

# Unannounced Care Inspection Report 5 July 2018



## George Sloane Centre

Type of Service: Day Care Service  
Address: 21 Pennybridge Estate, Ballymena, BT42 3HB  
Tel No: 028 2564 6266  
Inspector: Jim McBride

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

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 75 places. The service provides care and a range of day time activities for people with learning and physical disabilities.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Northern Health and Social Care Trust  <b>Responsible Individual:</b> Anthony Baxter Stevens	<b>Registered Manager:</b> Dorothy Robinson
<b>Person in charge at the time of inspection:</b> Dorothy Robinson	<b>Date manager registered:</b> 25 August 2010
<b>Number of registered places:</b> 75	

### 4.0 Inspection summary

An unannounced inspection took place on 5 July 2018 from 09.00 to 14.30.

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 knowledge in regard to safe care; risk management; the day care setting environment; providing care, in the right place, at the right time; activities; the ethos of the day care setting; listening to service users; governance arrangements, and maintaining good working relationships.

#### Service users said:

- “I like it here.”
- “I come five days its good.”
- “Staff do lots for us.”
- “Staff are good.”

#### Staff said:

- “We know the members care needs well.”
- “The activities are varied and both inside and outside.”
- “All staff are good and support one another well.”
- “Staff communicate well with each other.”
- “We have a good manager she has an open door policy.”
- “My induction and ongoing training prepares you for the job.”
- “We have a good varied menu for members.”
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- “We have a good relationship with the members.”
- “We are always made aware of people’s diets or specific food requests/needs.”

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>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Dorothy Robinson, registered manager, as part of the inspection process and can be found in the main body of the report.

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

#### 4.2 Action/enforcement taken following the most recent care inspection dated 06 November 2017

No further actions were required to be taken following the most recent inspection on 5 July 2018.

#### 5.0 How we inspect

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

- the registration details of the day centre
- information and correspondence received from the registered manager and the Northern Health and Social Care Trust (NHSCT)
- incident notifications which revealed no incidents had been notified to RQIA since the last care inspection in November 2017
- unannounced care inspection report and quality improvement plan (QIP) 6 November 2017

During the inspection the inspector met with:

- the registered manager
- twenty service users
- two care staff
- two catering staff

At the request of the inspector, the manager was asked to display a poster within the day care setting’s registered premises. The poster invites staff to give their views and provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision; no responses were received.

Staff survey results show that the staff member was satisfied or very satisfied when asked the following:

The inspector provided ten questionnaires to staff for circulation to service users/relatives seeking their views on the service. No responses were received.

The following records were examined during the inspection:

- three individual staff competency records
- three agency staff induction records
- six service users' individual care files
- a sample of service users' daily records
- a sample of the staff rota arrangements during June and July 2018
- the minutes of service user meetings
- the minutes of staff meetings
- staff supervision dates for 2017 and 2018
- monthly monitoring reports from January to June 2018
- the staff training information for 2017 and 2018 including:
  - RESPECT
  - Information governance
  - Dysphagia management
- the settings statement of purpose and service user guide 2017

The inspector would like to thank the staff and service users for their support and co-operation throughout the inspection process.

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 06 November 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 06 November 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 23.8 <b>Stated:</b> Second time	The registered provider shall ensure that staff supervision is provided on a regular three monthly basis or more often as deemed necessary. Supervisors conducting supervision should receive training to undertake this role.  Ref: 6.7	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector noted that all staff have had the required supervision and annual appraisal. The records in place were satisfactory. All current staff conducting supervision have the required qualifications and experience.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 14.10 <b>Stated:</b> Second time	The registered person should ensure that the outcome of investigation and action taken regarding one complaint is submitted to RQIA.  The registered manager should ensure that her line manager is kept fully informed in this regard.  Ref: 6.2	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The complaint has been resolved and the information has been received by RQIA.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 14.10 <b>Stated:</b> Second time	The registered person shall ensure that a summary of the outcome of investigation and action taken regarding one outstanding complaint is submitted to RQIA. Ref: 6.2	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The complaint and investigation has been	

