

# Unannounced Care Inspection Report

## 10 March 2017



## Cookstown Day Centre

Type of service: Day Care Service  
Address: 2 Westland Road, Cookstown, BT80 8BX  
Tel no: 02886723900  
Inspector: Priscilla Clayton

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Cookstown Day Centre took place on 10 March 2017 from 10.00 to 15.30 hours.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the day care centre was delivering safe, effective and compassionate care and if the service was well led.

### Is care safe?

There were examples of good practice from various sources found throughout the inspection in relation to positive feedback from service users and staff, records examined, staff training, staff supervision, competency and capability assessments, risk assessments, availability of associated policies/procedures and infection, prevention and control measures in place.

Satisfaction questionnaires which were completed and returned to RQIA following the inspection indicated that respondents were satisfied that the care provided was compassionate. No issues or concerns were raised.

One recommendation made for improvement related to the flooring within the snowdrop and blue room which were badly marked and unsightly.

### Is care effective?

There were examples of good practice from various sources found throughout the inspection in relation to maintenance of care records, care reviews, communication and multi-professional collaboration.

Satisfaction questionnaires which were completed and returned to RQIA following the inspection indicated that respondents were satisfied that the care provided was compassionate. No issues or concerns were raised or indicated.

No areas for improvement were identified within this domain.

### Is care compassionate?

There were examples of good practice from various sources found throughout the inspection in relation to the culture and ethos of the centre, listening to and valuing service users and taking account of the views of service users.

Satisfaction questionnaires which were completed and returned to RQIA following the inspection indicated that respondents were satisfied that the care provided was compassionate. No issues or concerns were raised or indicated.

No requirements or recommendations were identified for improvement within this domain.

## Is the service well led?

There were examples of good practice from various sources found throughout the inspection in relation to systems and processes in place including the management of incidents, complaints, audits, quality improvements and maintaining good working relationships.

Satisfaction questionnaires which were completed and returned to RQIA following the inspection indicated that respondents were satisfied that the care provided was compassionate. No issues or concerns were raised or indicated.

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

### 1.1 Inspection outcome

|   | Requirements | Recommendations |
|---|--------------|-----------------|
| <b>Total number of requirements and recommendations made at this inspection</b> | 0            | 1               |

Details of the Quality Improvement Plan (QIP) within this report were discussed with Donna O'Neill, position, 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.

### 1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 08 September 2015.

### 2.0 Service details

|  |   |
|--|---|
| <b>Registered organisation/registered person:</b><br>Northern HSC Trust/Anthony Baxter Stevens     | <b>Registered manager:</b> Post vacant<br>Donna O'Neill, Acting Manager |
| <b>Person in charge of the service at the time of inspection:</b><br>Donna O'Neill, Acting Manager | <b>Date manager registered:</b><br>08 July 2014, Acting Manager         |

### 3.0 Methods/processes

Prior to inspection we analysed the following records:

- Previous care report and QIP
- Notifications
- Correspondence.

During the inspection the inspector met with fifteen service users, acting manager, three staff care staff and one service user's representative.

The following records were examined during the inspection:

- RQIA registration certificate
- Statement of purpose
- Service user guide
- Selection of policies and procedures including those in respect of adult safeguarding, whistleblowing, staff recruitment, complaints and infection prevention and control
- Staff training
- Staff meetings
- Staff supervision and appraisal
- Service user meetings
- Monthly monitoring visits
- Staff duty roster
- Care records x 3
- Complaints
- Accidents/incidents
- Fire risk assessment.

Fifteen satisfaction questionnaires were given to the manager for distribution to service users (5), staff (5) and relatives (5). Seven questionnaires were completed and returned to RQIA within the timescale. Ten questionnaires were completed and returned to RQIA within the timescale. All respondents recorded satisfaction that the centre provided safe, effective, compassionate care which was well led. No issues or concerns were recorded.

