

# Unannounced Care Inspection Report 27 February 2017



## Antrim Day Centre

**Day Care Service**

**Address: Station Road, Antrim, BT41 4AB**

**Tel no: 02894416515**

**Inspector: Priscilla Clayton**

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

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Antrim Day Care took place on 27 February 2017 from 9.00 to 17.00 hours.

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

### **Is care safe?**

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

Satisfaction questionnaires completed and returned to RQIA following the inspection indicated satisfaction that the care provided was safe. No issues or concerns were indicated.

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

### **Is care effective?**

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

Completed questionnaires returned to RQIA following the inspection indicated satisfaction with effective care. No issues or concerns were indicated.

One recommendation was made regarding the review and revision of individual service user agreements to ensure additional information is included as cited within standard 3.1 of the Day Care Settings Minimum Standards is included.

### **Is care compassionate?**

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

Staff, service users and relatives who completed and returned questionnaires to RQIA following the inspection indicated satisfaction and that the care provided was compassionate. No issues or concerns were raised or indicated.

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

### **Is the service well led?**

There were examples of good practice from various sources found throughout the inspection including evidence of good team working/relationships, management of incidents, complaints, audits, and quality improvements.

Staff confirmed that the manager was always responsive to suggestions/comments raised during staff meetings.

Completed questionnaires returned to RQIA following the inspection indicated satisfaction that the service was well led. No issues or concerns were indicated.

Two recommendations for improvement were made in this domain. Firstly to the provision of supervision for consistent agency staff commissioned and secondly to the inclusion of the action taken to address issues arising from the care record audits.

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

**1.1 Inspection outcome**

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with the manager Heather McNeill as part of the inspection process. The timescales for completion commence from the date of inspection.

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

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

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent care inspection on 23 October 2015.

**2.0 Service details**

<b>Registered organization / registered person:</b> NHSCT/Dr Anthony Baxter Stevens	<b>Registered manager:</b> RQIA awaiting application for registration from Heather McNeill, appointed manager in December 2016
<b>Person in charge of the service at the time of inspection:</b> Heather McNeill	<b>Date manager registered:</b> Awaiting registration from Heather McNeill

### 3.0 Methods/processes

Prior to the inspection we analysed the following records:

- Previous care inspection report and QIP
- Notifications of untoward events
- Correspondence.

During the inspection the inspector met with the manager, all service users and two care staff.

The following records were examined during the inspection:

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

Fifteen satisfaction questionnaires were given to the manager for distribution. Nine questionnaires were completed and returned to RQIA within the timescale. All responses were positive in relation to the domains of safe, effective, compassionate care and well led service. No issues or concerns were indicated.

### 4.0 The inspection

#### 4.1 Review of requirements and recommendations from the most recent inspection dated 23 October 2015

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

#### 4.2 Review of requirements and recommendations from the last care inspection dated 27 September 2015

Last care inspection statutory requirements		Validation of compliance
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 26(2)(b)</p> <p><b>Stated:</b> First time</p>	<p>With regards to the safety of service users, the registered person must ensure:</p> <p>(a) The entrance doors to Antrim Day Centre are repaired or replaced to ensure they are no longer faulty.</p> <p>(b) The area of uneven road directly at the entrance to Antrim Day Centre is made good.</p> <p>(c) The two identified blistered patches are made good on the wall above the radiator in the medic bathroom.</p> <p><b>Action taken as confirmed during the inspection:</b> Work to the entrance doors, uneven road and damaged wall had been addressed and made good.</p>	<p><b>Met</b></p>
Last care inspection recommendations		Validation of compliance
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 5</p> <p><b>Stated:</b> First time</p>	<p>The registered manager should ensure service user's care plans:</p> <p>(a) fully reflect the individual's continence needs including where appropriate:</p> <p>(b) Where appropriate:</p> <ul style="list-style-type: none"> <li>• How the service user is approached</li> <li>• The language used by staff</li> <li>• If a preferred bathroom is used</li> <li>• The name and size of continence product used and where this is stored</li> <li>• The name and type of equipment used and the type and size of sling</li> <li>• The number of staff needed to provide assistance</li> <li>• The level of staff support and assistance needed</li> <li>• If a change of clothes is available and where these are located.</li> </ul>	<p><b>Met</b></p>

