

Unannounced Care Inspection Report 21 June 2017



The Laurels' Day Centre

Type of Service: Day Care
Address: Dromalane Road, Newry BT35 8AP
Tel No: 02830261570
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 with 78 places that provides care and activities for people with learning difficulties.

3.0 Service details

Registered organization/registered provider: Southern HSC Trust/Francis Rice	Registered manager: Carmel McGrath
Person in charge of the day care setting at the time of inspection: Maureen Carville (assistant manager)	Date manager registered: 2 August 2010
Number of service users accommodated on day of inspection: 50	Number of registered places: 78

4.0 Inspection summary

An unannounced inspection took place on 21 June 2017 from 10.00 to 15.30 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 care centre was delivering safe, effective and compassionate care and if the service was well led.

On the day of inspection Maureen Carvill, assistant manager, was in charge of the centre. However, the registered manager Carmel McGrath visited to meet with the inspector.

Evidence of good practice was found in relation to induction of new staff, good team relationships professional development training, adult safeguarding, service user consultation and modes of communication, infection prevention and control, and the good standard of cleanliness maintained in the internal environment.

Areas requiring improvement included staff refresher training in challenging behaviour, recording of information within statutory notifications submitted to RQIA and the inclusion of lap strap use within care plans.

One group of service users, who were able to articulate their views confirmed that staff were very good, always asked them about things they liked to do and held meetings so that they could talk about what they liked and did not like. Another service user said they liked coming to the centre to meet up with their friends and take part in the singing group especially the makaton choir.

Staff who met with the inspector explained that they felt the care provided was good however they did feel under pressure and highlighted concern about the absence of two group leaders and support staff from other groups having to provide cover, leaving the planned programmes of therapeutic activity to be rearranged.

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	6

Details of the Quality Improvement Plan (QIP) were discussed with Carmel McGrath, registered manager and Maureen Carville, assistant 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 inspection dated 24 June 2016

Other than those actions detailed in the QIP, no further actions were required to be taken following the most recent inspection on 24 June 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 24 June 2016
- Communication and correspondence

During the inspection the inspector met with 10 service users individually and with others in group format, the registered manager, two assistant managers and four staff.

Satisfaction questionnaires were given to the assistant manager for distribution to service users (10), relatives / representatives (10) staff (10). No questionnaires were returned to RQIA within the timescale.

The following records were examined during the inspection:

- RQIA registration certificate
- Staff duty roster
- Staff induction
- Mandatory training
- Staff supervision schedule
- Staff appraisal
- Four service users' care records
- Staff meeting minutes
- Complaints
- Accident / incidents/notifiable events

- Service user meetings
- Monthly quality monitoring visits
- Fire risk assessment fire equipment checks
- Audits

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

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 24 June 2016

The most recent inspection of the day centre 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 24 June 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
Requirement 1 Ref: Regulation 26 (2) (a) Stated: First time	The registered person must inform RQIA of the outcome of the review of the space in the day centre and confirm the arrangements that will ensure The Laurels day centre can meet the assessed needs of the prospective service user.	Met
	Action taken as confirmed during the inspection: The registered manager confirmed that work has been completed in regard to the provision of adequate space, as required, to meet the needs of service users.	

<p>Requirement 2</p> <p>Ref: Regulation 20 (1) (a)</p> <p>Stated: First time</p>	<p>The registered person must confirm the staffing arrangements that ensure at all times suitably qualified, competent and experienced persons are working in the day care setting in such numbers as are appropriate for the care of service users.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The registered manager confirmed that staffing levels and skill mix were adequate in meeting the needs of service users and that a new appointment was pending. The registered manager reported that staffing levels were always kept under review to ensure the changing needs of service users' needs were met.</p> <p>Competency and capability assessments of staff that would be in charge of the centre when the registered manager or assistant is not present were in place.</p>		
<p>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</p>		<p style="text-align: center;">Validation of compliance</p>
<p>Recommendation 1</p> <p>Ref: Standard 17.4</p> <p>Stated: First time</p>	<p>The registered person should ensure notifiable events are recorded on the Data system and reported to RQIA in a timely manner.</p> <p>The registered manager should inform RQIA of systems in place to audit records to ensure all incidents are appropriately recorded.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The registered manager confirmed that all accidents / incidents/notifiable events were recorded within the datix system and where required, notified to RQIA. A random selection of incidents received by RQIA was noted to have been appropriately recorded on the datix system. Monitoring of accidents and incidents was being undertaken by the manager, the quality monitoring officer during monthly visits and the trust governance department.</p>		

