

**Unannounced Care Inspection  
of  
Manor Court Day Centre**

**29 May 2015**

## 1. Summary of Inspection

An unannounced care inspection took place on 29 May 2015 from 10.30 to 15.00 hours.

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
<b>Total number of requirements and recommendations made at this inspection</b>	0	4

The details of the QIP within this report were discussed with Donna Reilly as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Fiona McAnespie	<b>Registered Manager:</b> Carol McCoy
<b>Person in Charge of the Day Care Setting at the Time of Inspection:</b> Fold Housing Association/Donna Reilly	<b>Date Manager Registered:</b> 15 April 2015
<b>Number of Service Users Accommodated on Day of Inspection:</b> 7	<b>Number of Registered Places:</b> 10

## 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:

- discussion with the registered manager
- discussion with seven service users
- discussion with two members of staff
- review of care records
- observation during an inspection of the premises
- evaluation and feedback

Prior to inspection the following records were analysed:

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

At the commencement of the inspection a poster was displayed informing service users and representatives that an RQIA inspection was taking place and inviting service users to speak with the inspector to provide their views.

The following records were examined during the inspection:

- the statement of purpose
- the service users guide
- monthly monitoring reports completed from Jan- May 2015
- minutes of service users meetings
- staff meetings
- staff duty rotas
- staff training records
- staff supervision history
- selected policies and procedures
- four care records
- accident and incident records
- record of complaints

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the day care setting was an unannounced care inspection dated 17 September 2015. The completed QIP was returned and approved by the inspector.

### 5.2 Review of Requirements and Recommendations from the Last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref: 14 (4)</b>	The registered person/manager should confirm the restrictions the entrance door places on service users has been reviewed to ensure they do not have their freedom inappropriately restricted.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A new system had been installed at the front door and staff and service users reported satisfaction with the entrance.	
Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b>  <b>Ref: Standard 7.3</b>	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.	<b>Not Met</b>
	<b>Action taken as confirmed during the inspection:</b> The review of the service users guide found it had not been updated as requested. This recommendation is restated.	
<b>Recommendation 2</b>  <b>Ref: 7.4</b>	The registered manager should confirm that the identified care plan relating to the management of potential bleeds in regard to warfarin includes the immediate first aid to be applied by staff.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Evidence was provided that the identified care plan relating to the management of potential bleeds regarding warfarin medication had been reviewed. The record documented the immediate first aid to be administered by staff.	

<b>Recommendation 3</b>  <b>Ref:</b> Standard 22.1	The registered person/manager should provide training for the registered manager on the purpose and function of supervision.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The registered manager provided evidence of the date the training had been completed as 10 September 2014.	
<b>Recommendation 4</b>  <b>Ref:</b> Standard 18.4	The registered person/manager should ensure policies and procedures are up to date and relevant to the provision of day care services.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of a random selection of policies and procedures found them to be up to date and relevant.	

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

#### Is Care Safe?

A continence care policy was in place however required further development to fully reflect NICE guidance on this subject matter. In accordance with evidenced based practice, guidance on staff providing intimate care to service users should also be included in either the continence care policy or in separate guidance. A recommendation is made.

Observation, review of staffing levels and service users positive feed-back informed us there were sufficient numbers of staff employed in the day care setting to meet the identified needs of those service users who attend.

A range of mandatory training is provided by the provider and there was evidence that staff are in receipt of appraisals and formal supervision. Records showed that 8 July 2015 had been scheduled for staff to receive continence promotion training.

During the periods of observations staff were observed to be confident in carrying out their duties and they demonstrated a good understanding of individual service users assessed needs.

Service users reported that they were confident that staff had the skills and experience to assist them with all aspects of care required.

A review of the bathrooms found there was adequate equipment and aids to meet the assessed needs of service users and assist staff. Discussion with staff and observations made during the inspection confirmed there were ample supplies of personal protective equipment.

