

Unannounced Care Inspection Report 14 and 15 December 2016



Everton Day Centre

Type of service: Day Care Service
Address: 589/593 Crumlin Road, Belfast, BT14 7GB
Tel No: 02895044106
Inspector: Suzanne Cunningham

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Everton Day Centre took place on 14 December 2016 from 11.30 to 16.00 and 15 December 2016 from 09.25 to 13.00.

The inspection sought to assess progress with any issues raised during and since the last care 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 inspection of three service users' individual care files; individual staff records; duty rotas; supervision and training; observations of the setting; discussions with service users and staff; and observations of care evidenced the care delivered was consistent with the settings statement of purpose and ethos. The staffing levels were responsive to service user's needs, welfare and safety.

The staff in Everton were observed responding to a range of service users' needs. The feedback from service users, staff and relatives was positive during the inspection regarding safe care in Everton. The premises presented as safe on the day of the inspection.

Overall the inspection of "is care safe?" concluded the minimum standards inspected were being met on the day of the inspection. No areas for improvement regarding this domain were identified during this inspection.

Is care effective?

The inspection of three service users individual care records; incident recording; complaints recording; discussion with the service users and staff concluded care was being delivered at the right time, in the right place, and with the best outcome. Individual care needs had been assessed and the outcome was written into an easy read plan with the service users. Review and monitoring arrangements were in place to review the effectiveness and quality of care delivered to service users.

Overall the inspection of "is care effective?" concluded the minimum standards inspected were being met on the day of the inspection. No areas for improvement regarding this domain were identified during this inspection.

Is care compassionate?

The inspection of records, observations of practice and discussions with staff and service users revealed that service users were being treated with compassion, dignity and respect. Furthermore they were encouraged by staff to be involved in decisions affecting their care and support. Staff were observed listening to service users, valuing their views and communicating with them in a supportive and caring manner.

Overall the inspection of "is care compassionate?" concluded the minimum standards inspected were being met on the day of the inspection. No areas for improvement were identified regarding this domain during this inspection.

Is the service well led?

The discussion with staff and service users regarding the management arrangements confirmed they were informed regarding arrangements and the staffs role and responsibilities. Documents and records such as audit records, monthly monitoring reports and evidence of staff support demonstrated there were effective arrangements in place to promote quality improvement throughout the setting.

Overall the inspection of “is care well led?” concluded the minimum standards inspected were being met on the day of the inspection. No areas for improvement regarding this domain were identified during this inspection.

This inspection was underpinned by The Day Care Setting Regulations (Northern Ireland) 2007, the Day Care Settings Minimum Standards 2012.

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 Mark Johnston, 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.

1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/registered person: Belfast Health and Social Care Trust/Mr Martin Joseph Dillon	Registered manager: Mark Johnston
Person in charge of the home at the time of inspection: Mark Johnston	Date manager registered: 02 December 2015
Categories of care: DCS-LD, DCS-LD(E)	Number of registered places: 125

3.0 Methods/processes

Prior to inspection following records were analysed:

- The registration details of the day centre
- Information and correspondence received from the registered manager and Belfast Health and Social Care Trust
- Incident notifications which revealed 42 incidents had been notified to RQIA in the last 12 months.
- Unannounced care inspection report 08 March 2016 and trust response to the inspection.
- Announced premises inspection report 02 August 2016 and trust response to the inspection.

During the inspection the inspector met with:

- The registered manager
- Three assistant managers
- Six staff & one social work student
- Eighteen service users specifically about the inspection and what they were doing in the day centre.

Questionnaires were given to the manager to distribute between service users, representatives and staff in Everton. None were returned by service users, three by staff and none by relatives.

The following records were examined during the inspection:

- Four service users' care files including a sample of service users' daily records
- The complaint/issue of dissatisfaction record which had five entries recorded from April 2015 to March 2016
- A sample of incidents and accidents records from March to December 2016
- The minutes of service user meetings held from March to December 2016 and service user consultation including food and the good information group in 2016
- Team meeting minutes for September, October & November 2016
- Staff supervision dates for 2016
- Three staff records
- Four Monthly monitoring reports from August to November 2016
- Staff training information for 2015 and 2016
- The staff rota for November and December 2016
- A sample of the Fire safety records for 2016.
- Statement of Purpose
- Service Users Guide.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 02 August 2016

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

4.2 Review of requirements and recommendations from the last care inspection dated 10 March 2016

There were no requirements or recommendations made as a result of the last care inspection.

