

Unannounced Care Inspection Report 16 October 2018



Cookstown Adult Centre

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

www.rqia.org.uk

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

Organisation/Registered Provider: Northern HSC Trust Responsible Individual(s): Dr Anthony Baxter Stevens	Registered Manager: Mona McCann
Person in charge at the time of inspection: Mona McCann	Date manager registered: 9 January 2014
Number of registered places: 55	

4.0 Inspection summary

An unannounced inspection took place on 16 October 2018 from 10.00 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 premises 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 of the setting; staff knowledge, skills and training; and the safe delivery of support and care; the settings environment; care records; reviews; promotion of service users' involvement; person centred practice; communication between staff; the ethos of the day care setting; listening to and valuing service users; taking account of the views of service users; governance arrangements; management of complaints and incidents; quality improvement; and maintaining good working relationships.

No areas requiring improvement were identified.

Service users and relatives said "very satisfied with everything, even transport, drivers and staff"; and "the staff manage to treat my (relative) in a very compassion and respectful way. The support is excellent at all times..."

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	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mona McCann, registered 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.

4.2 Action/enforcement taken following the most recent premises inspection dated 6 October 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent premises inspection on 6 October 2017.

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 two incidents had been notified to RQIA since the last care inspection in August 2017
- unannounced care inspection report dated 9 August 2017 and Announced variation to registration of premises inspection report dated 6 October 2017

During the inspection the inspector met with:

- nine staff
- two visiting relatives
- twelve service users

The following records were examined during the inspection:

- Three individual staff records.
- Four service users care files and service users' daily records.
- The complaints/issue of dissatisfaction record from April 2017 to October 2018.
- A sample of incidents and accidents records from August 2017 to October 2018.
- The staff rota arrangements during September and October 2018.
- The minutes of four service user meetings held in January April, May, and September 2018.
- The newsletter for September 2018.
- Samples of staff meetings held for day care workers and support workers in January, May, August, September and October 2018.
- Staff supervision dates for 2018.
- Four monthly monitoring reports for June to September 2017.
- The staff training record for 2017 and 2018.
- The statement of purpose.

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; two responses were received.

Ten service user and/or relatives' questionnaires were provided for distribution; six questionnaires were 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, relatives and staff for their contribution to 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 6 October 2017

The most recent inspection of the establishment was an announced premises inspection.

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

This QIP will be validated by the care inspector at the next care inspection.

6.2 Review of areas for improvement from the last care inspection dated 9 August 2017

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
Area for improvement 1 Ref: Regulation 31 (h)	The registered person shall submit a variation application to RQIA regarding the additional services described in the settings statement of purpose which should only	Met

<p>Stated: First time</p>	<p>contain details of the registered service.</p> <p>Ref: 6.4</p>	
<p>Area for improvement 2</p> <p>Ref: Regulation 7 & Schedule 1</p> <p>Stated: First time</p>	<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>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Inspector confirmed the amended statement of purpose was submitted to RQIA post inspection and this document was consistent with schedule 1.</p>		
<p>Area for improvement 3</p> <p>Ref: Regulation 17(1) & Schedule 3</p> <p>Stated: First time</p>	<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>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Inspector confirmed that the annual report format had been improved and was available at the time of inspection.</p>		

Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Standard 21.1</p> <p>Stated: First time</p>	<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>Action taken as confirmed during the inspection: The induction record was updated and available at the time of inspection.</p>	Met
<p>Area for improvement 2</p> <p>Ref: Standard 17.14</p> <p>Stated: First time</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>Action taken as confirmed during the inspection: Evidence of improvement in this regard was presented during the inspection and no further improvements were noted at the time of inspection.</p>	Met
<p>Area for improvement 3</p> <p>Ref: Standard 3</p> <p>Stated: First time</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>Action taken as confirmed during the inspection: This improvement was in place in the service user's information inspected at the time of inspection.</p>	Met

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 September and October 2018 discussion with staff and the observation of care during the day confirmed there was 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 as on duty in the staff rotas 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 staff rotas examined recorded the number of staff working each day, the capacity in which they worked and detailed who was in charge of the centre. Competency and capability assessments had been completed by the manager or staff who were acting up in the manager's absence. The records showed that staff understood their role and responsibility when they were acting up and had the required skills and knowledge to complete tasks competently. The competency assessments were comprehensive and renewed annually and the discussion with the manager revealed this was a time consuming process. The inspector commended the comprehensive and rigorous process in place however when acknowledging the process was time consuming advice was given to build on the evidence collected to date rather than renewing the tasks annually.

