

# Unannounced Care Inspection Report 09 August 2017



## Cookstown Adult Centre

**Type of Service: Day Care Setting**  
**Address: 2 Westlands Road, Cookstown, BT80 8BX**  
**Tel No: 02886723911**  
**Inspector: Suzanne Cunningham**

[www.rgia.org.uk](http://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 Day Care Setting provides day time activities for up to 55 service users. The service meets the needs of adults with learning disabilities, physical complex disabilities, challenging behaviours, autism, mental health diagnosis and sensory impairment.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Northern HSC Trust  <b>Responsible Individual(s):</b> Dr Anthony Baxter Stevens	<b>Registered Manager:</b> Ms Mona McCann
<b>Person in charge at the time of inspection:</b> Michelle Morrison (Band 5/Day Care Worker) Chris McAuley (Band 5/Day Care Worker)	<b>Date manager registered:</b> 09 January 2014
<b>Number of registered places:</b> 55 - DCS-LD, DCS-MP, DCS-PH	

### 4.0 Inspection summary

An unannounced inspection took place on 09 August 2017 from 10.30 to 16.30.

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 person centred practice, particularly the care records and opportunities to include service users in decision making. Staff knowledge and training were also identified as areas of good practice as was working relationships between staff and the staff in charge of the setting.

Areas requiring improvement were identified regarding reviewing the function of the introductory plan/agreement; strengthening the staff induction; categorising notifications to RQIA; updating the statement of purpose; including the annexe in the settings registration with RQIA and the content of the annual report.

Service users said they felt the busses and building were safe, staff cared for them and helped them to ensure they were safe in day care. Service users said they knew how to exit the building if there was a fire and staff had helped them practice their exit. Service users said they had seen their care plan and were involved in their reviews. They identified if they had a concern or a worry they could talk to named staff in the setting. They also knew the manager and day care workers who were in charge, they could also talk to them if they needed to.

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
<b>Total number of areas for improvement</b>	3	3

Details of the Quality Improvement Plan (QIP) were discussed with Michelle Morrison and Chris McAuley, Day Care Workers, 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 18 May 2016

No further actions were required to be taken following the most recent inspection on 18 May 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:

- The registration details of the day centre
- Information and correspondence received from the registered manager and Northern Health and Social Care Trust
- Incident notifications which revealed eight incidents had been notified to RQIA since the last care inspection in May 2016
- Unannounced care inspection report 18 May 2016.

During the inspection the inspector met with:

- Two day care workers
- Four support workers
- One visiting professional
- Eleven service users.

Questionnaires were given to the staff on duty to distribute between service users, representatives and staff. Four were returned by service users and five were returned by staff.

The following records were examined during the inspection:

- Three individual staff records
- Three service users care files and service users' daily records
- The complaints/issue of dissatisfaction record from April 2016 to August 2017
- A sample of incidents and accidents records from January to August 2017
- The staff rota arrangements during July 2017

- The minutes of three service user meetings held in May, June and July 2017
- Samples of staff meetings held for day care workers and support workers in February, May and July 2017
- Staff supervision dates for 2017
- Five monthly monitoring reports for February to June 2017
- The staff training record for 2016 and 2017
- The statement of purpose.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 18 May 2016

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

### 6.2 Review of areas for improvement from the last care inspection dated 18 May 2016

There were no areas for improvement made as a result of the last care inspection.

## 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 inspection of three individual staff files, the staff rotas for July 2017, discussion with staff and the observation of care during the day confirmed there was sufficiently qualified, competent and experienced persons working in the centre to meet the assessed needs of the service users on the day of the inspection. The number of staff recorded in the rotas that were inspected presented as sufficient to provide safe care, taking into account the size and layout of the premises, the number of service users, fire safety requirements and the statement of purpose.

The July staff rota was examined which recorded the number of staff working each day, the capacity in which they worked and detailed who was in charge of the centre. Observation of care and these records found the number of staff on duty and their skills were adequate to meet the needs of the service users on the day of inspection. Competency and capability assessments had been completed for the two staff who were acting up in the manager's absence.

An induction programme was in place for all grades of staff within the centre which orientated staff into the building, the trust and their role. The induction did not include NISCC's Induction Standards or similar which is described in the day care settings minimum standards 2012 as a resource to ensure staff are competent to carry out the duties for their job in line with the settings policies and procedures. An improvement has been identified to assure new staff in this day care setting are competent and skilled to undertake their role and responsibility.

The staff training records were examined for 2016 and 2017, the records detailed staff had received mandatory training and other appropriate training relevant to their roles and responsibilities. This included training regarding safeguarding, fire training, respect (behavioural management training), recording, understanding Derek (dementia training), manual handling, first aid, medicines, infection prevention and control, epilepsy, deprivation of liberty and autism awareness. Discussion with staff during the inspection revealed they felt training they had received was of good quality, relevant and provided them with the skills required to meet the needs of service users.

The incidents and accident records were inspected including the notifications forwarded to RQIA. The records documented safety issues and risks had been identified and managed however, notifications to RQIA had been made to RQIA using the wrong category on two occasions. This was discussed during the inspection and staff who notify RQIA were advised they must be fully informed regarding categorising an incident and reporting incidents using the RQIA guidance. An improvement in this regard is detailed in the QIP for this inspection

Restrictive practices were discussed with staff and one visiting professional. Two service users' records whose plans contained behaviour management plans that could restrict the service users were inspected. The plans had been developed with the positive behaviour support service and detailed the outcome of assessment, identified activities that may promote positive behaviour, information on how to manage transitions, promoting choice, redirection, diversion and intervention plans. Discussion with the behaviour associate visiting the setting revealed staff were receptive to the support and guidance offered, she noted the staff promote service user choice and above all were most concerned that plans improved the service users outcomes. Staff training and discussion with staff confirmed they were satisfied their training enabled them to respond safely to service users behaviours and they felt they had worked well together as a team to ensure service users' needs were met.

Discussion with staff assured where necessary behaviour management plans were in place and these were reviewed regularly. Environmental restrictions were also in place such as keypad entry systems at the front door and lap belts; there was documentation which showed these were necessary, had been reviewed regularly and were updated when required.

Observations of the environment identified there was infection prevention and control measures such as hand gel pumps in corridors and personal protection equipment for staff to use as required. The environment was observed as safe, clean & tidy, the furniture and aids presented as fit for purpose and no safety issues internally were identified.

Five staff returned questionnaires to RQIA post inspection, they identified they were "Very Satisfied" regarding is care safe in this setting. They identified service users are safe and protected from harm in the setting; they had received safeguarding training and other training essential for their role and have working knowledge of safeguarding policies and procedures; they would report poor care to their manager; risk assessments and care plans are in place for service users and they receive supervision and appraisal.

Four Service users returned questionnaires to RQIA post inspection. They identified they were “Very Satisfied” regarding is care safe in this setting. They identified they felt safe in the setting, the setting was comfortable; and they could talk to staff.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff knowledge, skills and training, service users’ records and involvement of service users in their care. The home’s environment was also identified as safe and fit for purpose.

**Areas for improvement**

Two areas of improvement were identified regarding further developing the staff induction and categorising incidents reported to RQIA

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	2

**6.5 Is care effective?**

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

The centre’s statement of purpose and service users guide contained information required by Regulations and Standards; however the content was not consistent with the settings registration with RQIA. Specifically the document described two satellite services that were in other locations in the town and an annexe that was a new addition to the setting since the last inspection that were not included in the settings registration. The trust should have submitted a variation application to RQIA prior to commencing these services to add them to the registration as detailed in the day care setting regulations. This would have enabled RQIA to undertake an assessment to ensure they were safe, adequately resourced to provide effective and compassionate care and had adequate leadership arrangements in place. A variation should be submitted to RQIA retrospectively to vary the registration and any settings not providing day care should be removed from the settings statement of purpose which must be reviewed and updated. These improvements are detailed in the QIP for this inspection.

Three service user’s care files were inspected; they contained the service user’s individual assessments and care plans which reflected their physical, social, emotional and psychological needs. Each service user had an individual written plan/agreement which detailed in a formal written format the terms of their day care placement; the terms were also detailed in the care plan documentation which was written in an easy read format. The staff were asked to review the documentation to ensure their compliance with standard 3, ensure service users, where possible, were enabled to understand documentation about them and ensure documentation is relevant and useful for service users and their representatives. This improvement is detailed in the QIP for this inspection.

The inspection of the care records found they were maintained in line with the legislation, the assessments of need, risk assessments, care plans and records of health and well-being of the service users were current and had been reviewed. Records were stored safely and securely in line with data protection.

The service user risk and other assessments were in place, the sample inspected detailed needs had been assessed, reviewed and updated. The care planning documentation inspected detailed how each individuals need should be met by staff and they included responding to risks safely and effectively. Care plans had been subject to timely review, referrals to other professionals had been made if needs changed or the plan was not working and advice or recommendations given by other professionals were incorporated in an easy read format. The staffs' management of service users records enabled them to identify service users' needs and respond to them effectively.

Service user/representative involvement was documented for each review meeting. Systems were in place to review each service user's placement within the centre and ensure that it was appropriate to meet their health and social care needs.

Service users told the inspector if they had a concern or worry about their care they could talk to staff looking after them and they were confident the staff would help them to resolve their concern.

Discussion with staff confirmed they were knowledgeable regarding safeguarding service users in their care, they also confirmed if they had to escalate concerns they would speak to the manager or day care worker in charge. Staff detailed the communication methods that support their work and professional development such as team meetings, supervision, training and informal team discussions. Overall it was clear the staff work together to support the service users in the most person centred way that is safe effective and meets their needs within an open and transparent culture.

Five staff returned questionnaires to RQIA post inspection, they identified they were "Very Satisfied" regarding is care effective in this setting. They identified service users get the right care, at the right time, with the best outcome for them; service users are involved in their plan, staff have the right skills, knowledge and experience to care for the service users; there are systems to monitor quality and safety; staff are informed regarding activities; and staff respond to service users in a timely manner.

Four Service users returned questionnaires to RQIA post inspection. They identified they were "Very Satisfied" regarding is care effective in this setting. They identified they get the right care, at the right time with the best outcome, staff communicate with them, they know their needs and choices, staff help and encourage them, they can choose activities and are involved in their day care review.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to some care records, reviews, promotion of service users' involvement and communication between staff.

### **Areas for improvement**

Three areas of improvement were identified regarding updating the service registration with RQIA and statement of purpose and reviewing the service user's individual written plan/ agreement.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	2	1

## 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 found examples of service users being treated with dignity and respect while promoting and maintaining their independence. For example service users confirmed they were asked their opinion regarding what they like to do in day care and their ideas and preferences were sought for their plan. Staff gave examples of activities they had facilitated for service users of all abilities such as hydro and trampoline therapy as well as cooking activities, outings, music and relaxation therapy.

Staff discussed restrictions that service users might experience, and were cognisant of using the least restrictive measure for each individual and ensuring responses to behaviour were focussed on de-escalation of behaviour or risk and protecting service users' personal safety. Staff also described they were working to develop positive behaviours and opportunities for service users, as they got to know them they helped service users develop their independence and positive experiences in day care.

Discussion with service users confirmed that they were asked their views and opinions that were being taken into account in matters affecting them. They described being consulted in service user meetings which had occurred at least monthly, and informally by staff throughout the day. The annual service users' quality assurance survey had been distributed and evaluated for 2016/2017. A summary report with an action plan had been written which included plans to further improve person centred care in this setting

The inspection of this domain confirmed there were robust systems in place to promote effective communication between service users, staff and other professionals. Service users had been provided with information, in a format that they understand which had enabled them to make informed decisions regarding their life, care and treatment.

Five staff returned questionnaires to RQIA post inspection, they identified they were "Very Satisfied" regarding is care compassionate in this setting. They identified service users are treated with dignity and respect, involved in decisions, encouraged to be independent and make informed choices, involved in improvements and informed regarding the service they receive.

Four Service users returned questionnaires to RQIA post inspection. They identified they were "Very Satisfied" regarding is care compassionate in this setting. They identified they are treated with dignity and respect, staff are kind and caring, their privacy was respected, they can choose activities and they are included in decisions and support they receive in the setting.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the ethos of the day care setting, listening to and valuing service users and taking account of the views of service users.

## Areas for improvement

No areas for improvement were identified during the inspection regarding compassionate care.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

The registration certificate was displayed appropriately. The discussions with staff revealed there was a range of policies and procedures in place that they can access to guide and inform staff practice, they identified staff training was consistent with the procedures they follow.

Staff records inspected showed they had been provided with individual, formal supervision at least every three months. Staff discussion identified they found the support delivered by their supervisors as supportive and this had promoted safe, effective and compassionate care.

Staff meetings were recorded and minutes inspected showed they were held at least quarterly with minutes and attendance recorded, Day care worker meetings were held on average weekly. The minutes detailed the date of the meeting, who attended, who had read the minutes, actions agreed with responsibility & time frame for completion.

The complaints record was inspected and revealed five complaints were recorded, responded to, investigated, the outcome had been recorded regarding the satisfaction of complainant. The process was consistent with the settings policy and procedure furthermore; the issues reported did not reveal any concerns regarding safe, effective, compassionate or well led care. The inspection of management records found auditing arrangements were in place for complaints; accidents and incidents; training; formal supervision and annual appraisal; care records and the environment. These arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to service users at appropriate intervals. Discussion with the staff in charge revealed the manager and day care workers discussed the outcome of the audits at their meetings and had implemented any improvements required to ensure care was safe, effective, compassionate and well led.

