

Unannounced Care Inspection Report 22 and 23 August 2017



Mica Drive Day Services incorporating Fallswater Day Centre

Type of Service: Day Care Setting
Address: 1a Mica Street, Belfast, BT12 7BQ
Tel No: 02895042800
Inspector: Suzanne Cunningham

www.rqia.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 is a Day Care Setting with 81 places that are spread across two sites. Mica is the main site of the two and Fallswater, the other site is located close to Mica, they share the same statement of purpose, management arrangements, training and records. The day care settings provide care and day time activities for adults living with a learning disability who may also have physical disability, sensory disability, autism, mental health needs, challenging behaviour and/or dementia.

3.0 Service details

Organisation/Registered Provider: Belfast HSC Trust Responsible Individual(s): Mr Martin Joseph Dillon	Registered Manager: Ms Maria O'Hagan
Person in charge at the time of inspection: Maria O'Hagan 22 August 2017 Angela McKeown 23 August 2017	Date manager registered: 22 June 2012
Number of registered places: 81 - DCS-LD, DCS-LD(E)	

4.0 Inspection summary

An unannounced inspection took place on 22 August 2017 from 10.15 to 16.30 and 23 August 2017 from 09.00 to 15.30.

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 staffing arrangements, staff training and staff support, safeguarding, risk management, the day care setting environment, care records, audits and reviews, communication between service users and 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, quality improvement and maintaining good working relationships.

Areas requiring improvement were identified regarding service users participation in activities of their choice.

Service users were asked for their views about the day care setting and they all responded positively. Examples of what they said were: "it's a safe place, I like coming to Mica, I can speak to staff and have a key worker"; "its faulty towers", (they explained this is good); "I like it, staff help"; "I like the new staff".

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	1

Details of the Quality Improvement Plan (QIP) were discussed with Maria O'Hagan, registered manager on 22 August 2017 and Angela McKeown senior day care worker on 23 August 2017, 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 10 & 12 August 2016.

No further actions were required to be taken following the most recent inspection on 10 & 12 August 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 Belfast Health and Social Care Trust
- Incident notifications which revealed ten incidents had been notified to RQIA since the last care inspection in August 2016
- Unannounced care inspection report 10 & 12 August 2016.

During the inspection the inspector met with:

- The registered manager
- Four service users in Fallswater
- Two care staff Fallswater
- Eleven service users in Mica
- Ten care staff and day care workers in Mica.

Questionnaires were given to the staff on duty to distribute between service users, representatives and staff. None were returned by service users and by staff, two were returned by relatives.

The following records were examined during the inspection:

- Five individual staff records
- Eight service users care files
- A sample of service users' daily records

- The complaints/issue of dissatisfaction record from April 2016 to August 2017
- A sample of incidents and accidents records from August 2016 to August 2017
- The staff rota arrangements during July and August 2017
- The minutes of service user meetings held in May, June and July 2017
- Staff meetings held in February, March, May, and July 2017
- Staff supervision dates for 2017
- Seven monthly monitoring reports from January to July 2017
- The staff training information for 2017
- The settings 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 10 & 12 August 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 10 and 12 August 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 settings daily staff arrangements and records were inspected for August. This provided evidence that sufficiently qualified, competent and experienced persons were working in the centre to meet the assessed needs of the service users, taking into account the size and layout of the two premises, the number of service users, safety needs and the statement of purpose. The records recorded the staff working each day, the capacity in which they worked and who was in charge of the centre. Discussion with staff confirmed they knew daily who was in charge of the day care setting on the day of inspection and who they could approach for advice or to discuss a concern with.

Discussion with staff regarding the staffing arrangements revealed there was a mix of agency and permanent staff, however management confirmed staff recruitment had been underway which should improve the number of permanent staff once new staff commence. Observation

and discussion of staff working together revealed they were supportive of the agency staff and promoted open and supportive communication opportunities to ensure the team worked well together, communicated with each other regarding improvements, promote improved outcomes for service users and ensured newer or less experienced staff grew in confidence and knowledge so they safely and effectively cared for service users in the setting.

Competency and capability assessments for staff who acted up in the manager's absence had been completed for the senior and day care workers and one record was inspected. This record provided evidence the senior was skilled, confident and experienced in undertaking management tasks, the assessment confirmed they understood and had the knowledge to fulfil their role and responsibility in the absence of the manager. The discussion with staff found they were knowledgeable regarding the day care setting regulations and standards and the application of those to their practice to ensure care was safe, effective, compassionate and well led. The staff said they felt they were well supported and could seek advice from the manager, senior and day care staff at any time. The staff revealed they had met at the end of each day to discuss any care issues that arose during the day and this had enabled them to plan for the next day's service user group.

The induction programme in place for all grades of staff was the trust induction and a checklist of duties staff undertake in the day care setting which were appropriate to specific roles and rooms. The NISCC competency induction was also used which staff and their supervisors worked through to ensure new staff had the right level of knowledge, skill and understanding to provide safe, effective and compassionate care.

Five individual staff records were examined and there was evidence the staff recruitment process included recruitment checks that were consistent with the day care setting standards and examined the individual's suitability for recruitment into a day care position.

