

Unannounced Care Inspection Report 30 January 2018



Strabane Day Centre

Type of service: Day Care Service

Address: County Buildings, Barrack Street, Strabane, BT82 8EU

Tel no: 028 7138 1600

Inspector: Bridget Dougan

www.rqia.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 provides care and day time activities on Mondays, Wednesdays and Fridays for up to 40 adults with a range of needs including old age, learning disability, physical disability and dementia.

3.0 Service details

Organisation/Registered Provider: Western HSC Trust	Registered Manager: Michelle McMackin
Responsible Individual(s): Dr Anne Kilgallen	
Person in charge at the time of inspection: Michelle McMackin	Date manager registered: 27 September 2010
Number of registered places: 40 - DCS-E, DCS-I, DCS-LD, DCS-MP, DCS-PH, DCS-DE	

4.0 Inspection summary

An unannounced inspection took place 30 January 2018 from 11.00 to 16.00 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 and since the last care inspection and to determine if the establishment was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff knowledge and competency in regard to safe care, risk management; the day care setting environment; service users individual care records; providing the right care, in the right place, in the right time; activities; the ethos of the day care setting; acting on service user's views and preferences; governance arrangements; and maintaining good working relationships.

One area requiring improvement was identified in respect of the provision of a structured induction for agency staff.

Service users said:

- "I get well looked after, staff are kind and helpful."
- "I enjoy attending the day centre and the meals are very good."
- "I love coming to the day centre."

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	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Michelle McMackin, 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 25 October 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 25 October 2016.

5.0 How we inspect

Prior to inspection the following records were analysed:

- the registration details of the day centre
- written and verbal communication received since the previous care inspection
- the previous care inspection report and quality improvement plan (QIP)

During the inspection the inspector met with:

- the manager
- four care staff
- sixteen service users

The following records were examined during the inspection:

- staff roster
- complaints and compliments records
- accident/untoward incident records
- RQIA registration certificate
- staff supervision and appraisal records
- elements of three service users' care records
- sample of policies and procedures
- sample of quality assurance audits
- fire safety risk assessment
- staff training information
- minutes of three staff meetings
- minutes of three service user meetings
- monthly monitoring reports

Questionnaires were given to the manager to distribute between service users and their representatives. A poster was also displayed for staff inviting them to provide online feedback to RQIA. Five service users and five relatives returned questionnaires. No online feedback was provided by staff.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 25 October 2016

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

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

6.2 Review of areas for improvement from the last care inspection dated 25 October 2016

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 13(8) Stated: First time	The registered provider shall ensure that all references to service users, both written and verbal, are made with due regard to the dignity of the person and do not substitute or include labels derived from the individual's disability or needs, or the categories of support provided.	Met
	Action taken as confirmed during the inspection: The manager confirmed that this has been addressed with all staff and is being monitored on an ongoing basis by the management team. Observation of interactions between service users and staff demonstrated that service users were treated with dignity and respect. Review of a sample of care records evidenced that written references to service users were made with due regard to their dignity.	

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 manager confirmed the planned daily staffing levels for the day care centre, and that these levels were subject to regular review to ensure the assessed needs of the service users were met. A review of the staffing roster for weeks commencing 15 until 29 January 2018 evidenced that the planned staffing levels were adhered to.

Staff confirmed that staffing levels met the assessed needs of the service users. Discussion with service users evidenced that there were no concerns regarding staffing levels. Observation of the delivery of care at the time of inspection provided evidence that service users' needs were met by the number of staff on duty.

The manager confirmed the arrangements in place to ensure information pertaining to all of the matters specified in Schedules 2 and 5 of The Day Care Setting Regulations (Northern Ireland) 2007 were reviewed. Recruitment records are retained at the organisation's personnel department and written confirmation is sent to the manager when all the relevant pre-employment checks have been completed and the manager can then arrange for the person to commence employment.

There was an induction programme in place for all grades of permanent staff which included the Trust induction and Northern Ireland Social Care Council (NISCC) competency standards, which assists new staff to identify skills they are confident in and areas they may need more development in. One agency staff member was on duty on the day of the inspection and they informed the inspector that this was their first day working in the day care setting and they had not received an induction. The manager confirmed that an induction programme was not in place for agency staff. An improvement is made in this regard.

The settings training records demonstrated that staff had received mandatory training and training relevant to their roles and responsibilities. Discussion with staff confirmed they had received training that had assisted them to provide safe and effective care. Examples of training staff received in 2017 included adult safeguarding, infection prevention and control; fire safety; first aid; behaviour management; epilepsy management, nutrition and diabetes awareness.

The manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the centre for any period in the absence of the manager. Records of competency and capability assessments were retained and examined during the inspection.

Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility.

The examination of the settings incidents, accidents and notifications forwarded to RQIA found safety issues and risks had been identified and managed. Assessments and care plans had

been reviewed and updated as necessary to ensure practice was safe and effective. The sample of records inspected indicated the relevant incidents/notifiable events had been reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

A review of documentation confirmed that any potential safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols and the Trust policies and procedures and RQIA were notified appropriately. Where any shortcomings were identified safeguards were put in place.

The manager confirmed that no restrictive practices were undertaken within the day care setting and on the day of the inspection none were observed. A number of wheel chair users were secured in their chair using a lap belt however this was required for posture and safety as directed by the physiotherapist/occupational therapist and was documented in their care records.

The staff on duty on the day of inspection discussed the needs of the service users they were looking after. They gave a clear description of their needs and how those needs will be met. The needs of service users within the setting were varied. Most of the service users needed staff support to get involved in activities and a small number required one to one support.

