

Unannounced Day Care Setting Inspection Report 18 May 2016



**Cookstown Adult Centre
2 Westlands Rd, Cookstown, BT80 8BX
Inspector: Dermott Knox**

1.0 Summary

An unannounced inspection of Cookstown Adult Centre took place on 18 May 2016 from 10.30 to 16.30.

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?

The day centre premises were in good condition with no obvious hazards for service users or staff. Records and discussions with staff and service users confirmed that staffing levels met the assessed needs of the service users. Observation of the delivery of care provided evidence that service users' needs were being met by the staff on duty. Risk assessments were being carried out routinely in an effort to minimize risks. The evidence indicated that safe care was being provided.

Is care effective?

Detailed assessment and care planning for each service user contributed to the delivery of effective care for a number of service users whose circumstances and records were examined at this inspection. Positive outcomes were noted for these service users and good quality care was affirmed by all ten of the questionnaire respondents. It was necessary to employ agency staff on a fairly regular basis, in order to maintain the necessary staffing deployments. There was a range of evidence to show that effective care was provided.

Is care compassionate?

There was strong evidence of compassionate care being provided in the centre, including the respectful and caring tones of interactions between staff members and service users and the discrete manner in which personal care and confidential matters were dealt with. The caring practices that were observed were also reflected in progress records, staff meeting minutes and review reports. Several service users spoke highly of the enjoyment they experienced when attending the centre.

Is the service well led?

The centre has systems in place to ensure that staff are well-informed on the responsibilities of their various roles. The evidence at this inspection indicates that the manager has positive working relationships with members of the staff team and that they, in turn, have the confidence and support of their colleagues. Positive outcomes for service users in the centre reflect good working practices that are well led.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Mrs Fiona Gammon, Locality Manager, as part of the inspection process and can be found in the main body of the report.

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

Registered organization / registered person: Northern Health and Social Care Trust/Dr Anthony Baxter Stevens	Registered manager: Ms. Mona McCann
Person in charge of the day care setting at the time of inspection: Mrs Fiona Gammon, Locality Manager.	Date manager registered: 09 January 2014
Number of service users accommodated on day of Inspection: 43	Number of registered places: 55

3.0 Methods/processes

Prior to inspection the following records were analysed:

- Record of notifications of events. Twenty one events had been notified to RQIA in the year preceding this inspection.
- Record of complaints. Nine complaints had been recorded in the year preceding this inspection.
- Quality Improvement Plan from the previous inspection on 22 October 2014.

During the inspection the inspector met with:

- Ten service users in group settings
- The parents of one service user

- The locality manager
- Five care staff for individual discussions.

The following records were examined during the inspection:

- File records for five service users, including care plans and review reports
- Progress notes for five service users
- Three monitoring reports for January, February and March 2016
- Record of notifications of events, Record of complaints
- The statement of purpose
- Minutes of one service users' meeting
- Minutes of one Day Care Workers' meeting, in January 2016
- Minutes of three Support Workers' meetings in July and Sept. 2015 and Jan. 2016
- Training records for three staff
- Supervision records for two staff
- A Competence and Capability assessment for Day Care Workers who may take charge of the centre in the absence of the manager
- A sample of written policy and procedures documents, including the Trust's Policy on Team Meetings and the centre's Management of Operations procedures
- The service's annual report for 2015, including an "Easy-read" version.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 10 November 2015

The most recent inspection of the establishment was an announced estates inspection. The completed QIP was returned and approved by the specialist inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 22 October 2014

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 26(1) Stated: First time	<p>The registered person must ensure that the necessary action is taken to fulfil any registration requirements relating to the satellite unit in Cookstown.</p> <p>Action taken as confirmed during the inspection: This matter had been taken forward by the Locality Manager consulting with RQIA and the Trust's Contracts Department. The manager confirmed that all essential information relating to the satellite premises had been provided by the owner of the premises. The registered manager maintains control of the satellite unit through supervision of staff, audits of records and through regular management visits.</p>	Met
Last specialist inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 21.7 Stated: First time	<p>The registered person should promote opportunities for unqualified Band 3 staff to gain a QCF qualification.</p> <p>Action taken as confirmed during the inspection: One staff member confirmed that the opportunity to gain QCF 3 had been provided and that this was a positive development for her. The Locality manager confirmed that appropriate QCF opportunities were available for all Band 3 staff.</p>	Met

4.3 Is care safe?

Staff, who met with the inspector, confirmed that they were confident in the practice of all members of the staff team in working with service users. Two staff in particular emphasised the positive influence within the centre of good teamwork and colleague support with the more challenging aspects of their work. There were systems in place to ensure that risks to service users were assessed continually and managed appropriately and this included inputs by community based professionals and the Positive Behaviour Team. Risk assessments were in place in all of the service users' files examined at this inspection.

Discussions were held with ten service users, two of whom provided detailed information on their timetables of activities in the centre. Both confirmed that they felt safe in the centre and in all organised activities. Service users and their representatives/carers were regularly informed

of their rights and of the methods available to them of raising concerns or making a complaint, should they be unhappy with any aspect of their care. The parents of one service user spoke very positively of the quality of the service provided. Evidence from discussions, observations and in written records indicated that staff actively seek the views of service users, their representatives and community based professionals, regarding the support programmes in which they participate.