#### 4.0 The inspection

##### 4.1 Review of requirements and recommendations from the most recent inspection dated 08 September 2015

The most recent inspection of the day centre was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

##### 4.2 Review of requirements and recommendations from the last care inspection Dated 08 September 2015

| Last care inspection statutory requirements  |  | Validation of compliance |
|--|--|--------------------------|
| <b>Requirement 1</b><br><br><b>Ref:</b> Regulation 14 (1) (a)<br><br><b>Stated:</b> First time | The registered person shall ensure that substances that may be dangerous to service users are stored securely.                                 | <b>Met</b>               |
|  | <b>Action taken as confirmed during the inspection:</b><br>Inspection of the premises evidenced that substances hazardous to health were being |                          |

|   | securely stored.   |                          |
|---|--|--------------------------|
| Last care inspection recommendations  |  | Validation of compliance |
| <b>Recommendation 1</b><br><b>Ref:</b> Standard 15.5<br><b>Stated:</b> First time | The manager must ensure that review reports address: <ul style="list-style-type: none"> <li>Any matters regarding the current care plan.</li> </ul> Refers to but is not limited to the promotion of continence.             | <b>Met</b>               |
|   | <b>Action taken as confirmed during the inspection:</b><br>Three care plans reviewed and discussed evidenced that identified needs, actual and potential were recorded with objectives/goals set and interventions recorded. |                          |

#### 4.3 Is care safe?

Discussion with the acting manager confirmed that staff employed were sufficiently qualified, competent and experienced to meet the assessed needs of service users in attendance.

Staff who met with the inspector demonstrated good understanding of their roles and responsibilities in meeting the needs of service users and associated policies and procedures in the running of the centre.

Named staff working in the centre each day was recorded within the duty roster.

Staff employment records were held within the Northern Health and Social Care Trust (NHSCT) human resource department. The acting manager confirmed that all appointments made were in keeping with the trust policy/procedures and that required documentation was checked and in place before a new employee would commence work.

The acting manager explained that all staff were registered with the Northern Ireland Social Care Council (NISCC). Records of registration were maintained. Staff information session on NISCC was held on 5 February 2016.

Staff induction records reviewed contained a comprehensive account of the standard/ indicators to be achieved. Induction programmes were noted to be signed and dated by the staff member and mentor on the achievement of each activity.

Staff mandatory training was discussed with the acting manager and staff. A staff training analysis assessment for 2017 was undertaken with a training analysis developed. Mandatory training provided was recorded within a staff training matrix which included adult safeguarding and whistleblowing. Staff confirmed that mandatory training was ongoing alongside other professional development opportunities including dementia awareness.

The acting manager confirmed that no safeguarding allegations were currently active and should any arise the correct procedure would be followed in accordance with NHSCT recently revised policy/procedure. Staff training in the safeguarding was provided on a two yearly basis. The acting manager explained that staff update training in adult safeguarding and the new Department of Health (DOH) regional policy titled "Prevention, Protection in Partnership" (April 2015) was planned to take place in April 2017.

The acting manager and staff confirmed that with the exception of the front key pad no restrictive practice takes place. The use of the key pad had been discussed and agreed at higher management as this measure was assessed as being necessary for the safety and wellbeing of service users. Policies and procedures on restrictive practice were in place and available to all staff.

Notification of accidents and incidents submitted to RQIA were discussed with the acting manager and cross referenced with those held electronically. Records of accidents and incidents were held electronically within the NHSCT datix system with hard copies retained. Monitoring of accident and incidents is undertaken by the NHSCT governance officer and the locality day care service manager who also receives data in this regard. The acting manager demonstrated awareness of the procedure to follow should relevant incidents/accidents/notifiable events require to be notified to RQIA and other relevant organisations in accordance with legislation and procedures.

Necessary infection protection and control measures were in place with a good standard of hygiene observed throughout the centre. Measures included, for example; "seven step" hand hygiene notices positioned at all wash hand basins, availability of disposable gloves and aprons; provision of staff training in infection, prevention and control, and availability of electronic trust policies/procedures on infection prevention and control.

An inspection of the centre was undertaken. All areas were observed to be clean, tidy, organised and appropriately heated. Substances Hazardous to Health were securely stored. All fire doors were closed and exits unobstructed. The centre's fire risk assessment dated 18 April 2016 was available. Weekly and monthly fire safety equipment checks were recorded. Records showed that fire safety awareness training and fire drill was recorded and provided on an annual basis. One recommendation made related to the flooring within the snowdrop and blue rooms which were badly marked and unsightly.