	resolved and the information has been received by RQIA.	
<b>Area for improvement 4</b> <b>Ref:</b> Standard 5.6 <b>Stated:</b> First time	<p>The registered person shall ensure that action is taken to address following:</p> <ul style="list-style-type: none"> <li>• Care plans are kept up to date and reflect the service user's current needs.</li> <li>• Where changes are made to a care plan the service user, member of staff making the changes and the registered manager sign and date the revised care plan. Where a service user is unable or chooses not to sign any document, this should be recorded and the basis of his or her agreement to participate noted.</li> <li>• A fall risk assessment is required for one service user at risk of falls. Measures in place to minimise the risk should be stated within the care plan.</li> <li>• One fall risk assessment dated November 2015 should be reviewed and if necessary revised accordingly.</li> <li>• Audit of all care records is recommended which includes areas as reflected within this recommendation.</li> </ul> <p>Ref: 6.5</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector reviewed six care and support plan in place. The records show compliance with the standard and all records reviewed were satisfactory.</p>	
<b>Area for improvement 5</b> <b>Ref:</b> Standard 15.3 <b>Stated:</b> First time	<p>The registered person shall ensure that formal care reviews are undertaken at least once per year.</p> <p>A formal care review of one identified service user's needs is required as the last review was recorded as 2014.</p> <p>The development of a matrix of formal care review dates for monitoring purposes was recommended.</p> <p>Ref 6.5</p>	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> The inspector read and reviewed a number of annual reviews in place for all service users. The registered manager has produced a matrix showing all dates of reviews. All records reviewed were satisfactory.</p>	
<p><b>Area for improvement 6</b> <b>Ref:</b> Standard 28.3 <b>Stated:</b> First time</p>	<p>The registered manager shall ensure that the cupboard partially blocking the hallway leading to the fire exit at the rear of the annex is removed. Ref: 6.4</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> The item stated above has been removed. No obstructions were observed to be in place during the inspection.</p>	

### 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.**

Records regarding staff working each day, the capacity in which they worked and who was in charge of the centre were available for inspection. Inspection of the staffing rotas written from December 2017 to July 2018 showed the number of staff working did not fall below the minimum required and the manager or senior day care worker was in charge of the setting daily.

Competency and capability assessments had been completed for all staff that could be in charge of the centre in the absence of the manager. Three records inspected showed the staff were willing to act up in the managers absence, furthermore they had the skills, experience and were capable of acting up in the managers absence.

An induction programme was in place for all grades of staff within the centre which was specific to the job role.

Inspection of the staff training records showed staff had received mandatory training and other appropriate training relevant to their roles and responsibilities. For example staff had received training regarding safeguarding adults, first aid, fire safety and data protection including for managers to date the new General Data Protection Regulations (GDPR).



The discussions with the manager, staff and inspection of training records showed staff were informed regarding current practice guidance which supported staff to meet service users' needs and support them safely and effectively. It was good to note that staff had completed added value training relating to: Information governance and Dysphagia.

The review of the settings incident and accident records revealed staff had recorded accidents and incidents that happened in the setting in accordance with trust procedures and they had recorded actions to be taken by staff to prevent further incidents. No incidents were identified that should have been forwarded to RQIA.

The centre had a policy on restrictive practice (dated 24 March 2016) which was known by staff who met with the inspector. Staff explained that with the exception of the use of lap straps on wheelchairs, used for safety purposes, restrictive practice did not take place. This was confirmed by the registered manager. Staff training in restrictive practice had been provided alongside challenging behaviour training. Staff and the registered manager demonstrated awareness of referral of challenging behaviours to the social work key worker and the involvement of the multi-professional/behavioural support team to agree and prescribe care accordingly.

There had not been any suspected, alleged or actual incidents of abuse or safeguarding concerns reported in this setting since the last inspection. Discussion with staff revealed they were informed regarding their role and responsibility to protect all service users in the setting from harm and support them to live safely in the community.

The walk around the setting found the environment presented as safe, clean and tidy, furniture was accessible for service users to use and group rooms were not overcrowded. Staff discussed they support service users to be independent in the setting but also recognised there are additional risks for some service users when mobilising around the setting. Staff gave examples of when they will intervene to ensure service users are safe in the setting however the discussion also revealed staff were cognisant of not intervening too soon which may have the effect of diminishing service users independence and was an positive indication that staff were balancing safe care with service users right to be independent.

The last fire drill had been undertaken on the 17 June 2018 and this did not reveal any concerns regarding the evacuation. The settings fire risk assessment was due for review in July 2018 and the items in the action plan which were relevant to the day care setting were addressed by the manager.

Staff were asked is care safe in this setting, they said safe staffing numbers and processes were in place to ensure the setting had enough staff to provide safe and effective care.

In conclusion the inspection of records, discussion with staff and observations showed the care and support delivered by staff was intended to help them and support service user's safely in the day care setting.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff knowledge in regard to safe care, risk management and the day care setting environment.

No areas for improvement were identified during the inspection.

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

### 6.5 Is care effective?

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

Six service user's care files were inspected. Individual assessments and care plans were in place for each service user that reflected their physical, social, emotional, and psychological needs. The service users had an individual written agreement that set out the terms of their day care placement, records such as the assessment of needs, life history, risk assessment when risks were identified, care plans and regularly recording of the health and well-being of the service users were in place for individual service users and the sample of records inspected were up to date at the time of the inspection.

Discussion with the manager and staff revealed records were stored safely and securely in the day care setting, in line with data protection. Staff discussion confirmed they were using the individual records to guide their practice and they understood the importance of keeping records current and relevant.

Service user risk and other assessments were in place; they were based on assessed needs and were reviewed and updated as required. Specific assessments and plans were in place including moving & handling, nutrition, and transport. Systems were in place to review the service user's placement within the centre and ensure that it was appropriate to meet their health and social care needs, including an initial review. Initial and annual reviews had happened within the required timescales and plans had been updated.

