

**Unannounced Care Inspection
of
Cookstown Day Centre
8 September 2015**

1. Summary of Inspection

An unannounced care inspection took place on 8 September 2015 from 10.00 to 15.30. Overall on the day of the inspection the Day Care Setting was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Settings Regulations (Northern Ireland) 2007, The Day Care Settings Minimum Standards 2012.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	1

The details of the QIP within this report were discussed with the acting manager, Donna O'Neill as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Northern HSC Trust/Anthony Baxter Stevens	Registered Manager: Donna O'Neill (Acting)
Person in Charge of the Day Care Setting at the Time of Inspection: Donna O'Neill	Date Manager Registered: (Acting) 8 July 2014
Number of Service Users Accommodated on Day of Inspection: 19	Number of Registered Places: 30

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following themes have been met:

Standard 5: Care Plan - where appropriate service users receive individual continence promotion and support.

Standard 8: Service Users' Involvement - service users' views and comments shape the quality of services and facilities provided by the Day Care Setting

4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed:

- Notifiable events submitted since the previous care inspection
- Written and verbal communication received since the previous care inspection
- The returned quality improvement plans (QIP) from inspections undertaken in the previous inspection year
- The previous care inspection report
- Pre-inspection assessment audit

During the inspection process the inspector met with 19 service users and had discussions with four staff. The inspector also spoke with a relative of a service user. The following records were examined during the inspection:

- Centre's complaints record and recorded compliments since the previous inspection
- Accidents/untoward incidents
- Statement of Purpose
- Minutes of three service user's meetings
- Four service users care files
- Annual quality assurance report
- Policies and procedures regarding standards 5 and 8
- Three monthly monitoring reports
- Staff training records
- A sample of staff competency and capability assessments
- Staff supervisory history
- Staff meeting records

The Inspection

4.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the service was an unannounced care inspection dated 28 January 2015. The completed QIP was returned and approved by the care inspector.

4.2 Review of Requirements and Recommendations from the Last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 21(3)	The registered person shall ensure that competence and capability assessments are completed for all staff	Met
	Action taken as confirmed during the inspection: Inspector confirmed that competence and capability assessments were available for all staff who take charge in the absence of the manager. Competence is also verified for all staff following induction.	

4.3 Standard 5: Care Plan - Where appropriate service users receive individual continence promotion and support

Is Care Safe?

An evidenced based continence policy was available as well as a range of associated policies and procedures relevant to continence management. These include policies for continence assessments, the promotion of continence/skin care, management of catheter care and policies for prevention and control of infection.

Confirmation was provided that a number of service users who attend the centre have continence care needs and require assistance and support of two staff for assistance.

A few service users require support by way of prompting and reminding, whilst others require assistance of staff.

Service users are encouraged to make their own decisions, be independent and are discreetly supported by staff when this is needed. Staff presented as knowledgeable, experienced and compassionate. Discussions with staff reflected a person centred approach is used with service users and staff also described sensitive communication strategies which ensured discretion and dignity were maintained. The inspector also discussed infection prevention and control practices in the centre and the provision of personal protective equipment (PPE). Discussions and examination of training records concluded staff are up to date with their infection prevention and control training. Diagrams of effective hand washing are in place in toilets. Service users brought their own individual products to the centre and the inspector noted these were discreetly stored. It was noted in accordance with the skin care policy that a cleansing cream was applied to the service users' skin. The inspector advised the manager to contact the continence advisor regarding the best practice in relation to the use of this cream for individual service users.

Is Care Effective?

Four service users' care records were examined during this inspection with the main focus on the management of continence care.

Continence assessments and risk assessments were completed by staff, culminating in an individual goal based care plan being devised for each service user. A document containing continence promotion information was available in each file. Details of the type of product assessed as appropriate for each individual was recorded in this document.

Care plans recorded for personal care included information on continence management which was specific and person centred. There was evidence to confirm that service users and or their representatives' work together with staff when planning care. The inspector noted that continence was not specifically addressed within minutes of annual care review meetings and this is identified as an area for improvement.

Is Care Compassionate?

Discreet observations of care practices found that service users were treated with sensitivity, care, dignity and respect. Service users were encouraged to make their own decisions, be independent and were discreetly supported by staff when this was needed. Staff presented as knowledgeable, experienced and compassionate. Discussions with staff reflected a person centred approach was used with service users. This was also stated by a relative who was "very happy with the service" and said: "There is very good communication with the staff."

Discussions with a service user who needs staff support and/or assistance with their continence needs concluded staff are compassionate and caring. This service user confirmed staff are discreet and respectful of their privacy and dignity at all times.

All of the service users stated the quality of their lives have improved significantly as a result of attendance at Cookstown Day Centre.