<p>Recommendation 2</p> <p>Ref: Standard 17</p> <p>Stated: Second time</p>	<p>The registered person should ensure that where a registered manager and assistant manager are providing management cover in more than one centre, suitable support arrangements are in place to identify and manage risks relating to management overload. In addition, there should be on-going monitoring to ensure the management arrangements remain effective for the service(s).</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The registered manager explained that management arrangements within the centre continue to be monitored to ensure the daily provision of care is safe and effective with appropriate governance arrangements in place. Competency and capability assessments were undertaken and recorded of staff in charge when the registered manager or the assistant manager is not in the centre. Management cover arrangements were discussed. The registered manager confirmed that every effort was made to ensure that when the registered manager is not in the centre, cover by the assistant manager or senior care worker is provided.</p> <p>It was agreed that management cover would be planned a week in advance and recorded as such within the duty roster so that staff, service users, representatives and stakeholders are informed when necessary.</p>		
<p>Recommendation 3</p> <p>Ref: Standard 5.2</p> <p>Stated: First time</p>	<p>The registered person should ensure care plans detail the personal outcomes for each service user.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion and review of three care records confirmed that personal information in regard to personal outcomes was reflected.</p>		

Recommendation 4 Ref: Standard 22.2 Stated: First time	The registered person should ensure individual staff formal supervision is completed every three months.	Met
	Action taken as confirmed during the inspection: The schedule displayed provided evidence of ongoing staff supervision dates which were confirmed by the assistant manager and staff.	

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.

Staff who met with the inspector described their concerns regarding staff consistency, as two groups of service users were without key workers due to one vacant post and one staff on leave. Day care workers from other groups were allocated which they believed caused disruption to planned activity programmes for service users. This matter was discussed with the registered manager who explained that this matter was being addressed as a new staff appointment had been made and the return of staff presently on leave would resolve the current staffing issues. The registered manager confirmed that close monitoring of staffing levels and dependency levels of service users was ongoing to ensure that the needs of service users were being met.

A weekly staff duty roster was being maintained which included the names of staff working each day, the capacity in which they worked and who is in charge of the centre.

Competency and capability assessments were completed for any person in charge of the centre in the absence of the registered / assistant manager. The assistant manager explained that two of the staff members' assessments were being reviewed and revised to ensure staff competency.

The manager confirmed that all care staff were registered with Northern Ireland Social Care Council (NISCC). A system was in place for the monitoring of registrations.

An induction programme was in place for all grades of staff within the centre which were appropriate to specific job roles. Induction records retained were signed off by both parties. Staff who met with the inspector confirmed that mandatory training was incorporated within the programme.

All staff recruitment and selection files were retained at the Southern Health and Social Care Trust Human Resource Department. The manager confirmed that strict procedures were followed in the appointment of all new staff in keeping with Regulation 21, Schedule 2 of The Day Care Settings (Northern Ireland) 2007.

Records of mandatory training provided confirmation that mandatory training and other appropriate training relevant to staff roles and responsibilities was being provided. Professional development training provided during 2016/17 included for example; dementia awareness, human rights, data protection and falls prevention. Training in the use of restraint and management of active aggression (MAPPA) was provided during March 2017. Resource staff members within the team have designated roles for first aid, COSHH, fire safety and risk management register.

Discussion and review of seven notifications of accidents / incidents forwarded to RQIA since the last inspection and cross referencing with records retained was undertaken. Three notifications indicated behavioural issues. Care plans examined reflected needs and interventions required to manage challenging behaviour. Staff training records showed that challenging behaviour was last held during 2014. Refresher training was recommended.

The manager confirmed that accidents / incidents entered into the datix electronic system were being monitored by the monitoring officer each month, senior management and the SHSCT governance team. One matter discussed with the assistant manager related to ensuring accurate recording within the correct section of the Form (1a) Statutory Notifications of Events (adult services) submitted to RQIA was incorrect, as one received indicated section 6G (misconduct) instead of G8 (any other event...).

The centre had a policy/procedure on restraint. The assistant manager and staff explained that the only form of restraint used was in the form of lap straps which were prescribed to meet the safety of the service user. This form of restrictive practice was managed through assessment and review in collaboration with the multi-professional team and relatives as required. One recommendation made related to ensuring that the use of lap straps are reflected within service user care plans.

The centre had the regional policy / procedure titled "Adult Safeguarding Prevention and Protection in Partnership" (DOH) July 2015. The current trust policy held in hard copy format was dated 2014. The assistant manager advised that new procedures had been established. Review and revision of the policy and procedure was a work in progress and when finalised, this would be made available to staff.

The assistant manager confirmed that any suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons / agencies & investigated in accordance with procedures and legislation. The assistant manager confirmed that no safeguarding issues were active. Staff training in adult safeguarding was provided on 1 March 2017.

