

# Unannounced Care Inspection Report

## 26 October 2017



## Cookstown Day Centre

**Type of Service: Day Care Setting**

**Address: 2 Westland Road, Cookstown, BT80 8BX**

**Tel No: 02886723900**

**Inspector: Suzanne Cunningham**

[www.rgia.org.uk](http://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 is a Day Care Setting that provides care and day time activities for adults who live with dementia, a learning disability, physical disability, and may have mental ill health needs,

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Northern HSC Trust	<b>Registered Manager:</b> Donna O'Neill
<b>Responsible Individual(s):</b> Mr Anthony Baxter Stevens	
<b>Person in charge at the time of inspection:</b> Donna O'Neill	<b>Date manager registered:</b> N/A - Acting
<b>Number of registered places:</b> 30	

### 4.0 Inspection summary

An unannounced inspection took place on 26 October 2017 from 11.00 to 15.45.

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 arrangements; training; staff support; the day care setting environment; care records; 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 in relation to the flooring in the snow drop and blue rooms; service user's personal evacuation plans; management arrangements and monitoring arrangements.

Service users complimented the food and said "it's good to get out of the house"; "we come here to meet friends and have a chat"; "staff are good to us"; "great place, we like it here"; "staff are great, all very caring and we can speak to them about anything".

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
<b>Total number of areas for improvement</b>	2	2

Details of the Quality Improvement Plan (QIP) were discussed with Donna O'Neill, 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 10 March 2017**

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 10 March 2017.

#### **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 Northern Health and Social Care Trust
- incident notifications which revealed three incidents had been notified to RQIA since the last care inspection in March 2017
- unannounced care inspection report 10 March 2017

During the inspection the inspector met with:

- the manager
- eleven service users
- four care staff

Questionnaires were given to the staff on duty to distribute between service users, representatives and staff. Eight were returned by service users, one was returned by staff and eight by relatives.

The following records were examined during the inspection:

- two individual staff records
- three service users care files
- a sample of service users' daily records
- the complaints/issue of dissatisfaction record from April 2016 to October 2017
- a sample of incidents and accidents records from March 2017 to October 2017
- the staff rota arrangements during September and October 2017
- the minutes of service user meetings held in May and August 2017
- staff meetings held in April, June, September and October 2017
- staff supervision dates for 2017
- monthly monitoring reports from July, August, September and October 2017
- the staff training information for 2016 & 2017
- the settings statement of purpose

One area for improvement identified at the last care inspection was reviewed and assessment of compliance recorded as not 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 10 March 2017

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 10 March 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard E12  <b>Stated:</b> First time	The registered provider should ensure that the flooring faults within the snowdrop and blue rooms are addressed and made good.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> The flooring faults in the snowdrop and blue rooms had had not been made good. This is stated for a second time, timescale for completion should be reported on the returned QIP.	

### 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 September and October, this provided evidence that sufficiently qualified, competent and experienced persons were working in the centre to meet the assessed needs of the service users. The number of staff presented as sufficient taking into account the size and layout of the two premises, the number of service users, safety needs and the statement of purpose.

Competency and capability assessments for staff who act up in the manager's absence had been completed for day care workers and two records were inspected. They had not been reviewed since 2015 and advice was given that these should be regularly reviewed to ensure any changes or concerns are addressed without delay. The assessments showed the day care workers who may be in charge in the manager's absence can undertake management tasks and have the knowledge to fulfil their role and responsibility in the absence of the manager. Discussion with staff found they were knowledgeable regarding the day care setting regulations and standards, they said they felt they were well supported and could seek advice from the manager and each other at any time.

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; equality training; infection prevention and control; dementia awareness; manual handling; safeguarding; Respect (behaviour management training); medication; first aid; governance; and chair based exercises. Discussion with staff during inspection revealed staff regarded training as important because it guides and informs them how to care safely and effectively. Discussion revealed staff were knowledgeable regarding their role and responsibility.

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.

During the inspection observations of the environment and inspection of records revealed the environment presented as clean tidy, furniture, aids and appliances presented as fit for purpose. The flooring, was identified for improvement in the last inspection and had not been improved. The manager stated this had been reported to the trust estates department but there was no plan to improve this at the time of the inspection, this is stated for a second time.

Fire safety precautions were inspected and it was noted fire exits were unobstructed, and the fire drill & fire risk assessment had been updated in 2017. It was noted the last fire evacuation took twice the time of the one before; this was attributed to one service user who refused to leave. The Personal Evacuation Plan for the service user was reviewed and this did not contain information of how to reduce risk if the service user refuses to leave the building. The

manager was asked to improve this service users evacuation plan and review other service users evacuation plans to ensure each plan describes the risk and how this will be managed in the safest way.