4.3 Is care safe?

Discussion with the registered manager and assistant managers during the inspection revealed the day centre staffing arrangements had been stable since the last inspection. Staff members on duty said the number of staff working with the current numbers of service users was a safe ratio. However, they identified there are times of the day such as lunch time when care is more staff intensive. The staff described at these times they communicate clearly with each other to ensure needs are met and risk assessments are adhered to. The staff said the team in the whole centre works together, staff are flexible and will support service users in all areas of the setting depending on need. Staff spoken to agreed their priority is to ensure service users' needs are met as described in the care plans, service users are cared for in an environment that is free from harm, risk assessments are addressed and activities are delivered for all service users.

The staff described staffing numbers in each room or area is determined by the needs of the service users which were clearly documented in the service user's individual assessments and care plan. The records of staff working each day were inspected for November and December, changes had been written onto the rota which recorded the management response when the planned rota had not been delivered on the day. The record was compliant with standard 23.7 which states a record should be kept of who is working and in what capacity. The inspection of staffing arrangements confirmed on the day of the inspection the arrangements recorded were in place; and these arrangements presented as safe. The staffing arrangements enabled staff to actively review and develop the care they were delivering, and to improve outcomes for service users in the short and longer term.

The staff on duty said they discuss openly what staff will do each day, including activities to ensure they provide safe care; in a safe environment. The staff said the setting is safe because their training is up to date; they ensure the environment is safe, including clearing any spillages, undertaking regular fire alarm checks and doing safety checks in the rooms they work in. They identified the morning meeting is an ideal opportunity to ensure the daily plans address any risks and concerns. This discussion with staff confirmed they were proactively promoting safe care for service users in this setting.

The staff discussed their knowledge, role and responsibility to promote the safety and protection of service users in their care. They confirmed they had received safeguarding vulnerable adult

training and were aware of their responsibility when a service user is identified as vulnerable or in need of protection. They described responding to vulnerable adult concerns by listening to the service user, reporting information on to the appropriate manager or professional and recording what was said and what was done. They also acknowledged once a concern is reported on they continue to have a safeguarding role to ensure the service user is safe and their needs are being met.

Three staff files were examined as part of this inspection. The information provided evidence of competency and suitability to undertake roles and responsibilities. The staff member had received regular supervision meetings with their supervisor and an appraisal meeting.

The staff training record was inspected for 2016. The staff mandatory training and training specific to service users' needs record detailed staff had undertaken relevant training such as vulnerable adults; fire safety; manual handling; SCIP (behaviour management training); infection prevention and control and first aid within recommended timescales. Examples of service specific training delivered were supporting Derek (training regarding people with dementia and learning disability) and capacity and consent training. This record and discussion with the staff confirmed they had received appropriate training to deliver safe and effective care and enabled them to fulfil their role and responsibilities in this day care setting.

The staff had used specific systems to identify needs and write a plan to meet needs which ensured they avoided unnecessary risks to the service user's health. Examples of documentation were the assessment of need and risk to undertake specific activities. A range of risks were assessed such as mobility, epilepsy, behaviour management, continence promotion and independence. Review documentation evidenced these assessments were subject to regular review to ensure they remained current and relevant for the service user. The review of incident and accident recording showed staff had reviewed incidents in terms of preventing reoccurrence and planning for future safety needs. The records inspected detailed systems were in place to identify and meet service user's welfare and safety needs.

This day care setting had used the activities on offer to promote individuals independence in the setting, in the community and when they were not in day care. Service users had been guided and encouraged to make safe choices at the level that was appropriate for them by staff. Furthermore the service user's individual records detailed the positive experiences for each service user in the day care setting including the benefits of social interaction between service users and staff.

The care was delivered in a range of rooms that had space for small groups, physical activity, learning cookery skills, crafts and computer skills. There was also outside space, a dining area and bathrooms. These were all observed as accessible. The environment presented as functional for this group, warm, comfortable and promoted freedom of movement for all service users. The environment had been decorated with service users' art, crafts and pictures of the service users. This gave the building a homely feel. No obvious hazards internally or externally were noted. Overall the inspection of the premises and grounds identified they presented as safe, well maintained and suitable for their stated purpose.

Eighteen service users were consulted with during the inspection specifically regarding safe care. They described they felt safe in their activity rooms and in the day care setting. They said staff and management keep them safe. Service users gave some examples of service users who have specific needs and their observations of staff meeting those specific needs directly and as a priority. Service users described they understood some individuals needed more help than others. They recognised that they all had individual needs but work together as a group.

They identified the staff and support they offer helps to them and the group safe. The service users described actions, behaviours and resources that had kept them safe in the setting and were well informed regarding how to exit the building if the fire alarm sounded.

Three staff members returned questionnaires. They responded they were very satisfied with the safe care in this setting. They described care was safe because they had received training to care for service users safely, there are risk assessments and care plans in place for service users, they would report bad practice and they receive support to fulfil their roles and responsibilities

Areas for improvement

No areas for improvement were identified during the inspection.

4.4 Is care effective?

The content of the Everton Day Centre statement of purpose was sampled. Cross referencing the content with the outcomes of this inspection showed this document described the purpose of this service accurately and effectively. For example the philosophy of care is underpinned by staff using a person centred approach when delivering day care; this approach was observed as in place during the inspection.

The aims and objectives of the setting included delivering planned and structured care to each individual service user. The setting also places a strong emphasis on promoting rights and choices of service users through person centred care and methods of communication. Inspection of four service users' individual records evidenced the service plans provide an "effective and safe model of care", which was focused on individual service user needs.

The inspection of four individual service user files provided evidence the assessments had been completed with service users and/or relatives after the commencement of their placement. The assessment information was used to draw up a plan with the service users; and had been reviewed at least annually. Overall it was clear the staff were using effective working practices and had organised time to update service user information. Staff said they maintain a high standard of recording to ensure they are up to date regarding service user need and can provide the best care for each individual.

The record keeping formats on the service user's individual files were produced and completed in accordance with legislation, standards and best practice guidance. For example risk assessments had been completed when necessary, and were reviewed. When a risk assessment was written, the care plan incorporated the outcome of the assessments. The staff had recorded when they reviewed all documents to ensure they remained current and relevant. File audits were recorded and focused on the content and quality of information recorded in the file.

Discussion with 18 service users regarding effective care in Everton revealed a range of projects and activities were available for service users to get involved in. One example was a social enterprise project facilitated by staff. The development of their business had led to one member being awarded entrepreneur of the year in city hall. The project had been awarded social enterprise business of the year. The service users identified their success was attributable to working together and making decisions together. It was clear this experience had enabled the service users to grow in confidence, learn new skills and give service users some

insight into what their future possibilities were. This project was an effective example of staff empowering and promoting opportunities for service users.

The individual and group activity schedules were displayed for service users in the setting, in a format they could understand. For example they were written in an easy read format with symbols and or pictures that were familiar to the service users. Service users were familiar where their personal schedule was and the general notice boards. Whilst standing by a picture board one service user pointed out who was in the pictures and talked enthusiastically about the activities. In the consultation with service users regarding the activities they gave a clear view that they liked the opportunities available for them, they identified the activities were influenced by their choices and preferences; and they has a choice regarding what activities they did in Everton.

Three staff questionnaires identified satisfaction with effective care in this setting. They indicated service users are involved in their care plan, care plans inform the care provided, monitoring of quality is in place and that staff respond to service users in a timely manner.

Areas for improvement

No areas for improvement were identified during the inspection.

4.5 Is care compassionate?

This inspection included observation of the morning and afternoon activities over the two days and discussion with 18 service users. This provided evidence of how the staff were responding to and supporting service users in a compassionate way. For example the staff were observed communicating with the service users individually and in groups, in a respectful way that protected service user's dignity and privacy. When looking around the setting the service users walked up to the staff and inspector and joined in the conversation. There were no barriers to communication and communication was observed happening naturally and at the service user's level.

