

Unannounced Care Inspection Report 06 June 2017



Binnian Lodge Resource Centre

Type of Service: Day Care Setting
Address: Manse Road, Kilkeel, BT34 4BN
Tel No: 02841765473
Inspector: Suzanne Cunningham

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 that cares for people who have a physical disability and or a sensory impairment. They can provide care and day time activities for up to ten service users each day. They are open Mon, Tuesday, Thursday and Friday.

3.0 Service details

Organisation/Registered Provider: Southern HSC Trust Responsible Individual(s): Mr Francis Rice	Registered Manager: Ms Carmel McGrath
Person in charge at the time of inspection: Carmel McGrath	Date manager registered: 21 June 2013
Number of registered places: 10 - DCS-PH, DCS-SI	

4.0 Inspection summary

An unannounced inspection took place on 06 June 2017 from 10.00 to 16.00.

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 staffing arrangements, staff training, and knowledge regarding adult safeguarding, infection prevention and control, risk management and the home's environment which promoted safe practice. Effective practice was promoted through effective care records, reviews, communication between service users and staff. Compassionate care was promoted 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. Finally good practice in relation to governance arrangements, management of complaints, improving identified issues and maintaining good working relationships supported well led care in the setting.

Areas requiring improvement were identified regarding fire safety, policies and procedures and the annual report.

Service users said when asked is care safe: "company makes me feel safe, (staff) know what they're doing. Do practice runs (fire) – get to the door". They said regarding effective care: staff "ask what I want to do" have "choices" and have a "good chance to have my say". Regarding well led care the service user said "they listened to me regarding the table".

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
Total number of areas for improvement	2	3

Details of the Quality Improvement Plan (QIP) were discussed with Carmel McGrath, 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.

4.2 Action/enforcement taken following the most recent care inspection dated 2 June 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 02 June 2016.

5.0 How we inspect

Prior to inspection following records were analysed:

- The registration details of the day centre
- Information and correspondence received from the registered manager and Southern Trust
- Incident notifications which revealed no incidents had been notified to RQIA since the last care inspection in June 2016
- Unannounced care inspection report 02 June 2016.

During the inspection the inspector met with:

- The registered manager
- Two care staff
- Two service users.

Questionnaires were given to the staff on duty to distribute between service users, representatives and staff. One was returned by service users and two were returned by staff.

The following records were examined during the inspection:

- Two service users care files
- One individual staff members records
- A sample of service users' daily records
- The complaints/ issue of dissatisfaction record from April 2016 to June 2017
- A sample of incidents and accidents records from August to June 2017
- The staff rota arrangements during May and June 2017
- The minutes of three service user meetings held in March, April and May 2017

- Staff meetings held in March, April and May 2017
- Staff supervision dates for 2017
- Four monthly monitoring reports from January to May 2017
- Staff training information for 2016 and 2017
- A sample of policies and procedures relevant to safe, effective, compassionate and well led care
- Statement of Purpose
- Service Users Guide.

Eight areas for improvement were identified at the last care inspection. These were reviewed and assessment of compliance recorded as met in six of the matters and partially met in one of the matters and not met in one of the matters.

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 24 November 2016

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

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

6.2 Review of areas for improvement from the last care inspection dated 2 June 2016

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 5 Stated: Second time	The registered person should make appropriate arrangements for staff to review the content of the care plan with the service users in Binnian and add in service user's preferences and choices. (This detail was recorded within two of the three care plans examined.) Further work in this regard is necessary.	Met
	Action taken as confirmed during the inspection: The inspection of two care plans provided confirmation this had been improved.	

<p>Area for improvement 2</p> <p>Ref: Standard 15.6</p> <p>Stated: First time</p>	<p>The registered manager should ensure that the policy/procedure on Adult Safeguarding is reviewed and revised to reflect the new DHSSPS regional guidance entitled Adult Safeguarding Prevention Protection in Partnership (July 2015) and identification of the named champion.</p> <p>Staff training in this regard will be necessary.</p> <p>Action taken as confirmed during the inspection: The trust had integrated the Adult safeguarding policy into practice however the trust policy had not been updated. This is stated for the second time on the QIP for this inspection to promote improvement in this regard.</p>	<p>Partially met Carried forward to the next care/premises inspection</p>
<p>Area for improvement 3</p> <p>Ref: Standard: 13.7</p> <p>Stated: First time</p>	<p>The registered manager should record in the fire risk assessment action taken to address recommendations, date and sign.</p> <p>Action taken as confirmed during the inspection: The fire risk assessment was inspected and this improvement had been achieved at the time of inspection.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Standard: 5.6</p> <p>Stated: First time</p>	<p>The registered manager should request the designated social worker to forward minutes of care management reviews held during 2015 so that staff are aware of any agreed changes to the planned care. Copies of reviews should be retained within care records.</p> <p>Action taken as confirmed during the inspection: The care management reviews were retained within the care records inspected.</p>	<p>Met</p>
<p>Area for improvement 5</p> <p>Ref: Standard 18.5</p> <p>Stated: First time</p>	<p>The registered manager should ensure that a review of policies/ procedures is undertaken as several hard copies were dated 2008 and 2011. These should be systematically reviewed every three years or more frequently should changes occur.</p> <p>Action taken as confirmed during the inspection: The policies and procedures were described</p>	<p>Not met Carried forward to the next care/premises inspection</p>

