

Unannounced Care Inspection Report 22 August 2018



Cookstown Day Centre

Type of Service: Day Care Service
Address: 2 Westland Road, Cookstown, BT80 8BX
Tel No: 02886 723900
Inspector: Suzanne Cunningham

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 What we look for



2.0 Profile of service

This is a day care setting with 30 places that provides care and day time activities for older people who may live with dementia, physical disability, mental health diagnosis or learning disability. The day care setting is open Monday to Friday and is delivered by the Northern Health and Social Care Trust (NHSCT).

3.0 Service details

Organisation/Registered Provider: Northern HSC Trust Responsible Individual(s): Dr Anthony Baxter Stevens	Registered Manager: Sean McCartan
Person in charge at the time of inspection: Sean McCartan	Date manager registered: 1 May 2018 - application not yet submitted
Number of registered places: 30	

4.0 Inspection summary

An unannounced inspection took place on 22 August 2018 from 10.45 to 14.45.

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 training; management of accidents/incidents; care records; communication between service users; staff and other key stakeholders; the culture and ethos of the day care setting; listening to and valuing service users; taking account of the views of service users; staff supervision and appraisal, quality improvement and maintaining good working relationships.

Three areas requiring improvement were identified in relation to the manager's presence in the day care setting; monthly monitoring reports and audits.

Service users were asked what they thought about the support they received in the day care setting and they provided positive feedback regarding the care, the staff, the facilities and the food. Service users said "their good to us in here"; "the foods very good"; "staff are very good"; "I enjoy being here".

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	1	2

Details of the Quality Improvement Plan (QIP) were discussed with Sean McCartan, 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 26 October 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 26 October 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 by RQIA since the last inspection
- Incident notifications which highlighted that two incidents had been notified to RQIA since the last care inspection on 26 October 2017
- Unannounced care inspection report and quality improvement plan from 26 October 2017.

During the inspection the inspector met with the manager, two staff members and nine service users in the group setting.

The following records were examined during the inspection:

- Two service users' care records
- One staff record
- A sample of service users' daily records
- The day centre's complaints/compliments record from April 2017 to October 2018
- Staff roster information from April 2018 to September 2018
- Fire safety precautions
- A sample of minutes of service users' meetings from February, May and August 2018
- A sample of minutes of staff meetings from January 2018 to June 2018
- The day centre's record of incidents and accidents since the last inspection
- A sample of monthly quality monitoring reports from March to June 2018
- Policy on Safeguarding Adults, April 2016
- The Statement of Purpose August 2018.

At the request of the inspector, the manager was asked to display a poster within the day centre. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; no responses were received.

Ten service user and/or relatives' questionnaires were provided for distribution and none were returned to RQIA within the timeframe for inclusion in this report.

The inspector requested that the manager place a 'Have we missed you' card in a prominent position in the day centre to allow service users, relatives and staff who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received. An RQIA information leaflet 'how can I raise a concern about an independent health and social care service' was also provided to be displayed in the day care setting.

The inspector would like to thank the manager, service users, and staff for their involvement in the inspection process.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as partially met in three areas and met in one area for improvement.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 26 October 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 26 October 2017

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 9 Stated: First time	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.	Partially met
	Action taken as confirmed during the inspection: Inspector confirmed the manager present at the last inspection registered as manager. Since the last inspection a new manager is in post. The trust confirmed it is their intention to have a registered manager in post within the	