One staff member returned a questionnaire to RQIA post inspection, they identified they were “Very Satisfied” regarding questions on “is care safe” in this setting. They identified service users were safe and protected from harm in the setting; they had received safeguarding training and other training essential for their role and had working knowledge of safeguarding policies and procedures; they would report poor care to their manager; risk assessments and care plans were in place for service users and they receive supervision and appraisal.

Eight service users returned questionnaires to RQIA post inspection. They identified they were “Very Satisfied” regarding the questions “is care safe” in this setting. They identified they felt safe in the setting, the setting was comfortable; and they could talk to staff. One respondent wrote “staff treats everybody well”.

Eight relatives returned questionnaires to RQIA post inspection. Seven identified they were “Very Satisfied” and one “Satisfied” regarding the questions “is care safe” in this setting. The questionnaires identified their relatives were safe and protected from harm, they could talk to staff about a range of matters, the environment was suitable and they could report poor care to staff.

### Areas of good practice

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

### Areas for improvement

Two areas for improvement were identified regarding the flooring in the snow drop and blue rooms; and review and improve service users personal evacuation plans.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

### 6.5 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

Three service user’s care files were inspected; they contained the service user’s individual assessments and care plans which reflected their physical, social, and emotional needs. Each service user had an individual written plan/agreement.

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 used these records to guide their practice and therefore recognised the importance of keeping records current and relevant. The settings management of service user’s records enabled staff to recognise service users’ needs and respond to them effectively.



Service user/representative involvement was 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.

Discussion with staff confirmed they were knowledgeable regarding safeguarding service users in their care and plans guide staff regarding safe and effective practice. They also confirmed if they had to escalate concerns they would speak to the manager or day care worker in charge. Staff detailed the communication methods that support their work and professional development such as team meetings, supervision, training and informal team discussions. Overall the discussions confirmed the staff were able to confidently express their views and knowledge regarding safe and effective care; and the team said this was supported by the manager who was accessible and supportive.

One staff member returned a questionnaire to RQIA post inspection, they identified they were "Very Satisfied" regarding questions on "is care effective" in this setting. They identified service users got the right care, at the right time, with the best outcome for them; service users were involved in their plan, staff had the right skills, knowledge and experience to care for the service users; there were systems to monitor quality and safety; staff were informed regarding activities; and staff responded to service users in a timely manner.

Eight service users returned questionnaires to RQIA post inspection. They identified they were "Very Satisfied" regarding questions on "is care effective" in this setting. They identified they get the right care, at the right time with the best outcome, staff communicate with them, they know their needs and choices, staff help and encourage them, they can choose activities and are involved in their day care review. One respondent wrote "I am very well looked after by all staff".

Eight relatives returned questionnaires to RQIA post inspection. Seven identified they were "Very Satisfied" and one "Satisfied" regarding questions on "is care effective" in this setting. They identified their relative got 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 were involved in their relatives day care review. One relative wrote "(service user) has Alzheimer's so some days she is unable to make her own choice, however the staff are very aware of her likes and always guide her towards what they know she enjoys".

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to care records, reviews, and communication between service users and staff.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 ideas and preferences were sought for their plan.

Staff gave examples of activities they had facilitated for service users of all abilities which was informed by service users saying what they wanted to do. Service user feedback was also being sought after activities to gauge suitability and to improve the activity where possible.

Staff described the skills they use to ensure service users were involved in their care and support such as communication, listening and hearing what service users are saying, responding to service users respectfully, protecting service users dignity and giving them choice. They described having a person centred approach to delivering care because they wanted the service user to feel valued, involved, and supported.

Discussion with service users confirmed they were consulted in service user meetings which had occurred regularly, as well as being consulted informally by staff throughout the day. 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 an action plan.

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 were being communicated with in a way they understood which had enabled them to make decisions regarding their care and communicate their preferences.

One staff returned a questionnaire to RQIA post inspection, they identified they were "Very Satisfied" regarding questions on "is care compassionate" in this setting. They identified service users were treated with dignity and respect, involved in decisions, encouraged to be independent and make informed choices, involved in improvements and informed regarding the service they receive.

Eight service users 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 dignity and respect, staff were kind and caring, their privacy was respected, they can choose activities and they were included in decisions and support they received in the setting.

Eight relatives returned questionnaires to RQIA post inspection. Six identified they were "Very Satisfied" and two were "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 advocate for their relative. Comments made were "very well treated", "I have no

issues or concerns about treatment from staff, and they always have time for jokes and fun”, “staff are excellent and always do their utmost for (service user)”.

### 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
<b>Total number of areas for improvement</b>	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 place that they use to guide and inform their practice.

