

Unannounced Care Inspection Report 26 November 2018



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

This is a day care setting which can accommodate a maximum of 10 places that provides care and day time activities for older people and those with dementia.

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: Donna Reilly	Date manager registered: 15/04/2015
Number of registered places: 10	

4.0 Inspection summary

An unannounced care inspection took place on 26 November 2018 from 10.30 to 15.45 hours.

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

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

Evidence of good practice was found in regard to effective communication and consultation with service users, staff training and professional development opportunities and support to staff through staff meetings, supervision and appraisal.

One area requiring improvement related to the further development of the financial records in regard to the charges for lunch.

Service users were observed to be relaxed in the setting and all comments made in regard to their attendance at the centre was positive; they were very complimentary about the staff and described them as kind, caring and considerate. A relative consulted on the day was also highly complimentary about the staff and praised their dedication and commitment.

The findings of this report will provide the day centre 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	0

Details of the Quality Improvement Plan (QIP) were discussed with Caroline McCoy registered manager and Donna Reilly 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 premises inspection dated

No further actions were required to be taken following the most recent variation to registration inspection undertaken by the estates inspector on 03 August 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:

- Previous care report and QIP dated 14 June 2017
- Variation to registration report dated 03 August 2018
- Communication and correspondence with the setting

During the inspection the inspector met with:

- Nine service users in private in the group room
- Registered manager
- One service user's representative.
- Care co-ordinator and one care staff member

Satisfaction questionnaires were given to the care co-ordinator for distribution to service users, staff and relatives / representatives. There were no questionnaires returned within the timescales for inclusion in this report.

The following records were examined during the inspection:

- RQIA registration certificate
- Liability insurance (dated 28/06/18 to 29/06/2019)
- Staff duty roster
- Staff induction
- Mandatory training
- Staff supervision schedule
- Three service user care files
- Staff meeting minutes
- Complaints
- Accident / incident / notifiable events
- Service user meetings
- Monthly monitoring reports
- Fire risk assessment
- Fire equipment checks

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 03 August 2018

The most recent inspection of the establishment was an unannounced premises inspection ref IN032626 relating to a variation to registration application. There were no areas for improvement identified as a result of that inspection.

6.2 Review of areas for improvement from the last care inspection dated 14 June 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 17.2 Stated: Second time To be completed by: 31 July 2017	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.	Met
	This recommendation is stated for a second time as there was no evidence that the manager attended staff meetings. Ref: 6.2	
	Action taken as confirmed during the inspection: Information in the returned QIP and a review of the staff meetings and supervision information established this area of improvement had been fully addressed.	
Area for improvement 2 Ref: Standard 5.2	The registered person shall ensure that measures in place to minimise identified fall risks are recorded within care plans. Re audit of all care plans, in this regard, is	Met

Stated: First time To be completed by: 31 July 2017	recommended. Ref: 6.5	
	Action taken as confirmed during the inspection: The review of three identified care records established that the risk assessments identified when a service user was at risk of falling, the accompanying care plan detailed the action to be taken to minimise the risk.	
Area for improvement 3 Ref: Standard 3.1 Stated: First time To be completed by: 30 September 2017	The registered person shall ensure that individual service user agreements are reviewed and revised to include full information setting out the terms of agreement in keeping with Standard 3.1. Ref: 6.5	Met
	Action taken as confirmed during the inspection: Agreements were included in the service user guide and three care records examined and addressed the elements of standard 3.1.	

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.

On the day of inspection two staff were on duty, the care co-ordinator and a day care worker. The duty roster along with care records were examined and discussion with staff and service users established staff were sufficiently qualified, competent and experienced to meet the assessed needs of the service users.

The registered manager is responsible for both the residential care home and the day centre. In the absence of the registered manager the care co-ordinator assumes responsibility for the day to day management of the centre. There was evidence that the registered manager visits the centre several times during the week and is also in daily contact with the care co-ordinator. Appropriate records are maintained of the arrangements in place.