	next six months which is agreed by RQIA as a reasonable timeframe. This improvement is not restated because the trust has an acceptable plan in place to address the vacant registered manager post.	
Area for improvement 2 Ref: Regulation 28 (3) & (4) Stated: First time	<p>The registered person shall improve the Regulation 28 monthly quality monitoring visits to ensure they evidence:</p> <ul style="list-style-type: none"> • if the visits were unannounced or announced • report on the conduct of the setting <p>This level of reporting must assure the conduct of the setting is consistent with the day care setting regulations and standards.</p> <p>Action taken as confirmed during the inspection: Inspector confirmed the reports had been improved and included if the visit was announced or unannounced. The reports did not comment on the conduct of the setting and this part of the improvement is stated for a second time.</p>	Partially met
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard E12 Stated: Second time	<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>Action taken as confirmed during the inspection: The flooring had not been replaced and the work was on hold whilst the trust reviewed the use of the building. The flooring did not present as a slip or trip hazard and the staff explained it had been kept clean. The trust were reminded to ensure all flooring in the setting must be fit for purpose and must not pose a health and safety hazard while the review is underway. This trust have agreed to maintain the flooring in the day care setting if they stay in the premises therefore, this improvement is not stated for a third time.</p>	Partially met

Area for improvement 2 Ref: Standard 5 Stated: First time	The registered person shall review and improve service user's personal evacuation plans. Ref: 6.4	Met
	Action taken as confirmed during the inspection: The fire evacuation planning for individual service users and the group was reviewed and this found the staff had updated information.	

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.

Discussion with the manager, staff, and several service users confirmed that sufficiently competent and experienced persons were working in the centre to meet the assessed needs of service users. A review of the staffing roster from April to September 2018 evidenced that the staffing levels in the statement of purpose were adhered to. Since the last manager had left the new manager's time in the day care setting was not recorded on the roster. Discussion with the manager revealed he was working between the residential home and the day centre and was accessible for staff. The manager was reminded he was responsible for the setting therefore he should have a presence in the setting to ensure he was satisfied with the quality of care and to provide management support to staff. An improvement is made for the manager to record when he is in the setting on the roster whether it is planned (in advance) or unplanned (after the roster is written). The record did clearly show who was in charge in the manager's absence and discussion with the staff confirmed they knew who to speak to if they needed management advice.

Observation and discussion with staff on duty on the day of inspection provided evidence that they were experienced staff who were working to a plan to meet the assessed needs of the service users present. Staff demonstrated a clear understanding of service users' needs and how those needs should be met.

One staff member's induction record was made available for inspection, it was noted this included observations of practice and the induction process ensured if any concerns arose during the induction period they would be revealed through discussion or observations.

There was a staff training plan and record in place which evidenced that staff had received mandatory training including additional training relevant to their roles and responsibilities. The review of a sample of staff training records confirmed this, training such as Barbara's story (dementia training) and chair based activity had been provided which assisted staff in providing safe activities and compassionate care.

Discussion with two staff members on the day of inspection confirmed that they had received training to enable them to fulfil the duties and responsibilities of their role and this included safeguarding training.

Review of governance records confirmed that an effective incident/accident reporting policy and system was in place. These records evidenced that two reportable accidents had occurred in the setting since the last inspection and two others that were not reportable were recorded. The inspection of the record provided evidence that they had been managed appropriately.

Discussion with the Day Care Worker in charge and the manager confirmed that no restrictive practices were required for service users. It was observed that the entrance door to the day centre can be opened from the inside by both staff and service users. During the inspection staff were available in the activity rooms to ensure that service users were supported if they communicated they wanted to leave the building.

A walk around the environment confirmed that it was appropriately warm, fresh smelling and had suitable lighting. The activity rooms contained the right furniture for the service users' safety, support and to undertake activities. The dining room was spacious and had an open area that could be adapted for various uses. On the day of inspection the inspector observed service users playing seated ball games, taking part in a health session and eating lunch. No obvious health and safety hazards were identified and fire exits were clear and free from obstruction.

Discussion with the manager and observation of the environment confirmed that furniture, aids and appliances were fit for purpose for the needs of the service users and infection prevention and control measures were in place.

Records examined identified that a number of weekly safety checks had been undertaken including fire alarm tests and fire equipment checks. It was noted that the last full evacuation drill was undertaken on 29 May 2018 and this did not reveal any concerns.

The fire risk assessment was available to the inspector on the day of inspection which was dated 25 April 2018 and this did not result in an action plan. Fire training for staff was delivered in March 2018.