Staff presented as knowledgeable of the needs of service users and of methods of working with them. All staff members had completed training in Safeguarding Vulnerable Adults. Staff work in rotation, on a one to one basis with some service users and the records showed a good level of monitoring of these arrangements by other staff. One group of six service users was engaged in cookery, with one member of staff, who regarded this group size as the maximum number to be safely involved in this activity, given the use of kitchen utensils and the learning associated with using electric appliances and hot surfaces. Individual risk assessments were an important part of keeping service users safe in this environment.

The centre was clean, well decorated and in good repair and service users and the two parents who met with the inspector, confirmed that they were provided with a safe environment in which to take part in an interesting range of activities. There was wide-ranging evidence to support the view that safe care is provided in Cookstown Adult Training Centre.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.4 Is care effective?

Cookstown Adult Training Centre and the NHSCT have quality assurance systems in place, through which operations are monitored and staffs' practice is evaluated. Staff members' files showed that formal supervision and annual appraisals were taking place regularly. Records of staffs' training were up to date and there was evidence from discussions with staff to confirm that the team was supportive and well-motivated to provide effective, high quality care. A number of service user's records included detailed reports by other professionals, e.g. Speech and Language Therapists, Autism Advisors and Behavioural Management specialists. These were viewed by staff as being important contributors to the effectiveness of the service.

Five service users' files were examined and each was found to contain detailed assessment information on the individual and on his or her functioning. Care plans accurately addressed the identified needs in good detail. A record was kept of each service user's involvement and progress, with individual timetables produced in a pictorial format. Some service users were keen to speak about their experiences of participating in the centre's activities and in their individual care programmes. Records of annual reviews for each person demonstrated that an evaluation of the overall suitability of the placement had been discussed in detail and agreed. Well written review reports were available in each of the files examined and these were informed by the progress records written regularly for each service user.

Evidence from discussions with service users and from written records confirmed that service users enjoyed activities, both within the centre and on outings. The manager and staff worked

creatively to involve service users in a variety of experiences, making full use of the available rooms and local facilities.

The evidence indicates that the care provided is effective in terms of promoting each service user's involvement, enjoyment and wellbeing.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.5 Is care compassionate?

Observations of activities throughout the centre provided evidence of service users relating positively to staff. The centre makes good use of photographs and pictures to help service users to understand their activities and involvement. There was evidence of positive and purposeful relationships between service users and with staff members, who presented as being committed to ensuring that service users were fully supported throughout their attendance at the centre. In all of the interactions observed, service users were engaged with respect and encouragement.

Service users confirmed that staff listen to them and involve them in deciding what they want to do during their time in the day centre. Staff interactions with service users were observed to be caring and patient. Service users were afforded choice and shown respect in a courteous and supportive manner by staff. Staff demonstrated a detailed knowledge of service users' assessed needs as identified within the individual's care plan.

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. Responses in the four service user questionnaires returned to RQIA affirmed strongly that compassionate care was delivered within the day care setting. Responses in these questionnaires, plus two from relatives and four from staff members, were unanimously positive. The views of a sample of service users were sought during monthly monitoring visits and these positive comments were included in the monthly reports for January, February and March 2016 which were reviewed. The centre's quality survey report for 2015 had been produced in an "easy-read" version in an effort to make it accessible to the greatest possible number of service users.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.6 Is the service well led?

The NHSCT has clear management information set out in the statement of purpose, so that staff members know the leadership and decision making structure regarding day centres. There was written evidence in the staffing records to show that staff members were appropriately qualified for their designated roles. A system is in place for the identification of staffs' training needs and for meeting these. Records of staffs' training were up to date and Band 5 staff members, who may be required to take charge of the centre in the manager's absence, had each undertaken a competence and capability assessment for this role. Records of these assessments would benefit from reflecting greater individuality amongst the assessed staff and the feedback to the Locality Manager addressed this matter.

There was reported evidence from staff of positive working relationships between the registered manager and the staff team members. Systems were in place for the provision of staff supervision and support. Staff who were interviewed, confirmed that formal supervision was a positive factor in their confidence and competence development. A schedule of supervision dates had been prepared for a six month period and this planned approach is good practice. The regular provision of placements for social work and nursing students was reported by staff as contributing positively to the team's developmental focus.

Examination of four monitoring reports showed that all of the required aspects of the centre's operations were rigorously checked, with action plans introduced to ensure that any necessary improvements would be addressed within a specified timescale. In the first four months of 2016, monitoring visits had been carried out by three different NHSCT managers and this is regarded by staff as contributing a usefully varied evaluation of their service.

Day Care Worker meetings are held weekly in order to share information and ensure continuity in the service. Good records of these meetings and of quarterly support worker meetings provided evidence of a range of relevant topics having been discussed and actions agreed. The manager had designed duty information charts for each of the groups in the centre, in order to ensure that staff had clear information for planned deployments.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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Please ensure this document is completed in full and returned to day.care@rqia.org.uk from the authorised email address

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.



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