

Unannounced Care Inspection Report

14 June 2017



Manor Court Day Centre

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

www.rgia.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: Fold Housing/Fiona McAnespie	Registered Manager: Carol McCoy
Person in charge at the time of inspection: Carol McCoy	Date manager registered: 15 April 2015
Number of registered places: 10	

4.0 Inspection summary

An unannounced care inspection took place on 14 June 2017 from 09.45 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 for example; ongoing quality improvement methods in place, competent and capable staff, diversity and creativity of activities provided, modes of effective communication and consultation with service users, staff training and professional development opportunities and support to staff through staff meetings, supervision and appraisal. Good, ongoing internal maintenance of the day centre was observed alongside fire safety compliance.

Areas requiring improvement related to the presence of the registered manager at staff meetings; recommended at the previous inspection, ensuring identified fall risk assessments are reflected within care plans including detail of measures in place to minimise the identified fall risk.

Service users said they were very happy at the centre and commended the staff and day care co-ordinator on the excellent care provided. Responses from relatives of service users also gave positive responses in respect of the care provided.

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	0	3

Details of the Quality Improvement Plan (QIP) were discussed with Carol Mc Coy, registered manager and Donny Reilly, care coordinator, 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 05 July 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 05 July 2016.

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 5 July 2016
- Communication and correspondence with the provider

During the inspection the inspector met with:

- All service users, three individually and the others in group format
- Registered manager
- One service user's representative.
- Senior care worker and two care assistants.

Satisfaction questionnaires were given to the registered manager for distribution to service users, staff and relatives / representatives. Four completed questionnaires were returned to RQIA within the timescale; two from staff and one from a service user and one from a relative.

The following records were examined during the inspection:

- RQIA registration certificate
- Liability insurance (30/06/17)
- 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
- Audits

Areas for improvement identified at the last care inspection were reviewed, discussed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the registered manager and senior care assistant at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 14 March 2017

The most recent RQIA inspection of the day centre was an announced premises inspection. No requirements or recommendations for improvement were made.

6.2 Review of areas for improvement from the last care inspection dated 5 July 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Recommendation 1 Ref: Standard 17.5 Stated: Second time	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.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and review of the statement of purpose confirmed that review and revision of the statement of purpose was undertaken as recommended.	
Recommendation 2 Ref: Standard 17.2 Stated: First time	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.	Partially met
	Action taken as confirmed during the inspection: The registered manager explained that she was very much involved in the daily operations of the day centre and acknowledged that she	

	had overall responsibility for ensuring that supervision occur, are appropriately documented with follow up actions completed. A supervision schedule was in place showing that supervision was being held on a three monthly basis. Review of staff meeting minutes evidenced that the registered manager was not in attendance. In this regard this recommendation is stated for the second time.	
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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.

The registered manager confirmed that at all times, sufficiently qualified, competent and experienced persons are working in the centre to meet the assessed needs of the service users, taking into account the size and layout of the premises, the number of service users accommodated, fire safety requirements and the statement of purpose. A care co-ordinator and two care workers with ancillary and kitchen support staff were employed within the day centre.

Records were retained of staff working in the day centre each day and the capacity in which they worked. One recommendation made related to ensuring that the registered manager's name is included within the staff duty roster retained within the day centre so that staff, service users and other stakeholders can make contact when necessary.

Competency and capability assessments had been completed for staff in charge of the day centre in the absence of the registered manager.

Records of staff recruitment and selection were held at the organisations head office and the registered manager confirmed that employment procedures were always adhered to when any new staff member or volunteer was appointed. Written confirmation of compliance was provided by the human resource manager. The centre had a policy on staff recruitment which was dated 21 June 2016.

Staff induction programmes were in place for newly appointed staff. Records held within the centre were noted to be comprehensive and signed off by both parties.

Staff receives mandatory training and other appropriate training relevant to their roles and responsibilities. Records of all staff training provided were retained. Staff confirmed that training provided was very good and that they participated in mandatory training and other appropriate training; dementia awareness, human rights, equality and diabetes.

The day care co-ordinator explained that update training in the new regional policy on adult safeguarding was held on 7 June 2016 and 17 October 2016.

Procedures had been adopted and safeguarding champion identified. Staff who spoke with the inspector demonstrated knowledge and understanding of the procedure to follow in the event of an alleged safeguarding issue arising. No safeguarding issues were currently active. New reporting templates and emergency contact telephone numbers for referral was displayed.

Records of notifications of accidents and incidents received at RQIA were reviewed and discussed with the senior care assistant. These were noted to be managed appropriately and where necessary notified to RQIA.

The day care co-ordinator and staff 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.

