

Unannounced Care Inspection Report 11 September 2019



Manor Court Day Centre

Type of Service: Day Care Service
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

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

Manor Court is a Day Care Setting with accommodation to provide 10 places for older people and persons with dementia. The service provides care and therapeutic activities, Monday to Friday each week. Closure takes place during statutory holidays. Further information on the day care service is reflected within the service user guide and statement of purpose.

3.0 Service details

Organisation/Registered Provider: Radius Housing Association Responsible Individual Fiona McAnespie	Registered Manager: Carol McCoy
Person in charge at the time of inspection: Day care co-ordinator	Date manager registered: Carol McCoy - 15/04/2015
Number of registered places: 10	

4.0 Inspection summary

An unannounced inspection took place on 11 September 2019 from 10.00 to 15.00 hours.

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

RQIA, as a public-sector body have a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of day care services, we are committed to ensuring that the rights of people who receive services are protected. This means we will be seeking assurances from providers that they take all reasonable steps to promote people's rights. Users of day care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the day care setting was delivering safe, effective and compassionate care and if the service was well led.

During the inspection the inspector saw good evidence that the day care setting promoted service users' human rights particularly in relation to the areas of consent, autonomy, equality, decision making, privacy, dignity, confidentiality and service user involvement. Service users were observed moving freely around the centre and making independent choices in regard to activities and food provided.

Evidence of good practice was found throughout the inspection in relation to staff training, development and support and communication between service users, day centre staff and other key stakeholders. The culture and ethos of the day care setting promoted treating service users with dignity and respect and maximising their independence.

Service users said they felt safe in the centre and made positive comments relating to the effectiveness of care. Service users spoken with described the staff as brilliant and one relative described the centre as excellent in all areas of care.

Two areas requiring improvement were identified during this inspection in regard to submitting a variation application and revised statement of purpose in regard to the range of needs the centre can accommodate and the further development of review reports.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	1

Details of the Quality Improvement Plan (QIP) were discussed with the day care co-ordinator, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent care inspection dated 11 September 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 4 December 2018.

5.0 How we inspect

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

- The registration details of the day centre
- Information and correspondence received by RQIA since the last inspection
- Unannounced care inspection report dated 26 November 2018

During the inspection the inspector met with nine service users, two staff members, one visiting professional and one service users' representative.

Service Users' comments during the inspection:

- "I love coming here."
- "I feel very safe and content here the staff are brilliant."
- "My dinner was lovely, really enjoyed it."

Service User's representative comment during the inspection:

"As a carer Manor Court is a Godsend for me, I would be lost without it"

Staff comments during inspection:

- "I believe the day centre is excellent, there is a lovely atmosphere and coming in and out I see the difference it makes for people"
- "There is great communication between us and the families."
- "We know everyone's needs and service users come first."

Visiting Professional comments during the inspection:

"I am really impressed with the service provided in the day centre, staff know each individual person's needs and they respond appropriately, the care co-ordinator contacts our team and communicates information that is relevant and timely."

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

Ten service user and/or representatives' questionnaires were provided for distribution. All questionnaires were returned and responses indicated services users were satisfied with all aspects of care within the centre.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the 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 4 December 2018

The most recent inspection of the establishment 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 4 December 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 19 (2) Schedule 4 Stated: First time To be completed by: 31 January 2019	The registered person shall maintain a record of and a receipt for all financial transactions. The record should be signed and dated by a staff member and service user. If a service user is unable to sign this should be recorded and two staff should sign and date the record. Ref: 6.4	Met
	Action taken as confirmed during the inspection: A review of the returned QIP and records examined on the day of inspection confirmed that financial records had been implemented and those viewed were appropriately signed and dated.	

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.

A review of the day care setting's systems in place to avoid and prevent harm to service users which included a review of staffing arrangements was undertaken during the inspection.

On the day of inspection the staffing arrangements were found to be satisfactory and sufficient to meet the needs of service users. This was also confirmed by the staff on duty. Duty records examined contained details of the number of staff on duty, hours worked and information of the specific care duties allocated to staff.

Staff reported that effective arrangements were in place to support them and included induction, training, supervision and appraisals. There was evidence that any new staff receive a structured induction to ensure they are familiar with service users' needs along with the settings routines and procedures. Residential staff provide cover when the permanent day care staff are on leave, it was agreed that areas pertinent to day care would be included in the induction programme and this was addressed on the day of inspection.

A review of staff training records found that all staff had up to date mandatory training and had accessed additional training and development relevant to the needs of service users. There was evidence that staff were appropriately registered with their professional bodies.

The day care setting had arrangements in place to identify, manage and where possible eliminate unnecessary health and safety risks. This included regular health and safety checks that ensured a safe environment was maintained. A fire risk assessment was in place and had been reviewed on 2/7/2019. Tolerable risks had or were being addressed. A fire evacuation was undertaken on 17/7/2019.

Arrangements had been implemented in regard to the recording and reporting of accidents and incidents. One notification had been submitted to RQIA as required. A review of the accident records from January 2019 to 24 June 2019 confirmed that there had been five accidents/incidents during that period; one incident had occurred outside the day centre and was responded to by staff appropriately. All accidents/incidents had been managed appropriately and it was noted that staff were recording effectively in accordance with Radius Housing Association's policies and procedures.

