

Unannounced Care Inspection Report 6 June 2018



Rosebrook House

Type of Service: Day Care Setting
Address: Brook House, Coleraine, BT52 1QG
Tel No: 02870343084
Inspector: Dermott Knox

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 12 places that provides care and day time activities for people living with dementia.

3.0 Service details

Organisation/Registered Provider: Northern HSC Trust Responsible Individual(s): Dr Anthony Baxter Stevens	Registered Manager: Mrs Sylvia Campbell
Person in charge at the time of inspection: Mrs Sylvia Campbell	Date manager registered: Mrs Sylvia Campbell, registration pending.
Number of registered places: 12 - DCS-DE	

4.0 Inspection summary

An unannounced inspection took place on 6 June 2018 from 10.15 to 16.20.

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 day care setting was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to maintaining the premises, direct care of service users, activities provided, team development and service users' records.

Areas requiring improvement were identified with regard to the quality of monthly monitoring reports and the production of the annual quality review report.

Service users said:

- "I mostly come here for the tea and the chat. We get a wee run out now and again and everybody's very kind."
- "We like to do some baking and then of course we like to eat what we've baked. We all get on well together and the girls are very helpful."
- "I like this sort of thing, talking about the way it was when we were growing up and looking at these things that we all used. I grew up on a farm so we all had a hand in using these old things."

The findings of this report will provide the day care service with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	0

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Sylvia Campbell, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 12 February 2018.

In addition to those actions detailed in the QIP, the registered person was asked to attend a Serious Concern Meeting with RQIA personnel on 14 March 2018 and to present an action plan, setting out the actions which the provider will take in order to meet the requirements that were identified following the most recent inspection on 12 February 2018.

5.0 How we inspect

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

- Record of notifications of significant events
- Record of complaints
- Quality Improvement Plan from the previous inspection on 12 February 2018
- The RQIA log of contacts with, or regarding Rosebrook House Day Centre

During the inspection the inspector met with:

- seven service users in a group setting
- three care staff in individual discussions
- two deputy managers who have assigned duties for the centre
- the registered manager throughout the inspection

Questionnaires were left with the manager to be distributed to service users and a number of relatives or carers of service users. No completed questionnaires were returned to RQIA by 20 June 2018.

The following records were examined during the inspection:

- filed records for three service users, including assessments and review reports
- progress records for three service users
- monitoring reports for the months February, March, April and May 2018
- records of two staff meetings held in November 2017 and March 2018
- selected training records for staff
- records of staff supervision dates
- staff work schedules

- the Statement of Purpose
- the service user’s guide
- fire safety records

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

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 12 February 2018

The most recent inspection of the day care setting was an unannounced care inspection. The QIP was returned on the day before this present inspection and is reviewed at 6.2 below.

6.2 Review of areas for improvement from the last care inspection dated 12 February 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 28(3) Stated: Third time	The registered person shall ensure that monitoring visits to Rosebrook House Day Centre are carried out at least once a month. Ref: 6.7	Met
	Action taken as confirmed during the inspection: Reports of monitoring visits were available for each of the months since the previous inspection.	

<p>Area for improvement 2</p> <p>Ref: Regulation 28(4)(b)</p> <p>Stated: Third time</p>	<p>The registered person shall ensure that the person carrying out the visit shall inspect the premises of the day care setting, its record of events and records of any complaints.</p> <p>Ref: 6.7</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Reports of monitoring visits made since the previous inspection indicated that monitoring officers were operating in compliance with this regulation.</p>		
<p>Area for improvement 3</p> <p>Ref: Regulation 11(1)</p> <p>Stated: Second time</p>	<p>The registered person shall, having regard to the size of the day care setting, the statement of purpose, the number and needs of the service users, carry on or (as the case may be) manage the day care setting with sufficient care, competence and skill.</p> <p>Ref: 6.7</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>New management arrangements have been introduced, ensuring that each of the two deputy managers allocates specific periods each week to day centre management matters. The registered manager confirmed that she also has increased her input to the management of the day care service.</p>		
<p>Area for improvement 4</p> <p>Ref: Regulation 31(h)</p> <p>Stated: First time</p>	<p>The registered person shall (retrospectively) make a Variation Application to RQIA in respect of the changes to the premises that were carried out in March/April 2016. The Craft Room was closed and given over to office space for other Trust employees.</p> <p>Ref: 6.7</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The manager confirmed that a Variation Application had been made to RQIA since the previous inspection and this was verified in the RQIA records.</p>		

Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 9.2 Stated: First time	The registered person shall ensure that the types of activities offered are diverse and varied, engaging, purposeful, enjoyable, age- and culturally-appropriate and promote healthy living. Ref: 6.5	Met
	Action taken as confirmed during the inspection: The activities plan for the centre has been expanded to ensure that there is greater diversity and variety available. The former dining room is now also used as an activity room, outside of the lunchtime period. The senior day care worker's management responsibilities have been reduced and she now has more time devoted to direct work with service users.	
Area for improvement 2 Ref: Standard 23.8 Stated: First time	The registered person shall ensure that staff meetings are held at least quarterly and that the records of these are in keeping with this minimum standard. Ref: 6.7	Met
	Action taken as confirmed during the inspection: A schedule of staff meetings dates has been drawn up and the manager confirmed that these will be held within working hours for staff members and after the time that service users have gone home.	
Area for improvement 3 Ref: Standard 21.3 Stated: First time	The registered person shall ensure that all staff complete mandatory training, e.g. 'Safeguarding Vulnerable Adults', within the required time periods. Ref: 6.7	Met
	Action taken as confirmed during the inspection: The deputy managers and the senior day care worker confirmed that staff training was up to date in all areas.	

<p>Area for improvement 4</p> <p>Ref: Standard 12.10</p> <p>Stated: First time</p>	<p>The registered person shall ensure that staff providing transport for service users are clear about their roles and responsibilities regarding this aspect of the service and that any change to the conditions of this role is notified to them in writing.</p> <p>Ref: 6.4</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The registered person's response to this area for improvement stated, "All staff have received an email regarding the proposed changes in licence class. Staff will be supported to attain the requirements at no cost to themselves." The senior day care worker confirmed that she has completed her training and assessment for the required licence category and that other staff are scheduled to do this in the near future.</p>		
<p>Area for improvement 5</p> <p>Ref: Standard 28.1</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the Fire Safety Risk Assessment and Management Plan is revised to take account of any changes made to the day care setting.</p> <p>Ref:6.4</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The manager confirmed that fire safety risk assessments are carried out by the Trust's Fire safety Officers and are updated as necessary. The current risk assessment relates to the premises as they are now.</p>		
<p>Area for improvement 6</p> <p>Ref: Standard 28.1</p> <p>Stated: First time</p>	<p>The registered person shall ensure that reports of Annual Quality Reviews are accurate with regard to all practice and events during the period to which they refer.</p> <p>Ref: 6.7</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The Annual Quality Review report was completed by the manager on 31 March 2018 and was uploaded to the RQIA portal. The report addresses all of the matters required by Regulation 17 of The Day Care Setting Regulations(NI) 2007.</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.

Staff rotas provided evidence that sufficiently qualified, competent and experienced persons are working in the centre to meet the assessed needs of the service users. On the day of this unannounced inspection, there were two permanent staff and one agency staff on duty in the centre. The agency staff member provides cover for an absent permanent staff member. Records are kept of staff working each day, the capacity in which they worked and who is in charge of the centre. The agency worker confirmed that she had been provided with comprehensive induction to the work of the centre when she first attended and had not been asked to work alone with service users until she was familiar with the duties and responsibilities. Records showed that all staff were provided with training appropriate to their roles and responsibilities.

Notifiable events have been documented and investigated in line with requirements and all relevant events have been reported to RQIA and other relevant organisations in accordance with the legislation and procedures. Restrictive practice is in place with all service users, in that external doors can only be opened with a security swipe device. Staff stated that this restriction was discussed and agreed with service users and their carers at the time of initial referral to the service. A deputy manager reported that no suspected, alleged or actual incidents of abuse had been identified since the previous inspection. Three incidents had been reported since the previous inspection and all had been managed appropriately in relation to ensuring the safety and wellbeing of the service user.

Staff confirmed that they felt care was safe in the centre and that they had confidence in the practice of their colleagues in the team. The senior day care worker, who takes charge in the absence of the manager and deputy managers, expressed confidence that all staff understand the appropriate measures to ensure the safety and wellbeing of service users. The most recently appointed staff member, an agency worker who works part-time in the centre, has experience across a range of work settings, including residential care with older people. Each of the staff demonstrated an understanding of the need to continually assess risks regarding individual service user's mobility and safety awareness, both within the centre and on outings in the day centre's vehicles.

A fire drill for the premises was carried out on 5 June 2018 and this was reported to have been effective and safe. Staff complete daily checks of fire exits, weekly checks on fire alarms and fire safety equipment and monthly checks on emergency lighting, all of which were recorded and up to date. Each of the service user's records examined at this inspection contained a Personal Emergency Evacuation Plan (PEEP) and a copy of the PEEP for every service user who attends the centre was available in a separate, dedicated file. Procedures were in place for the secure storage of COSHH substances. The premises were clean and well organised with no obvious hazards for service users or staff members.

