

# Unannounced Care Inspection Report

## 8 June 2016



## Eden Social Education Centre

**Type of Service: Day Care**

**Address: 293 Bridge Street, Portadown BT63 5AR**

**Tel No: 02838333589**

**Inspector: Maire Marley**

[www.rgia.org.uk](http://www.rgia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Eden Social Education Centre took place on 8 June 2016 from 9.30 to 14.00 hours.

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

### Is care safe?

On the day of this inspection the day centre was found to be delivering safe care. The Trust has a robust staff recruitment and induction training programme to ensure staff are appropriately recruited and trained. Arrangements are in place to prevent and protect service users from harm and staff were knowledgeable regarding their role and responsibilities in relation to adult safeguarding policies and procedures.

No areas for quality improvement were identified in this domain.

### Is care effective?

On the day of this inspection the day care setting was found to be delivering effective care. There was evidence that staff respond effectively to the needs of service users and appropriate referral information, assessments and care plans, along with daily notes are maintained. A range of therapeutic activities to promote the best outcomes for service users is available.

Two areas for quality improvement were identified and concern the de-registration of Eden day centre and improving the record of complaint.

### Is care compassionate?

Systems were in place to ensure that service users and their representatives were involved and communicated with about the issues that affect them. There was evidence of good practice found throughout the inspection in relation to the culture and ethos that underpin the practice within this day care centre.

No areas for quality improvement were identified in this domain.

### Is the service well led?

There were examples of good practice found throughout the inspection in relation to governance arrangements, ongoing quality assurance programmes, and good working relationships within the team. Staff confirmed that they were well supported in their roles and that good training is provided. A monitoring officer who is not directly involved in the day to day operations of the centre visits monthly and provides a report of the visits.

No areas for quality improvement were identified in this domain.

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

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mairead Murphy, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

## 1.2 Actions/enforcement taken following the most recent care inspection

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

## 2.0 Service details

<b>Registered organization/registered provider:</b> Southern HSC Trust/Francis Rice (Registration Pending)	<b>Registered manager:</b> Mairead Murphy  Melvyn Purdy (Acting, since 13 June 2016)
<b>Person in charge of the day care setting at the time of inspection:</b> Patricia Harbinson, day care worker	<b>Date manager registered:</b> Name of Registered Manager – Mairead Murphy Application was received by RQIA for Melvyn Purdy to act as registered manager from 13 June 2016 until 15 July 2016 for the planned absence of the registered manager.
<b>Number of service users accommodated on day of Inspection:</b> 34	<b>Number of registered places:</b> 44

### 3.0 Methods/processes

Prior to inspection the following records were analysed:

- Registration status of the setting
- Review of previous inspection report/QIP dated 16 October 2015
- Check of notifications of accidents/incidents – none required
- Written and verbal communication received since the previous care inspection did not reveal any concerns

During the inspection the inspector greeted all service users, spoke with three care staff and the registered manager. No professionals or service users' visitors/representatives visited the centre during the inspection.

A total of 15 satisfaction questionnaires were provided for distribution to staff, service users and representatives for completion and return to RQIA on or before 15 June 2016.

The following records were examined during the inspection:

- Supervision policy and procedure
- Three service users' care records
- Complaints records which contained one complaint since the last inspection
- Accident/incident records
- Service user meetings
- Staff meetings
- Staff training records
- Supervision/appraisal records
- Monthly visits made on behalf of the registered provider
- Audits
- Activities programme

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the last care inspection dated 20 April 2015

Last care inspection recommendations		Validation of compliance
<b>Ref:</b> Standard 18.2  <b>Stated:</b> First time	The registered person should develop a more comprehensive written procedure for the promotion of best practice in continence care, drawing on the positive steps already taken by the manager and senior staff of Eden SEC to develop staff's knowledge and competence in this aspect of the service.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The registered manager confirmed that the incontinence procedure had been revised as requested. A protocol for the promotion of continence was also in place.	

### 4.2 Is care safe?

The registered manager and day care workers confirmed the planned daily staffing levels for the day care centre, and that these levels were subject to regular review to ensure the assessed needs of the service users were met. A review of the staffing roster for the period May 2016 until June 2016 evidenced that the planned staffing levels were maintained. The arrangements to cover summer leave and term time were outlined.

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

The registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the centre for any period of time in the absence of the manager; records of competency and capability assessments were retained.

The SHSCT has a robust staff recruitment policy and procedure that is currently under review. The assistant manager confirmed the arrangements in place to ensure information pertaining to all of the matters specified in Schedules 2 and 5 of The Day Care Setting Regulations (Northern Ireland) 2007 were reviewed. Recruitment records are retained at the organisation's personnel department.

Review of staff training files and discussion with care staff confirmed that they had received safeguarding vulnerable adult training which was undertaken in May 2016, and whistleblowing training completed on 11 November 2015. Discussion was held with the assistant manager about the arrangements to ensure staff are aware of the new regional guidelines “Safeguarding Adults – Prevention and Protection” July 2015.

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

Records examined provided evidence that mandatory training along with other relevant training such as epilepsy management and MAPPA had been provided for staff.

In discussion with staff and a review of returned staff satisfaction questionnaires it was confirmed that mandatory training and other professional development training was provided. Staff felt they were well supported in their role and responsibilities by the provision of three monthly individual staff supervision and annual appraisal.

