

Unannounced Care Inspection Report 9 October 2018



The Laurels' Day Centre

Type of Service: Day Care Service
Address: Dromalane Road, Newry, BT35 8AP
Tel No: 02830261570
Inspector: Suzanne Cunningham

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 with 78 places that provides care and activities for people with learning difficulties Monday to Friday.

3.0 Service details

Organisation/Registered Provider: Southern HSC Trust	Registered Manager: Carmel McGrath
Responsible Individual(s): Mr Shane Devlin	
Person in charge at the time of inspection: Carmel McGrath	Date manager registered: 2 August 2010
Number of registered places: 78	

4.0 Inspection summary

An unannounced inspection took place on 9 October 2018 from 10.30 to 17.00.

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 establishment was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staffing; staff knowledge of what is safe care; recording of accidents/incidents; care records; audits; communication between service users; staff and other key stakeholders; the culture and ethos of the day care setting; listening to and valuing service users; taking account of the views of service users; staff supervision and appraisal, quality improvement and maintaining good working relationships.

Areas requiring improvement were identified in relation to staff training; restrictive practices and reporting on service users' views.

Service users were asked to tell the inspector what they felt about the day care setting, they said "staff treat me like family"; "I look forward to coming here, doing knitting and shopping".

The findings of this report will provide the establishment 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	2

Details of the Quality Improvement Plan (QIP) were discussed with Carmel McGrath, 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.

4.2 Action/enforcement taken following the most recent care inspection dated 21 June 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 21 June 2018.

5.0 How we inspect

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

- the registration details of the day centre
- information and correspondence received by RQIA since the last inspection
- incident notifications which highlighted that ten incidents had been notified to RQIA since the last care inspection in June 2017
- unannounced care inspection report and quality improvement plan from 21 June 2017

During the inspection the inspector met with the registered manager and two staff members. The inspector greeted and made introductions to all services users in the group setting. More detailed discussions were had with eight service users.

The following records were examined during the inspection:

- Three service users' care records.
- A sample of service users' daily records.
- The day centre's complaints/compliments record from April 2017 to October 2018.
- A sample of the staff training records.
- Four individual staff records.
- Staff roster information for September and October 2018.
- Fire safety precautions.
- A sample of minutes of service users' meetings for May, June, September and October 2018.
- A sample of minutes of staff meetings from August, September and October 2018.
- The day centre's record of incidents and accidents since the last inspection.
- A sample of monthly quality monitoring reports from April to August 2018.
- The Statement of Purpose September 2017.
- The settings annual reports.

At the request of the inspector, the manager was asked to display a poster within the day centre. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; no responses were received.

Ten service user and/or relatives' questionnaires were provided for distribution; one questionnaire was returned to RQIA within the timeframe for inclusion in this report.

The inspector requested that the manager place a 'Have we missed you' card in a prominent position in the day centre to allow service users, relatives and staff who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received. An RQIA information leaflet 'how can I raise a concern about an independent health and social care service' was also provided to be displayed in the day care setting.

The inspector thanks the manager, service users, and staff for their involvement in the inspection process.

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 manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 21 June 2018

The most recent inspection of the establishment was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 21 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 21.3 Stated: First time	The registered person shall ensure that staff is provided with refresher training in challenging behaviour. Ref: 6.4	Met
	Action taken as confirmed during the inspection: The inspection of staff training records verified the staff had been provided with the refresher training after the last inspection and MAPA training had last been updated in June 2018.	

Area for improvement 2 Ref: Standard 19.3 Stated: First time	The registered person shall ensure that the correct section is indicated within the Form (1a) Statutory Notifications of Events (adult services) submitted to RQIA. Ref: 6.4	Met
	Action taken as confirmed during the inspection: The inspection of the incidents notified to RQIA showed this had been improved. One incident had been reported under conduct but was not in relation to staff. The manager identified the mistake and rectified this notification and discussed the same with staff.	
Area for improvement 3 Ref: Standard 5.2 Stated: First time	The registered person shall ensure that the use of lap straps are reflected with service user care plans. Ref: 6.5	Met
	Action taken as confirmed during the inspection: Inspection of one service users care plan provided evidence this had been improved.	
Area for improvement 4 Ref: Standard 5.6 Stated: First time	The registered person shall ensure care plans are agreed and signed by the service user/representative. Ref: 6.5	Met
	Action taken as confirmed during the inspection: Inspection of three service users care documentation provided evidence this had been improved.	
Area for improvement 5 Ref: Standard 3.1 Stated: First time	The registered person shall ensure that review and revision of service user agreements are undertaken to ensure full details as reflected within standard 3.1. Ensure agreements are dated and signed by both parties. Ref: 6.5	Met
	Action taken as confirmed during the inspection: The inspection of three service users	