The inspection of the content of six care plans found the way staff planned to meet service users' rights and equality issues in care plans could be improved. The discussions with service users and staff revealed the service users independence was encouraged and enabled where possible.

On the day of the inspection activities on offer were art and craft activities, outings and table top activities.

Discussion with staff revealed ways they had responded effectively to service users' needs. They discussed arranging activities that could involve all service users and how they support service users to be as independent as they can while in the setting. Staff confirmed they use the assessment and care plan to guide the care they deliver and the recording and communication was important to ensure they were delivering the right care. Observation of care and discussion with service users identified a number of service users had limited speech, staff were observed using individual approaches with service users to promote their involvement and ensuring their views or thoughts were clear to the group they were working with. This ensured service users had the best opportunity to be involved in their care and the activities being delivered.

Overall discussion with staff, review of records and observation of care showed communication and procedures had ensured staff provided safe and effective care, they knew what each service user needed and how best to meet their needs.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to providing care, in the right place, at the right time and activities.

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

The service user meetings record was inspected. The minutes provided a clear record of who was involved, the agenda, what input the service users had including their comments, views and suggestions with action points to progress plans. Observations of staff consulting with service users during the inspection and the meeting records showed staff were seeking opportunities to involve service users in their care and support. The outcomes of service user meetings led to ideas regarding new activities being implemented.

Overall the observations of staff responses and their communication with service users showed they knew how to put service users at ease; support them to have fun; and ascertain their choices.

Staff were asked to describe their delivery of compassionate care, they said every staff member takes time to get to know each individual service user's needs, plan and personal attributes well, they establish open communication with each service user and their representatives and promote service users involvement in activities, planning and meetings. They described that there is also one to one time spent with each service user to ensure their feelings, ideas and suggestions are sought and integrated into future planning. Examples were given regarding service users who had grown in confidence and developed new skills since attending the setting, staff recognised this was an improved outcome for the service users.

The inspection of this domain confirmed the staff were actively promoting effective communication between service users and staff.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to the ethos of the day care setting and listening to service users.

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.

The Statement of Purpose for the day care service had been reviewed and updated by the provider in 2017. The document clearly described the nature and range of services provided and addressed all of the matters required by Regulation 4(1) of The Day Care Setting Regulations (NI) 2007. In summary evidence gathered at this inspection indicates that the service is currently operating in keeping with its Statement of Purpose.

There were a range of policies and procedures in place to guide and inform staff and staff advised they could access these via the trust online system or from the manager's office. The inspector noted the following:

- Safeguarding (2017)
- Whistleblowing (2017)
- Confidentiality (2017)

A sample of the staff supervision records was inspected and this showed all staff had met with their supervisor on average every six to eight weeks for supervision and annually for an appraisal meeting; these discussions were recorded and available for inspection.

Staff meetings were held each morning to discuss issues regarding the operation of the day care setting and plan the day care provision for the week. Minutes and attendance were recorded. Other staff meetings were held throughout the year. The inspector noted some of the areas discussed:

- service user updates
- activities
- advocacy
- training
- new staff

No complaints had been recorded however, discussion with the staff confirmed they were aware of how they should respond to a complaint or areas of dissatisfaction.

The setting had audit arrangements in place to assure care was safe and effective. Audits sampled showed monitoring and audits of complaints, accidents and incidents; training; and the environment were in place.

A sample of Regulation 28 monthly quality monitoring visits (MMV) were inspected for January, February, March, April, May June and July 2018. This found visits were monthly, they were a mix of announced and unannounced visits, and they qualitatively reflected service users and staff views and commented on the conduct of the day care setting. In summary there were arrangements and evidence in place to monitor, audit and review the effectiveness and quality of care delivered to service users at appropriate intervals and the actions identified for improvement were followed up.

The annual report was provided for this inspection and forwarded to RQIA, the report included matters listed in Schedule 3 and detailed how the setting could improve the care and support being providing in relation to Schedule 3.

The staff were asked for their opinion regarding effective leadership in the setting, they described they work well together and could approach the assistant manager and manager at any time for support. In particular the manager was described as innovative and creative, staff described how he listens to them and enables them to take the lead in activities and projects thus he had supported the development of staff skills and interests. Overall the staff confirmed this was a supportive environment to work in and the manager was approachable and had an open door policy.

Discussions with service users and staff highlighted evidence that supports service user equal opportunities, regardless of their abilities, their background or their lifestyle. Some of the areas of equality awareness identified during the inspection include:

- effective communication
- service user involvement
- safeguarding
- advocacy
- equal care and support
- individual person centred care
- individual risk assessment
- disability awareness

The agency's commitment to equality and individual person centred care is an area of positive practice and is to be commended. Overall, the evidence available at this inspection confirmed that the service is well led.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to governance arrangements and maintaining good working relationships.

No areas for improvement were identified during the inspection.

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

## 7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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