Fire exits and corridors were observed to be clear of clutter and obstruction.

A review of the service users’ environment was undertaken. The day centre was found to be warm, fresh smelling and clean throughout.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 4.3 Is care effective?

Eden day centre is closing and service users are moving to the Manor centre in Lurgan. That day centre is presently being renovated and the date for transfer is yet to be confirmed. In discussions service users expressed their confidence in moving to the new centre and spoke of how they were involved in the discussions and decisions. RQIA are in receipt of the application forms to vary the registration regarding a move to new premises and an application for cancellation of registration.

Discussion with the registered manager established that the service responded appropriately to and met the assessed needs of the service users.

A review of three care records confirmed that these were maintained in line with the legislation and standards. They included assessment of needs, life history, risk assessments, care plans and regular statement of health and well-being of the service user. Care records were updated regularly to reflect changing needs. Service users and/or their representatives were encouraged and enabled to be involved in the assessment and care planning, and review process, where appropriate. Assessments and care plans were signed by the service user or their representative. Discussion with staff confirmed that a person centred approach

underpinned practice. The care records reflected multi-professional input into the service users' health and social care needs.

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

Service users are consulted on a formal basis in service users' advocacy meetings, the annual reviews of their day care placements and the annual quality monitoring survey carried out by monitoring officer.

Discussion with the care worker and review of records provided evidence of service user advocacy meetings being held regularly; the records of February 2016, April 2016 and May 2016 were recorded in good detail.

The last recorded complaint was dated 12 October 2015. The complaint record should include details of the investigation undertaken, all communication with the person making the complaint, the result of any investigation, the outcome and the action taken to address the issues raised.

Five service users completed written questionnaires for the inspection and it was good to note all of these were entirely positive.

### Areas for improvement

One area is identified in this domain for improvement and relates to a recommendation to improve the record of complaint.

<b>Number of requirements:</b>		<b>Number of recommendations:</b>	<b>1</b>
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#### 4.4 Is care compassionate?

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

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

There were systems in place to ensure that the views and opinions of service users were sought and taken into account in all matters affecting them. The comments within the five service user questionnaires returned to RQIA affirmed strongly that compassionate care was delivered within the day care setting. The views of service users were sought during the



monthly quality monitoring visits and these comments were included in the monthly reports for April, May and June 2016 which were reviewed.

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

- “I enjoy all the activities we do. I like drawing.”
- “The food is good. We always get choice.”
- “I am dancing tonight at “Strictly Come Dancing”; the staff helped me practise.”

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

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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#### 4.5 Is the service well led?

The registered manager described the organisational structure and confirmed all staff were aware of their roles, responsibility and accountability. The registered manager was fully familiar with her role and responsibilities under the legislation. Completion and return of the RQIA Quality Improvement Plan (QIP) confirmed that the registered person responded to regulatory matters in a timely manner.

Staff spoken with confirmed that they were familiar with organisational and management structure and with their lines of professional accountability. Staff are aware of their individual responsibility in relation to raising concerns. Service users were aware of the roles of staff within the day centre and who to speak with if they wanted advice or had any issues or concerns.

There was evidence of good governance systems and processes in place to meet the needs of service users.

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

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

There was both staff’s reported evidence and observational evidence of positive working relationships between the registered manager and staff in the centre.

Systems were in place for the provision of staff supervision and support. Examination of two staff members’ files showed that formal supervision and annual appraisals were taking place as required. There was written evidence to show that staff members were appropriately qualified and trained for their designated roles. Records of staff’s training were up to date and showed staff was in receipt of required training.



Records of quarterly staff meetings provided evidence of a range of relevant topics having been discussed and actions agreed. The centre had also organised a team building day and staff reported they found the day very beneficial.

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

Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints. As referenced in section 4 a recommendation was made to improve the quality of the complaint records.

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

Monthly monitoring visits were being undertaken in accordance with Regulation 28 of The Day Setting Regulations (Northern Ireland) 2007; reports were produced and made available for service users, their representatives, staff, trust representatives and RQIA. The reports showed that all of the required aspects of the centre's operations were checked, with action plans introduced to ensure that any shortcomings would be addressed within a specified timescale. Completion of monitoring action plans was revisited by the monitoring officer in subsequent visits.

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

The registered manager confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised.

Service users gave positive feedback in regard to management of the service and commended the relaxed friendly way in which the service was managed. Analysis of satisfaction questionnaires returned to RQIA following the inspection evidence that service users and their relatives were very satisfied and it was good to note all responses were positive.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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## 5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mairead Murphy, Registered Manager, 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.

## 5.1 Statutory requirements

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

## 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Day Care Settings Minimum Standards. They promote current good practice and if adopted by the registered person(s) may enhance service, quality and delivery.

## 5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to 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 by the registered manager. 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 areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered person/manager from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Recommendations

#### Recommendation 1

**Ref:** Standard 14.10

**Stated:** First time

**To be completed by:**  
31 July 2016

The registered person should improve the record of complaint to include details of the investigation undertaken, all communication with the person making the complaint, the result of any investigation, the outcome and the action taken to address the issues raised.

**Response by registered person detailing the actions taken:**

A new recording sheet has been developed and introduced to improve the recording of complaints to include details of the investigation, communication with the person making the complaint, results of the investigation, outcome and action taken to address the issues raised.

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



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