	agreements provided evidence this had been improved.	
Area for improvement 6 Ref: Standard 23.7 Stated: First time	The registered person shall ensure that management presence within the centre is pre planned, at least one week in advance, and recorded within the duty roster so that service users, their representatives, staff and stakeholders can be informed when management is available. Ref: 6.7	Met
	Action taken as confirmed during the inspection: The manager's presence in the setting was recorded on the staff rota. The rota showed the registered manager was planning to be in the setting at least once per week. The managers presence was recorded when they arrived to show the actual time they spent in the setting.	

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 staff and management rota was inspected for September and October 2018. This showed at all times, sufficiently qualified, competent and experienced persons were 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 in the setting, fire safety requirements and the statement of purpose.

Four staff records were inspected and they showed an induction programme was in place for new staff; this was specific to their role and encompassed a competency approach. Mandatory training and other training records showed staff had accessed training relevant to their roles and responsibilities. Since the last inspection the staff had attended training in relation to Makaton, quality improvement, fire safety, MAPA, first aid and moving and handling. A number of staff had not attended infection control training and this was identified for improvement during this inspection.

The settings records in relation to accidents and incidents. The records showed safety issues and risks had been identified, responded to and managed. Overall the inspection found accidents, incidents and notifiable events were effectively documented and investigated in line

with legislation and minimum standards. An audit sheet was in place to monitor for patterns and identify areas for improvement however this had not been used to identify preventative measures. Advice was given in this regard. Notifiable events had been reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

Suspected, alleged or actual safeguarding incidents were fully recorded and promptly referred to the relevant persons. When necessary there was a record of referral and investigation in accordance with procedures and legislation. Written records were retained and advice was given in relation to ensuring care plans are updated in a timely manner.

Observations of the environment showed infection prevention and control measures were in place; the day care space was clean and tidy; furniture, aids and appliances presented as fit for purpose; group rooms did not present as overcrowded; and no COSHH substances were seen.

Fire safety precautions were being recorded by staff to ensure exits were clear, equipment was working and maintained. Fire exits were unobstructed during the inspection and the last fire drill was undertaken on 7 September 2018 with no improvements noted. The settings fire risk assessment was last completed in March 2017 and was due for review in March 2019, no improvements were outstanding.

Discussion with service users and staff evidenced that they felt the care provided was safe. The discussion with service users revealed they were enjoying making Christmas decorations and taking part in the quiz and outings. The service users identified the environment was safe, there were no slip hazards, they said staff were trained and if there was a fire they would get out and stay out like they had practiced.

Discussion with staff found they were ensuring care is safe by keeping an eye on service users in and out of the room. They encourage all service users to be involved in group activities and work on establishing open communication with service users. Staff also ensured risk and safeguarding records were kept up to date and they attended safeguarding training. Lastly staff identified their knowledge of service users' needs was key to providing safe care, as well as knowing their care plans and multidisciplinary assessments to deliver the right care at the right time.

One service user and/or relative returned a questionnaire to RQIA, they indicated that they were very satisfied that the care provided was safe.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff awareness and knowledge of what is safe care and recording of accidents/incidents.

Areas for improvement

One area for improvement was identified during the inspection in relation to staff training.

	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.

Three service user's care files were inspected. The files contained service user's individual assessments and care plans which described their physical, social, emotional and psychological needs. Each service user had an individual written agreement that set out their terms of their day care placement, up to date assessment of needs, life history, risk assessments, and a current care plan. Records were stored safely and securely and staff confirmed during discussions they were aware of their responsibility to protect service user's information.

The three service users' needs had been risk assessed where required and other assessments were in place such as moving and handling, SALT, and assessments in relation to specific health needs. The assessments had been updated or amended when required. The inspection found the assessment of service users' needs and acknowledgement of their rights should be more explicit when plans may be regarded as restrictive or feature restraint. The assessment and care plan should explicitly describe why the plan was considered the least restrictive plan that could achieve the best outcome for the individual service user. Any restrictive practices or restraint described in day care setting care plans should also be verified as necessary by a multi-disciplinary team who have also considered the service users best interests and potential outcomes. An improvement is made in this regard.

