

Unannounced Care Inspection Report 06 and 10 November 2017



George Sloane Centre

Type of Service: Day Care Setting

Address: 21 Pennybridge Estate, Ballymena, BT42 3HB

Tel No: 028 2564 6266

Inspector: Priscilla Clayton

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 What we look for



2.0 Profile of service

This is a Day Care Setting with 75 approved places for individuals. The service provides care and a range of day time activities for people with learning and physical disabilities

3.0 Service details

Organisation/Registered Provider: Northern HSC Trust Responsible Individual: Dr Anthony Baxter Stevens	Registered Manager: Dorothy Robinson
Person in charge at the time of inspection: Dorothy Robinson	Date manager registered: 25 August 2010
Number of registered places: Maximum - 75 Categories DCS-LD, DCS-LD(E), DCS-PH	

4.0 Inspection summary

An unannounced inspection took place over two days; 06 November 2017 from 09.45 to 16.30 hours and on 10 November 2017 from 10.00 to 11.30 hours

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 the last care inspection and to determine if the establishment was delivering safe, effective and compassionate care and if the service was well led.

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 their views, governance arrangements, quality improvement and maintaining good working relationships.

Areas requiring improvement included the provision of suitable flooring within one area of the annex and associated resolution of one outstanding complaint. Other areas included; formal supervision of some staff and associated training for supervisors, maintenance of current care plans and provision of annual care review for one service user and ensuring free exit in the hallway leading to the fire door emergency exit.

The findings of this report will provide the day care centre 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	0	6

Details of the Quality Improvement Plan (QIP) were discussed with Doreen Robinson, registered 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.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- previous care report and QIP
- notifications
- correspondence

During the inspection the inspector met with most service users, two staff and two service users' representatives.

The following records were examined during the inspection:

- Statement of Purpose
- Service User guide
- RQIA registration certificate
- Staff induction
- Staff training
- Staff meetings
- Service user meetings
- Quality assurance
- Monthly monitoring
- Policies and procedures relevant to this inspection
- Complaints
- Accident/Incident
- Three care records

Ten service user satisfaction questionnaires were provided for distribution, completion and return to RQIA. No questionnaires from service users or staff were received within the timescale.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

The inspector wishes to thank the registered manager and staff for their warm welcome, co-operation and assistance throughout the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 20 February 2017.

The most recent inspection of the establishment was an unannounced premises inspection.

The completed QIP was returned and approved by the estates inspector.

This QIP will be validated by the estates inspector at the next premises inspection.

6.2 Review of areas for improvement from the last care inspection dated 20 March 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 8.5 Stated: First time	The registered provider should ensure that the recommendations recorded within the fire risk assessment dated 07 April 2016 are addressed.	Met
	Action taken as confirmed during the inspection: Recommendations had been addressed and recorded as recommended.	
Area for improvement 2 Ref: Standard 23.8 Stated: First time	The registered provider should ensure that staff supervision is provided on a regular three monthly basis or more often as deemed necessary.	Not met
	Action taken as confirmed during the inspection: Discussion with the registered manager and review of the supervision schedule for the year evidenced that not all staff has received supervision as recommended.	

Area for improvement 3 Ref: Standard 23.3 Stated: First time	The registered provider should undertake and record the competency and capability assessment with one senior day care worker.	Met
	Action taken as confirmed during the inspection: Competency and capability assessments had been undertaken and recorded.	
Area for improvement 4 Ref: Standard 21.5 Stated: First time	The registered provider should ensure that areas of badly marked flooring and walls within the annex is addressed and widening of the doorway in one corridor to allow free movement of service users who use wide wheelchairs should be considered.	Met
	Action taken as confirmed during the inspection: The marked flooring and walls had been addressed. The registered manager advised that a minor works application had been forwarded following the previous inspection. The widening of doorway was under consideration. The registered manager explained that a meeting with the head of estates department regarding the work necessary to improve the identified issues is scheduled for 13 November 2017 and that all issues would be discussed.	
Area for improvement 5 Ref: Standard 8.5 Stated: Second time	The registered provider should ensure the annual quality assurance evaluation report completed as the result of service users' surveys contains an action plan from the completed surveys year 2015/16.	Met
	Records should be made of when the evaluation report is shared with service users and where appropriate their representatives/carers. Action taken as confirmed during the inspection: This recommendation had been addressed.	