Discussion with service users, and staff evidenced that they felt the care provided was safe. They said this was because the building was "on one level with no steps"; they had access to the "right furniture"; they mentioned the STEP programme they do in the setting helped them to be safe doing daily tasks and when they are moving. They said there was "good staff teaching" them, the staff were helping them with exercises and they had learnt everyday it was important to be active. The service users said they knew where to go if there was a fire and if they felt unsafe they would talk to any of the staff.

Discussion with staff confirmed staff were well informed regarding safe practice in the day centre. They explained they were fully appraised of the needs of each individual and their activities were delivered with the ability of all the group in mind. They explained they use the STEP programme to help service users maintain their health and safety and if they would report any concerns to the Day Care Worker in charge or the manager without delay.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training and management of accidents/incidents.

Areas for improvement

One area for improvement was made in relation to the manager's presence in the setting.

	Regulations	Standards
Total number of areas for improvement	1	1

6.5 Is care effective?

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

The inspector reviewed the day care setting's arrangements for appropriately responding to and meeting the needs of people who use the service. Information relating to the nature and range of services provided was outlined in the Statement of Purpose. Observations throughout the inspection confirmed that the day care setting was providing care in accordance with their Statement of Purpose.

Two service users' individual files were inspected. They contained referral information; service user agreements, day care setting assessments; individualised care plans with activity plans; risk assessments; nutritional risk assessments, continence and transport assessments and multi-disciplinary assessment information, such as Speech and Language Therapy (SALT) assessments, as applicable. Care plans were noted to be completed in detail that was relevant to each service user, therefore they clearly and concisely described service users' needs.

There were systems in place to review service users' placements within the setting to ensure it was appropriate to meet their health and social care needs for example initial and annual care reviews in partnership with the service user and/or their relative.

Daily care recording had been maintained in the care records inspected. Staff discussion identified the staff knew the importance of keeping records current and ensure they knew each individual's needs and plans to inform and guide their practice. Staff described care practices that were focussed on providing the right support safely and effectively. Staff stated that they were always observing for changes and were cognisant that service users' needs can change quickly. Staff described they effectively communicate with each other, service users' and relatives, and that any change in a service user's needs or concerns are discussed or reported in a timely manner.

Service user care records were noted to be well organised and stored safely and securely in line with data protection requirements. It was positive to note that a file audit had been undertaken on one file.

Observations of staff practice on the day of inspection evidenced that they were confident and effective in their communication with service users and adapted their communication methods as necessary, with individual service users depending on their assessed needs and emotional needs. Staff were observed to be vigilant in responding to nonverbal cues as well as verbal communications. The inspector observed interventions that were proactive and timely.

Discussion with service users provided evidence that they felt the care provided was effective. The service users said “I enjoy being here”; “the staff are very good”; “we can talk and have a bit of craic”; “I can ask for help if I need it”.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified in this domain 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.

Observations of staff interactions with service users were observed to be compassionate, caring and timely. Service users were observed being afforded choice, dignity and respect during the inspection process. Staff spoken with reflected the ethos of the day care setting which promoted choice and ensured service users were treated as individuals, valued, respected and given time. The atmosphere was observed to be friendly, caring and stimulating which aimed to support and encourage service users to remain active and independent.

On the day of inspection, a variety of different activities were planned including: a STEP session regarding healthy feet, seated keep fit and ball games, and a quiz. Observations of service users evidenced that those present participated enthusiastically in the activities provided and staff supported service users who needed additional support to take part.

Service users were observed during lunch time which was noted as a social experience for everyone; as well as a time to for lunch. The food provided appeared appetising, and service users were stated it was “lovely” and the food was described as “very good”.

The inspector observed service users approaching staff freely, communicating their needs and making requests; staff responded in a caring manner. Service users spoke positively about the staff including the cook in the kitchen, saying they were all very good.

Staff described the service users views were sought informally on a daily basis as well as in service users meetings. They described everyone has an opinion and it was their job to make sure service user’s have the opportunity to give theirs.