	as having been reviewed and updated. The paper copy policies and procedures sampled for this inspection had not all been improved in this regard. Staff were asked to find a selection of policies online and this revealed not all policies and procedures were accessible when staff looked for them. This is stated for the second time on the QIP for this inspection to promote improvement in this regard.	
Area for improvement 6 Ref: Section 2. Part 1 Stated: First time	The registered manager should undertake review and revision of the statement of purpose to include changes in the organisational structure.	Met
	Action taken as confirmed during the inspection: This had been completed. The document was available and up to date at the time of inspection.	
Area for improvement 7 Ref: Standard: 23.7 Stated: First time	The registered person shall ensure that the time spent by the registered manager in the day care centre is recorded within the staff duty roster.	Met
	Action taken as confirmed during the inspection: This had been written on the day care settings rota. Records to evidence this improvement were available and up to date at the time of inspection.	
Area for improvement 8 Standard 15.3 Stated: First time	The registered manager should request that minutes of care management review for three service users are forwarded to ensure that staff are fully informed and can check that the care to be provided and recorded in care plans is in accordance with the formal record of minutes.	Met
	Action taken as confirmed during the inspection: Two service user individual care records were inspected and this found the records had been improved in this regard.	

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 inspection of one individual staff file, the staff rotas for May and June 2017, discussion with staff and the observation of care during the day confirmed there was sufficiently qualified, competent and experienced persons working in the centre to meet the assessed needs of the service users. The number of staff available to provide care presented as sufficient taking into account the size and layout of the premises, the number of service users, fire safety requirements and the statement of purpose.

Records were kept of staff working each day, the capacity in which they worked and who was in charge of the centre which was compliant with standard 23.7. A competency and capability assessment had been completed for the staff member who was in charge of the centre in the absence of the manager. This revealed the staff member had received training and was assessed as competent to undertake their role and responsibilities.

The inspection of staff training records revealed the staff had received training in MAPA (behaviour management), first aid, epilepsy, diabetes, food hygiene, medicines and moving and handling since the last inspection. Staff confirmed they felt well prepared to meet the needs of service users in this setting from their training and the support provided by the management team.

The inspection of the settings accident and incident records were inspected, this revealed no incidents had been recorded since the last inspection. Discussion with staff found they were cognisant of keeping service users safe in the setting and were aware of potential risks for each individual. This assured they had the right knowledge and information to prevent harm to the service users attending the setting.

At the time of the inspection there were no restrictive practices in place for individual service users. Service users using wheel chairs were secured in their chair however this was required for their posture and safety.

The environment was observed and this found infection prevention and control measures were in place, the setting was clean & tidy and the group's rooms were not overcrowded with service users.

Fire safety precautions were in place such as fire exits were not obstructed, and the staff were aware of the evacuation procedure. The fire risk assessment required review in April 2017 and the manager had contacted the responsible person in the trust to address this in April. This had not been done at the time of this inspection and a requirement is made in this regard.

Discussion with service users regarding is care safe revealed they knew that staff were around to help them and they were confident the setting was safe. One service user returned a questionnaire which identified they were very satisfied with the safe care in the setting. They

felt safe and protected from harm, could talk to staff, the settings environment met their needs; they knew how to leave the setting safely if the fire alarm sounded.

Discussion with staff revealed they were aware of the service users risk assessments and care plans which they needed to be familiar with to ensure the right care was given at the right time, in the right place. They confirmed they had received training to deliver the right care that was safe and they trained with other staff from other centres which enabled them to learn as a group. They identified it was good to share practice. They said staff numbers were adequate to meet the needs of service users. The staff questionnaires identified the staff were very satisfied the care was safe in this setting. The service users were safe and protected from harm, they had received training including safeguarding, they would report poor practice, risk assessments were in place and they received support from the manager.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing arrangements, their training, and knowledge regarding adult safeguarding, infection prevention and control, risk management and the home's environment.