Two staff who returned questionnaires and confirmed that care was safe effective and compassionate in the centre. One staff member commented: "It is good to build a rapport with carers as they can give you beneficial information which helps promote and plan a good programme of care for each individual."

The overall assessment of this standard evidenced the quality of care to be compassionate, safe and effective.

Areas for Improvement

- Continence advisor should be contacted regarding best practice in respect of using cleansing creams for individual service users.
- During annual care review meetings the issue of continence should be reviewed with the service user and/or their representative. This information should be recorded in the minutes.

Number of Requirements:	0	Number of Recommendations:	1
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4.4 Standard 8: Service Users' Involvement - Service users' views and comments shape the quality of services and facilities provided by the Day Care setting

Is Care Safe?

The Trust's corporate policies and procedures are in place regarding Standard 8.

Discussions with 19 service users, four staff and management reflected how service users are involved in the running of the service. Examples were given about how staff and management have responded to their suggestions, views and opinions. There were no negative comments received from service users during this inspection.

Written records examined also supported good evidence of consultation in regard to planning care and service users were able to exercise choice in the activity programmes they wished to participate in. A range of activities are provided within the centre.

The inspector's review of the minutes of service users meetings; annual evaluation report; complaints records and discreet observations of staff interactions with service users concluded safe care is delivered in Cookstown Day Centre.

Is Care Effective

On the day of inspection service users were observed taking part in group and individual activities some service users explained how their preferences in relation to activities were respected. A relative spoken to on the morning of the inspection stated: "He really enjoys coming here."

The inspector discussed the provision of activities with the acting manager who described how activities have to be organised with the differing needs and expectations of the services users taken into consideration. The minutes of service user meetings examined reflected discussions which included transport, activities, meals and care issues.

Is Care Compassionate?

The inspector's discreet observations of care practices concluded that service users' are treated with respect, kindness and care. This was particularly evident when a service user suddenly became ill and emergency services were called.

Four service users returned questionnaires and the following qualitative comment was made by a service user: "Help and care is excellent, I am very happy with this care centre."

All service users who completed questionnaires indicated their satisfaction with how their views and opinions are sought about the quality of the service.

The inspector's discussions with 19 service users conclude they are treated very well and with respect by the manager and staff. It can be concluded the quality of care provision in Cookstown Day Centre is compassionate.

Areas for Improvement

There are no areas for improvement noted within this inspection theme.

Number of Requirements:	0	Number of Recommendations:	0
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4.5 Additional Areas Examined

4.5.1 General Environment

The inspector undertook a tour of Cookstown Day Centre. The environment was appropriately heated and was clean and tidy. There was a cupboard located in one of the assisted toilet areas which had a key in the lock. The inspector asked the acting manager to open the cupboard and there was a cleaning product within. The inspector advised the manager of her concerns about this practice and the potential for vulnerable service users to access dangerous substances. The cupboard was locked immediately and the key removed for safe keeping out of reach of service users.

A requirement is made in respect of this matter.

4.5.2 Accident/Incident Reports

The inspector reviewed accident and incidents reports since the previous inspection. These are being appropriately recorded and reported to RQIA as per Regulation 29.

4.5.3 Complaints

The inspector reviewed the centre's complaints and compliments records. There were six complaints recorded since the previous inspection; these had been appropriately recorded, investigated and resolved.

5. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this 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 person/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 person/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the 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 person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Day Care Settings Regulations (Northern Ireland) 2007.

5.2 Recommendations

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

5.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/ registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to day.care@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home/agency/service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan			
Statutory Requirements			
Requirement 1 Ref: Regulation 14 (1) (a) Stated: First time To be Completed by: Immediate and ongoing	The registered person shall ensure that substances that may be dangerous to service users are stored securely. Response by Registered Person(s) Detailing the Actions Taken: Substances that may be dangerous to service users are stored securely in locked cupboards. Key safes with combination locks have been secured beside locked cupboards where staff require frequent access.		
Recommendations			
Recommendation 1 Ref: Standard 15.5 Stated: First time To be Completed by: 20 October 2015	The manager must ensure that review reports address: <ul style="list-style-type: none"> Any matters regarding the current care plan Refers to but is not limited to the promotion of continence. Response by Registered Person(s) Detailing the Actions Taken: Staff will provide more detail on matters regarding the current care plan in all future review reports.		
Registered Manager Completing QIP	Donna O'Neill	Date Completed	19/10/15
Registered Person Approving QIP	Dr Tony Stevens Una Cuning	Date Approved	13/11/15
RQIA Inspector Assessing Response	Maire Marley	Date Approved	13/11/15

Please ensure the QIP is completed in full and returned to day.care@rqia.org.uk from the authorised email address