Area for improvement 6 Ref: Standard 18.3 Stated: Second time	The registered provider should ensure that one policy manual has a central index for ease of access.	Met
	Action taken as confirmed during the inspection: Policies and procedures are now held electronically with index/contents available to staff.	
Area for improvement 7 Ref: Standard 5.6 Stated: First time	The registered provider should ensure: <ul style="list-style-type: none"> • the date is recorded within the care plan when an additional need is identified • staff cease to leave spaces between recorded entries within progress notes. • 	Met
	Action taken as confirmed during the inspection: Dates were recorded within care plans reviewed.	
Area for improvement 8 Ref: Standard 14.10 Stated: First time	The registered person should ensure that the outcome of investigation and action taken regarding one complaint is submitted to RQIA. Request should be made to the trust complaint officer in this regard.	Not met
	Action taken as confirmed during the inspection: The registered manager explained that the issue regarding flooring had not been addressed and that a meeting is scheduled for Monday 13 November 2017 to discuss and agree a target date for completion of work.	
Area for improvement 9 Ref: Standard 17.10 Stated: Second time	The registered person should ensure that commentary is made regarding complaints within the monthly monitoring report. One complaint remains unresolved.	Met
	Action taken as confirmed during the inspection: Review of monthly monitoring report evidence that reference was made as recommended.	

Area for improvement 10 Ref: Standard 23.8 Stated: First time	The registered person should ensure that staff team meetings are held no less than three monthly.	Met
	Action taken as confirmed during the inspection: Inspection of records evidenced that staff meetings were being held as recommended.	

6.3 Inspection findings

6.4 Is care safe?
Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The registered manager advised that at all times, sufficiently qualified, competent and experienced persons are working in the centre to meet the assessed needs of the service users, taking into account the size and layout of the premises, the number of service users accommodated, fire safety requirements and the Statement of Purpose.

Records are kept of staff working each day, the capacity in which they worked and who is in charge of the centre.

Competency and capability assessments had been completed for any person in charge of the centre in the absence of the manager.

An induction programme is in place for all grades of new staff within the centre appropriate to specific job roles.

Staff selection and recruitment files were held within the Human Resource department of the Northern Health and Social Care Trust (NHSCT). The registered manager advised that recruitment and selection of new staff were made in accordance with NHSCT policy and Regulation 19 (2) Schedule 5 of The Day Care Setting Regulations (Northern Ireland (2007)).

Records of staff training provided evidenced that staff receive mandatory training and other appropriate training relevant to their roles and responsibilities.

Review of notifications forwarded to RQIA was cross reference with records retained within the day centre. Relevant incidents/notifiable events were being notified to RQIA. Accidents/incidents were effectively entered into the trust electronic Datix system, investigated and monitored by the registered manager, locality manager and trust governance officer. Fall risk assessments were undertaken on service users identified to be at risk with measures to minimise the risk reflected within care plans.

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.

The registered manager explained that no safeguarding issues were currently active, although she was waiting for official written report on the closure of one referral. Records of the incident were retained. The registered manager explained that any suspected, alleged or actual incidents of abuse are always promptly referred to the relevant persons/agencies and investigated in accordance with current new procedures. The manager explained that the trust had adapted the new safeguarding procedures for adult safeguarding and that the development of the NHSCT policy/procedures, in accordance with the Department of Health (DOH) regional policy/procedures was a work in progress. A flow chart on the adult safeguarding referral procedure was displayed on the notice board. The registered manager advised that the trust had identified the adult safeguarding champion and that she was waiting for notification of dates for staff training in the new adult safeguarding policy/procedures.

The day care centre, including the adjoining annex, was observed to be clean, tidy and organised. The manager explained that there were plans to improve the annex environment through relocation of the main entrance, replacement flooring in one room, widening of certain doors to allow easier access for wheel chair users and improvements to the large central area which is currently very barren and unwelcoming. The registered manager explained that a meeting with the head of the NHSCT estates department was scheduled for 13 November 2017 to discuss the aforementioned issues and agree a timescale for completion of work as some of the issues has been outstanding for some time. The provision of suitable safe flooring within one area of the annex should be addressed without delay.

COSHH substances and cleaning liquids were observed to be locked within the domestic cupboard.

The positioning of a cupboard which was partially blocking the fire exit hallway on the back corridor of the annex was discussed with the registered manager who explained that the cupboard had been placed there as a temporary arrangement and that this would be moved without delay.

Infection prevention and control measures were in place with adequate resources to minimise the risk of infection. Supplies of aprons and disposable gloves were available to staff when performing personal care. Wash hand basins were clean and adequate supplies of liquid soap and disposable hand towels. Pedal operated bins were available.