A review of policies confirmed that there was a policy and procedure on restrictive practice in keeping with Department of Health (DoH) Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and Human Rights Act (1998). It also included Deprivation of Liberty Safeguards (DoLS).

Staff consulted with during the inspection were aware of the impact of human rights legislation within their work; and could adequately describe how this impacted on their work on a daily basis.

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

Safeguarding and whistleblowing policies and procedures were in place to help protect service users and minimise the risks of abuse. Safeguarding procedures were understood by staff members who were spoken with during the inspection, they confirmed that practice throughout the centre was of a high standard and that training had been provided for staff on 22 May 2019. It was noted that the policies and procedures were in line with the regional guidance and the Organisation had the named Adult Safeguarding Champion displayed prominently within the building.

The centre is located in the building of a residential care home. Observation of the environment was undertaken during a walk around the day care setting, this confirmed that the environment was warm, clean, fresh smelling and had suitable lighting. The standard of hygiene observed throughout the centre was found to be very good.

Areas of good practice

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

Areas for improvement

No area of improvement was identified during the inspection of this domain.

	Regulations	Standards
Total number of areas for improvement	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 Service User Guide were reviewed and revealed that the documents generally reflected the elements set out in the regulations and standards. It was good to note that the Statement of Purpose contained reference to a commitment to promote the human rights of service users.

Prior to admission each person and, or their representative visit the centre and are provided with a service user guide that informs them of their right to full involvement in all aspects of their care. Information on how to raise a concern or complaint regarding the quality of care is included. It was evident from records viewed and staff discussion that the centre organised and delivered services to meet individual needs and took account of individual preferences.

Records relating to pre-admission assessments and referral information were examined during this inspection. It was noted in two service users' referral information that the assessment information was informative and provided information to enable staff to ascertain if the centre could meet the needs of the identified person's safely.

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

Initial post admission assessments were completed after a period of six weeks and thereafter annually, arrangements were in place that a review could be convened if a service users circumstances changed.

A written review report was available in each file examined and included a section for the views of staff, service users and/or their representative, it was difficult to establish if comments were obtained from the service users as the records were written from a staff perspective. In addition it was noted that the report focused on the "Activities of Daily Living" however failed to encompass or report on the goals or personal outcomes agreed for individual service users. Review reports should include all elements of Standard 15.5 and is an area identified for improvement.

Contact sheets recorded the involvement of families and professionals and progress daily records were maintained. Dates and signatures were present in all files examined. There was evidence of continuous improvement in the care planning and delivery process and regular audits of practices were undertaken.

There was evidence that the advice and input of other professionals had been requested when necessary and that staff worked closely with these professionals to deliver care that was effective and person centred. This was also confirmed during the inspection in discussion with a visiting professional.

Systems to promote effective communication between staff, service users and their representatives were reviewed during the inspection. There was evidence to indicate that communication supported the protection and promotion of individualised and person centred care for service users.

Discussion with staff revealed that they felt care provided to service users within the setting was effective, staff were knowledgeable regarding service users' needs and care plans; they described how intervention with each service user was person centred depending on their individual needs.

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

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

Service Users' comments:

- "The staff here are great, I can't praise them enough."
- "I really like coming here, it's good to get out."
- "This place gives me a reason to get up in the morning."

Staff comments:

- "We are open and transparent in everything we do."
- "The manager has an open door policy and can be contacted at any time."
- "I believe service users are treated with respect at all times and given choice in everything they do."

Throughout the inspection service users and staff expressed positive views on the quality of service provided; staff also expressed the confidence they had in the practice of their colleagues.

Areas of good practice

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

Areas for improvement

One area of improvement was identified during the inspection of this domain and related to the further development of review reports.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is care compassionate?

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

This inspection sought to assess the day care setting's ability to treat service users with dignity, equality and respect, and to fully involve service users in decisions affecting their care and support.

Observations of staff interactions with service users were observed to be compassionate, caring and timely. Staff spoken with reflected the ethos of the day care setting which promotes respect, openness, honesty, good quality care, individual attainable goals and social interactions.

Throughout the inspection staff were observed to stimulate and encourage service users to participate in a range of therapeutic activities that promoted positive outcomes for their health and well-being and encouraged meaningful social engagement. On the day of the inspection activities were facilitated by staff and the inspector noted service users approached staff freely, communicating their needs and making requests. Staff responses were noted to be cheerful and appropriate. Staff who engaged with the inspector spoke positively about the service and the ongoing benefits of the service to both service users and their representatives.

Staff described the informal arrangements in place that ensured service users were consulted on a daily basis and their views and opinions sought. This included daily ongoing discussions with service users and checking before the commencement of each activity that people were willing to participate. More formal arrangements to promote effective communication with service users and/or their representatives were facilitated through annual care reviews and service user meetings. A sample of the minutes of service meetings found evidence of service user involvement in the decision making process and also evidenced how each person's preferences was taken into consideration.