The centre had a policy / 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). Staff training records examined provided evidenced that training was held on 23 March 2016 and 5 June 2017.

Inspection of the day care centre was undertaken. All areas were observed to be clean, tidy, organised and fresh smelling. Fire doors were closed and exits unobstructed. No visual hazards were observed.

Review of staff training records confirmed that staff training in infection, prevention and control was provided (IPC) in line with their roles and responsibilities. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid hand soap, alcohol hand gels and disposable towels.

Discussion with the day care co-ordinator confirmed that risk assessments were undertaken and action plans were in place to reduce risk where possible. (Further reference to risk assessment is made within section 4.4 of this report). Examples of risks assessments included; fall, moving and handling and swallowing.

The centre had an up to date fire risk assessment dated 3 August 2016. Weekly and monthly fire equipment maintenance checks were undertaken and recorded. Fire drills were conducted on 26 March 2017, 6 October 2016 and 12 April 2016.

Four completed questionnaires were returned to RQIA within the timescale; two from staff and one from service users. All respondents indicated their level of satisfaction with this aspect of care as "very satisfied".

Areas of good practice

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

Areas for improvement

One area identified for improvement related to ensuring that the registered manager's name is included within the staff duty roster.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

The day centre's statement of purpose had been reviewed and revised to include the categories of care as recommended at the previous care inspection.

Three service user's care files were provided by the care co-ordinator. Care files contained up to date assessment of needs, care plans, evaluations and reviews. Recommendations made for improvement included the necessity to record the measures in place to minimise the risk of fall within care plans as one of three care plans did not contain this detail. In addition the individual service user agreements in place should be reviewed and revised to include full details of the terms of agreement as cited within Standard 3.1 of The Day care Settings Minimum Standards.

The care co-ordinator confirmed that there were arrangements in place to ensure effective communication with service users, their representatives and other stakeholders. These included pre-admission information, multi-professional collaboration/team reviews, service user meetings, staff meetings and daily staff briefings each am. The care co-ordinator and staff confirmed that management operated an "open door" policy in regard to communication within the day centre. Minutes of staff and service user meetings were retained on file.

Service users spoke openly with the inspector and described how effective the care was, explained the wide range of therapeutic activity provided and their involvement in development of their care plan. No issues or concerns were raised or indicated in this regard.

A review of care records along with accidents and incidents reports confirmed that referral to other health professionals was timely and responsive to the needs of service users. The care co-ordinator confirmed that arrangements were in place, in line with good practice/legislation to support and advocate for service users.

Four completed questionnaires were returned to RQIA within the timescale; two from staff and two from service users. All respondents indicated their level of satisfaction with this aspect of care as "very satisfied".

Areas of good practice

There were examples of good practice found throughout the inspection in relation to effective communication between service users, staff and other key stakeholders, care reviews, service user and staff meetings.

Areas for improvement

Recommendations identified for improvement included the necessity to record the measures in place to minimise the risk of fall within care plans and review/revision of individual service user agreements to include full details as reflected within standard 3.1 of The Day Care Settings Minimum Standards.

	Regulations	Standards
Total number of areas for improvement	0	2

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 day care co-ordinator confirmed that staff promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality, and diversity, choice and consent of service users. This was further reflected within care records.

The day care co-ordinator and service users confirmed that consent was sought in relation to all aspects of care and treatment. Observation of care practice and social interactions of staff with service users demonstrated evidence of dignity and respect. Staff confirmed their awareness of promoting service users' rights, independence and dignity and was able to demonstrate how service users confidentiality was protected.

There was good evidence from service users, staff and observation that service users were listened to, valued and communicated with in an appropriate manner. Service users confirmed that their views and opinions were taken into account in all matters affecting them.

The views and opinions of service users were sought and taken into account through daily conversations and through service user meetings, led by the day care co-ordinator. The monitoring officer also met each month with three service users to elicit their views on the service.

Annual quality satisfaction surveys are conducted through the distribution of questionnaires to service users, staff and relatives. The survey findings for 2016/17 were presented in a summary report which was displayed on the central notice board for all to see. Positive feedback was provided by all respondents. Where necessary action plans are developed and issues addressed. This method of quality assurance in determining the level of satisfaction from service users/representatives and staff with follow up action to address issues is to be commended.

Four completed questionnaires were returned to RQIA within the timescale; two from staff and two from service users. All respondents indicated their level of satisfaction with this aspect of care as "very satisfied". No issues or concerns were recorded.

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.