The staff training records were examined for 2017 and 2018; the records detailed staff had received mandatory training and other appropriate training relevant to their roles and responsibilities. This included training regarding safeguarding, working well together, fire safety training, respect (behavioural management training), understanding Derek (dementia training), manual handling, first aid, medicines management, epilepsy awareness and emergency medication, GDPR, Whistleblowing policy. Discussion with staff during the inspection revealed they felt the training they had received was of good quality, relevant and provided them with the skills required to meet the needs of service users.

The inspection of 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 safely and effectively.

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.

Restrictive practices were discussed with staff and arrangements inspected in service users' records where plans contained any potential restrictive practices. The inspection found plans were developed with the positive behaviour support service and if appropriate other professionals. Best interests assessments were completed which identified activities or arrangements that may promote positive behaviour, information on how to manage transitions, promoting choice, redirection, diversion, how to achieve the least restrictive intervention and

contained detailed intervention plans. Overall it was found the plans in place aimed to promote and improve the service user's outcomes in the day care setting.

Discussion with staff assured where necessary risk assessments and behaviour management plans were in place and these were reviewed regularly. Staff said training and staffing levels promoted safe practice. Policies and procedures were available at the front desk which staff said they can refer to if required. On a day to day basis staff said they liaise with each other, share information and best practice. Staff meetings including weekly planning meetings were also identified as forums that promoted safe care of service users and the safe environment. Examples of discussions facilitated at meetings were learning from incidents, preventing incidents, safeguarding improving communication and person centred care.

Discussion with service users found they felt care was safe. Service users gave examples of when staff prevented altercations by intervening, they identified there was enough staff to give them attention, staff activities and facilitate members meetings. The group mostly felt they could talk to staff and said the staff helped them feel safe. Two service users were not in agreement but did seek out staff and discuss their feelings openly with the staff after the meeting. They also spoke again with the inspector and confirmed they did feel supported and safe. All of the service users agreed staff would help them if they needed help. Finally all of the service users agreed they had a right to be safe at all times and could speak to staff or a professional involved in their care if they had any concerns in or outside of the setting.

Environmental restrictions were 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 were infection prevention and control measures such as hand gel pumps in corridors and personal protection equipment for staff to use as required. The environment presented as safe, clean and tidy, the furniture and aids presented as fit for purpose and internally no safety concerns were identified.

Two staff returned questionnaires to RQIA post inspection, they identified they were "satisfied" regarding is care safe in this setting.

Six service users returned questionnaires to RQIA post inspection. They identified they were "very satisfied" regarding is care safe in this setting.

In conclusion the discussions with the service users and staff, questionnaire feedback, observations of care and inspection of the records provided evidence safe care was being delivered in this setting that was consistent with the standards inspected.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing of the setting; staff knowledge, skills and training; and the safe delivery of support and care to service users'. The settings environment was also identified as safe and fit for purpose.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

Four 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 accessible individual written plan/agreement which detailed 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 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. In particular it was noted each service user had a personal profile which included "things you must know about me" such as likes, needs, worries; and "things important to me". The document was written in a person centred accessible way that ensured the reader got an in depth understanding of each individual. Practice was commended in this regard because what was being produced was innovative and centred on improving outcomes for service users. Finally records were identified as being 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 clearly how each individuals need should be met by staff and they included responding to risks safely and effectively. Care plans had been reviewed and referrals made to other professionals if needs changed or the plan was not working. Advice or recommendations given by other professionals were incorporated into the easy read plan. Overall the management of service users' records in this setting had enabled them to identify service users' needs and respond to them effectively.

Discussion with service users revealed they knew about their care records and had seen their care plan, they also confirmed they had been invited to attend their review of their care in the day care setting.

Discussion with staff confirmed they were knowledgeable regarding creating and maintaining service user's individual records. They described they involve service users when writing their records as much as they can to ensure the records are centred on each individual. Staff also described they will involve the service users relative in the creation of the records, when necessary, to get the right information so they can provide the right care and support. Finally staff said the standards influenced their practice, they used them as a guide of what must be in place and then developed person centred ways to achieve this such as pictorial records and using talking mats to encourage service users involvement in the processes.

Overall this inspection found the staff were work together effectively to support the service users in the most person centred way that was safe, effective and met the service users' needs. This was being done within an open and transparent culture that had promoted positive outcomes for service users.

Two staff returned questionnaires to RQIA post inspection, they identified they were “satisfied” regarding is care effective in this setting. One wrote “I have never been so happy coming to work. Manager is so approachable and the team will go the extra mile for the service users”.

