspection outcomes and any information we have received about the service since the previous inspection.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Donna Reilly Senior Day Care Worker, 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.

1.2 Actions/enforcement taken following the most recent care inspection

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

2.0 Service details

Registered organization/registered provider: Fold Housing Association/Fiona McAnespie	Registered manager: Carol McCoy
Person in charge of the day care setting at the time of inspection: Donna Reilly	Date manager registered: 15 April 2015
Number of service users accommodated on day of inspection: Nine	Number of registered places: 10

3.0 Methods/processes

Prior to inspection the following records were analysed:

- Written and verbal communication received since the previous care inspection
- The previous care inspection report and returned QIP

During the inspection the inspector met with:

- The senior day care worker
- One care staff
- Nine service users

The senior day care worker was provided with questionnaires to distribute to five service users; two staff members and five service users' representatives for completion. The questionnaires asked for the views of service users, staff and service users' representatives regarding the service, and requested their return to RQIA. Two questionnaires completed by service users' representatives were returned to RQIA. The content of the questionnaires is discussed in the main body of the report.

The following records were examined during the inspection:

- Complaints record
- Accident/untoward incident records
- Staff supervision and appraisal records
- Elements of three service users' care files
- Sample of policies and procedures
- Sample of quality assurance audits
- Staff training information
- Minutes of staff meetings
- Minutes of service user meetings
- Three monthly monitoring reports

4.0 The inspection

4.1 Review of requirements and recommendations from the last care inspection dated 29 May 2016

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 7.3 Stated: Second time	The registered manager should confirm that the service user's guide has been updated to include information in regard to how service users' can access their records.	Met
	Action taken as confirmed during the inspection: A review of the service user guide confirmed the requested information was contained in the document.	
Recommendation 2 Ref: Standard 17.5 Stated: First time	The statement of purpose should be revised to ensure the admission criteria is clearly stated; the registered manager must only admit those service users whose needs are in accordance with the statement of purpose.	Partially Met
	Action taken as confirmed during the inspection: There was evidence that the statement of purpose had been revised; however, the admission criteria had not been amended. Recommendation is stated for the second time.	

<p>Recommendation 3</p> <p>Ref: Standard 19</p> <p>Stated: Second time</p>	<p>The registered manager should confirm that the continence promotion policy has been updated to reflect the NICE guidelines and an intimate care procedure has been devised.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The continence policy was revised and dated and an intimate care policy was in place.</p>	<p>Met</p>
<p>Recommendation 4</p> <p>Ref: Standard 5.</p> <p>Stated: First time</p>	<p>The registered manager should confirm in the returned Quality Improvement Plan that care plans for the identified service users have been developed and reflect the individual service users' continence care needs.</p> <p>A copy of the continence risk assessments for individual service users has been obtained and retained on file.</p> <p>The arrangements regarding external staff providing personal care should be reviewed to protect service users' dignity and privacy.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>There was evidence that the identified care plans had been updated as requested. No issues were identified on this occasion.</p>	<p>Met</p>

4.2 Is care safe?

On the day of this inspection the registered manager was on planned leave and the senior day care worker facilitated the inspection.

Staff outlined the planned daily staffing levels for the day care centre, and confirmed that these levels were subject to regular review to ensure the assessed needs of the service users were met. A review of the staff duty roster for the months of May 2016 and June 2016 evidenced that planned staffing levels were maintained. There are always two staff on duty, comprising of a senior day care worker and a care staff member.

Staff who were consulted confirmed that staffing levels met the assessed needs of the service users. The observation of care provided evidence that service users' needs were met by the staff on duty.

There was evidence that a competency and capability assessment had been undertaken for the staff member who was given the responsibility of being in charge of the centre for any period of time in the absence of the manager.

Fold Housing Association had a robust staff recruitment policy and procedure. The senior day worker confirmed the arrangements in place to ensure information pertaining to all of the matters specified in Schedules 2 and 5 of The Day Care Setting Regulations (Northern Ireland) 2007 were reviewed. Recruitment records were retained at the organisation's personnel department.

Review of two staff files and discussion with a care staff confirmed that: they had received mandatory training, including safeguarding vulnerable adults training which was undertaken in June 2016; and fire training which was undertaken on 7 June 2016. A discussion was held regarding the new regional guidance Adult Safeguarding: Prevention and Protection in Partnership, and staff recognised there was a need to enhance their awareness regarding the new procedures.

Staff who were interviewed clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. It was reported that there were no current safeguarding concerns ongoing. On the day of the inspection no restrictive practices were observed.

Discussion with staff and a review of returned staff satisfaction questionnaires confirmed that mandatory training and other professional development training was provided. Staff felt they were well supported in their roles and responsibilities by the provision of individual staff supervision and annual appraisals. Staff also confirmed that they had easy access to the management team.

A review of the service users' environment was undertaken and all areas within the day centre were found to be welcoming, bright, fresh smelling and clean throughout. Fire exits and corridors were observed to be clear of clutter and obstruction.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.3 Is care effective?

Discussion with the senior day care worker established that the service responded appropriately to, and met the assessed needs of, the service users.

A review of elements of three care records confirmed that these were generally maintained in line with the legislation and standards. They included assessment of needs, life history, risk assessments, care plans and regular statement of health and well-being of the service user. Care records were updated regularly to reflect changing needs.

Service users and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Assessments and care plans were signed by the service user or their representative and the relevant member of staff. The care records reflected multi-professional input into the service users' health and social care needs. Discussion with staff and a review of care records confirmed that a person centred approach underpinned practice.

Staff stated that there was effective teamwork and the two staff who were interviewed or observed during the inspection clearly demonstrated the knowledge, skill and experience necessary to fulfil their roles and responsibilities. Staff also confirmed that if they had any concerns, they would raise these with their line manager, or the registered manager if necessary.

Service users are consulted on a formal basis in the annual reviews of their day care placements and the annual quality monitoring survey.

Informally, staff consult with service users daily and staff operate an open door policy for family and representatives. Discussion with service users and staff and a review of records provided evidence of service user meetings being held regularly and a record of the meeting was maintained.

A record of all complaints was maintained. There were no complaints received for the year April 2014 to March 2015. Service users consulted were aware of how to raise any issues or concerns and named the staff they would talk to in these circumstances. Five service users completed and returned questionnaires and it was good to note that all responses were entirely positive.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.4 Is care compassionate?

Service users confirmed that management and staff listen to them, offer them choices and involve them in decision making during their time in the day care setting. Staff interactions with service users were observed to be compassionate, caring and timely. Service users were afforded choice, privacy, dignity and respect. Staff demonstrated a detailed knowledge of service users' wishes, preferences and assessed needs as identified within the service users' care plans.

Discussions with service users along with observations of practice during this inspection confirmed that service users were enabled and supported to engage and participate in meaningful activities. The senior care worker confirmed that service users were listened to, valued and communicated with in an appropriate manner. Discussions with service users and observation of practice confirmed that service users' needs were recognised and responded to in a prompt, courteous and supportive manner by staff.

To promote service users' safety in the community staff had organised the crime prevention team to visit the centre and give a talk to the service users on keeping safe. Service users stated that they had found the visit very beneficial and stated there had been good learning for them. This initiative is commended.

There were systems in place to ensure that the views and opinions of service users were sought and taken into account in all matters affecting them. The comments within the five service user questionnaires returned to RQIA affirmed strongly that compassionate care was delivered within the day care setting. The views of service users were sought during the monthly quality monitoring visits and these comments were included in the monthly reports for April, May and June 2016 which were reviewed.

Examples of some of the comments made by service users on the day are listed below:

- “I enjoy knitting blankets for the missions; it a worthwhile thing to do.”
- “I enjoy the meals, always a choice and it is good to get it all done for you.”
- “I love coming here meeting friends and the staff are so good; they could not do enough for you.”
- “There is always plenty to do; we do different things and it is always good craic. You need a laugh and we get plenty of those.”
- “I couldn’t do without this place; I would be sitting at home alone.”

The inspector spent time chatting to service users in the morning, joined service users for lunch and observed the afternoon routines. The atmosphere was relaxed and staff were observed when required to provide assistance in a calm and discreet manner. Service users chatted amongst themselves or with staff. It was evident that good relationships had been developed between service users and staff, and between themselves. All interactions observed between the staff and service users were friendly, informal and courteous.

Five completed returned service user questionnaires, asking for opinions on how safe, effective and compassionate the care is and how well led the service is, provided positive responses.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.5 Is the service well led?

Manor Court Day Care Centre is situated within the main Manor Court Residential care building and is a separate facility operated by Fold Housing. The registered manager is also responsible for the management of the residential home. Facilities in the day centre include a designated dining area, activity room, staff office, toilets and bathroom.

The registered manager was on planned annual leave and a senior day care worker described the organisational structure and confirmed all staff were aware of their roles, responsibility and accountability. It was evident that the organisation is fully familiar with their role and responsibilities under the legislation. Completion and return of the RQIA Quality Improvement Plan (QIP) confirmed that the registered person responded to regulatory matters in a timely manner.

Care staff spoken with confirmed that they were familiar with organisational and management structure and with their lines of professional accountability. Staff were aware of their individual responsibilities in relation to raising concerns and reported they had no concerns about their colleagues’ practice within the day care setting. Service users were aware of the roles of staff

within the day centre and who to speak with if they wanted advice or had any issues or concerns.

The registered person monitors the quality of services in accordance with the day care setting's written procedures, and completes a monitoring report on a monthly basis. This report summaries the views of service users on the quality of the service provided, and includes any actions taken by the registered person or the registered manager to ensure that the organisation is being managed in accordance with minimum standards.

The health and social care needs of service users were being met in accordance with the centre's statement of purpose.

A number of policies and procedures were reviewed during this inspection as referenced in earlier sections of the report. No improvements were identified on this occasion.

Records examined provided evidence that systems were in place for the provision of staff supervision and team meetings. However, it was noted that the registered manager was not involved in either of these processes. There was little evidence that the registered manager was involved in the day to day operations of the centre and is an area that should be reviewed.

Records showed that annual appraisals were taking place as required. There was written evidence to show that staff members were appropriately qualified and trained for their designated roles. Records of staff training were up to date and demonstrated that staff were in receipt of the required training.

The centre had a complaints policy and procedure in place. This was in accordance with the relevant legislation and DHSSPS guidance on complaints handling. Service users and their representatives were made aware of the process of how to make a complaint by way of the service user guide and leaflets. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

The senior day care worker confirmed the centre had an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

Review of records and discussion with the senior care worker confirmed that any adult safeguarding issues would be managed appropriately and that reflective learning would take place.

Staff confirmed that they could also access line management to raise concerns and or obtain support. Staff reported that there were good working relationships and that management were responsive to suggestions and/or concerns raised.

Service users gave positive feedback in regard to the management of the service and commended the relaxed, friendly way in which the service was managed. Analysis of satisfaction questionnaires returned to RQIA following the inspection evidence that service users and their relatives were very satisfied with the care provided.

Areas for improvement

One area for improvement are identified during the inspection and related to the role of the registered manager in the day to day operations of the centre.

Number of requirements	0	Number of recommendations:	1
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Donna Reilly Senior Day Care Worker as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 the day care centre. 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on the Day Care Setting Regulations (Northern Ireland) 2007.

5.2 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 provider may enhance service, quality and delivery.

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to day.care@rqia.org.uk for review by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 17.5</p> <p>Stated: Second time</p> <p>To be completed by: 31 August 2016</p>	<p>The registered provider should revise the statement of purpose and ensure the admission criteria are clearly stated; the registered manager must only admit those service users whose needs are in accordance with the statement of purpose.</p>
	<p>Response by registered provider detailing the actions taken:</p> <p>The SOP clearly identifies the categories of care that can be provided for in the day centre. On referral the day centre management and the care management team will discuss and review referrals from the identified categories and make arrangements for placement in agreement and best interests of the service user and their relatives</p>
<p>Recommendation 2</p> <p>Ref: Standard 17.2</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2016</p>	<p>The registered provider should review the management systems in the day care setting and ensure the registered manager is involved in the day to day operations of the centre, including staff supervision and team meetings.</p>
	<p>Response by registered provider detailing the actions taken:</p> <p>The Registered Manager will attend service user meetings, staff meetings, and conduct supervisions as requested in the absence of the Care Services Manager responsible. The Registered Manager will make conduct with service users on a daily basis and will meet with the Scheme Co-ordinator on a weekly basis for day centre updates.</p>

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



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