

Unannounced Care Inspection Report 30 January 2018



Shankill Day Centre

Type of Service: Day Care Setting
Address: 151-157 Shankill Road, Belfast, BT13 1FD
Tel No: 02895 043220
Inspector: Suzanne Cunningham

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This Day Care Setting provides care and support for a maximum of 30 adult service users daily. A programme of day care and day time activities is delivered Monday to Friday for adults who are over 65, may have a diagnosis of dementia and may have needs arising from mental health diagnosis and physical disability.

3.0 Service details

Organisation/Registered Provider: Belfast HSC Trust Responsible Individual(s): Mr Martin Joseph Dillon	Registered Manager: Mr Jason McIlvenna
Person in charge at the time of inspection: Paddy Goan, Manager and the DCW in charge	Date manager registered: 17/08/2010
Number of registered places: 30 - DCS-DE, DCS-I, DCS-MP, DCS-MP(E), DCS-PH, DCS-PH(E)	

4.0 Inspection summary

An unannounced inspection took place on 30 January 2018 from 09.00 to 14.00.

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 staff knowledge of safe care; risk management; the day care setting environment; providing care, in the right place, in the right time; activities; the ethos of the day care setting; listening to service users; and maintaining good working relationships and practices.

One area requiring improvement was identified in relation to staff training

Service users said about Shankill day care setting “excellent”; “staff help us in”; “lovely”; coming to Shankill is “better than sitting looking at the TV”; and we “come for the company”.

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 Paddy Goan, manager who was acting in absence of the registered manager, 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 14 September 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 14 September 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 (BHSCT)
- Incident notifications which revealed no incidents had been notified to RQIA since the last care inspection in September 2016
- Unannounced care inspection report 14 September 2016

During the inspection the inspector met with:

- The manager
- Seven service users
- Two care staff

Questionnaires were given to the staff on duty to distribute between service users, representatives and staff. Six were returned by service users and relatives and none were returned by staff at the time of writing this report.

The following records were examined during the inspection:

- Two individual staff records
- Four service users' individual care files
- A sample of service users' daily records
- The complaints/issue of dissatisfaction record from April 2016 to January 2018
- A sample of incidents and accidents records from September 2016 to January 2018
- The staffing arrangements for January 2018
- The minutes of service user committee meetings held in August 2017
- Staff supervision dates for 2017
- Monthly monitoring reports from October to January 2018
- The staff training information for 2016 and 2017
- The settings statement of purpose and service user guide

No areas for improvement were identified at the last care inspection.

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 14 September 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 14 September 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 January 2018. A record of staff working was in place which showed normally there was two day care workers (DCW) and two support workers (SW) on duty daily and a manager in charge. This staffing arrangement presented as adequate to meet the needs of the service users in the setting on the day of inspection. Advice was given to ensure the staffing record/ rota was updated daily to show who was in charge of the setting in the absence of the manager, and detail staffs daily responsibilities.

Competency and capability assessments had been completed for staff who had acted up in the manager's absence and two records were inspected. These identified the staff who may be in charge were willing to undertake management tasks, understood and had the right knowledge to fulfil their role and responsibility in the absence of the manager.

Service users' needs and activity levels were varied in this setting, service users who were independently moving around the setting and communicating confidently were supported by staff to take part in group activities. Service users who were less active had staff located closer to them to support service users involvement, monitor their wellbeing and engage them in conversation and activities. Observation of these arrangements showed staff were promoting and encouraging service users to be involved and act independently when it was safe. The activities available for service users on the day of the inspection aimed to promote cognitive skills as well as social skills.

The settings training record was inspected and this showed staff had received some training such as training regarding swallowing assessments; human rights and oncology/ palliative care. There was recording that showed staff had reviewed their training records and identified training they needed to update. However there was no training plan in place detailing staff training requirements and the plan to meet them, this should be in place to ensure staff are adequately trained to deliver safe and effective care. Examples outstanding training were moving and handling service users; health and safety; COSHH; and fire safety. A recommendation is made to improve the staff training arrangements in this setting.