An inspection of the internal environment of the centre was undertaken. All areas were observed to be clean, tidy, organised and fresh smelling throughout. There were appropriate resources for hand washing including liquid soaps, paper hand towels, and pedal operated bins and seven step safe hand washing procedure posters positioned at wash hand basins. COSHH substances were locked within secure areas. Fire doors were closed with exits unobstructed.

The centre's fire risk assessment was dated July 2015; periodic review was dated 30 March 2017. One recommendation relating to display of signage was work in progress. Review of Fire drill/ evacuation records evidenced that training was provided on 9 May 2017. Outcome and action taken to address issues was reflected.

Areas of good practice

There were examples of good practice found throughout the inspection in relation induction of new staff, training, adult safeguarding, infection prevention and control, and the centre's internal environment.

Areas for improvement

Areas identified for improvement related to the recording of management days / time within the duty roster, staff training in challenging behaviour, accurate recording within statutory notifications to RQIA and reflection of lap strap use within care plans.

	Regulations	Standards
Total number of areas for improvement	0	3

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 provided and reviewed. Records contained comprehensive assessments which were complemented with risk assessments. Individualised care plans alongside daily progress notes were in place. Care reviews reflected multi-professional collaboration in planned care. Each service user had an individual written agreement in place. Areas identified for improvement included:

- Signing of care plans, as two of the four plans were not signed by the service user or their representative.
- Review and revision of service user agreements to ensure full details as reflected within standard 3.1 of the minimum care standards are included and each agreement is signed by both parties.

Records were observed to be stored safely and securely in line with data protection.

Systems were in place to review each service user's placement to ensure that their health and social care needs were being met. Annual review reports contained with care records reflected relevant information in this regard.

Staff who met with the inspector could demonstrate knowledge of how to escalate concerns about the provision of care and confirmed that they would not hesitate in doing so.

Effective communication between service users and staff was observed to be effective, respectful and dignified. Care staff described the modes of communication and information sharing with service users. For example, service user meetings, care reviews, discussions with the monthly monitoring officer and annual satisfaction surveys to ascertain their views about the service and take appropriate action where necessary.

Makaton signage was used in most areas including notices displayed, person centred care planning, service user guide, service user agreements and daily planned activities / outings. This is to be commended.

Service users who were able to respond gave positive responses in regard to the provision of care and knew how and who to contact if they were not satisfied with the service.

The assistant manager explained that the last annual quality report was conducted 2014/15 and that development of an annual quality report for 2016 /17 was work in progress. The assistant manager agreed to forward a copy of the annual quality report to RQIA when this report was finalised.

Ongoing audits of various aspects of the service were conducted. Where required, actions identified for improvement were highlighted and addressed. For example; introduction of freeze /cook dinner service; improved return of service user questionnaires correspondence to carers / representatives.

Areas of good practice

Examples of good practice were found in relation to the various modes of communication between service users with the good range of Makaton signage used by service users and staff during conversations and in information contained within care plans, notices displayed and booklets.

Areas for improvement

Areas identified for improvement related to; ensuring person centred care plans were signed by the service user or their representative; review and revision of the service user agreement to ensure information as cited within standard 3.1 of the Day Care Settings Minimum Care Standards is included and ensuring service user agreements are signed by both parties.

	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.

Discussions held with service users, staff and observation of interactions demonstrate that service users are treated with dignity and respect while promoting and maintaining their independence.

Service users were enabled and supported by staff to engage and participate in meaningful activities, social events, work and education opportunities, hobbies and interests. This information was confirmed by service users, observation of notices of daily activities displayed in Makaton, user-friendly person centred care plans and monitoring visits undertaken on behalf of the registered provider.

Service users who were able to articulate indicated that their views and opinions are taken into account in all matters affecting them and confirmed that they were consulted and listened to in service user meetings.

Service user meetings were being held on a monthly basis with minutes recorded in Makaton format. This is to be commended.

The assistant manager explained that an “open door” approach to communication was used so that service users, representatives and others can meet with the manager / person in charge at any time.

The outcome report of annual satisfaction survey undertaken 2016/17 with service users and relatives was discussed with the assistant manager. Findings were in the main very positive. The summary report reflected action taken. This report was displayed on the notice board at reception for all to read. This is to be commended.

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, “open door” approach to management listening to and valuing service users and taking account of the views of service users. The centre is to be commended in this regard.

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 create a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The registered manager of the centre is also registered as manager for four other day care centres within the SHSCT. The registered manager is supported in her role by two assistant managers, who also work within two other day care centres. Both assistant managers provide cover for the registered manager within The Laurels. In addition, one of two identified day care workers also provide cover. Competency and capability assessments were in place for staff that cover in the absence of the registered manager.

On the day of inspection Maureen Carvill, assistant manager, was in charge of the centre. However, the registered manager, Carmel McGrath visited the centre to participate in the inspection.