Care staff who met with the inspector gave positive feedback in regard to the provision of safe care and confirmed that staff training, supervision, appraisal and staff meetings were provided and ongoing. Staff also explained that there was very good multi-professional working in the planning and monitoring of service users 'care.

Service users who met with the inspector indicated that they looked forward to attending and always felt the better for it. They described the acting manager and staff as second to none as they were always helpful and attentive.

Completed questionnaires returned to RQIA indicated that respondents were satisfied that the care provided was safe.

### **Areas for improvement**

One recommendation made for improvement related to the flooring within two rooms used by service users.

|                               |   |                                  |   |
|-------------------------------|---|----------------------------------|---|
| <b>Number of requirements</b> | 0 | <b>Number of recommendations</b> | 1 |
|-------------------------------|---|----------------------------------|---|

#### 4.4 Is care effective?

Three service users care records were provided by the acting manager for review. These were found to be in keeping with legislation and minimum care standards including, holistic health and social care needs assessments which were complemented with risk assessments; person centred care plans and regular records of the health and wellbeing of the service user. Review reports in place included participation of the service user and where appropriate their representative. There was recorded evidence of multi-professional collaboration in planned care.

The provision of individual service user agreements was discussed with the senior care assistant.

The acting manager explained the systems in place to promote effective communication between service users, staff and other stakeholders. This was evidenced within a number of sources including: discussions with staff and service users, care records examined; minutes of service users' meetings, minutes of staff meetings, information notices displayed on health and social care and photographs of various activities and social events.

Staff confirmed that the modes of communication in use between the staff team, service users/representatives and other stakeholders were effective and that communication was enhanced through the "open door" arrangements operated by the manager and senior care assistant.

Competency and capability assessment of staff in charge when the manager is not in the centre was discussed with the senior care assistant who explained that these had been completed and were retained within head office.

Service users who met with the inspector confirmed they were aware of whom to contact if they had any issues or concerns about the service and that staff were approachable and always willing to help and provided assistance when required. No issues or concerns were raised or indicated.

Completed questionnaires returned to RQIA indicated that respondents were satisfied that the care provided was effective.

#### Areas for improvement

No areas for improvement were identified within this domain.

|                               |   |                                  |   |
|-------------------------------|---|----------------------------------|---|
| <b>Number of requirements</b> | 0 | <b>Number of recommendations</b> | 0 |
|-------------------------------|---|----------------------------------|---|

#### 4.5 Is care compassionate?

The acting manager confirmed that there was a culture/ethos within the centre that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of service users. This was reflected within the statement of purpose, service user guide, care records and minutes of service user meetings reviewed.



There was a range of policies and procedures available to staff which supported the delivery of compassionate care.

Observation of staff interactions with service users demonstrated that they were treated with dignity and respect. Staff confirmed their awareness of promoting service user rights, independence and dignity.

Discussions with staff, service users, review of care records and observation of staff practice and interactions confirmed that service users' needs were acknowledged and recorded.

The centre provides a re-enablement programme which was developed to provide service users the opportunity to explore and learn skills to enable them to identify and overcome stressors in their lives. There was evidence that service users were enabled and supported to engage and participate in a range of meaningful activity within the positive living programme which included various topics including, stepping toward enhanced postural stability (S.T.E.P.S), health and wellbeing and positive living programmes.

Service users confirmed that they were consulted and felt very much involved about arrangements within their centre. Comments from staff and service users were very positive in regard to the service provided and in particular the provision of the positive life programme. Three service users explained how the S.T.E.P.S programme had made a "big difference to them as they now felt much healthier and fitter and could do things for themselves now". The multi-professional team and care staff are to be commended in regard to the provision of the programmes. Maintenance programmes of scheduled activity were provided for service users who were unable for various reasons to participate in the programme which included arts and crafts, music sessions, reminiscence, quiz, card games, puzzles and current affairs discussions.