The centre had a policy on Infection Prevention and Control which was readily available to staff.

Areas of good practice

There were examples of good practice found in relation to induction, training, adult safeguarding and infection prevention and control.

Areas for improvement

Areas of improvement related to the safe suitable flooring within one area of the annex and removal of a cabinet from the fire exit hallway.

	Regulations	Standards
Total number of areas for improvement	0	2

6.5 Is care effective?

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

The centre's Statement of Purpose and Service Users Guide reflect information as set within legislative requirements and minimum standards. Both documents had been recently reviewed by the registered manager.

Four service user's care files were reviewed and discussed with day care workers and registered manager. Individual needs assessments which were complemented with risk assessments were in place alongside care plans for each service user. Progress notes were recorded and reviews conducted.

Action is necessary to ensure minimum standards are met in respect of the following:

- One care plan was dated 2015 and another dated 2014. Action is required to ensure that care plans are current reflecting the service user's actual and potential needs with interventions recorded to meet the needs identified.
- The last formal care review held for one service user was dated 2014.
- Two care plans were not signed.
- One service user at risk of falls did not have a fall risk assessment and another was dated 2015.

Audit of all care records to include the aforementioned areas was recommended to ensure compliance with minimum standards. The development of a matrix to record dates of when formal care reviews are scheduled would provide ease of access to this data for monitoring purposes.

Records reviewed evidenced that each service user had an individual written service user agreement that sets out their terms of their day care placement.

Care records were observed to be safely and securely stored in line with data protection.

The registered manager explained the systems in place to promote affective communication between service users, staff and other stakeholders. This was evidenced through observation of staff interactions with service users, daily staff meetings, user friendly information within care records; various leaflets and documents presented in pictorial format, daily activities in pictorial format, review meetings and formal service users' meetings.

Staff who met with the inspector explained how the care provided was effective and that they continuously talked with service users regarding their care plans and always sought their views and preferences.

Service users who spoke with the inspector demonstrated awareness of who to speak with should they have an issue or concerns and gave positive responses in regard to the provision of care.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between residents, staff and other key stakeholders.

Areas for improvement

Action is required to address areas within care records to ensure these reflect current information as set within minimum care standards.

	Regulations	Standards
Total number of areas for improvement	0	1

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/or their representatives, staff and observation of interactions demonstrates that service users are treated with dignity and respect while promoting and maintaining their independence.

Service users are enabled and supported to engage and participate in meaningful activities, social events, work and education opportunities, hobbies and interests.

Service users and two representatives who met with the inspector advised that their views and opinions are always taken into account in all matters affecting the provision of care.

There were good systems in place to promote effective communication between service users, staff and other key stakeholders. For example; service user and staff meetings, daily briefing meetings, monthly monitoring visits made on behalf of the registered provider and care reviews. Other modes of effective communication are cited within section 6.5 of this report.

There was evidence that service users were enabled and supported to engage and participate in a range of meaningful activities noted within activity schedules, care records and from discussion with staff, service users and two of their representatives.

Activities scheduled included for example; passive exercises, arts/crafts, walks outside, reading, games and watching DVD's and group discussions.

Service users advised that they were consulted and felt very much involved about the arrangements within the centre.

The annual service user satisfaction survey conducted reflected evidenced of positive responses in regard to the provision of safe, effective, compassionate and well led care.

Service users who spoke with the inspector advised that they enjoyed coming to the day centre and that there was always staff around to help them if needed. Service users were also aware of who to speak to if they were unhappy about anything.

Representatives who met with the inspector explained how they were always made welcome by staff and how satisfied they were with the care provided which was described as “excellent”.

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 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 registered manager is supported in her role by the day care locality manager. At operational level support is provided by a team of day care workers; support staff, catering assistants, domestic staff and clerical assistant.

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

The registered manager explained that the centre operated in accordance with the regulatory framework and that the health and social care needs of service users who attend were met in accordance with the centre’s statement of purpose.

There are a range of policies and procedures in place to guide and inform staff. Policies and procedures were held electronically; several copies were also held in hard copy format. Policies and procedures were readily available to staff.

The staff supervision schedule which was displayed in matrix format was discussed with the registered manager who advised that not all staff had received supervision within the three monthly timescale as some of the identified supervisors had not received training in undertaking supervision. The registered manager explained that she was in the process of agreeing dates for training to be provided. In addition the registered manager should notify her line manager regarding the delay in undertaking some staff supervisions.

Annual staff appraisals were being conducted with records retained.

Monthly staff meetings were being held with minutes recorded.

The record of complaints received were discussed with the manager. One unresolved complaint remains outstanding. The registered manager explained that the complainant has been kept informed of action taken to address the complaint. The registered manager is to notify RQIA regarding progress with this matter and ensure that her line manager is kept fully informed.

The registered manager explained the range of audits undertaken during the year which included; environmental cleanliness, fire safety, care records and monthly monitoring of accidents/incidents, complains, service user and staff views. Outcomes of audits conducted had been reviewed by the registered manager and were necessary improvement action plans developed. An annual quality report had been developed and available to the inspector.

Monthly monitoring visits were undertaken with reports written and available within the centre. Reports dated August 2017, September 2017, and October 2017 were reviewed and considered to be in compliance with Regulation 28 of The Day Care Setting Regulations.

Service users who spoke with the inspector gave positive feedback in regard to the service provided and were aware of how to complain if unsatisfied with the provision of care. Service users were aware of how to complain if they had any issues or concerns.

One service user commented “there is nothing I don’t like here”. “I love the games, meeting my friends, the staff are good and we are looking forward to our Christmas lunch”.

Staff who spoke with the inspector explained satisfaction with staffing levels in meeting the needs of service users and that the registered manager was always readily available to address issues. Staff indicated they were looking forward to improvements planned for the annex.

Areas of good practice

There were examples of good practice found in relation to governance arrangements, quality improvement and maintaining good working relationships.

Areas for improvement

Areas identified for improvement related to the provision of regular formal staff supervision with provision of staff training and resolution of one complaint which has been outstanding for some time.

	Regulations	Standards
Total number of areas for improvement	0	2

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Dorothy Robinson, registered 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 Settings Minimum Standards, 2012

<p>Area for improvement 1</p> <p>Ref: Standard 23.8</p> <p>Stated: Second time</p> <p>To be completed by: 31 December 2017</p>	<p>The registered provider shall ensure that staff supervision is provided on a regular three monthly basis or more often as deemed necessary.</p> <p>Supervisors conducting supervision should receive training to undertake this role.</p> <p>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken: The supervision of support workers will be given to all Day Care workers. Before this can be implemented staff must attend supervision training. Staff have been nominated for Training course March 18. Acting Locality manager will also assisting with supervisions to ensure they are all on track.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 14.10</p> <p>Stated: Second time</p> <p>To be completed by: 31 December 2017</p>	<p>The registered person should ensure that the outcome of investigation and action taken regarding one complaint is submitted to RQIA.</p> <p>The registered manager should ensure that her line manager is kept fully informed in this regard.</p> <p>Ref: 6.2</p>
	<p>Response by registered person detailing the actions taken: This outstanding complaint is discussed in my supervisions with my line manager who always will cc me into all emails to estates managers regarding this issue. Estates services are fully aware that this has been raised twice during inspections and the need for them to address this as a matter of urgency to ensure there is no further delay. They have given my line manager assurances that this floor will be in place by end January 2018.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 14.10</p> <p>Stated: Second time</p> <p>To be completed by: 31 December 2017</p>	<p>The registered person shall ensure that a summary of the outcome of investigation and action taken regarding one outstanding complaint is submitted to RQIA.</p> <p>Ref: 6.2</p>
	<p>Response by registered person detailing the actions taken: The final outcome of this complaint is dependant on flooring being installed, managementy are in regular contact with estates service to ensure that this flooring is in place by the end of January 2018. When the flooring is laid the complainant will be informed to bring this complaint to a satisfactory conclusion. A summary of the investigation detailing communications regarding this complaint and the outcome will be shared with RQIA.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 5.6</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2017</p>	<p>The registered person shall ensure that action is taken to address following:</p> <ul style="list-style-type: none"> • Care plans are kept up to date and reflect the service user’s current needs. • 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. • 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. • One fall risk assessment dated November 2015 should be reviewed and if necessary revised accordingly. • Audit of all care records is recommended which includes areas as reflected within this recommendation. <p>Ref: 6.5</p>
<p>Area for improvement 5</p> <p>Ref: Standard 15.3</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2017</p>	<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> <p>Response by registered person detailing the actions taken: A matrix has been developed that details when reviews are due, this ensure that all service users have an annual review within the allotted time.</p>

<p>Area for improvement 6</p> <p>Ref: Standard 28.3</p> <p>Stated: 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.</p> <p>Ref: 6.4</p>
<p>To be completed by: 07 November 2017</p>	<p>Response by registered person detailing the actions taken: This cupboard has been removed and fire exit cleared</p>

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



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)