The settings training record recorded staff had received mandatory training and training relevant to their roles and responsibilities. Examples of training staff received in 2017 were dysphagia; epilepsy; infection prevention and control; dementia; fire safety; safeguarding; SCIP (behaviour management training); and data protection. Discussion with staff during inspection revealed staff viewed training as central to ensuring they deliver safe care, it also guided and informed them how to care effectively and compassionately.

Discussion with staff revealed they were knowledgeable regarding their role and responsibility and were a team who sought to deliver safe person centred care that improved the care and outcomes for service users. Staff identified some service users would benefit from Hydrotherapy sessions and were frustrated they could not access this activity despite other day centres accessing hydrotherapy for their service users. They were informed this was a resource issue but were not satisfied with that response because the hydrotherapy had been agreed as an activity that could improve outcomes and they explained access to services such as this should be equitable throughout the trust for all service users in need. The staff also described they had advocated for the service users to have better bus access to enable them to go on outings for longer. The busses in this setting were doing two pickups and drop offs so it was late morning before they were available for outings which they gauged was later than in other settings in the trust. This was also too late to go to places service users had requested to visit. The staff said they had raised these issues with the trust, with support of management and on behalf of the service users, they did not feel the trust had adequately responded why their service users may not access hydrotherapy or transport which other centres could. It was appropriate for staff to advocate for service users participation in activities of their choice and

that meets their needs; requests such as this should be considered and responded to fully by the trust. An improvement is made in this regard.

The examination of the settings incidents, accidents and notifications forwarded to RQIA found safety issues and risks had been identified and managed. Assessments and care plans had been reviewed and updated as necessary to ensure practice was safe and effective. The sample of records inspected indicated the relevant incidents/notifiable events were reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

Three service users' individual records were inspected that included plans to respond to service users' communication, mobility and sensory needs, if the plans were not in place to meet these need the individuals could be restricted or may not be able to access activities that other service users were accessing. The inspection revealed the service users' needs had been assessed, documented and reviewed; with the involvement of the multi-professional team to achieve the best outcome by delivering safe and effective care. Staff discussion revealed they work together to ensure service users were mixing with each other socially and taking part in all activities that were safe for them, they had used specialist communication aids, translators and mobility aids to facilitate this. The staff described they will continue to advocate for service users and seek aids to promote improvement of the safety of service users in the setting, service users involvement and improve their outcomes.

Discussion with the manager and inspection of records confirmed actual and potential safeguarding concerns had been responded to promptly and referred to the relevant persons/agencies in accordance with procedures and legislation. They also recorded in service users records what they could do in day care to prevent reoccurrence and improve the safety of the individual or groups of service users.

During the inspection observations of the environment and inspection of records revealed the environment presented as clean, tidy and furniture, aids and appliances presented as fit for purpose.

Fire safety precautions were inspected and it was noted fire exits were unobstructed, the fire drill had been done in the last 12 months and the fire risk assessment was not due for review until 2018.

Four relatives returned questionnaires to RQIA post inspection. They identified they were "Very Satisfied" and Satisfied regarding" the questions "is care safe" in this setting. The questionnaires identified their relatives were safe and protected from harm, they can talk to staff about a range of matters, and the environment was suitable.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing arrangements, staff training and staff support, safeguarding, risk management and the day care setting environment.

Areas for improvement

Areas for improvement were identified regarding arrangements to facilitate service users participation in activities of their choice.

	Regulations	Standards
Total number of areas for improvement	0	1

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 and the content was consistent with the settings registration with RQIA.

Eight 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 was communicated 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. Records were stored safely and securely in line with data protection. Staff discussion confirmed they use these records to guide their practice and identified the importance of keeping records current and relevant.

The service user's risk assessments and other assessments were in place, the sample inspected provided evidence their needs had been assessed, reviewed and updated. The care planning documentation inspected detailed how each individual's needs should be met by staff and this included responding to risks safely and effectively. Care plans had been reviewed in a timely manner, referrals to other professionals had been made where needs had changed or the plan was not working; and advice or recommendations that were given by other professionals were incorporated in an easy read care plan format. The settings care plan format was particularly noted for its easy read presentation that detailed outcomes, therefore service users' choices and goals were easy to identify and monitor for achievement and improvement. The settings management of service user's records enabled staff to recognise service users' needs, preferences and opportunities so they could respond to them effectively.

Service user/representative involvement had been 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 what activities they liked, they identified staff in their room and around the setting they could talk to if they had a concern or worry about their care. They gave examples of when staff had helped them personally or made arrangements for them to be involved in activities of their choice. One service user said they could walk in the setting and choose what they want to do. During the inspection service users were observed freely walking around the setting; with or without staff support to take part in a number of activities or find quiet space. Staff were observed being attentive to each individual's needs, responding knowledgeably regarding their behaviour and needs; and were observed working together to meet those needs without drawing attention to what they were doing, thus protecting service user's dignity and confidence.