Discussion with the manager revealed there were no plans in place to register the manager with RQIA; the current manager had been acting in this position since 2014. The Day Care Setting Regulation's state the manager shall be appointed and shall apply to RQIA for registration which assures their fitness. Managers are named temporarily on the register to give providers the opportunity to fill manger positions; however this is not a long term solution for management arrangements in a day care setting. The management arrangements in this setting must be improved without delay, a commitment to manager registration and timeline for the improvement to be complied with is detailed in the QIP.

Supervision records detailed the staff had received recorded individual, formal supervision at least every three months, the detail recorded and discussion with staff found these meetings were supportive for staff and effective in assuring and developing safe, effective and compassionate care in the setting. Inspection of staff meeting minutes revealed they were held at least every two months with minutes and attendance recorded. The content recorded detailed discussions of staff being informed regarding changes to service users' needs, incidents, complaints, compliments, activities, practice examples, training opportunities and audit outcomes. The records and commentary recorded showed staff discussions were focussed on service users' needs and improvement opportunities.

The complaints record was inspected and this showed ten complaints or issues of dissatisfaction had been recorded since the last inspection. The record showed the issues had been responded to in a timely manner and responded to with the aim of providing a

positive outcome for the service user. No concerns were identified with the recording or procedure followed.

The manager provided monthly audit records of activities; transport; meals; complaints; service user meetings; staff issues; reviews; medication; incidents; the environment; fire logs and the safe. The records showed measures were in place to that monitored the effectiveness and quality of care delivered to service users in this setting, and monitored procedures were being followed. The Regulation 28 monthly quality monitoring visits had been undertaken monthly by the independent monitoring officer. The reports did not show if the visits were unannounced or announced and did not include evidence the conduct of the setting was being monitored. This level of reporting should be in place to assure the conduct of the setting is consistent with the day care setting regulations and standards therefore an improvement is made in this regard.

One staff returned a questionnaire to RQIA post inspection, they identified they were "Very Satisfied" regarding questions on "is care well led" in this setting. They identified staff felt the service was managed well; quality monitoring was undertaken regularly; management responded to and acted regarding any complaints, issues or suggestions; they could approach the manager regarding concerns; staff meetings were held and communication was effective.

Eight service users 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 felt the setting was managed well; they knew who the manager was; the staff respond well to concerns, issues or suggestions and they were asked about what they want to do. They wrote "The day centre is very well managed, staff all very helpful, food is well presented and very good", "I am very satisfied with all aspects, management and staff are most caring and attentive".

Eight relatives returned questionnaires to RQIA post inspection. Seven identified they were "Very Satisfied" and one "Satisfied" regarding questions on "is care well led" in this setting. They identified they felt the setting was managed well; they know 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**

Two areas for improvement were identified during the inspection regarding management arrangements and monitoring arrangements.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	2	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 Donna O'Neill, 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 Setting Regulations (Northern Ireland) 2007	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 9  <b>Stated:</b> First time  <b>To be completed by:</b> 21 December 2017	<p>The registered person shall improve the management arrangements in this setting without delay; a commitment to manager registration with the timeline for the improvement to be complied with should be detailed.</p> <p>Ref: 6.7</p>
	<b>Response by registered person detailing the actions taken:</b> The acting manager has now applied for registration as manager.
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 28 (3) & (4)  <b>Stated:</b> First time  <b>To be completed by:</b> 21 December 2017	<p>The registered person shall improve the Regulation 28 monthly quality monitoring visits to ensure they evidence:</p> <ul style="list-style-type: none"> <li>• if the visits were unannounced or announced</li> <li>• report on the conduct of the setting</li> </ul> <p>This level of reporting must assure the conduct of the setting is consistent with the day care setting regulations and standards.</p> <p>Ref: 6.7</p>
	<b>Response by registered person detailing the actions taken:</b> TThis will be included in the monitoring report by the area manager
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard E12  <b>Stated:</b> Second time  <b>To be completed by:</b> 21 December 2017	<p>The registered person shall ensure that the flooring faults within the snowdrop and blue rooms are addressed and made good. A timeline for completion should be provided.</p> <p>Ref: 6.2 and 6.4</p>
	<b>Response by registered person detailing the actions taken:</b> Re-flooring works programmed for completion before end of March 2017.

<b>Area for improvement 2</b>  <b>Ref:</b> Standard 5  <b>Stated:</b> First time  <b>To be completed by:</b> 21 December 2017	The registered person shall review and improve service user's personal evacuation plans.  Ref: 6.4
	<b>Response by registered person detailing the actions taken:</b> Personal emergency evacuation plans reviewed for all service users and amended as necessary.

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



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