Six service users returned questionnaires to RQIA post inspection. They identified they were “very satisfied” regarding is care effective in this setting.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	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 found examples of service users being treated with dignity and respect while promoting and maintaining their independence.

Discussion with 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, in summary their views and opinions were being taken into account in matters affecting them. They described being consulted in service user meetings which had occurred at least bi monthly, and were consulted with informally by staff throughout the day. There was also a newsletter that was produced. Overall communication and consultation processes in place for service users were identified as informative, inclusive accessible and well detailed.

Staff gave examples of ways they had facilitated service users of all abilities involvement for example using Makaton, involving the speech and language professionals to advise regarding communication strategies, developing communication books, using signs and involving families.

Staff described they get to know each service users individual needs, they monitor service users involvement to ensure they are participating at the level they can and they are enjoying the activities they take part in. Staff also identified good communication with service users, their families and professionals had been a key element to ensuring they had the right information to ensure service users preferences, needs and own outcomes were met. Overall staff were focused on assisting service users to develop their independence and have positive experiences in day care.

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 understood which had enabled them to make informed decisions regarding their life, care and treatment.

The discussions with two relatives concluded since their relative had commenced in this setting they had grown in confidence and developed new skills. They also identified staff were a “great support” to the families as well as the service users. They took time to get to know the service users, work on their level and they were involved in the review of their relatives care.

Two staff returned questionnaires to RQIA post inspection, they identified they were “satisfied” regarding is care compassionate in this setting.

Six service users returned questionnaires to RQIA post inspection. They identified they were “Very Satisfied” regarding is care compassionate in this 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.

	Regulations	Standards
Total number of areas for improvement	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 Statement of Purpose for the day care service was reviewed and had been updated by the provider. A copy was provided to RQIA during the inspection and was found to be satisfactory. The document describes the nature and range of the service to be provided and addressed the matters required by Regulation 4(1) of The Day Care Setting Regulations (NI) 2007.

Staff demonstrated awareness of their roles, responsibilities and accountability. Discussion with the manager/staff confirmed that they had a good understanding of their role and responsibilities under the legislation.

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 as needed.

Staff gave positive feedback in respect of leadership and team working. Staff stated that this is achieved through effective communication, supervision, staff meetings and the open door approach provided by the manager which staff said they seek when they feel they need a new perspective, advice or reassurance. They also identified the manager asks them for their opinion and creates opportunities for everyone to be innovative and lead when possible. This inspection verified this effective management style was used in this setting. The records showed staff had been innovative in their delivery of care, they challenged each other to ensure they were providing the best care and support, and duties were given to all members of the team to develop each individual staff member's knowledge, skills and interests. This approach had created a highly motivated, person centred team who were delivering an innovative and creative day care service.

There was evidence that staff meetings were held weekly between day care workers and quarterly with support workers, records were maintained. The records included the date of the meeting, names of those in attendance, updates from the previous meeting, a record of discussion and any agreed actions.

A complaints and compliments record was maintained in the day centre. There had been eight complaints recorded since April 2017. The records showed the issues of dissatisfaction had been resolved locally and in compliance with the settings policy and procedure.

The inspection of the monitoring arrangements found they were in compliance with regulation 28 and 17 and Schedule 3 of The Day Care Setting Regulations (Northern Ireland) 2007. Monthly and annual quality monitoring reports had been completed by the service and was available for inspection. These records showed that at appropriate intervals the effectiveness and quality of care delivery was monitored, audited and reviewed in order to identify and act upon any improvements required. Samples of reports were reviewed. The reports adhered to RQIA guidelines and evidenced engagement with service users, staff and professionals, with positive feedback recorded. The annual report was also produced in an easy read version for service users to access and comment on.

The manager and staff advised there were a range of policies and procedures in place to guide and inform staff. Policies were maintained in an organised manner that was easily accessible by staff in the office.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The manager confirmed that this was addressed with staff through their training, supervision and appraisal process. In addition areas of equality awareness identified during the inspection included:

- effective communication
- service user involvement
- adult safeguarding
- advocacy
- equity of care and support
- individualised person centred care
- individualised risk assessment
- disability awareness in documentation

Discussion with service users revealed they knew who the manager and staff were who work in the setting and they said they would speak to them if they had any concerns about the setting or their care.

Six service users returned questionnaires to RQIA post inspection. They identified they were “very satisfied” regarding questions on “is care well led” in this setting.

Two staff returned questionnaires to RQIA post inspection. They identified they were “satisfied” regarding questions on “is care well led” in this setting, one wrote “The leadership is excellent. I feel very lucky to be part of such a supportive team”.

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

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)