Areas of good practice

Examples of good practice were found throughout the inspection in relation to safety procedures, staff training, adult safeguarding, infection prevention and control, risk management and the home’s environment.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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 the Service User’s Guide provide the information required by regulations and minimum standards. Seven service users contributed information, verbally, in the course of the inspection. Their feedback was positive in all respects, including the effectiveness of the care provided. One service user confirmed that the service had contributed positively to her life, through attending the centre and having people whose company she enjoyed. Several others nodded their agreement with this comment. The centre’s latest annual quality review report, completed at the end of March 2018, reported that 28 relatives/carers of service users had commented on the positive impact of the service on their family members’ lives.

Three service users’ files were examined during this inspection and each was found to contain detailed referral and assessment information on the individual and on his or her functioning, along with a written agreement on the terms of the individual’s attendance. Each file also contained a signed consent form for information to be accessed appropriately by other professionals. All three care plans had been updated in the current year and identified service users’ needs in good detail, setting out the objectives for each person’s care and the actions required of the day care staff, in order to meet the objectives.

Each of the files examined contained risk assessments appropriate to the individual service user, making the risk and vulnerability levels clear for staff involved in the work with that person. Written records were kept of each service user’s involvement and progress at the centre. Entries were made in keeping with the frequency stipulated by the minimum standards. Records of annual reviews for each person demonstrated that an evaluation of the overall suitability of the placement had been discussed in detail and agreed. Well written review records were available in two of the files examined and these included the service user’s views and were informed by the written progress records. The third file related to a service user who had recently started to attend the centre and the initial review had not yet been held. Dates and signatures were present in all of the care records examined and attention to detail generally was of a good standard.

There are two rooms available for group activities, one of which is the dining room, used for the mid-day meal, but otherwise suitable for a range of table-top activities. The centre normally operates in either one or two groups, whose numbers are dictated by the service users' needs, choice and agreed programme. Where assistance was required, for example with mobilising or personal care, staff provided it discretely and respectfully. Seven service users presented positive views of the centre's activities, such as arts and crafts, cookery, reminiscence sessions, music and singing and outings. They also confirmed that meals were of a good standard. Evidence from discussions with service users, from written records and from observations of interactions between service users and staff, confirmed that service users and their family members viewed the centre as a valuable and effective resource. Overall, the evidence indicates that the care provided is effective in promoting service users' wellbeing and fulfilment.

Areas of good practice

Examples of good practice found throughout the inspection included, assessments of needs, care planning, care records, reviews, communication between staff and service users, engaging and enjoyable activities.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

On the day of this inspection, the atmosphere in Rosebrook House Day Centre was welcoming and relaxed. Most of the service users arrived at the centre by the centre's mini-bus and two service users confirmed that the transport arrangements were good. Observations of interactions throughout the day provided evidence of service users being engaged by staff with respect and encouragement at all times and relating positively to staff and to each other. With just seven service users on the day of this inspection, all were involved as one group and participated in a planned activity in each of the morning and the afternoon sessions. The inspector was a participant observer in the afternoon reminiscence session which was guided sensitively and skilfully by the senior day care worker. All service users contributed, with six of the seven people being well engaged and clearly enjoying the recall of activities and events associated with the various stimulus items in use.

Throughout a full week there is a range of activities, such as art and crafts, cooking, exercising and outings. Two service users confirmed that staff encourage them to take part in those aspects of the day care service that are identified as part of their care plan. One service user spoke of being very keen on baking, while another identified knitting as her favourite activity, one that she had learned while attending the centre. Staff demonstrated an understanding of each person's needs as identified within the individual's assessment information and also a good knowledge of the individual circumstances and needs of carers. Staffs' practice that was

observed, demonstrated compassionate care through touch, tone of voice and the appropriateness of discussion content.

The systems in place to ensure that the views and opinions of service users were sought and taken into account included daily discussions with people in groups or individually, regular service users' meetings, held at least quarterly, and an annual review consultation setting out the views of the key personnel who have an input to the review process. Records of service users' meetings provided evidence of a focus on involving people to contribute to decisions about the way in which the day care service is run.