Areas for improvement

One area for improvement was identified regarding fire safety

	Regulations	Standards
Total number of areas for improvement	1	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 service users guide was sampled and the content was broadly consistent with the day care setting regulations and day care settings standards.

Two service user's individual care files were inspected. They included the service user's individual assessments and care plans, an individual written agreement that set out their terms of their day care placement was in place but this did not detail current charges. Advice was given that this information should be included in this document. Evidence of timely review of the care plan and assessment was recorded and in one example when the meeting was cancelled the key worker was liaising with the social worker to rearrange the meeting as soon as possible. Records were stored safely and securely in the office and staff could access them if and when required during the day.

Observation of care during the inspection found staff were actively responding to service users behaviour, non-verbal communication and verbal communication. They sought service users' preferences, feedback regarding activities and ensured the service users were enabled to take part in activities of their choice. One new addition to the setting was a table that could rise and fall depending on the users seating position. This was requested by one of the service users who said he was happy he had been listened to and happy he could comfortably sit at the table.

Discussion with service users and observations found they were satisfied staff knew their needs which were very specific and staff had the right knowledge to meet their needs. The service user questionnaire identified they were very satisfied care was effective in this setting. They were getting care at the right time, in the right place with the best outcome, staff communicate with them, they know each individual's needs and choices, staff encourage independence and the service users are involved in their day care setting placement.

Discussion with staff revealed they were confident they knew what needed to be done for each service user and they worked together to promote service users independence and skills in the setting. They complete a communication book daily for each service user to help them communicate with their relative what they have done in day care. Staff described when and how they might escalate concerns which assured they were informed regarding their safeguarding and caring role and responsibilities.

The staff questionnaires identified staff were very satisfied care was effective in this setting. Service users get the right care, at the right time, in the right place; service users were involved in their care, staff have experience, skills and knowledge of service users care plans to support service users; and they respond to service users in a timely manner.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, reviews, communication between service users and staff.

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.

Observation of the care in the setting found staff were enabling and supporting service users to engage and participate in meaningful activities of their choice, their hobbies and interests. The service users were observed as accepting of the support and throughout the inspection they enjoyed lively and friendly conversation between themselves and staff. Service users were encouraged to use their memory by recalling knowledge and use fine motor skills in activities. Using skills such as these in the day care setting has the potential to improve outcomes, maintain skills and levels of independence.

The setting had held monthly service users meetings in 2017. Service users were being enabled through the meeting to effectively communicate their views, opinions and feelings about day care as well as make suggestions regarding what they can do in the future.

The annual service users' quality assurance survey was completed and the outcome, action plan was in the process of being written. As already commented on in effective care the

service user's suggestions had been used last year to improve the environment and this practice is commended.

Discussion with service users and observation of interactions indicated that service users were being treated with dignity and respect while promoting and maintaining their independence which was particularly important for these service users who required intensive support to meet their needs. The service users confirmed that staff asked for their choices and preferences. The questionnaire returned by service user identified they were very satisfied that care was compassionate in this setting. They were treated with dignity and respect, involved in their care, and their privacy was respected.

Discussion with staff found they were aware of their role to promote and maintain service users' independence in the setting, they said the service users valued the setting and felt fulfilment from being there because their physical and emotional needs were supported by staff. They described respectful, appropriate, timely practices that promoted service users right to privacy and dignity.

Staff questionnaires identified they were very satisfied the care was compassionate in this setting. Service users were treated with dignity, involved in decisions, are listened to, independence was encouraged and service users views were being used to improve the service.

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 registration certificate was up to date and displayed appropriately. There was a range of policies and procedures in place to guide and inform staff however when a staff member was asked to retrieve paper copies and electronic copies of the policies and procedures this revealed their accessibility and availability was not evidenced for all of the policies and procedures contained in appendix 2. A recommendation is made to improve this for staff.

The staff rota identified the registered manager was not in the setting full time in 2017. She was recorded on the rota as present in the setting for 1 to 2 days per month and it was likely

these were not full days. This was not impacting negatively on the compliance of this setting as the staff who were present day to day understood their responsibility to comply with minimum standards and regulations for day care.

Whilst records inspected showed the staff had responded well when improvement was identified there was a lack of leadership in this setting for any further progress. Discussion with the manager confirmed she felt her time in the setting was limited therefore she was reviewing processes to ensure compliance rather than focussing on potential for improvement. There is no onus in the regulations or standards for the manager to be present in the setting all of the time however the manager was advised she needs to be present in the setting at a level that assures effective practices are in place.