Service users and staff described ways service users have been encouraged to be involved in the day care setting. They identified their views, opinion and expertise is sought regarding a range of matters. For example what happens in the day care setting to informing regional guidance and trust communication.

The staff identified they ensure care is person centred because then it is centred on what the service users want to do. They described they respond to service users views; service users are given a choice and they described they are enabled, not directed. They discussed some service users cannot openly communicate verbally and they use talking mats, Makaton, objects of reference, the iPad, facial expression and body language to ensure they are able to communicate their wishes, feelings and preferences. Staff discussion clearly supported the values of the service underpin person centred care; support; and best practice.

This setting provided examples of how they had communicated and consulted with service users. Examples were service user meetings which had focused on evaluation of the care provided, surveys, attending the Knockbracken foods group who supply the setting with meals, consultation regarding the future of learning disability services in the Belfast Trust and the good information group which is made up of service users and one staff member. This evidence showed the setting had involved service users to ensure there was a meaningful person centred

approach to care in this setting. The approach had influenced the programmes of care so they were responsive to service users' needs and preferences.

Three staff questionnaires identified satisfaction with the delivery of compassionate care in this setting. They stated service users were treated with dignity and respect, encouraged to be independent; their views were sought and acted upon.

Areas for improvement

No areas for improvement were identified during the inspection.

4.6 Is the service well led?

The registered manager was present during the inspection and was supported by deputy managers. The deputy managers had undertaken a competency assessment which evidenced they were competent and willing to take on this role in the manager's absence. The management and staffing structures were recorded in the settings statement of purpose. The inspection of staffing records, discussion and records of management arrangements in place provided assurance there was effective management of this day care setting which promoted safe, effective and compassionate care.

The manager provided examples of management and governance systems they had in place which ensured the setting was safe, well managed and service users' needs were met in compliance with the Day Care Settings Regulations (NI) 2007 and Standards 2012. For example the monthly monitoring visits; the audits of the settings records and the environment, the annual report, service user surveys, training evaluations and staff meetings. The evidence supplied did not identify any concerns regarding the centres compliance.

The monthly monitoring reports were inspected from August to November 2016. The reports available evidenced visits had taken place once per month, as required in regulation 28. The reports did report on the matters to be monitored by the registered person as detailed in Schedule 3. The reports were detailed and described the conduct of the setting.

Policies and procedures were accessible for staff on the intranet. A set of policies and procedures were available for staff reference, they consisted of trust policies and procedures, as well as day care specific policies and procedures.

The complaints records were reviewed and revealed five complaints/issues of dissatisfaction had been recorded. They had been responded to in a timely manner and resolved locally which was consistent with the settings policy and procedure in this regard.

Discussion with staff confirmed they knew how to respond to a range of situations such as responding to issues of dissatisfaction or a vulnerable adult concern communicated by service users. The staff described the management staff as supportive. They detailed the building had been improved since the current manager had arrived and computers had been made accessible for staff to record on. The staff identified they support each other on a day to day basis and are well supported by management. The staff and management team described they reflect on the service user experience to make sure the service is responsive and innovative in the care they provide. Examples given were from changing and improving the environment, meeting the needs of the service users, to organising project work and outings which had

provided new experiences and improved outcomes for all service users, regardless of their ability.

Discussion with service users revealed they knew who to talk to about any concerns, requests, advice or issues/concerns. The service users named the manager and staff who work in the setting which confirmed they were familiar with the staff team. They described all of the staff are good; they said staff listen and staff respond.

Three staff questionnaires described satisfaction that care is well led in this setting. They identified the service is managed well, the service is monitored, and communication between the staff and management is effective.

Areas for improvement

No areas for improvement were identified during the inspection.

5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 provider from their responsibility for maintaining compliance with the regulations and standards.



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqiia.org.uk

Web www.rqiia.org.uk

📍 @RQIANews

Assurance, Challenge and Improvement in Health and Social Care