Evidence of service user's having an initial review and annual review of their placement within recommended timescales was recorded. The review minutes showed service user and or representative involvement and the minutes showed the service user's placement within the centre had been reviewed to ensure that it was appropriate to meet their health and social care needs.

Daily care recording had been maintained in the three individuals care records inspected. Discussion with staff concluded staff was cognisant of the importance of knowing the content of individual service user's assessments and care plans to inform and guide their practice. The staff discussions revealed they knew what the risk management concerns were for individuals and the groups, they knew what service users could tolerate and how to encourage service users to be relaxed and take part. Finally staff discussed the importance of ensuring that care recording was accurate and timely which ensured care and support provided was safe and effective.

Service user care records were noted to be well organised and stored safely and securely in line with data protection requirements and file audits had been completed which ensured the quality of records was consistent with trust policy and procedure and minimum standards.

Discussion with service users and staff evidenced that they felt the care provided was effective.

Discussion with staff revealed they had set up relaxation areas and a room had organised areas where service users could enjoy music and enable service users to take part in a range of activities. Staff described they work together to deliver the best care, long term staff support and mentor staff however they described all staff are open to new ideas. Staff said they work together to ensure service users get the right attention, in the right way and in the right place.

Observations of staff practice on the day of inspection showed staff were well organised and individuals needs as well as the groups needs were being met in a safe and effective way. Observation of staff found they were confidently communicating with service users, responding to nonverbal cues as well as verbal communications. Overall the inspector observed interventions that were proactive and timely.

Discussion with service users found service users were confident their care was effective because they described staff knew them. Service users said they had seen their care plan and would tell staff if they were unhappy.

One service user and/or relative returned a questionnaire to RQIA, they indicated that they were very satisfied that the care provided was effective.

Areas of good practice

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

Areas for improvement

One area for improvement was identified in this domain in relation to restrictive practices and service user’s best interests during the inspection.

	Regulations	Standards
Total number of areas for improvement	1	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.

Discussion with service users, staff and observation of interactions demonstrated that service users were being treated with dignity and respect. Staff were working with service users in numbers that enabled service users to engage with the activity, with other service users and to communicate confidently. The activities and interventions followed a planned approach that aimed to promote and/or maintain independence.

Observations of care during the inspection found service users were encouraged to move around the setting and communicate with other staff and service users. Service users who had more complex needs were being supported by allocated staff who knew the service user’s needs, plan and potential. The care approach enabled the staff to respond to service users in a compassionate manner because they knew them well and diverted service user’s behaviour if they showed signs of escalation. The inspector observed service users approaching staff freely, communicating their needs and making requests; staff responses were noted to be cheerful and appropriate. Service users who engaged with the inspector spoke positively about the staff. Overall staff were observed providing respectful, appropriate, timely care that protected service users privacy and dignity.

Staff supported service users to engage and participate in meaningful activities, social events, work and education opportunities, hobbies and interests. Observation of service users showed they were enjoying the opportunities being delivered to take part in games, craft work, table top activities, the quiz and outings.

Discussion with service users revealed they had been asked their opinion. Service users said at their review staff “ask what we want to do”. They described there was a plan of activities on the wall they could refer to and choose from, or they could ask staff what they can do. Service users also confirmed they were consulted in service user meetings.

The inspection of the service user meetings record from May to October 2018 showed service users were discussing activities, the settings menu, fundraising opportunities, resources and the questionnaires. An annual service users’ quality assurance survey had also been delivered which reported on 37 responses from carers and 56 service users’ responses. The responses had been analysed however the results did not show the numbers of respondents who were satisfied and not satisfied, or report on improvement that could be put in place in light of the results. The evaluation/summary report should be improved to show the actual results received, report on issues raised and integrate an action plan. This is detailed in the QIP for this inspection.

Discussion with service users and staff provided evidence that they felt the care provided was compassionate. The staff said they ensure care is compassionate by finding the best way to communicate with service users. They have been promoting the use of Makaton in the day centre with all service users to aide communication. Staff described when they support service users they are cognisant of their dignity and respect service users choices and preferences. One staff member said a simple hello, cheerful greeting, and interest in service user’s shows compassion. Staff said they know the service users well so if a service user isn’t behaving as they normally do staff would spend time with them to ensure they feel safe and get the right support. Lastly staff said compassionate care is advocating for service users to ensure they get their needs met in the right way.

One service user and/or relatives returned a questionnaire to RQIA. Their response indicated that they were very satisfied that the care provided was compassionate.