Staff supervision dates were provided for this inspection and this found staff had received recorded individual, formal supervision at least every three months. The staff meeting minutes were inspected for March, April and May 2017 and they showed staff supporting each other to deliver safe, effective and compassionate care.

No complaints had been recorded however a complaints record was maintained and made available for inspection.

The arrangements and evidence in place to monitor, audit and review the effectiveness and quality of care delivered to service users at appropriate intervals was the manager and assistant manager's review of records and practice during their visits.

The Regulation 28 monthly quality monitoring visits (MMV) were inspected for 2017. They included audits of records, the report recorded outcomes and an action plan. The MMV were undertaken monthly, were unannounced and qualitatively reflected service users and staff views and opinions.

The last annual report was provided for the inspection however the content was not compliant with schedule 3 of the regulations. The registered manager was advised where guidance was available on the RQIA website and the matters that must be included in the report. A requirement is made for this to be completed and returned with the QIP to RQIA.

Discussion with service users confirmed they knew the manager in the setting and the staff who took day to day responsibility for their care. The service users questionnaires identified they were very satisfied with the leadership in this setting. They felt the setting was managed well, they knew the manager, they could talk to the manager if they were unhappy and the staff respond well to issues, concerns or suggestions.

Discussion with staff revealed staff the manager was accessible if they needed support but generally they planned together to deliver safe, effective and compassionate care. They identified they delivered person centred care and focussed on improvement where possible.

The staff questionnaires identified they were satisfied the setting was well led. The service was managed well, quality monitoring was undertaken regularly, concerns or complaints were responded to, staff meetings were held and communication between staff and the manager was effective. One staff member wrote "management visit the centre once per week however if issues arise or information is requested management are easily contacted and necessary support is given.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints, improving identified issues and maintaining good working relationships.

Areas for improvement

There were two areas of improvement identified in relation to policies and procedures and the annual report.

	Regulations	Standards
Total number of areas for improvement	1	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Carmel McGrath, 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 to Day.Care@rqia.org.uk for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal.

If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan	
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007	
Area for improvement 1 Ref: Regulation 4 Stated: First time To be completed by: 01 August 2017	The registered person shall ensure the fire risk assessment is reviewed and updated immediately. Ref: 6.4 Response by registered person detailing the actions taken: Fire Risk Assessment has been updated by Estates Dept.and is on file - completed 03/07/17
Area for improvement 2 Ref: Regulation 17 Stated: First time To be completed by: 01 August 2017	The registered person shall complete the annual report which is compliant with schedule 3 of the day care setting regulations. The report should be sent to RQIA with the QIP. Ref: 6.7 Response by registered person detailing the actions taken: Annual Report for April 2016- March 2017 is complete and on file. A copy is attached with this QIP
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012	
Area for improvement 1 Ref: Standard 15.6 Stated: Second time To be completed by: 01 August 2017	The registered person shall ensure that the policy/procedure on Adult Safeguarding is reviewed and revised to reflect the new DHSSPS regional guidance entitled Adult Safeguarding Prevention Protection in Partnership.(July 2015) and identification of the named champion. Staff training in this regard will be necessary. Ref: 6.2 Response by registered person detailing the actions taken: New regional safeguarding policy / procedures are on file and named champion identified. Staff training has been completed in March 17 and an internal 'Initial Safeguarding Concern' flow chart has been drawn up with relevant names and contact numbers .

<p>Area for improvement 2</p> <p>Ref: Standard 18.5</p> <p>Stated: Second time</p> <p>To be completed by: 01 August 2017</p>	<p>The registered person shall ensure that a review of policies/ procedures is undertaken as several hard copies were dated 2008 and 2011. These should be systematically reviewed every three years or more frequently should changes occur.</p> <p>Ref: 6.2</p>
<p>Area for improvement 3</p> <p>Ref: Standard 18</p> <p>Stated: First time</p> <p>To be completed by: 01 August 2017</p>	<p>Response by registered person detailing the actions taken: All local (Day Care Services) policies and procedures have been reviewed and placed on file. A further request has been sent to Senior Management about need for timely review of Trust wide policies and procedures.</p> <p>The registered person shall improve the accessibility and availability of policies and procedures that guide and inform staff and are compliant with Appendix 2 of the day care settings standards.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: All relevant policies and procedures have been placed on file and staff have been assessed as competent to access these for guidance and information purposes. A simple access guide has been drawn up for access to Trust Policies and procedures - copy on Policies & Procedures file.</p>

Please ensure this document is completed in full and returned to Day.Care@rqia.org.uk from the authorised email address



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