Policies and procedures were in place to direct and guide staff regarding infection prevention and control and it was good to note staff using the wall mounted sanitizers throughout the period of inspection.

There was a policy in place on the prevention, detection and response to abuse in keeping with regional and local guidelines and records examined confirmed that staff had received the appropriate training.

### **Is Care Effective?**

In discussion with the registered manager and staff it was reported that four service users who attend the centre require support with their continence needs. The care records relating to these four service users were examined during this inspection. A care and support plan that included the management of risks had been completed by the identified key worker, dated and agreed by the service user and signed by the registered manager. Three care plans needed to be further expanded regarding the service users' preferred routine in regard to their assessed continence needs. A copy of each service user's continence promotion assessment should be obtained and held on file.

Discussion was held regarding the admission criteria for the day care setting as it was noted two service users who required the assistance of two staff with personal care needs were receiving assistance by staff employed by another agency. These staff attended the day centre at set times to assist service users complete these tasks. It is recommended that the arrangements currently in place are reviewed to promote service users dignity and privacy.

The statement of purpose should be revised to ensure the admission criteria for the day care setting is clearly stated, the registered manager must only admit those service users whose needs are in accordance with the statement of purpose.

There was evidence that service users' needs are reviewed at least once a year and that service users and their carers are provided with opportunities to contribute and participate in the process.

### **Is Care Compassionate?**

Staff interactions with service users were observed throughout the inspection period and presented evidence of a high level of compassionate care being delivered.

Service users consulted were very complimentary about the care and support they received when attending the day care service. They expressed that they were well cared for and their privacy and dignity respected by staff who knew them well.

The inspector had the opportunity to meet with a relative and was informed that the staff team always treated everyone in a courteous helpful manner. This relative was most complimentary about staff and it was obvious the team were held in high regard. There were no issues raised during the inspection process.

## Areas for Improvement

The registered manager should further develop the continence promotion policy to reflect NICE guidelines and devise an intimate care procedure.

The development of care plans for identified service users with continence care needs is recommended to ensure clear direction is provided for staff in regard to the management of continence.

A copy of the continence risk assessments for individual service users should be obtained and retained on file. The arrangements regarding external staff attending to personal care needs should be reviewed to protect service users' dignity and privacy.

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.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>3</b>
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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?

A service user involvement policy dated 2014 set out the principles for involving service users to ensure they have an active role in the service delivery.

Service users expressed that they felt safe in the day centre and were well supported by the staff team. Care plans detailed the plan of care for each person and it was evident that independence was promoted.

Service users consulted confirmed their views were listened to and told how they were encouraged and supported to provide their views on the day to day running of the service. Service users felt there was sufficient staff to meet their needs and reported that they would feel comfortable speaking to the registered manager or any of the other staff about any concerns. Service users reported that they never had any reason to complain.

Staff stated that they were supported by management and that training provided by the organisation enabled them to carry out their roles efficiently and effectively. Staff were in receipt of protection of vulnerable adult from abuse training and there was a whistle blowing policy in place.

#### Is Care Effective?

It was evident that management and staff actively seek the views of service users on a quarterly basis. An agenda is recorded and minutes of meetings included who attended and the topics discussed.

Minutes of service users meetings held are displayed on the service users' notice board. The minutes of meetings reviewed indicated that service users were consulted and involved in the

choice of activities, environment, complaints, staffing, menu, social outings and other topics of interest. The minutes of meetings showed that staff were actively listening to service users.

The organisation had a number of methods to assess the quality of the service. A satisfaction survey had been issued to all service users in 2014 and the returned responses had been analysed and showed a high level of satisfaction with all areas. The responses from the survey were displayed in the day centre.

The annual quality review report for 2014 was provided for examination and reported on a range of subjects in keeping with regulations.