Management cover arrangements within the day centre were discussed with the registered manager and assistant manager who explained that cover was usually agreed between the assistant managers the previous day.

The registered manager agreed to review this arrangement in an attempt to provide consistency. It was recommended that management cover is pre-planned, at least one week in advance, recorded within the duty roster so that service users, staff, visitors and stakeholders can be informed when the manager / assistant manager is present within the centre.

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

A whistleblowing policy and procedure was in place and staff who spoke with the inspector demonstrated knowledge and understanding of the procedure.

Hard copies of policies and procedures were centrally indexed and retained in a manner which was easily accessible by staff. Electronic policies and procedures were also retained and available. The assistant manager advised that a review of policies was ongoing to ensure these were in line with good practice and The Day Care Settings Minimum Standards.

Staff receives recorded individual, formal one to one supervision on a three monthly basis in accordance with the SHSCT policy and good governance arrangements. The registered manager has overall responsibility to ensure that supervisions which occur are appropriately documented and the follow up activities completed. Recorded annual staff appraisals were provided and recorded.

Staff meetings were being held on a weekly basis with minutes recorded. Minutes reviewed included the names of staff in attendance, discussions held and actions agreed. One staff meeting dated 19 June 2017 was discussed with the registered manager as concerns regarding the provision of staffing was recorded. The manager was not in attendance at this meeting. The assistant manager explained that there was always management presence at staff meetings but due to unforeseen circumstances this was not possible on the aforementioned date. The registered manager confirmed that rearrangement of allocated staff within groups was a temporary measure which would be resolved when the new staff member commenced and another staff member returned from leave.

The assistant manager confirmed that no complaints had been received since the previous inspection. Staff who met with the inspector demonstrated knowledge on the procedure to follow should a complaint be received and the value of learning from mistakes should these occur. The complaints procedure was contained within the statement of purpose and in the pictorial service user guide.

The assistant manager confirmed that ongoing audit was undertaken to enhance ongoing quality improvement. For example audits of care records, environment, fire safety and accidents and incidents. The outcome of audits undertaken is shared with staff and where necessary, learning disseminated. The acting manager confirmed that the annual Quality report for 2017/18 was almost completed. A copy of this report is to be submitted to RQIA.

Monthly quality monitoring visits were undertaken on behalf of the registered provider in accordance with regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007 with reports available within the centre for service users, their representatives, staff or officer of the SHSCT.

Areas of good practice

There were examples of good practice found in relation to governance arrangements, quality improvement through audits conducted and action taken to address issues, regular staff meetings and maintaining good working relationships through effective modes of communication and the “open door” approach to management.

Areas for improvement

The pre-planning of the registered manager and assistant manager’s cover at least one week in advance was recommended. This information should be recorded at least one week in advance within the duty roster so that service users / representatives, staff and stakeholders can be aware when the manager is available.

	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 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 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	
Area for improvement 1 Ref: Standard 21.3 Stated: First time To be completed by: 30 September 2017	<p>The registered person shall ensure that staff is provided with refresher training in challenging behaviour. Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Refresher training in the Management of Challenging Behaviour has been confirmed for 1st November 2017.</p>
Area for improvement 2 Ref: Standard 19.3 Stated: First time To be completed by: 22 June 2017	<p>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</p> <p>Response by registered person detailing the actions taken: This has been addressed with all staff on 22nd June 2017 to ensure the correct section is indicated on Notifications being submitted in the future.</p>
Area for improvement 3 Ref: Standard 5.2 Stated: First time To be completed by: 22 June 2017	<p>The registered person shall ensure that the use of lap straps are reflected with service user care plans. Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Care plans for those service users who use lap straps have been reviewed and updated on 22nd June to reflect this.</p>
Area for improvement 4 Ref: Standard 5.6 Stated: First time To be completed by: 31 July 2017	<p>The registered person shall ensure care plans are agreed and signed by the service user/ representative. Ref: 6.5</p> <p>Response by registered person detailing the actions taken: The omitted service user/representative signatures have been added to the care plan in question. as of 20th July 2017.</p>

<p>Area for improvement 5 Ref: Standard 3.1</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2017</p>	<p>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.</p> <p>Ref:6.5</p> <p>Response by registered person detailing the actions taken: The service user agreement has been reviewed and updated to include commencement dates, current cost of dinners and transport arrangements. The revised agreements are being signed by all current service users and will be agreed and signed with new admissions prior to commencement of placements.</p>
<p>Area for improvement 6 Ref: Standard 23.7</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2017</p>	<p>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.</p> <p>Ref:6.7</p> <p>Response by registered person detailing the actions taken: Weekly rotas are now planned one week in advance and reflect management's presence in the 5 registered day centres. Whilst every effort will be made to adhere to these rotas managers will be required to prioritise and be responsive to urgent and unscheduled demands across all centres.</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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