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

One area for improvement was identified in relation to reporting on service users views during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	1

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 registration certificate was up to date and displayed appropriately.

The Statement of Purpose for the day care service was reviewed by the provider in May 2018. The document described the nature and range of services to be provided and addressed the matters required by Regulation 4(1) of The Day Care Setting Regulations (NI) 2007.

Evidence gathered at this inspection indicated that the service was operating in keeping with its Statement of Purpose.

The inspection of records and discussions with service users, staff and the manager found the service users were given opportunities to take part and be involved in their care and support. Particular examples where this was promoted was evidence of advocacy; effective communication; when responding to potential safeguarding concerns; examples of service user involvement, ensuring service users are supported using the least restrictive options; and promotion of individual person centred care.

There was a range of policies and procedures in place to guide and inform staff. These were kept in the manager's office and staff confirmed they knew how to access them and would use them if they needed to refer to written trust and day care guidance.

The inspection of staff meetings records showed staff meetings were held weekly. The minutes showed the staff discussed governance and practice matters with the aim of improving practice. The minutes recorded staffing, service users, reviews, activities, risks, reflective practice, sign of the week were discussed as well as topical information and trust agenda items. Outcomes of discussions and actions were recorded.

A review of governance records evidenced that staff typically received individual, formal supervision at least quarterly and an annual appraisal. Staff confirmed that there were systems in place to ensure they received support and guidance from the manager and senior management, as needed.

The complaints record was inspected and this showed there were no complaints recorded since the last inspection.

The record of Regulation 28 monthly quality monitoring visits (MMV) was inspected, the visits monitored the care provided including the conduct of the day care setting. The visiting arrangements were consistent with the regulation i.e. they were monthly, they included unannounced visits, they qualitatively reflected service users and staff views and opinions.

Discussion with service users and staff evidenced that they felt the care provided was well led. Service users said they knew the managers who visited the centre; they named Carmel, the manager and an assistant manager Maureen. Service users said they call into the setting to see them and staff. Service users identified they have a key worker who they sit down and talk with, they said they knew all the staff and could talk to them at any time.

Discussion with staff revealed staff were encouraged to take responsibility for maintaining records for example training records. One staff member explained they were encouraged to take responsibility for developing Makaton communication in the setting because they had a personal interest and knowledge of Makaton. The staff member described what they had done to date and the actions presented as innovative and inclusive for staff and service users. Staff said everyone has a role in the setting and staff were motivated to do their best to promote their area of interest, skill or task in the centre to improve service users outcomes.

One service user and/or relative returned a questionnaire to RQIA. The response indicated that they were very satisfied that the care provided was well led.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff supervision and appraisal, quality improvement and maintaining good working relationships.

Areas for improvement

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 Carmel McGrath, Registered Manager, 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

<p>Area for improvement 1</p> <p>Ref: Regulation 13 (1), 14 (1) & (4)</p> <p>Stated: First time</p> <p>To be completed by: 4 December 2018</p>	<p>The registered person shall improve the recording of service user's rights in the service user's individual records. The service users' rights should be explicit where plans may be regarded as restrictive or feature restraint. The assessment and care plan should describe why the plan is considered the least restrictive plan that can achieve the best outcome for the individual service user. Any restrictive practices or restraint described in day care setting care plans should also be verified as necessary by a multi-disciplinary team who have also considered the service users best interests and potential outcomes.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken: All care plans are currently being reviewed to reflect the service users rights and detail where required that any restrictive interventions are the least restrictive possible and agreed at multi disciplinary level.</p>

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

<p>Area for improvement 1</p> <p>Ref: Standard 21.3</p> <p>Stated: First time</p> <p>To be completed by: 4 December 2018</p>	<p>The registered person shall ensure all staff receive infection prevention and control training and future arrangements are in place to ensure staff receive updates within the required timescales</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Staff are currently completing their Infection Prevention Control refresher training on line and will have this completed by December 4th 2018.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 8.5</p> <p>Stated: First time</p> <p>To be completed by: 4 December 2018</p>	<p>The registered person shall improve the annual service users' quality assurance report to ensure it reports on the responses accurately and fully. The report should also detail the issues raised and integrate an action plan.</p> <p>Ref: 6.6</p>
	<p>Response by registered person detailing the actions taken: The structure of the annual service users' quality assurance report has been reviewed with the staff team and greater detail will reflect results achieved, issues raised, an action plan to address these and these will be reflected in the 2019 report.</p>



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