During the morning period service users were observed taking part in a game of darts and it was evident from their banter that service users enjoyed the game. In the afternoon everyone was involved in a word association game and participated in a quiz, one service user played the piano and another read a magazine. This showed that people's individual interests were respected and encouraged. Throughout the period of observations service users were observed chatting with each other and staff and there was a relaxed atmosphere. It was evident a good rapport had been established between the service users and staff.

Overall the evidence gathered demonstrated that management are effectively delivering a consistent level of high quality care. Staff confirmed their confidence in the systems for information sharing, practice guidance, supervision and training.

### **Is Care Compassionate?**

Service users who spoke with the inspector confirmed that they felt well supported by staff in the service, comments provided regarding the staff team were very positive. Service users commented:

- "a really great place"
- "it's a great place to come and meet friends",
- "it gives me a reason to get dressed and get out"
- "we are just like one big family and we all get on so well"
- "there is always something to do"
- "staff are caring, generous and most kind"
- "lovely girls, could not praise them enough"
- I don't think of them as staff they are just great people"

Four questionnaires were completed and returned to the RQIA. The responses indicated that service users were very satisfied with all aspects of the care provided in the day care settings. All respondents confirmed that they were very satisfied that their views and opinions were sought about the quality of the service.

The registered manager and two staff met with the inspector and the two staff also completed questionnaires.

Staff were knowledgeable about the arrangements for involving service users in both the development of their care plans and in the running of the service.



From discussions held with staff and examination of the returned questionnaires, it was evident that overall staff were very satisfied or satisfied with all aspects of the service. There were no issues raised by staff that presented as enthusiastic in regard to their work and it was obvious from observations that they had a good rapport with each other and service users.

### Areas for Improvement

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## 5.5 Additional Areas Examined

### 5.5.1 Staffing

The staffing arrangements for a four week period were reviewed. It was noted that staffing levels were maintained in the day centre. Both staff confirmed that the staffing was sufficient to meet the assessed needs of the service users. In a returned questionnaire a staff member commented "it would be nice to have more staff and then more time could be given to one.to one work"

### 5.5.2 Environment

On the day of this inspection it was noted the environment was clean and suitably maintained.

### 5.5.3 Complaints and Compliments

The record of complaint and compliments were reviewed. There were no recorded complaints for the year 2014; a number of compliments had been received and the comments recorded praised the staff team for the support and care provided.

## 6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Donna Reilly person in charge 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](mailto: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	
<b>Recommendation 1</b> <b>Ref:</b> Standard 7.3 <b>Stated:</b> Second time <b>To be Completed by:</b> 31 August 2015	<p>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.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b>            Actioned. The Service User Guide has been updated to reflect recommendation made.</p>
<b>Recommendation 2</b> <b>Ref:</b> Standard 17.5 <b>Stated:</b> First time <b>To be Completed by:</b> 31 August 2015	<p>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.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b>            Work is in progress to action this recommendation.</p>
<b>Recommendation 3</b> <b>Ref:</b> Standard 19 <b>Stated:</b> Second time <b>To be Completed by:</b> 31 August 2015	<p>The registered manager should confirm that the continence promotion policy has been updated to reflect the NICE guidelines and a intimate care procedure has been devised.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b>            The continence promotion policy has been updated in draft to reflect recommendation and will be approved at next Board meeting.</p>
<b>Recommendation 4</b> <b>Ref:</b> Standard 5. <b>Stated:</b> First time <b>To be Completed by:</b> 31 July 2015	<p>The registered manager should confirm in the returned Quality Improvement Plan.</p> <p>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> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b>            All of the above points have been actioned.</p>

<b>Registered Manager</b>	Carol McCoy	<b>Date Completed</b>	10/7/2015
<b>Registered Person</b>	Fiona McAnespie	<b>Date Approved</b>	10/7/2015
<b>RQIA Inspector Assessing Response</b>	Maire Marley	<b>Date Approved</b>	27/7/2015

*\*Please complete in full and returned to [day.care@rqia.org.uk](mailto:day.care@rqia.org.uk) from the authorised email address\**