



The Regulation and
Quality Improvement
Authority

Suffolk Day Centre incorporating
'Focus Club'
RQIA ID: 11175
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BT11 9JP

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**Unannounced Care Inspection
of
Suffolk Day Centre incorporating 'Focus Club'
20 January 2016**

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 20 January 2016 from 09.40 to 17.00. This included a one hour visit to the 'focus group'. Overall on the day of the inspection the Day Care Setting was found to be delivering safe, effective and compassionate care. The standards inspected were met. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report.

This inspection was underpinned by The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Settings Regulations (Northern Ireland) 2007, The Day Care Settings Minimum Standards 2012.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

The details of the QIP within this report were discussed together with Margaret Johnston, Registered Manager and three assistant managers as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Belfast Health and Social Care Trust Mr Martin Joseph Dillon	Registered Manager: Ms Margaret Johnston
Person in Charge of the Day Care Setting at the Time of Inspection: Maureen Coyle, Assistant Manager until arrival of Margaret Johnston shortly thereafter.	Date Manager Registered: 17 August 2010
Number of Service Users Accommodated on Day of Inspection: 69 in Suffolk Day Centre 7 in 'Focus Club'	Number of Registered Places: 95

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

Standard 5: Care Plan - Where appropriate service users receive individual continence promotion and support.

Standard 8: Service Users' Involvement - Service users' views and comments shape the quality of services and facilities provided by the Day Care Setting

4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed:

- Previous care inspection report and returned Quality Improvement Plan (QIP)
- Notifiable events submitted since the previous care inspection

At the commencement of the inspection a poster was displayed informing services users and visitors that an RQIA inspection was taking place and inviting them to speak with the inspector to provide their views.

During the inspection we observed and greeted service users. We met with eight service users individually while situated in a group or in the company of another. We met with seven care staff individually; we spoke to three assistant managers and the registered manager. Service user and staff questionnaires were provided to the registered manager for distribution, completion and return to RQIA.

The following records were examined during the inspection:

- The Statement of Purpose dated August 2012
- The Service User Guide dated January 2016
- One monthly monitoring report completed in December 2015
- Minutes of service users' meetings
- Minutes of three User Council meetings which took place during 2015
- Staff duty rota for the day of the inspection
- Staff training records
- Selected policies and procedures
- Two randomly selected service user care records
- Accident and incident records from 1 December 2015 to 20 January 2016
- Record of complaints
- Record of compliments

Following the inspection, twelve staff and seven service user questionnaires were received, by us and included in the report.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the service was an announced estates inspection dated 24 September 2015. The completed QIP was returned and approved by the estates inspector which indicated that there were a number of ongoing updates to be received.

Areas to follow up were:

- a. The fire escape was to be painted. The registered manager confirmed that this work is to commence during February 2016.
- b. A multi-disciplinary review of the suitability of the environment was to be completed. The registered manager confirmed to us that a draft report will be fully completed following a final meeting in February 2016 with recommendations confirmed and made available to RQIA.

5.2 Review of Requirements and Recommendations from the Last Care Inspection Dated 6 November 2014

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 18.5	<p>The registered manager must ensure that policies and procedures are subject to a systematic three yearly review.</p> <p>Refers to but is not limited to "Use of Physical Intervention in Mental Health and Learning Disability".</p>	Met
	<p>Action taken as confirmed during the inspection: Following an inspection of the policy we confirmed that this recommendation had been addressed.</p>	

5.3 Standard 5: Care Plan - Where appropriate service users receive individual continence promotion and support

Is Care Safe?

A continence procedure, dated May 2015 was in place and reflected current best practice guidance. The service had copies of best practice guidance available for staff. Staff had completed training in the areas of: continence management in September 2015, infection control in June 2015 and moving and handling on various dates throughout the past twelve months.

Discussion with staff confirmed that service users attending the centre have a range of needs in regard to continence promotion. Service users have had a continence assessment and bring their own continence products to the centre. Care records inspected contained a continence plan which detailed the needs, how staff should provide assistance and arrangements for requesting continence products to be brought into the centre. Staff

confirmed that the centre facilitates appropriate storage of these and facilitates spare clothing to be kept in the centre. All service users have their own locker.

Inspection of two service user individual records confirmed the needs assessment; risk assessments and care plans are kept under continual review, amended as changes occur and kept up to date to accurately reflect at all times the needs and preferences of the service user; and the needs assessment. The care plans had been appropriately signed; and care plans included information regarding continence.

Staff consulted individually had a clear understanding of each service user's continence care needs. They were aware that each service user had their own individual plan for continence management. Discussion with staff and an analysis of returned questionnaires verified staff satisfaction regarding access to personal protective equipment for infection control purposes such as gloves and aprons. Analysis of returned service user questionnaires verified that service users were 'satisfied' or 'very satisfied' with the care and support received.

Is Care Effective?

Two service users' care records were examined during this inspection with the main focus on the management of continence care. Assessments and risk assessments were completed by staff, culminating in an individual goal based care plan for each service user.

Assessments were effectively recorded. Care plans recorded for personal care included information on continence management which was specific and person centred. The two care records sampled were well recorded and an inspection of the care plans verified that they were regularly reviewed to ensure care plan objectives remain relevant and accurate. One staff member stated, 'It's a live document.' A range of records inspected demonstrated that service users and or their representatives' work together with staff including planning care.

Discussion with staff individually and a review of staff training records confirmed that training, including mandatory training is provided to support staff to undertake their roles and responsibilities. Staff confirmed to us that training in the area of continence promotion had been 'very helpful'.

Staff confirmed that there is good communication between staff members and an inspection of records of staff meetings we confirmed that these take place monthly or bi-monthly.

Staff demonstrated that they were knowledgeable about the continence needs of specific individual service users, including the use of products for management of continence, skin care, the promotion of infection prevention and control, and promoting service user privacy and dignity when assisting and supporting service users with their continence care.

An inspection of the environment confirmed that clean, suitably maintained toilet facilities were available. Staff confirmed to us that personal protective equipment (PPE) was available and easily accessible.

Analysis of returned service user questionnaires verified that service users were 'satisfied' or 'very satisfied' that staff know how to provide care and that staff respond to their needs.

Is Care Compassionate?

Discussions with staff and observation of their interaction with service users presented evidence of a high level of compassionate care being delivered throughout the inspection period. Staff gave examples of using distraction techniques and singing to service users while assisting service users with their personal care.

Discreet observations of care practices confirmed that service users' were treated with respect, independence was facilitated and service users right to privacy supported. Service users indicated that they were happy attending the centre and indicated that they liked a number of aspects including the staff, the activities and the food.

Analysis of returned service user questionnaires verified that service users felt safe and secure in the centre and that staffing levels are appropriate at all times.

Comments included:

- "The centre is a nice place."
- "This is a very good place to come to."

Areas for Improvement

There were no areas for improvement identified. The standard was assessed as being met.

Number of Requirements:	0	Number of Recommendations:	0
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5.4 Standard 8: Service Users' Involvement - Service users' views and comments shape the quality of services and facilities provided by the Day Care setting

Is Care Safe?

Discussions with staff, an analysis of service user questionnaires and an inspection of a range of records demonstrated that the service promotes and facilitates service user involvement and empowerment through a number of methods including service user meetings, attendance at forum meetings, daily discussions, care planning, care reviews and monthly monitoring visits. A range of associated trust corporate policies and procedures were in place and available to staff.

The culture in the centre also supports the health and wellbeing of service users, enabling them to feel valued and promoting and supporting their engagement and participation in the running of the service. Staff gave examples where they had advocated on behalf of service users and were outcome focussed.

The monthly monitoring reports not only included consultation with service users. The report also included comprehensive detail of observations made of service users with a range of communication needs and follow-up discussions with staff.

Service users indicated that they enjoy attending the centre and confirmed that staff listen and have time for them.

Following discussions with service users, the staff team and an inspection of records, we confirmed that the registered manager and staff team presented as being committed to ensuring that safe, effective and compassionate care is always delivered.

The registered manager confirmed to us that an annual quality review report had been completed for the year ending 31 March 2015. The registered manager confirmed that these reports are completed on an annual basis.

A robust system to record complaints was in place and records were maintained of any complaints or expressions of dissatisfaction received together with details of the actions taken. Records of compliments are kept and an inspection of a selection included compliments regarding to staff attitude, activities and transport.

In the absence of the registered manager the centre is managed by an identified assistant manager. Staff consulted confirmed that the registered manager and assistant managers are supportive and approachable.

Is Care Effective

Records inspected and discussions with staff and service users demonstrated that service users enjoyed fulfilling and rewarding activities through their attendance at the centre. Service users spoke of a range of activities including exercises, art, computer class, music activities and drama. Staff demonstrated their knowledge of individual service users and their modes of communication.

On arrival to the centre, service users make their way to their activity room. Service users were observed engaging in a range of activities including massage, relaxation, sensory

activities and music activity. A beverage and snack are offered during the morning period, some service users were observed enjoying chatting with each other and others were taking part in an arts and craft activity. One assistant manager stated that service users attending the focus club were going swimming that day.

Service users' in accordance with their abilities confirmed to us that meetings were 'good'. Records of service user meetings, forums and council meetings are retained which reflect the list of attendees and details of the issues discussed and actions agreed.

Discussion with a social worker, staff and inspection of two care records demonstrated that annual multidisciplinary reviews are held which service users, carers and representatives are invited to attend. The centre holds a parents/carer meeting periodically throughout the year.

The centre demonstrated robust and effective processes in ensuring that there is regular and consistent engagement with service users and their representatives.

Is Care Compassionate?