Completed questionnaires returned to RQIA indicated that respondents were satisfied that the care provided was compassionate. Commentary made by service users within questionnaires included:

- "The centre is well organised in a most compassionate and thoughtful way"
- "We are supervised and assisted by staff ensures I maintain capacity for daily living"
- "There is always plenty of things going on in the centre so we never get bored"
- "The staff are all very caring and most helpful if you have a problem"
- "We are treated as individuals and staff notice immediately if something is wrong"
- "I attend the day centre to do a specific exercise programme as established by the physiotherapist"
- "Meals are really nice, we can have extra if we want and there is choice, so we are well looked after in that regard"

### Areas for improvement

No areas for improvement were identified within this domain.

|                               |   |                                  |   |
|-------------------------------|---|----------------------------------|---|
| <b>Number of requirements</b> | 0 | <b>Number of recommendations</b> | 0 |
|-------------------------------|---|----------------------------------|---|



#### 4.6 Is the service well led?

Donna O'Neill, who has been acting manager of the centre since 2014, was on duty throughout the inspection. Throughout this time she has undertaken review of all systems and processes in the day to day management of the centre to ensure the centre operated in accordance with the regulatory framework and that the health and social care needs of service users were met in accordance with the centre's statement of purpose.

The acting manager confirmed that she is very well supported in her role by the area manager who visits the centre on a regular basis. Formal supervision is provided for the acting manager on a monthly basis.

There was a defined organisational and management structure that identifies the lines of responsibility and accountability within the centre. This was reflected within the centre's statement of purpose.

The centre's RQIA registration certificate was displayed in a prominent position.

The acting manager confirmed that staffing levels were satisfactory in meeting the needs of service users in attendance each day.

There was a range of policies and procedures to guide and inform staff. Staff demonstrated awareness of policies including the policy and procedure relating to whistle blowing and adult safeguarding.

The acting manager explained the range of audits conducted during 2016 which included audit of fire safety, and care records, activities/programmes, meals, complements/complaints environmental and service user meetings. Where necessary improvements identified were implemented into practice. A service user satisfaction survey was conducted during 2016. Analysis of the findings was being undertaken by the trust governance team and the outcome will be shared with the service users.

The centre had a corporate policy and procedure on complaints. The acting manager and staff demonstrated awareness of the procedure to follow should a complaint be received. Service users knew how to complain if they were not satisfied with the service provided.

Information on how to complain was reflected within the statement of purpose and service user guide. Complaints received since the previous inspection was discussed and records reviewed. One complaint received had been investigated and action was planned to address the external environmental issue. One complaint which was notified to RQIA was discussed with the acting manager who readily agreed to undertake an investigation and provide RQIA with a report on the outcome. This report was received at RQIA on 27 March 2017.

Several thank you letters and cards from service users and relatives complementing the staff on the good care and service provided had been received.

The acting manager and staff confirmed that staff appraisal was held annually and supervision three monthly with records retained.

Three monthly staff meetings were held with minutes recorded which included the names of staff in attendance and discussions held.

Staff confirmed that there was very good working relationships within the team and that the manager was responsive to suggestions/comments raised during staff meetings.

Monthly monitoring report visits made on behalf of the registered provider were available. These were observed to be in keeping with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. The manager confirmed that these reports were available, when requested, to service users, their representatives, staff, trust representatives and RQIA.

Completed questionnaires returned to RQIA indicated that respondents were satisfied that the service was well led. One staff member's questionnaire commented; "the acting manager has made significant improvement in the overall management of the centre during the past three years". Commentary from service users included: "staff are very approachable and always respond to any issues or concerns that we might have, in a positive way".

### Areas for improvement

No areas for improvement were identified during the inspection.

|                               |   |                                  |   |
|-------------------------------|---|----------------------------------|---|
| <b>Number of requirements</b> | 0 | <b>Number of recommendations</b> | 0 |
|-------------------------------|---|----------------------------------|---|

## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Donna O'Neill, acting manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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 centre. 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.

## 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Day Care Setting Regulations (Northern Ireland) 2007.

## 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Day Care Settings Minimum Standards 2012. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

### 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to web portal for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Recommendations

#### Recommendation 1

**Ref:** Standard E12

**Stated:** First time

**To be completed by:**  
30 June 2017

The registered provider should ensure that the flooring faults within the snowdrop and blue rooms are addressed and made good.

**Response by registered provider detailing the actions taken:**

Repairs to and flooring for these rooms have been requested and they are on a waiting list for funding.



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