Discussion with staff confirmed they were knowledgeable regarding their role and responsibility to safeguard service users in their care, they confirmed if they had concerns they would report them to the manager or day care worker in charge and record their concerns without delay. Staff detailed the communication methods that support their work and professional development such as afternoon meetings to discuss the care delivered daily, team meetings, supervision, training and informal team discussions. Overall the discussions revealed staff could confidently express their views and knowledge regarding safe and effective care and staff at all levels were being encouraged, supported and guided to do this by the management team. In this setting staff clearly identified examples of how they work together to support the service users in the most person centred way that was safe effective and meets their needs within an open and transparent culture.

Two relatives returned questionnaires to RQIA post inspection and identified they were “Very Satisfied” regarding questions on “is care effective” in this setting. They identified their relative gets the right care, at the right time with the best outcome, staff communicate with their relative, they know their needs and choices, staff encourage them to be independent, they can choose activities and are involved in their relatives day care review.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, and communication between service users and 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 activities and communication found examples of service users being treated with dignity and respect while promoting and maintaining their independence. Service users confirmed they were asked their opinion regarding what they like to do in day care and their plan. Service users described staff had supported them in the setting and this was observed throughout the inspection.

Staff discussed activities they had facilitated for service users of all abilities which was informed by service users saying what they wanted to do and how they had advocated for service users to have improved access to opportunities. Staff identified their communication with each service user was consistent with their communication needs which include non-verbal methods and using a translator. The staff group described having a person centred approach to delivering care because they wanted the service users to be safe; this included monitoring the dynamics of the group and using subtle interventions to stop potential behaviour escalating. This was reliant on staff knowing the service users well which was achieved by staff moving around the groups so they got to know everyone's needs.

Staff discussion and observation of care revealed they 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.

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

Two relatives returned questionnaires to RQIA post inspection. They identified they were "Very Satisfied" regarding questions on "is care compassionate" in this setting. They identified their relative was treated with dignity and respect, staff treated their relative well, they had no concerns, they had been consulted and involved in their relatives care and staff advocated for their relative.

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 registration certificate was up to date and displayed appropriately. Staff confirmed they had access to a range of policies and procedures in the setting that they used to guide and inform their practice. Inspection of a sample of policies and procedures revealed they were stored and available for staff, updated as necessary following changes in regional guidance or procedures and had been reviewed within the last three years.

Supervision records detailed the staff had received recorded individual, formal supervision at least every three months and had a recorded annual appraisal. Inspection of staff meeting minutes revealed they were held monthly with minutes and attendance recorded. The content recorded detailed discussions of shared learning, staff being informed regarding changes to

service users' needs, best practice examples, policy and procedure changes, training opportunities and potential to improve practice.

The complaints record was inspected and this showed three complaints had been recorded since the last inspection. The way they had been recorded and responded to was consistent with the trust policy and procedure including a resolution which the complainant was satisfied with.

The manager provided a range of audit records for example care records, infection prevention and control, accidents and incidents, training and the environment. The records showed measures were in place to that monitored the effectiveness and quality of care delivered to service users in this setting, and the measures were consistent with the day care settings regulations and standards. The Regulation 28 monthly quality monitoring visits had also been undertaken monthly by an independent monitoring officer. The reports showed the visits were unannounced, provided a view regarding the conduct of the setting, included outcomes/action plans, and qualitatively reflected service users and staff views and opinions.

Four relatives returned questionnaires to RQIA post inspection. They identified they were "Very Satisfied" regarding questions on "is care well led" in this setting. They identified they feel the setting was managed well; they knew who the manager was; the staff respond well to communication, concerns, issues or suggestions and they had received information about the complaints process and the setting.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints, 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

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Angela McKeown, senior day care worker, 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 or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan

Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012

<p>Area for improvement 1</p> <p>Ref: Standard 9.5</p> <p>Stated: First time</p> <p>To be completed by: 18 October 2017</p>	<p>The registered person shall review service users access to hydrotherapy and the busses in this setting so service users are enabled to participate in the activities of their choice by provision of equipment, aids and support from others, including the use of other community facilities.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>In response to this area of improvement, the Manager has reviewed service user access to hydrotherapy and the use of buses</p> <p>It has been identified that the situation is not due to a lack of resources but it is on identified need. Use of the Hydrotherapy pool is specifically for therapeutic intervention from qualified Physiotherapy staff. All clients referred to Physiotherapy for Hydrotherapy intervention receive a comprehensive assessment and the most appropriate intervention is chosen which is tailored to clinical findings, service users are then discharged following this episode of care and a new referral is required if symptoms return. The Physiotherapy Service carried out an audit on Service Users who were receiving hydrotherapy, it was found that in many cases there was no sustained improvement in the client's condition and that other treatment interventions such as posture modification and stretching were equally effective. Therefore if the clinical need for this intervention has not been identified Hydrotherapy will not be offered as those who do need this limited resource will be prioritised. Any service user who we feel needs hydrotherapy will be referred to the Physiotherapy service for assessment and they will determine if there is an assessed need for hydrotherapy intervention.</p> <p>The Manager in Mica also contacted the trust transport department and were advised that the department do not currently have the funding to allocate an additional bus to Mica Day Centre to provide more community based activities. There is also no capital funding available to purchase another vehicle or for the associated recurrent revenue costs.</p>

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



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