The examination of the settings incidents and accidents revealed since the last inspection the accidents that happened in the setting had been recorded including any action to prevent reoccurrence. No notifications were forwarded to RQIA. Overall the record showed service users and staff safety needs had been identified and managed to ensure practice was safe and effective.

The service users' access and exit to the day care setting was not restricted and they were observed entering and leaving activity rooms and the premises. Staff were noted to be observant when this was happening and offered support that was consistent with each service users' needs and plan. Inspection of the environment and records concluded the environment presented as clean and tidy, furniture, presented as fit for purpose. Fire safety precautions were inspected which concluded fire exits were unobstructed, and the fire risk assessment was not due for review until August 2019. The fire assessment was for the whole building and the action plan had been actioned by the building manager. Advice was given to ensure any actions required regarding the day care setting were responded to in a timely manner and the action taken was recorded on the action plan.

Overall the records and observations of staff showed the care and support delivered by staff was focussed on preventing harm to service users and the care delivered was intended to help them.

The service users were asked if they felt safe in Shankill, the feedback from service users was they did feel safe in this day care setting, they said about Shankill "excellent"; "yes safe place"; "staff are excellent". Finally service users described if there was a fire they would exit the building to the car park as, they said "there is always someone to help".

Staff were asked is care safe in this setting, they said care was safe because there was good communication between staff and service users. They also said staff were observant and they completed safety checks on fire precautions and the environment. Staff talked about updating service users care plans and assessments when needs changed which included liaison with other professionals, the service user and relatives. They felt the training they had received helped them to ensure practice was current and every morning they met to discuss the plan for the day and needs of the service users. Staff recognised that they had needed to be observant of service users' needs and whereabouts to ensure they were safe in the setting. Staff also identified the risk management plans, policies and procedures ensured staff were working safely and effectively to meet service users' needs. Further discussion regarding how they respond to a service user who needs a safeguarding response confirmed staff were knowledgeable regarding actions they could take to keep service users safe.

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

this they meant there were enough staff to help them, they felt protected and free from harm, they could talk to staff if they had concerns, and the environment was safe and clean.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff knowledge in regard to safe care, risk management and the day care setting environment.

Areas for improvement

One area for improvement was identified in relation to staff training during the inspection.

	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 contained information required by Regulations and Standards, and the content was consistent with the settings registration with RQIA.

Four service users’ care files were inspected; they contained the service user’s individual assessments and care plans which reflected their physical, social and emotional needs. The service user’s progress records were also sampled and there were some gaps in the frequency of recording noticed. The staff were given advice to ensure recording was completed at least once every five attendances unless there is a recordable event which may increase the frequency.

Discussion with the staff on duty revealed records were stored safely and securely in the day care setting, in line with data protection. Discussion with staff confirmed they had used the individual records to guide their practice and they understood the importance of keeping records current and relevant. Overall the inspection found the settings management of service user records enabled staff to recognise service users’ assessed needs and respond to them effectively.

Service users spoken to during the inspection discussed they felt care was effective, they said: “there is always someone to help”; “staff know what they’re doing”; staff are “attentive”; “they see we get the right thing”. Service users confirmed they were aware of their care plan and had attended their review meeting, one service user said “Grace (DCW) does that, she’s very attentive to everyone”. Overall service users spoken to were in agreement that they were getting the right care in the right place.

Discussion with staff revealed ways they had responded effectively to service users’ needs, they described the trust placement panel ensure they get the right referrals for the service. They offer service users the opportunity to visit them before being allocated a place to ensure the setting meets the service user’s expectations and it is suitable. Staff identified providing the right care at the right time was achieved by ensuring they have open communication with

service users, they get to know each individuals behaviour and personality, and ensure assessments and care plans are kept up to date.

Staff discussions revealed they were skilled in identifying and responding to service users' individual needs, they described using one to one time with service users when needed; ensuring service users have an input into their care and establish a rapport with each service user so they feel comfortable talking openly with staff. Overall staff described their communication and procedures had ensured they provided safe and effective care, they knew what each service user needed and how to meet their needs.

Six service users and relatives returned questionnaires to RQIA post inspection. They were "very satisfied" regarding questions "is care effective" in this setting. By this they meant they had got the right care, at the right time in the right place; staff knew their care needs, they were aware of their care plan and the care met their expectations.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to providing care, in the right place, in the right time and activities.

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 by staff. Staff also discussed examples of when they had promoted service users independence and preferences regarding activities and self-care, for example during daily conversations and during the service users review meetings.

The service user meetings record was inspected and the last meeting had been recorded in August 2017. Meetings with groups of service users should be more frequent than this to ensure service users are fully involved in the care and support received in the day care setting. Advice was given regarding this.

Service users were asked if care in the setting was compassionate, fulfilled their expectations and encouraged them to be involved, they said they can phone the centre at any time for support, they described they sit and talk to staff and could ask for anything they need. They said "staff ask us what we want to do", they gave examples such as bingo, shopping, a trip to Bangor for fish and chips.

The inspection of this domain confirmed the staff were actively promoting effective communication between service users and staff.

Six service users and relatives returned questionnaires to RQIA post inspection. They identified they were “very satisfied” regarding questions on “is care compassionate “in this setting. They identified they were treated with kindness, respected and their dignity was maintained, staff informed them about their care and supported them to make decisions about their care.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the ethos of the day care setting and listening to 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 displayed appropriately however the manager had been absent from the setting for more than 28 days and this had not been notified to RQIA. This was notified post inspection by the trust. The cover arrangements in place were discussed with the staff and manager covering during the inspection. Arrangements in place had ensured staff supervision and staff meetings had continued, records were completed and service users’ needs were met.

Supervision records detailed the staff had received recorded individual, formal supervision at least every three months. Discussion with staff confirmed they had access to a range of policies and procedures that they use to guide and inform their practice. The complaints record was inspected and this showed one complaint had been recorded from 01 April 2016 to January 2018. This was responded to in a timely manner and measures were put in place to prevent reoccurrence.

Inspection of staff meeting minutes revealed they were held at least every three months with minutes and attendance recorded. The record showed staff meeting discussions was generally about day care being delivered, quality of care, best practice examples, and policy and procedures.

The Regulation 28 monthly quality monitoring visits had been undertaken monthly by the independent monitoring officer. The reports showed the visits included unannounced visits and qualitatively reflected service users and staff views and opinions.

The discussion with service users regarding is the service well led found the service users were familiar with the manager of the setting, and knew if he wasn't there Grace would be in charge. They said Grace and Jason had ensured they were "safe and well looked after".

The staff were asked was the service well led, they responded "we work well together as a team, there is a good atmosphere". They described there was good lines of communication in their management structure and were confident they could raise any concerns with Jason. They also commented Jason's manager had chaired their last staff meeting and they found her very approachable. Staff described when Jason was in work he kept them informed regarding policies and procedures and found solutions to any problems. Overall the staff confirmed this was a supportive environment to work in and the manager was approachable.

Six service users and 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 knew who was in charge of the setting at any time, the service was well managed, their views were sought about their care and quality of service and they knew how to make a complaint.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to maintaining good working relationships and practices.

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 Paddy Goan, Manager, 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.

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 21.4</p> <p>Stated: First time</p> <p>To be completed by: 27 March 2018</p>	<p>The registered person shall improve the staff training records and staff training plan to ensure staff training requirements were identified and a plan is in place to meet the staff training needs</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>A training matrix is in place, electronically which highlights in red when training is due, there is also a hard copy down loaded from HRPTS. An action plan will be drawn up and a training plan/schedule for the upcoming year will be put into place.</p>



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