	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 registered manager holds overall responsibility for the management of both the day care centre and the residential care home; both situated within the same building. The registered manager explained that she is in the day centre most days and meets with the day care co-ordinator each week to discuss care provision, developments and plans for the forthcoming week. Regular supervision and annual appraisal with the day care co-ordinator is undertaken by the registered manager.

The registered manager explained she was very well supported in her role within the day care centre by senior management and at operational level by the day care co-ordinator and two day care workers, kitchen and ancillary staff.

The registered manager outlined the management arrangements and governance systems in place within the day centre and explained that assessed needs of service users were being met in accordance with the day centre's statement of purpose and associated categories of care for which the day centre was registered.

The centre's RQIA registration certificate was up to date and displayed appropriately.

The certificate of public liability insurance was current and displayed.

There was a range of policies and procedures in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. The registered manager explained that policies and procedures and documentation were currently under review as the day care centre was in a period of transition with a new provider named Radius. This application is currently being processed by RQIA.

Staff meetings were being held on a three monthly basis or more frequently if deemed necessary. Minutes were recorded and retained on file. The registered manager explained that weekly meetings were held with the care co-ordinator to discuss any operational issues and update on the provision of care. One recommendation made at the previous care inspection related to the presence of the manager at staff meetings. This recommendation has been stated for a second time as minutes of meeting held did not reflect the registered manager's presence.

Staff have recorded individual, formal supervision every three months and annual appraisal. The registered manager confirmed records were retained within staff files. The day care co-ordinator confirmed that no complaints had been received since the previous inspection.

This was reflected within the performa returned to RQIA and complaints records retained in the day centre. Should a complaint arise the care co-ordinator and staff were aware of the procedure to follow. The day centre had a policy / procedure on complaints. The statement of purpose and service user guide contained information on how to complain.

Service users who spoke with the inspector knew how and to whom they would make a complaint if dissatisfied with any aspect of the service.

The day care co-ordinator outlined the assurance methods used to determine the quality of care and how these were analysed and actions taken to bring about improvement were necessary. The co-ordinator explained the arrangements and evidence in place to monitor, audit and review the effectiveness and quality of care delivered to service users.

Audits conducted during 2016/17 included care records, fire safety, kitchen hygiene, accidents/incidents, environmental and annual satisfaction survey from service users, relatives/ representatives and staff.

Monthly monitoring visits were being conducted on behalf on the registered provider with reports retained within the day centre. Review of three reports was undertaken; May, April and March 2017. These were considered to be comprehensive, and in accordance with requirements as set within the Day Care Setting Regulations (2007). Copies of reports were available to staff, service users, relatives, commissioning trust professionals and RQIA. The day centre's co-ordinator explained that reports were an important tool which assisted the care team to build on their continuous quality improvement programme.

Four completed questionnaires were returned to RQIA within the timescale; two from staff and two from service users. All respondents indicated their level of satisfaction with this aspect of care as very satisfied. No issues or concerns were recorded.

Staff who met with the inspector were very complimentary of the management arrangements including the overall support and guidance provided by the day care co-ordinator and good team work to ensure that the needs of service users were being met.

Areas of good practice

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

Areas for improvement

One recommendation identified for improvement, which was stated at the previous care inspection, related to the registered manager's attendance at staff meetings.

	Regulations	Standards
Total number of areas for improvement	0	1

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 Reilly, registered manager and Donna Reilly, 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 to Day.Care@rqia.org.uk for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan

Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012

<p>Area for improvement 1</p> <p>Ref: Standard 17.2</p> <p>Stated: Second time</p> <p>To be completed by: 31 July 2017</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>This recommendation is stated for a second time as there was no evidence that the manager attended staff meetings.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: Carol Mc Coy has attended a staff meeting 22/06/17 and has made arrangements to attend a further two this year. Carol is also scheduled to attend a service user meeting in August 2017. Carol's Photo is now in place in the day centre and Her name has been added to the rota as requested Inspector has requested Manager do Supervisions of Day Center staff but this is currently carried out by CSM and Manager reads and signs. This is the same for all Day Center staff</p>
<p>Area for improvement 2</p> <p>Ref: Standard 5.2</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2017</p>	<p>The registered person shall ensure that measures in place to minimise identified fall risks are recorded within care plans.</p> <p>Re audit of all care plans, in this regard, is recommended.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: As discussed with the inspector on the day of Inspection all careplans and risk assessments are in place and reviewed six monthly or when changes occur. Staff will ensure that specific risks ie falls are clearly identified and a clear plan in place to minimise them.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 3.1</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2017</p>	<p>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.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: The service user agreement is in the process of being amended and will include all detail requested by RQIA inspector on day of inspection. This will be forwarded on completion for approval by Inspector</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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