Staff interaction with service users was discreetly observed throughout the inspection period. Examples of supportive appropriate language and encouraging tones of voice were observed, as well as good examples of service users being treated with dignity and respect, of being offered choices and of staff regularly checking out if service users were happy or wanted to do something else.

Written records reviewed also provided good evidence of the provision of services in a professional and compassionate manner. Staff spoke of individual and group activities and of activities where the whole centre works on together. An example of the latter was the garden project.

Following discussions with service users, an analysis of returned service user questionnaires and observations, we confirmed that staff are knowledgeable about and demonstrate those values necessary to carry out person centred practice.

Some service user comments included:

- "It's great." (Attendance at and activities participated in.)
- "Very good staff in this centre."
- "I like coming to Suffolk."

Discussions with staff and an analysis of returned staff questionnaires indicated their satisfaction with all aspects examined, including the training provided, support from the multi-disciplinary team, provision of equipment and time available to listen and talk to service users.

Some staff comments included:

- "We go on how people are feeling." (regarding making choices of activities)
- "Everyone is very supportive of each other and willing to share ideas/learning to benefit the clients."
- "People get real choices."

- “We just care.....we have tried everything, we promote good things, to go out, promoting good communication instead of (person) having challenging behaviour.”
- “They (service users) choose the name, the skies the limit.”
- “Excellent manager and management team and staff, we also have good communication with parent/carer and multi-disciplinary team.”

Areas for Improvement

There were no areas for improvement identified. The standard was assessed as being met.

Number of Requirements:	0	Number of Recommendations:	0
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5.5 Additional Areas Examined

5.5.1 Service Users Views

Service users were spoken to individually while situated in a group setting. In accordance with their abilities, service users made positive comments regarding the care and support delivered by staff, the range of activities made available to them, transport provided, the quality of the food and the benefits derived from attendance at the centre.

5.5.2 Staff Views

Staff spoken to demonstrated their knowledge of service users, skills in delivering care and support in an effective and compassionate manner and of those values which underpin person centred practice.

Staff expressed positive views in regard to training provided, the improvements made to the environment, of the involvement of service users in decision making and of the standard of care and support delivered. Staff acknowledged that although the building is ‘far from perfect’ they have made the best of it.

5.5.3 Visiting professionals views

One social worker confirmed to us that staff are knowledgeable about service users and that they experienced good communication with the day centre. The social worker confirmed that reviews take place annually or more frequently if necessary. The social worker described staff as ‘proactive.’

Some comments included:

- “One issue came up and the staff were very on the ball to resolve the issue. Feedback from family is very positive.”
- “Staff go out of their way.”

5.5.4 Complaints and Compliments

The registered manager confirmed that there had been six complaints received during the period 1 January 2014 to 31 March 2015. Discussions confirmed that these had been

managed appropriately. The centre records compliments received which included the areas of staff attitude and transport.

5.5.5 Accident and Incident records

Inspection of a sample of records from 1 December 2015 to the date of the inspection we confirmed that these had been managed appropriately. The inspector advised that RQIA must be notified of choking incidents. The registered manager gave assurances that one recent choking incident would be notified to RQIA.

5.5.6 Statement of Purpose

Following an inspection of the statement of purpose we recommend that under the range of needs that the day care setting is intended to meet, it details all types of restraint and/or restrictive practices which may be used in the day care setting.

5.5.7 Environment

The day centre was observed to be well maintained, clean, fresh smelling and decorated and furnished appropriately. Since the previous inspection, staff stated that the sensory rooms had been re-furnished and that a mobile sensory trolley had been purchased.

Areas for Improvement

There was one area for improvement identified. This pertained to the Statement of Purpose.

Number of Requirements:	0	Number of Recommendations:	1
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6. Quality Improvement Plan

The issue identified during this inspection is detailed in the QIP. Details of this QIP were discussed with Margaret Johnston, Registered Manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Day Care Settings Regulations (Northern Ireland) 2007.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Day Care Settings Minimum Standards 2012. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/ registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to day.care@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home/agency/service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 17.6</p> <p>Stated: First time</p> <p>To be Completed by: 31 March 2016</p>	<p>The registered manager should ensure that the Statement of Purpose is reviewed. Under the section which details the range of needs that the day care setting is intended to meet, the Statement of Purpose details all types of restraint and/or restrictive practices which may be used in the day care setting.</p>		
	<p>Response by Registered Person(s) Detailing the Actions Taken: In response to this recommendation the registered manager has reviewed The Statement of Purpose detailing the range of needs the daycare setting is intended to meet.</p> <p>The Statement of Purpose also details all types of restraint and / or restrictive practices which may be used in the daycare setting.</p>		
Registered Manager Completing QIP	Margaret Johnston	Date Completed	17/02/16
Registered Person Approving QIP	Martin Dillon	Date Approved	18/02/2016
RQIA Inspector Assessing Response	Maire Marley	Date Approved	23/02/16

Please ensure this document is completed in full and returned to day.care@rqia.org.uk from the authorised email address