Records examined established that a competency and capability assessment had been completed for those left in charge of the centre in absence of the registered manager, demonstrating the staff were willing to act up and had the required skills.

However it was noted that this was in need of updating and the registered manager agreed to address it with immediate effect.

There has been no new staff employed since the previous inspection appropriate staff employment records were in place and in compliance with relevant legislative requirements and the organisation's policy and procedures. The care co-ordinator confirmed that an induction programme was available for newly appointed members of staff. A review of the induction programme noted it included areas such as adult safeguarding, whistleblowing policy, courtesy and attitude, rights and responsibilities, confidentiality, health and safety, security and fire safety, infection prevention and control, environmental cleanliness and the role of the team and organisation.

Discussions with staff confirmed that they had access to a mandatory training programme to support them in meeting the roles and responsibilities of their job. A review of the staff training records provided evidence that all training was up to date.

The day care setting's governance arrangements in place that identify and manage risk were inspected; it was good to note that there had been no accidents or incidents since the previous inspection.

Discussions with the registered manager and staff on the day of inspection revealed they were knowledgeable regarding their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns and maintain written records.

Management confirmed there were no current adult safeguarding investigations within the day care setting and were clear about their role and responsibility in the event of such an incident.

The arrangements for the management of monies that service users' contribute for their lunch within the day care setting was reviewed. A document that incorporated the name of the service user and the days of the week along with the monies paid was examined. This reflected that the cost of the meal was £1.50 per day and indicated when the individual service user had paid this amount. However this was not the actual amount paid as some service users paid in advance and others paid daily. There was no evidence of the amount of monies handed over, or the change returned. The record did not contain the required signatures and no receipts were provided. The inspector provided advice in relation to the records and receipts required for all financial transactions, the need for each entry to be dated and signed by either the service user and the staff member or two staff if the service user is unable to sign. This is an area identified for improvement.

A review of settings policies confirmed there was a policy and procedure on restrictive practice in keeping with DOH Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

Discussion with the care co-ordinator, staff and observation of practice confirmed that the only restrictive practice in use was the door closing exit and entrance in use at the main entrance to the facility. Installation of the system was necessary to ensure that no unauthorised persons could enter the facility providing a safe environment for service users and the risk identified with some service users leaving the centre unaccompanied. Identified risks were reflected within care records and appropriate consultation and collaboration with commissioning trust staff.

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. Fire exits and walk ways were clear and free from any obstructions. The discussion with the care co-ordinator confirmed that furniture, aids and appliances were fit for purpose and met the diverse needs of service users. Infection prevention and control measures were in place with a good standard of hygiene observed throughout the centre. Measures included the availability of hand sanitisers around the unit, “seven step” hand hygiene notices positioned at wash hand basins and supplies of liquid soap and hand towels mounted on the wall. Staff had effective access to gloves and aprons as required.

It was noted that staff adhered to safe fire practices and records examined identified that a number of safety checks had been undertaken including fire safety drills to ensure service users could exit safely, regular checks on firefighting equipment was also undertaken. A fire risk assessment was completed on 24 July 2018 and the care co-ordinator confirmed the action plan was addressed.

Discussion with staff and a visitor to the day care setting with regards to the provision of safe care revealed the following comments:

Staff comments:

- “Safe care is our priority here.”
- “We are a good team, we support each other and are also supported by management”
- “The training opportunities are good and ensures that we are skilled to meet service users’ differing needs.”
- “We know service users, their needs and how we have to meet them, this helps us to encourage service users to get the best out of their day here”

Relative comments:

- “The staff are amazing, they are caring considerate and kind”
- “My relative’s mental and physical health has improved beyond compare, she is like a new person I am so grateful to Donna and Clare”
- “I just can’t thank the staff enough”

Ten satisfaction questionnaires were given to the care co-ordinator for distribution to service users (5) and relatives / representatives (5). There were no questionnaires returned within the timescales for inclusion in this report.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, and governance arrangements, staff training and supervision, infection prevention and control and the general environment.

Areas for improvement

One area for improvement was made in relation to the further development of financial records.

	Regulations	Standards
Total number of areas for improvement	1	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's guide was reviewed and revealed the documents accurately reflected the elements set out in the regulations and standards. A copy of the statement of purpose was provided to RQIA.

A review of three service users' individual care records confirmed that these were maintained in line with legislation and standards. They included a service user agreement, an up to date assessment of needs, relevant risks assessments and care plans.

Discussion with staff revealed that they felt care provided to service users within the setting was effective. They 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. Staff also confirmed systems were in place to ensure any updates or changes in service users' needs were discussed and shared as necessary.

The discussions with staff and review of service user care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the day care setting. There was evidence that day care staff consulted with the multi-disciplinary team, in a proactive, timely and appropriate manner.

Systems were noted to be in place to review the service user's placements within the day care setting four to six weeks following admission. This ensured that the placement was appropriate to meet the individual's health and social care needs. There was evidence of annual care reviews and the involvement of the service user in the review.

The Statement of Purpose and Service User Guide provided information on how to make a complaint and the importance of ensuring service users' opinions and feedback is heard and appropriate action taken.

Discussion with staff regarding how they communicate/respond with service users who present with specific communication needs confirmed they were knowledgeable regarding person centred interventions that assured service users were involved and communication opportunities were maximised.

Discussion with staff and a visitor to the day care setting with regards to the provision of effective care included the following comments:

Staff comments:

- "We have a supportive relationship with other professionals such as care manager, social workers, district nurse "
- "We know our service user and sometimes notice and can involve the multidisciplinary team if required."

Visitor comments:

- “The care is not only effective it is excellent , my ----- has improved so much that it is hard to believe they are the same person”

Ten satisfaction questionnaires were given to the care co-ordinator for distribution to service users (5) and relatives / representatives (5). There were no questionnaires returned within the timescales for inclusion in this report.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to risk management and communication between service users and/or their representatives, staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

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

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

Discussions with service users and staff and observation of care during the inspection showed that the promotion of values such as choice, dignity and respect were embedded in the culture and ethos of the day centre. Staff interactions with service users were observed to be cheerful, compassionate, caring and timely, with staff providing clear information, using appropriate language and demonstrating active listening skills.

Staff were observed on numerous occasions, offering service users' choice regarding the activity they wished to do or where they wished to go. It was apparent that service users were familiar with staff as they appeared relaxed and comfortable in their surroundings and interactions. There was genuine warmth in the engagement by staff with service users and staff spoken with was knowledgeable regarding service users likes, dislikes and individual preferences.

The inspector confirmed that service users were enabled and supported to engage and participate in meaningful activities, which had been assessed as appropriate for each service user based on their needs and goals. In discussions with several service users, they were able to identify forthcoming activities planned based on their individual choice or what had been agreed as a group activity. On the day of inspection service users were involved in decorating

the group room for Christmas and this involved lively chat about Christmas and how traditions had changed.

Staff described daily informal arrangements in place that ensured service users are consulted and their views and opinions sought. More formal arrangements to promote effective communication with service users and/or their representatives were facilitated through initial and annual care reviews and the quarterly service user meetings. A sample of the minutes of these meetings were reviewed and it was good to note that service users were able to make decisions regarding how they wished to celebrate occasions such as Easter and Christmas.

It was also positive to note that service users had access to a "Newsletter" published quarterly, to keep service users and their representatives apprised of forthcoming events, such as Christmas parties, centre closures, and activities. It included information on complaints and compliments and invited readers to "have their say." Discussions with staff and observations identified that all service users, irrespective of their needs were supported and encouraged to have equal opportunity for access to meaningful activities and engagement with others. It was encouraging to note that a range of community safety events to help protect service users in the community had been held. On the day of inspection, leaflets on the topics were displayed on the service user notice board.

Discussion with service users with regards to the provision of compassionate care included the following comments:

- "I have only started here, initially I did not want to come but I am so glad I changed my mind, everyone here is so kind and helpful."
- "You can come here and you know that it is a safe place to talk about things that you might not want to talk to your family about."

One relative consulted on the day stated;

"I cannot speak highly enough of this centre, it is a life saver, my relative has improved both mentally and physically since their attendance."

Ten satisfaction questionnaires were given to the care co-ordinator for distribution to service users (5) and relatives / representatives (5). There were no questionnaires returned within the timescales for inclusion in this report.

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.

Areas for improvement

No areas for improvement were identified during the inspection within 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.

The inspector assessed the setting's leadership, management and governance arrangements in place to assure they are meeting the needs of service users. The day centre was managed on a day to day basis by a care co-ordinator supported by the registered manager based in the residential care home and with the support of a day care worker. There was a clear organisational structure and this information was outlined in the setting's Statement of Purpose.

During discussions with staff they demonstrated awareness of their roles, responsibilities and accountability. Positive feedback was provided by staff in respect of leadership they received from the registered manager, care co-ordinator and from effective team working. Staff confirmed that if they had any concerns or suggestions they could raise these with the management team. Staff discussed their knowledge of the whistleblowing policy and the action they would take if they could not resolve their concerns locally, however they stated this would be unlikely due to the transparent working relationships that existed within the team. From the discussions with staff it was evident they enjoyed working in the day care setting and with their colleagues.

Discussion with the registered manager and care co-ordinator confirmed that they had a good understanding of their role and responsibilities under the legislation. The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was viewed and found to be current and appropriately displayed.

The day care setting had a range of policies and procedures in place to guide and inform staff, these are also available to staff electronically. A sample of policies and procedures reviewed on the day of inspection revealed that they had been reviewed within the timescales outlined in the minimum standards.

A review of staff supervision records identified that staff were in receipt of formal supervision on a quarterly basis and annual appraisals had been completed.

The complaints records maintained by the day care setting evidenced that there had been no complaints since the last inspection. Discussion with staff confirmed that they knew how to receive and respond to complaints sensitively and were aware of their responsibility to report all complaints to the registered manager.

There was evidence that staff meetings were held on a quarterly basis and records were maintained. The records included who was in attendance and agenda items. Relevant information was discussed regarding the needs of service users and the arrangements to ensure delivery of safe and effective care.

The inspector discussed arrangements in place in relation to the equality of opportunity for service users and the importance of staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The care co-ordinator discussed the ways in which staff development and training enabled them to engage with a diverse range of

service users. The care co-ordinator confirmed that no issues regarding equality had been raised by service users to date.

Some of the areas of equality awareness identified during the inspection included:

- effective communication
- service user involvement
- equal care and support
- individual person centred care
- individual risk assessment

The day centre had collected equality data on service users such as; age, gender, race, disability, marital status via the commissioning trust's referral information.

There were arrangements in place to ensure that staff were registered with the relevant regulatory bodies of the Northern Ireland Social Care Council (NISCC). Information regarding registration details and renewal dates were maintained. The care co-ordinator confirmed that staff were aware that any lapse in their registration would result in the staff member being sent off duty.

The inspector confirmed there were arrangements and evidence in place to monitor, audit and review the effectiveness and quality of care delivered to service users at appropriate intervals. The day care settings annual report was available for April 2017 to March 2018, it incorporated the results of the annual service users' satisfaction survey which were noted to be positive and included an action plan and improvement opportunities.

The Regulation 28 monthly quality monitoring visit reports were available for inspection; these included both announced and unannounced visits. Three quality monitoring reports were sampled for September, October and November 2018 and found to be satisfactory. The reports adhered to RQIA guidelines and evidenced engagement with service users, staff and professionals, with positive feedback recorded. Issues and actions were brought forward from previous monthly quality monitoring reports.

Ten satisfaction questionnaires were given to the care co-ordinator for distribution to service users (5) and relatives / representatives (5). There were no questionnaires returned within the timescales for inclusion in this report.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, staff support systems, annual satisfaction surveys, quality improvement and maintaining good working relationships.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	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 Carol McCoy registered manager and Donna Reilly 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 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 Response by registered person detailing the actions taken: This has been actioned and now in place

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



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