During each monthly monitoring visit the views of a sample of service users were sought and their views were reflected briefly in all of the monthly monitoring reports that were reviewed. Each person's file contained progress notes relating to his or her involvement and wellbeing and these reflected the caring nature of the relationships and interactions observed during the inspection. Observations provided good examples of warm and compassionate interactions between staff and service users who were clearly at ease with the staff and with the operations of the centre. Staffs' comments and actions, along with the views expressed by service users, confirmed that compassionate care was being provided consistently in Rosebrook House Day Centre. These views were strongly supported by an agency worker who provided a very positive evaluation of this service.

Service users' rights and feelings, and the methods available to them of raising a concern or making a complaint were set out in the service user guide and information had been provided for service users and relatives to help them understand and use the procedures for making their views known to staff. Observation of the delivery of care, throughout the period of the inspection, provided evidence that service users' needs were being met by the staff on duty. The evidence presented supports the conclusion that effective care is provided in Rosebrook House Day Centre.

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, demonstrations of caring attitudes in minute by minute practice, facilitating service users' involvement in the various activities and leisure interests and maintaining records of activities and progress.

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.

At the beginning of the inspection the senior day care worker provided information on the current operation of the centre. Two deputy managers were called from their nearby office and explained the progress that had been made since the inspection in February 2018. A wide range of documentary evidence was provided by them to inform the inspection's findings. These included minutes of staff meetings and service user committee meetings, monitoring reports, service users' files, staffing information and written policies and procedures. The registration certificate was up to date and displayed appropriately. The manager was present from approximately 11.30 and was available throughout the day.

Rosebrook House Day Centre and the Northern Health and Social Care Trust have systems in place to ensure that staff are informed on the responsibilities of their roles and the expected standards of practice. Staff members each hold a relevant qualification for their post.

During each monthly monitoring visit, the views of a sample of service users and staff were sought, but the 2018 monitoring reports examined did not present more than a brief comment on peoples' satisfaction. There was no means of determining from the reports whether different service users, carers and staff were being interviewed on each visit and this should be introduced in future reports. Reports referred to above were for the months of February, March, April and May 2018. By contrast, a monitoring visit, dated 29 September 2017, had been reported on fully and with good attention to detail. This report contained feedback from discussions with service users and with one or two staff members. Observations of the work and activities were recorded along with comments on the accuracy and appropriateness of records and the safety and condition of the premises. The report indicates that the monitoring officer spent significant time in the centre and sought both factual and anecdotal evidence for the task. This latter report fulfils both the letter and the spirit of the regulations and the minimum standards, while the 2018 reports do not. This is identified as an area for improvement.

There was evidence in records and from discussions with staff members to verify that staff training was well planned and delivered in a way that enabled staff members to connect the content of the training with their day to day practice. One staff member spoke enthusiastically of working with people who at times presented behaviours that challenged staff to find creative responses and management techniques. The manager and staff had identified training topics in addition to mandatory training for staff, in order to ensure that the needs of service users are being met by staff who are appropriately skilled and knowledgeable. An agency worker, on duty to cover for an absent staff member, confirmed that induction training and further training had been provided for her and had contributed to her positive views of the service.

Records of staff's supervision showed that it was being held quarterly, in keeping with the minimum standards. Three staff members confirmed, individually, that supervision was planned and conducted in a supportive and developmental way. Staff rotas were scheduled well in advance, enabling arrangements to be made for annual leave and staffing cover. Staff meetings were being scheduled quarterly, following a lengthy lapse between March and November 2017. Minutes of the most recent staff meeting, on 6 March 2018 included a record of those attending and provided evidence of a varied agenda, including: Hygiene Audits,

Purchasing equipment, Minibus driving licence requirements and families providing transport. There was evidence from discussions with staff members to confirm that working relationships within the staff team were constructive and supportive. There is evidence that Rosebrook House Day Centre has improved its leadership and management arrangements since the previous inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to, organising, staffing, staff training, staff supervision, management of complaints and incidents, building good working relationships.

Areas for improvement

Monthly monitoring reports provide insufficient evidence of robust monitoring.

	Regulations	Standards
Total number of areas for improvement	1	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Sylvia Campbell, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the day care setting. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007

<p>Area for improvement 1</p> <p>Ref: Regulation 28(4)</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2018</p>	<p>The registered person shall ensure that monthly monitoring visits and the related reports provide evidence of thorough examinations of the centre's operations and summarising the views of service users, their representatives and staff members, so as to fulfil the requirements of the relevant regulations and minimum standards. To ensure a varied range of views is elicited and to maintain confidentiality, reports should use a coded identifier for those service users who are interviewed</p> <p>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The registered manager will ensure the monitoring officer provides detailed monthly reports that show evidence of thorough examination of all areas required. A coded identifier has been devised for all service users.</p>



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)