	<p>(c) Are reviewed and updated at least yearly or when the individual's needs change.</p> <p>(d) Contain the signatures of either the service user or their representative/carer; the person who is completing the care plan and the registered manager. If the service user is unable to sign, there should be a signature from the carer or representative.</p>	
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 8.5</p> <p><b>Stated:</b> First time</p>	<p>The registered manager must ensure Antrim Day Centre's next annual quality assurance evaluation report contains the following information:</p> <p>(a) An overview of the outcomes of the action taken from the Antrim Day Centre 2014 survey;</p> <p>(b) An action plan with timescales regarding any improvements needed as a result of the 2015 survey.</p> <p>(c) Records should be retained of how and when the evaluation report or a copy of same is shared with service users and/or their carers and representatives.</p> <p><b>Action taken as confirmed during the inspection:</b> This survey was conducted during May 2016 with positive responses received as shown within the summary report. The outcome was shared and discussed with service users at their monthly meeting.</p>	<p><b>Met</b></p>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 10</p> <p><b>Stated:</b> First time</p>	<p>The registered manager should review the centre's menu board in the dining room to ensure the print is larger, easier to read and the daily menu should also reflect:</p> <p>(a) photographs of the daily choices of lunch, this will help service users with a cognitive impairment make an informed choice (standard 10.3)</p> <p>(b) The specific choices of dessert and vegetables provided to service users (standard 10.2).</p>	<p><b>Met</b></p>

	(c) Ensure that another vegetable apart from peas is offered to service users on Fridays.	
<b>Recommendation 4</b> <b>Ref:</b> Standard 15.3  <b>Stated:</b> First time	<p>The registered manager should ensure service users have an annual review of their day care placement.</p> <p><b>Action taken as confirmed during the inspection:</b>  Photographic evidence and descriptions of menus had been developed and displayed on the day of inspection.</p> <p><b>Action taken as confirmed during the inspection:</b>  The manager explained that audit of all care reviews was undertaken. The manager explained that some reviews were delayed at the time of the last inspection due to the service users going on arranged short breaks or non-attendance at the centre due to illness.</p> <p>All reviews are now up to date. Random selection of three care records evidenced that reviews were undertaken with reports in place.</p>	<b>Met</b>
<b>Recommendation 5</b> <b>Ref:</b> Standard 17.10  <b>Stated:</b> First time	<p>With regards to the total number of service users attending Antrim Day Centre, the registered person should ensure the designated registered person undertaking monthly monitoring visits of Antrim Day Centre's interviews more than one service user during each visit.</p> <p><b>Action taken as confirmed during the inspection:</b>  Review of three monthly monitoring visit reports provided evidence that at least three residents were interviewed during monthly monitoring visits by the registered provider.</p>	<b>Met</b>
<b>Recommendation 6</b> <b>Ref:</b> Standard 27.3  <b>Stated:</b> First time	<p>In relation to infection, prevention and control, the registered manager should ensure:</p> <p>(a) The area of rust under the sink in the identified male toilet is made good or the part replaced.</p> <p>(b) Personal protective equipment (PPE) is not openly stored in bathrooms or toilets. PPE should be in closed storage.</p>	<b>Met</b>



	<p><b>Action taken as confirmed during the inspection:</b></p> <p>(a) The area under the sink had been addressed and made good.</p> <p>(b) Personal protective clothing was being stored appropriately within specific storage units.</p>	
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### 4.3 Is care safe?

The manager confirmed that staff employed were sufficiently qualified, competent and experienced to meet the assessed needs of service users in attendance each day.

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

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

Staff employment records were held within the Northern Health and Social Care Trust (NHSCT) human resource department. The manager confirmed that all appointments made were in keeping with the trust policy/procedures and that required documentation was checked and in place before a new employee would commence work. The recruitment aspect of procedures was confirmed by staff members who met with the inspector. A corporate electronic policy and procedure on selection and recruitment was available.

The manager explained that all staff was registered with the Northern Ireland Social Care Council (NISCC). The manager retains a tracking record of registrations for monitoring purposes.

Induction records reviewed contained a comprehensive account of the standard/indicators to be achieved. Induction programmes were noted to be signed and dated by the staff member and mentor on the achievement of each indicator. Electronic corporate policies and procedures on staff recruitment, selection and induction were available.

Mandatory staff training was discussed with the manager and staff. The manager explained that staff training needs analysis was undertaken with a training schedule developed for 2017. Mandatory training provided and staff attendance was recorded within a staff training matrix which included adult safeguarding and whistleblowing. Staff confirmed that mandatory training was ongoing alongside other professional development opportunities including dysphasia, respect, behavioural management and records/recording. The staff training policy, dated 14 April 2016, was available to staff.

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



The manager and staff confirmed that no restrictive practice takes place in the centre. Policies and procedures on restrictive practice were in place and available to all staff. Staff training in this regard had been provided.

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

All areas within the centre were observed to be clean, tidy, organised and appropriately heated. The Control of Substances Hazardous to Health (COSHH) was observed to be satisfactory. The centre’s fire risk assessment dated March 2016 was reviewed. No recommendations for action were made by the fire safety officer. All fire doors were closed and exits unobstructed.

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

Service users who met with the inspector indicated that attending the centre was “essential to them and couldn’t think how things could be better”. They explained how the support provided by staff was excellent and that they were fully consulted about their likes and dislikes. One service user explained that he looked forward to coming as the meals and snacks provided were very good.

Completed questionnaires returned to RQIA indicated that care provided satisfactory.

#### **Areas for improvement:**

No areas for improvement were identified within this domain. This is to be commended.

<b>Number of requirements:</b>	0	<b>Number of recommendations:</b>	0
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#### **4.4 Is care effective?**

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

The provision and signing of individual service user agreements was discussed with the manager. One recommendation was made regarding the undertaking of a review and revision of service user agreements to ensure that information as cited within standard 3.1 of the Day Care Settings Minimum Standards was included.

The manager explained the systems and processes in place to promote effective communication between service users, staff and other stakeholders which included; service

users’ committee meetings, staff meetings, daily staff meeting each morning before service users arrive, information notices displayed on health and social care, provision of leaflets on how to complaint and multi-professional care reviews. Communication was described by staff as being effective and was enhanced through the “open door” arrangements operated by the manager and senior staff.

Competency and capability assessment of staff in charge when the manager is not in the centre was discussed and assessments reviewed. These were found to be comprehensive, dated and signed by the staff member and manager.

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

Completed questionnaires returned to RQIA indicated that the care provided was effective. No issues or concerns were recorded.

**Areas for improvement**

One area identified for improvement within this domain related to review and revision of service user agreements to reflect information as cited within standard 3.1 of the Day Care Settings Minimum Standards.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	1
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**4.5 Is care compassionate?**

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

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

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

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

There was evidence that service users were enabled and supported to engage and participate in a range of meaningful activities noted within care records, service user meetings and reviews of care.

Service users confirmed that they were consulted and felt very much involved about arrangements within their centre. Comments from staff and service users were very positive in regard to the service provided. No issues or concerns were raised or indicated in this regard.

Completed questionnaires returned to RQIA indicated satisfaction that the care provided was compassionate.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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#### 4.6 Is the service well led?

Helen McNeill was appointed as manager of Antrim Day Centre in December 2016. The manager confirmed that she was in the process of completing her application for registration as manager with RQIA.

The manager explained that she was very well supported in her role by her line manager and at operational level by a mixed skill team of care and ancillary staff. Review of all systems and process for the management of the centre was being undertaken by the manager.

There was a defined organisational and management structure that identifies the lines of responsibility and accountability within the centre.

A wide range of policies and procedures were available to staff in electronic and hard copy format.

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

The manager confirmed that the centre operated in accordance with the regulatory framework and that the health and social care needs of service users were met in accordance with the centre's statement of purpose.

The manager explained that staffing levels were satisfactory in meeting the needs of service users in attendance. Agency staff was commissioned to provide cover as required.

Staff supervision was being provided on a regular monthly basis with records retained. One recommendation was made in regard to the provision of supervision for consistent agency staff providing care.

The manager explained the range of audits conducted during 2016 which included audit of fire safety, environment and care records. In addition an annual service user satisfaction survey was carried out. Analysis of the findings was undertaken and a report developed. The manager confirmed that actions identified for improvement were implemented. One recommendation made related to including the action taken to address issues in care record audits.

There was a range of electronic corporate policies and procedures to guide and inform staff. Several policies were also held in hard copy format. Staff demonstrated awareness of policies including the policy and procedure relating to whistle blowing and adult safeguarding.

Records of accidents/incidents were discussed with the manager who was aware of procedure in regard to notification to RQIA and the importance of monitoring accidents/incidents in order to

identify trends and patterns and take action where necessary. The manager explained that any issues arising from the investigation of accidents or incidents would be addressed any lessons to be learned would be identified and disseminated throughout the trust. Where necessary risk assessments are undertaken with measures to minimise the risk reflected within care plans.

The centre had a corporate trust policy and procedure on complaints. Information on how to complain was reflected within the statement of purpose and service user guide. Records on complaints received were reviewed and discussed with the manager who explained that all complaints received were recorded, investigated with resolution achieved.

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

Monthly staff meetings were held with minutes recorded which included the names of staff in attendance and discussions held. Staff confirmed that there was very good working relationships within the team and that the manager was always responsive to suggestions/comments raised during staff meetings.

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

Completed questionnaires returned to RQIA indicated that respondents were satisfied that the service was well led.

### Areas for improvement

Two recommendations for improvement were made in this domain. Firstly to the provision of supervision for consistent agency staff and secondly to the inclusion of a record on the action taken to address issues arising from the care record audits.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	2
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### 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Heather McNeill, manager, as part of the inspection process. The timescales commence from the date of inspection.

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

Matters to be addressed as a result of this inspection are set in the context of the current registration of the day care 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.

## 5.1 Statutory requirements

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

## 5.2 Recommendations

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

## 5.3 Actions to be taken by the registered provider

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

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

## Quality Improvement Plan

### Recommendations

<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 3.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 May 2017</p>	<p>The registered person should ensure that review and revision of service user agreements is undertaken to ensure information as cited within standard 3.1 of the Day Care Settings Minimum Standards is included.</p>
	<p><b>Response by registered provider detailing the actions taken:</b> This is in the process of being addressed and has been discussed with Day Centre Managers as to appropriate documentation in use. All service Users will have Service User Agreement updated.</p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 22.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 May 2017</p>	<p>The registered provider should ensure that staff supervision is provided for consistent agency staff.</p>
	<p><b>Response by registered provider detailing the actions taken:</b> This has been commenced and supervision will be offered in future to Consistent Agency Staff. We hope to fill posts permanently to reduce Agency use.</p>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 17.9</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 May 2017 and ongoing.</p>	<p>The registered provider should ensure that when necessary the audit of care record include a record of the action taken to address issues.</p>
	<p><b>Response by registered provider detailing the actions taken:</b> A record of action taken to address issues raised will be completed after any audit.</p>



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