Evidence of additional opportunities for service users and their carers to express their views was contained in the annual satisfaction survey undertaken and reported on in the Annual Quality Report 2017-2018. The care co-ordinator reported that annual satisfaction questionnaires would be circulated and responses included in the 2019/2020 annual report.

Service Users' comments:

- "Staff treat us really well they are so kind."
- "I think they must have great training because every one of the staff are great."

- “I am only new here but already I have seen how caring the staff are, and they are so willing to help you or just listen.” I enjoy doing different things like quizzes or making things and listening to stories or music.

Staff comments:

- “I believe service users are treated with respect at all times and given choice in everything they do.”
- “Service users come first, they are entitled to the same rights as everyone.”

Areas of good practice:

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the day care setting, listening to and valuing service users and taking account of the views of service users and their representatives.

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Carol McCoy is the registered manager for the residential care home and the day care setting, both services are contained within the one building. In the absence of the manager the day care co-ordinator assumes responsibility for the day to day running of the centre. The manager is in the centre on most days.

This inspection was facilitated by the day care co-ordinator who was the person in charge and who demonstrated a very good understanding of The Day Care Setting Regulations, minimum standards and the systems and processes in place for the daily management of the setting.

The Statement of Purpose was reviewed and had been updated by the provider in August 2019. It was noted that the document did not describe the range of needs that was accommodated in the centre on the day of inspection. The document referred to service users as with people with dementia and older people and did not include people with mental health needs. The care co-ordinator stated this was an oversight as previously service users with a diagnosis of mental health were included in the range of needs to be accommodated. Management were informed to submit to RQIA a revised Statement of Purpose detailing the range of needs to be accommodated in the day care setting. This is an area identified for improvement.

During the inspection the setting's leadership, management and governance arrangements were assessed and found to be in line with the regulatory framework. Inspection of the premises confirmed that the current RQIA certificate of registration was displayed within a prominent position.

There was a clear organisational structure and staff consulted during the inspection demonstrated knowledge of their roles, responsibility and accountability. A competency and capability assessment was in place for the person left in charge of the centre in the absence of the manager.

A range of policies and procedures were in place to guide and inform staff. During the inspection staff discussed their knowledge of policies in regard to whistleblowing, safeguarding and complaints, it was evident they were fully familiar with the action required to be taken by them in the event of any concern.

In discussions with staff it was evident they enjoyed working in the day care setting and enjoyed good working relationships with their colleagues and the management team, they gave very positive feedback in respect of leadership and good team working.

There are arrangements in place to ensure staff are registered with the relevant regulatory bodies such as the Northern Ireland Social Care Council (NISCC). Information regarding staff registration details and renewal dates were maintained.

Review of staff records established that supervision and appraisal were in keeping with the minimum standards. Staff reported that they found supervision supportive and provided opportunities to discuss their responsibilities.

Examination of the complaints record found the centre had no complaints since the last inspection. Discussion with staff confirmed that they knew how to receive and deal with complaints and of their responsibility to ensure that management were made aware of any complaints. Information on the complaints procedure was displayed in areas throughout the day centre.

Records examined provided evidence that regular staff meetings were held and records of the meetings maintained. The record included the names of staff in attendance and agenda items. Relevant information was discussed regarding the needs of service users, forward planning and the arrangements to ensure the delivery of safe and effective care.

The inspector can confirm that there was evidence of arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. A range of audits are undertaken weekly and monthly and included health and safety audits, audits on care records, cleanliness audits, staff training, supervision, fire prevention and checks on professional registration.

The Regulation 28 monthly quality monitoring visit reports for the past three months were reviewed and found to be satisfactory.

The inspector noted that the day care setting collects equality information in relation to service users, during the referral and assessment process. The data is used effectively and with individual service user involvement when a person centred care plan is developed.

Records showed that equality information included communication methods, adult safeguarding and risk assessments where a risk was identified.

Discussion with service users and staff evidenced that they felt the service was well led. They described the service as well planned and they confirmed the manager operates an open door policy and their views and opinions are sought on a regular basis.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to management of accidents/incidents, quality improvement and maintaining good working relationships.

Areas for improvement

One area for improvement was identified during the inspection of this domain and related to the organisation submitting a revised statement of purpose to RQIA.

	Regulations	Standards
Total number of areas for improvement	1	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with the day care co-ordinator, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the day care setting. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007	
Area for improvement 1 Ref: Regulation 4.1 Stated: First time To be completed by: 31 October 2019	The registered person shall submit a revised Statement of Purpose to RQIA detailing the range of needs the centre can accommodate. Ref: 6.7
	Response by registered person detailing the actions taken: The Statement of Purpose has been revised to highlight the recommendation and feedback provided by the Inspector in respect of referrals being accepted for service users within the 4 categories of care where they are of mild to moderate stages.
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012	
Area for improvement 1 Ref: Standard 15.5 Stated: First/ time To be completed by: 31 October 2019	The registered person shall ensure review reports are further developed to include all elements of standard 15.5. Ref: 6.5
	Response by registered person detailing the actions taken: The identified Annual Review form and 6 month review form were updated following the recommendations of the Inspector. The reviews will now reflect how the service users prospective goals have been met.

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



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