Observations of the activities and interactions between the staff and service users revealed the staff knew the service users' needs and personalities well; they were naturally helping service users to feel at ease, comfortable and safe.

Records of consultation with service users were provided such as service users meetings and the annual service user's questionnaire. The meetings were completed over a week to include all service users and the questionnaire was delivered and analysed by a professional independent of the day centre. These arrangements were evidence of engaging service users to get involved in the centre and their care. Samples of minutes from service user meetings were reviewed for February, May and August 2018. The minutes detailed service users were consulted about activities, transport, health and safety matters, confidentiality, community resources and meals with positive feedback provided.

The results from the annual service user/relative quality assurance survey were not available at the time of the inspection; the manager confirmed the report was being written.

Discussion with service users, a visiting relative and staff evidenced that they felt the care provided was compassionate.

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 in this domain 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 day care setting had a new manager in post since the last inspection who was also the registered manager of the residential home adjacent to the day centre. He was present during the inspection and expressed a commitment to providing safe, effective, compassionate and well led care.

The Statement of Purpose for the day care service had been reviewed and updated by the provider to include the details of the new manager. A copy was given to the inspector during the inspection and was found to be satisfactory. 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.

On the day of inspection the staff demonstrated awareness of their roles, responsibilities and accountability. Discussion with the manager/staff confirmed that they had a good understanding of their role and responsibilities under the legislation.

A review of governance records evidenced that staff typically received individual, formal supervision at least quarterly and an annual appraisal. Staff confirmed that there were systems in place to ensure they received support and guidance from the Day Care Worker in charge or manager, as needed.

Staff gave positive feedback in respect of leadership and good team working. Staff said there is an open door approach provided by the person in charge and they were aware they also could speak to the monitoring visitor or RQIA if they had concerns regarding the care provided in this setting.

There was evidence that staff meetings were held monthly and records were maintained. The records included the date of the meeting, names of those in attendance, updates from the previous meeting, a record of discussion and any agreed actions.

A complaints and compliments record was maintained in the day centre. There had been six areas of dissatisfaction raised since April 2017 which were all resolved in a timely manner and to the complainant's satisfaction. Samples of compliments were available for review and evidenced a high level of satisfaction with the service provided.

The inspector inspected 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 trust and were available for inspection. These records showed the effectiveness and quality of care delivery was not effectively recorded and this stated for a second time for improvement.

The audit records for this day care setting were requested and this revealed since the last manager had left they had not been done. In the past monthly audits of activities, meals, complaints/compliments, service user's consultation, staff consultation, service user reviews, incident, medication and health and safety matters were audited monthly which had ensured care practices and planning were of a good quality, responsive and targeted. The manager was reminded working practices must be regularly audited and an improvement is made in this regard.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The manager confirmed that this was addressed with staff through their training, supervision and appraisal process. In addition, the manager confirmed that the day care setting had not received any complaints with respect to equality issues from service users and/or their representatives.

Discussion with service users, a visiting relative and staff evidenced that they felt the care provided was well led.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff supervision and appraisal, quality improvement and maintaining good working relationships.

Areas for improvement

Two areas for improvement were identified during the inspection in relation to the monthly monitoring and audits.

	Regulations	Standards
Total number of areas for improvement	1	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Sean McCartan, 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	
Area for improvement 1 Ref: Regulation 28 (3) & (4) Stated: Second time To be completed by: 17 October 2018	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 & 6.7
	Response by registered person detailing the actions taken: The monthly report documentation has been updated and introduced in line with the appropriate standards
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012	
Area for improvement 1 Ref: Standard 23.7 Stated: First time To be completed by: 17 October 2018	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
	Response by registered person detailing the actions taken: Manager's planned presence in day care setting is now recording weekly on roster and any unplanned presence will be added to roster at that time
Area for improvement 2 Ref: Standard 17.9 Stated: First time To be completed by: 17 October 2018	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
	Response by registered person detailing the actions taken: Manager will ensure that the monthly audits, undertaken by previous manager, are completed and will record evidence where any necessary action was taken

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



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews