

Unannounced Care Inspection Report 26 July 2019



Cookstown Day Centre

Type of Service: Day Care Service
Address: 2 Westland Road, Cookstown, BT80 8BX
Tel No: 028 8672 3900
Inspector: Ruth Greer

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 30 places to provide care and day time activities for persons who are living with physical disability, mental ill health and /or learning disability and dementia. The centre is currently part of a review for possible re location being undertaken by the Northern Health and Social Care Trust. The Trust has restricted attendance to 15 places each day for the duration of the review.

3.0 Service details

Organisation/Registered Provider: Northern HSC Trust Responsible Individual: Anthony Baxter Stevens	Registered Manager: Sean McCartan, acting
Person in charge at the time of inspection: Margaret Buchanan, day care worker	Date manager registered: 1 May 2018
Number of registered places: 30	

4.0 Inspection summary

An unannounced inspection took place on 26 July 2019 from 09.15 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 Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

As a public-sector body RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of day care services, we are committed to ensuring that the rights of people who receive services are protected. This means we will be seeking assurances from providers that they take all reasonable steps to promote people's rights. Users of day care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted.

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 care records, staff training and the involvement of service users in all aspects of the planning and delivery of care in the centre.

Two areas requiring improvement were made in regard to the environment.

Service users said they were happy in the centre, that staff were kind and that the programmes they participate in are beneficial to them.

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	2

Details of the Quality Improvement Plan (QIP) were discussed with Margaret Buchanan, person in charge, 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 22 August 2018

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

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the previous inspection report, the returned quality improvement plan and any notifications from the centre to RQIA since that date.

During the inspection the inspector met with nine service users and four staff.

The following records were examined during the inspection:

- Statement of Purpose
- Service users' Guide
- Care files (3)
- Complaints
- Accidents
- Staff training
- Staff supervision matrix
- Fire safety records
- Reports of visits as required by regulation 28
- Annual quality review report

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the 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 22 August 2018

The most recent inspection of the establishment was an unannounced care inspection.

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

6.2 Review of areas for improvement from the last care inspection dated 22 August 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 28 (3) & (4) Stated: Second time	The registered person shall improve the Regulation 28 monthly quality monitoring visits to ensure they evidence: <ul style="list-style-type: none"> report on the conduct of the setting This level of reporting must assure the conduct of the setting is consistent with the day care setting regulations and standards. Ref: 6.2 and 6.7	Met
	Action taken as confirmed during the inspection: An examination of the monthly monitoring reports for April, May and June 2019 confirmed compliance.	
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 23.7 Stated: First time	The registered person shall improve the recording of the managers presence in the day care setting, for example record when he is in the setting in the roster whether it is planned (in advance) or unplanned (after the roster is written). Ref: 6.4	Met

	Action taken as confirmed during the inspection: Examination of duty rotas confirmed that the manager's hours in the centre are recorded.	
Area for improvement 2 Ref: Standard 5 Stated: First time	The registered person shall improve the audit of working practices in this day care setting, they should be timely and consistent with the day care setting's documented policies and procedures. Evidence of action taken when necessary should also be recorded. Ref: 6.7	Met
	Action taken as confirmed during the inspection: Audits of care documentation were reviewed and evidenced compliance.	

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 Cookstown Day Care Centre premises were generally well maintained and in good decorative order. However, a carpet in one room was badly stained and required cleaning. An uneven surface was noted in another room which may pose a tripping hazard. This requires remedial attention.

The manager is based in the adjacent residential home and splits his hours between there and the day centre. Three day care workers operate a rota system to manage the day to day running of the centre in the absence of the manager. Competency and capability assessments were in place for the persons acting in the manager's absence.

On the day of inspection the staffing arrangements were found to be satisfactory and sufficient to meet the needs of service users. Duty records examined contained details of the number of staff on duty, hours worked, and information of the specific care duties allocated to staff. Discussion with the staff and service users confirmed that staffing levels were appropriate to meet the assessed needs of service users.

Effective arrangements are in place to support staff and include induction, training, supervision and appraisals. There have been no new staff recruited for some time. Staff and records examined confirmed that they had been given a comprehensive induction when they commenced employment. Recruitment records were not inspected on this occasion.

A review of the staff training records found that all staff had up to date mandatory training and had accessed additional training and development relevant to the needs of service users.

The day care setting had arrangements in place to identify, manage and where possible eliminate unnecessary risks. A general risk assessment had been undertaken on 18 October 2016. The recommended review date was 28 October 2019. There was evidence that comprehensive risk assessments and safety management plans were completed inclusive of service users and when appropriate their representatives. Individual risk assessments were personalised and included information specific to each person and their needs. The records examined provided evidence that the day care setting had attained a balance between promoting autonomy and maintaining safety.

A range of health and safety risk assessments were in place and included fire risk assessments, fire safety training and fire drills. Service users care files included an individual PEEP's (personal evacuation plan in the event of fire) assessment. All staff had received up-to-date safeguarding and health and safety training appropriate to their role and were aware of how to identify and report concerns. Staff confirmed that they would have the confidence to report poor practice if they saw it. They felt all their colleagues would do the same and that no one in the centre would tolerate any form of poor practice.

The service undertook regular health and safety checks that ensured a safe environment was maintained. A fire risk assessment was in place dated 25 April 2018. Records showed that a fire evacuation had taken place on 16 July 2019. Fire training was up to date for all staff and a staff member who is nominated as fire warden had received additional training for the role.

Arrangements had been implemented in regard to the recording and reporting of accidents and incidents. Notifications of such events were submitted to RQIA as required. A review of the records confirmed that all accidents and incidents reportable and those not required to be reported had been managed in a timely and appropriate manner.

A review of policies confirmed there was a policy and procedure on restrictive practice in keeping with DOH Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberty Safeguards (DoLS). The person in charge stated that restrictive practice is neither needed nor used in the day centre and on the day none was observed.

The centre's Statement of Purpose and Service User Guide, both updated in July 2019, were examined and showed that the documents accurately reflected the elements set out in the regulations and standards.

Staff were aware of the impact of human rights legislation within their work. They gave examples of promoting and maintaining the rights of service users in the care they provide. For example in how they empower service users to make decisions and choices.

Discussion with service users and staff in regard to the provision of safe care included the following comments:

Service users' comments

- "I love the staff."
- "Feel safe?? Sure we're looked after like jewels."

Staff comments

- “We all work well together and the service users’ needs always comes first.”
- “We also like to support service users with activities outside the centre in the community.”

Arrangements were in place to ensure service user care records and staff personnel records were stored securely in line with the requirements of GDPR.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, supervision and appraisal, adult safeguarding, infection prevention and control and risk management.

Areas for improvement

Two areas of improvement were noted in relation to a badly stained carpet and an uneven floor in two of the rooms used by service users.

	Regulations	Standards
Total number of areas for improvement	0	2

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 User Guide were examined and had been updated in July 2019. The documents accurately reflected the elements set out in the regulations and standards. It was good to note that the Statement of Purpose contained reference to the commitment to promote the human rights of service users.

The centre operates three specific programmes of care and new referrals are made in response to an identified individual need. New service users and/or their representative are introduced to the centre and are provided with a service user’s guide. The service users’ guide provides information of the service users’ right to full involvement in all aspects of their care. The guide includes information on how service users can raise a concern or complaint if necessary, regarding the quality of care. It was evident from records viewed and staff discussion that the centre organised and delivered services to meet individual needs and took account of individual preferences. The accommodation provided in the centre was appropriate to meet the needs of the people attending. The centre is an integral but separate part of a building which houses a residential care home and an adult centre. There is an outdoor area for the use of the day care centre.

Three care files were chosen, at random, for examination. The care files included referral information, service user agreement, contact information and personal outcomes. A range of assessments was carried out and were specific to each individual’s needs. For example, moving and handling, falls risk, swallowing and choking and transport. Each care plan was underpinned by the rights of service users and methods for improving outcomes. The assessments provided information to staff that assisted them to minimise risks and to keep service users safe. Care planning documentation contained regular progress notes. Also

evident within the records was the view of the service users themselves as to how they viewed the effectiveness of the care they received.

Records of annual care reviews and reviews at the end of an agreed programme of care for each service user demonstrated that an evaluation of the overall suitability of the placement had been discussed in detail and agreed. A written record of the review was contained in each file.. The record of review also included the views of the service user and/or their representative and was informed by the written progress notes. It was noted that the comments made by service users during their reviews were all very positive. Records examined were signed and dated and there was evidence that a regular audit of the documentation was undertaken.

During discussions with staff it was evident the care they provided to service users within the setting was effective. Staff were knowledgeable regarding service users' needs and care plans; they described how intervention with each service user was person centred depending on their individual needs. To ensure continuity of care staff checked daily to ascertain if there were any changes or updates of which they needed to be aware. Staff stated that the service provided in the centre was crucial in the lives of the service users who attend. Concerns were raised by staff in relation to the outcome of the ongoing review of relocation by the trust. Staff confirmed that the issue had been raised to Trust line management.

The interactions observed between staff and service users throughout the inspection confirmed that staff were suitably skilled and effective in communicating with all service users. There was good evidence of person centred interventions that assured service users were involved and communication opportunities maximised.

Discussion with staff and service users with regard to the provision of effective care included the following comments:

Service Users comments:

- "It's dead on here you get a good dinner."
- "I've been coming for many years I love it."
- "They (staff) are wonderful."

Staff Comments:

- "It's a good centre and well run. We work as a team."
- "This is a really good centre and is important to the people who come."
- "It's important that when we move we have the same facilities, if not better, that we have here."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between residents, staff and other key stakeholders.

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There were examples of good practice found throughout the inspection in relation to care records, reviews, communication between residents, staff and other key stakeholders.

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 and observations of care during the inspection showed service users were treated with dignity and respect while promoting and maintaining their independence. Service users were enabled and supported to engage and participate in meaningful activities, social events, hobbies and interests.

Observation of activities during the inspection found service users were encouraged to be comfortable, communicate and have fun. Staff used eye contact and non-verbal cues with service users who had limited communication to ensure what they were doing was consistent with the service users' preferences. Service users were observed undertaking craft activities and in discussion groups. They were observed being fully assisted by staff who provided encouragement and support. Overall observations of staff consulting with service users during the inspection showed staff seeking opportunities to involve service users in their care and support and empowering service users to achieve their full potential.

Consultation with and involvement of service users and, where appropriate their relatives, was evidenced in the records relating to the assessment, care planning and review process. In addition, governance arrangements to promote effective communication with service users and/or their relatives included service user meetings. Minutes of the meetings in November 2018 and February 2019 were reviewed. This provided evidence that service users had been consulted about a range of matters including corporate issues, for example:

- activities
- menus
- staffing
- monitoring visits
- transport

The inspector was informed that the centre is responsive to changing needs and, where this is needed, advocates for service users. This may take the form of liaising with other professionals to increase additional days of attendance at the centre to participate in a specific programme. There is a well-defined ethos in the centre in place for consulting with service users.

Discussion with staff and service users with regard to the provision of compassionate care included the following comments:

Service Users comments:

- “Every one of them (staff) is so kind.”
- “It’s good here, staff are good.”
- “I want to tell you that the staff here make me feel special I’m never just a number.”

Staff Comments:

- “We work hard to ensure that the people who come here have a good time and are cared for.”
- “It’s a very open place; anyone is welcome to call in.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the day care setting, listening to and valuing service users and taking account of the views of service users.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The Statement of Purpose for the day care service was reviewed. (April 2019). The document clearly describes the nature and range of the service to be provided and addresses all of the matters required by Regulation 4(1) of The Day Care Setting Regulations (NI) 2007. The registration certificate was up to date and displayed appropriately.

Discussion with staff confirmed they were aware of their roles, responsibilities and accountability under the day care legislation. A review of governance records evidenced that staff received individual, formal supervision at least quarterly and an annual appraisal. Staff gave positive feedback in respect of leadership and good team working. Staff stated that this is achieved through effective communication, supervision, staff meetings and the open door approach provided by the manager. Staff confirmed that in the manager’s absence they could contact line management for advice.

A complaints and compliments record was maintained in the day centre. A review of this record showed that all concerns raised had been taken seriously, dealt with effectively and the complainant informed of the outcome. Compliments had been shared with staff.

The inspector discussed the monitoring arrangements in compliance with regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. Monthly and annual quality monitoring reports were completed by the service and a number of recent reports of April, May and June 2019, were inspected and found to be satisfactory.

These records demonstrated that at appropriate intervals the effectiveness and quality of care delivery was monitored, audited and reviewed in order to identify and act upon any improvements required. The reports were a mix of announced and unannounced visits. The monitoring arrangements identified improvements carried forward and progress was reviewed as part of each subsequent monthly monitoring visit.

Staff advised there was a range of policies and procedures in place to guide and inform staff.

The inspector noted that the day care setting collects equality information in relation to service users, during the referral and assessment process. The data is used effectively and with individual service user involvement when a person centred care plan is developed. Records showed that equality information included communication methods, adult safeguarding and risk assessments where a risk was identified.

Discussion with service users and staff evidenced that they felt the care provided was well led. They described the service as well planned and they confirmed they are asked to be involved in the monitoring visits.

Staff confirmed that they are required to be registered with the Northern Ireland social Care Council (NISCC) or other regulatory bodies as appropriate and a record of their registration details held in the centre.

Discussion with staff revealed they felt well supported by the manager. They stated that service users are central to the service and they need to ensure care and support was safe, effective and compassionate. They stated they were well supported by management through staff meetings, supervision and the manager makes himself available as required. Staff meetings take place regularly. A review of the minutes from 18 April and 27 June 2019 showed that the meetings provide the opportunity to review the care provided the past week and to plan ahead.

Review of the 2018/2019 annual report provided evidence that the contents complied with (Regulation 17 (1) & Schedule 3.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and 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

7.0 Quality improvement plan

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	
Area for improvement 1 Ref: Standard 25.1 Stated: First time To be completed by: 31 August 2019	<p>The registered person shall ensure that the carpet identified at the inspection is cleaned or replaced.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The NHSCT is currently in the process of progressing some changes on the Westlands Site, including Cookstown Day Centre. The carpet will be replaced at this stage.</p>
Area for improvement 2 Ref: Standard 25.7 Stated: First time To be completed by: 30 September 2019	<p>The registered person shall ensure that the uneven surface identified at this inspection is repaired.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The NHSCT is currently in the process of progressing some changes on the Westlands Site, including Cookstown Day Centre surface identified will be replaced at this stage.</p>



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