A random sample of Regulation 28 monthly quality monitoring visits and reports were inspected from February to June 2017. They were monthly, included unannounced visits, reported on service users & staff views and opinions and included an assessment of the conduct of the day care setting including an action plan when improvements had been identified.

The review of the last annual report revealed the content was not consistent with the content required by regulation 17 (1) & Schedule 3; an improvement is identified in this regard. The content of the report did show the service had reported on a number of matters in terms of outcomes achieved and assessment of if future provision could be improved regarding meals, duty rosters, assessments, complaints and training.

Five staff returned questionnaires to RQIA post inspection, they identified they were “Very Satisfied” regarding is care well led in this setting. They identified service users feel the service is managed well; quality monitoring is undertaken regularly; management respond and act regarding any complaints, issues or suggestions; they could approach the manager regarding concerns; staff meetings are held and communication is effective.

Four Service users returned questionnaires to RQIA post inspection. They identified they were “Very Satisfied” regarding is care well led in this setting. They identified they feel the setting is managed well; they know who the manager is; the staff respond well to concerns, issues or suggestions and they are asked about what they want to do.

### Areas of good practice

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

### Areas for improvement

One area for improvement was identified regarding the annual report.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	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 Chris McAuley and Michelle Morrison, Day Care Workers, 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.

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](http://www.rqia.org.uk/webportal) or contact the web portal team in RQIA on 028 9051 7500.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 31 (h)  <b>Stated:</b> First time  <b>To be completed by:</b> 04 October 2017	<p>The registered person shall submit a variation application to RQIA regarding the additional services described in the settings statement of purpose which should only contain details of the registered service.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b>            This has been completed and forwarded to RQIA via portal</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 7 & Schedule 1  <b>Stated:</b> First time  <b>To be completed by:</b> 04 October 2017	<p>The registered person shall improve the content of the settings statement of purpose. All matters identified in the regulation and Schedule should be consistent with the settings RQIA registration and the day care being provided. A copy of the updated statement of purpose should be forwarded to RQIA with the returned Quality Improvement Plan.</p> <p>Ref: 6.4.</p>
	<p><b>Response by registered person detailing the actions taken:</b>            Statement of purpose has been amended and will be forwarded with the returned QIP</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 17(1) & Schedule 3  <b>Stated:</b> First time  <b>To be completed by:</b> 04 October 2017	<p>The registered person shall improve the content of the annual report to ensure all matters identified in the regulation and Schedule 3 is reported on. A report template and guidance is available for provider's reference in the RQIA website.</p> <p>Ref: 6.6.</p>
	<p><b>Response by registered person detailing the actions taken:</b>            Report template has been accessed and this is a work in progress to amend report and ensure following reports are completed via report template.</p>
<b>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 21.1  <b>Stated:</b> First time  <b>To be completed by:</b> 04 October 2017	<p>The registered person shall put in place arrangements for the staff induction programme to be reviewed. The induction programme for new staff should assess are staff competent to carry out the duties for their job in line with the settings policies and procedures. The improvements in the induction process could include the NISCC's Induction Standards or similar which aims to assure new staff in the day care setting are competent and skilled to undertake their role and responsibility.</p>

	<p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b>                  As Trust corporate induction currently beng used, this will be reviewed and amendments to this will be addressed at forthcoming adult centre manager / senior manager meeting to take into account NISCC standards ensure consistecy across the settings.</p>
<p><b>Area for improvement 2</b></p> <p>Ref: Standard 17.14</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 04 October 2017</p>	<p>The registered person shall put in place appropriate arrangement to ensure staff who notify RQIA are fully informed regarding categorising an incident and reporting in line with the RQIA guidance regarding the same</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b>                  This has taken place via team meeting and individual support and guidance by manager.</p>
<p><b>Area for improvement 3</b></p> <p>Ref: Standard 3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 04 October 2017</p>	<p>The registered person shall put in place appropriate arrangements to review the individual written plan / agreement. The written agreement should be compliant with the standard, relevant and useful for service users and their representatives.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b>                  An easy read service user agreement is in place across Cookstown and all adult centres based on standard 3. It was initially agreed at service user forum however the name has now been amended along with content to encorporate the word agreement and areas noted as per standards 3.                  The individual written plan is a Trust approved document and will need to be reviewed by the author however adult centre staf will put in use the easy read version.</p>

*\*Please ensure this document is completed in full and returned via Web Portal \**



The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

**Tel** 028 9051 7500  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
**Twitter** @RQIANews