The staff stated their main priorities were to ensure the service users were safe and enjoying their day care experience. The staff confirmed that if they had any concerns regarding safe practice they would discuss this with their colleagues and/or the management team who they described as accessible and supportive. Staff confirmed service users are encouraged to give their views, opinions and preferences.

The manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. The service users were asked if they felt safe in day care and they said they felt safe and enjoyed coming to the day centre and this was attributed to the support and help from staff.

Five relatives and five service users returned questionnaires to RQIA post inspection. All identified they were "Very Satisfied" regarding the questions "is care safe" in this setting.

Observations of the environment and inspection of records concluded the environment presented as clean and tidy, furniture, aids and appliances presented as fit for purpose. Fire safety precautions were inspected, fire exits seen were unobstructed and the fire risk assessment had been reviewed on 11 January 2018 and any recommendations had been actioned by the manager.

Areas of good practice

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

Areas for improvement

One area for improvement was identified in respect of the provision of an induction for agency staff.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

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

Three service users' care files were inspected; they contained the service user's individual assessments and care plans which described their physical, social and emotional needs. The individual written plan/agreement was found in the service user individual records, this document confirmed the day service was suitable and appropriate to meet the service user's needs, and set out arrangements to do this.

The inspection of the care records found they were maintained in line with the legislation, the assessments of need, risk assessments, care plans and records of health and well-being of the service users were current and had been reviewed. Records were stored safely and securely in line with data protection. Staff discussion confirmed they use the service user's individual records daily to guide their practice and recognised the importance of keeping records current and relevant. Overall the inspection found the settings management of service user records enabled staff to recognise service users' needs and respond to them effectively.

Service users reported they had taken part in a number of activities for example bingo, arts and crafts, exercises and board games. They stated they like to remain in the day centre for activities during the cold weather and go for outings on the bus in the summertime. They were happy that their choices and needs were being met. Service users confirmed that they knew staff in the setting; they could talk to staff or the manager if they were worried, or had a concern about their care and staff would help them resolve their concern.

Records were made available for inspection concerning audits of infection prevention and control, care records, accidents/incidents, complaints and evidenced that actions identified for improvement had been completed.

Evidence was provided to verify systems were in place to ensure effective communication with service users, their representatives and key stakeholders. These included pre-admission information, care reviews, service users and staff meetings. The manager confirmed that staff and service user meetings were held quarterly. The minutes of the meetings were shared with service users who were unable to attend.

Discussion with the manager and staff confirmed that management operated an open door policy in regard to communication within the day care setting. Staff stated that there was effective teamwork and each staff member knew their role, function and responsibilities.

Staff also confirmed that if they had any concerns, they could raise these with the manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues, service users and other health care professionals.

Five relatives and five service users returned questionnaires to RQIA post inspection. They identified they were "Very Satisfied" regarding the questions "is care effective" in this setting.

They referenced they got the right care; staff knew their needs; they were aware of care plans and the care met their expectations.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to service users individual care records; providing the right care, in the right place, in the right time; and 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.

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

Service users spoken with confirmed they were asked their opinion regarding what they like to do in day care and their ideas and preferences were sought for the activity plan.

Service users were asked if care in the setting was compassionate, fulfilled their expectations and encouraged them to be involved. Service users replied they liked day care and looked forward to coming, and staff were very kind and helpful. Overall the feedback revealed all service users spoken to felt involved and cared for by staff that knew them well and had been responsive to their needs.

Discussions with staff regarding the activities they were delivering confirmed the activities were tailored to meet the needs of the service users, as well as promoting their strengths and providing choice. Service users were enabled and supported by staff to engage and participate in meaningful activities and outings. They discussed the range of activities they could take part in including arts and crafts, reminiscence/storytelling, music and movement. The activity programme was noted as developing social opportunities for service users as well as their hobbies and interests. The centre maintains strong links with partner organisations and the local community. Staff told us about the regular hairdressing service, dental and hearing screening clinics and reflexology on offer for service users.

Discussion with service users confirmed that they felt their views and opinions were taken into account in all matters affecting them. Service users described feeling informed and involved regarding activity planning and outings through service user meetings, informal discussions and their individual review meetings.

Five service users and five relatives returned questionnaires to RQIA post inspection. They identified they were “Very Satisfied” regarding the questions “is care compassionate” in this setting. They referenced staff treated them with kindness; respect their privacy and dignity; informed them about their care and made decisions about their care. Some of the comments received from service users are listed below:

- “I get well looked after, staff are kind and helpful.”
- “I enjoy attending the day centre and the meals are very good.”
- “I love coming to the day centre.”

Staff interactions with service users were observed to be compassionate, caring and timely. During discussion, staff presented as knowledgeable and informed regarding each service user’s dietary needs and preferences.

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, dignity and privacy, 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. Staff confirmed they had access to a range of policies and procedures in place that they use to guide and inform their practice.

Management arrangements were discussed with Ms McMackin. An application was received by RQIA for Anne Meehan to act as manager from 30 October 2017 to cover the planned absence of Ms McMackin, registered manager. Ms McMackin confirmed that she had been seconded to the post of acting head of day care services within Western HSC Trust and would occasionally cover the management of the centre in the absence of the acting manager.

Supervision records detailed the staff had received recorded individual, formal supervision at least every three months.

Three complaints had been recorded since the previous care inspection on 25 October 2016. Discussion with the manager confirmed that local resolution had been achieved. Compliments records were recorded and maintained.

The manager provided monthly audit records of infection prevention and control, care records, accidents/incidents and complaints. The records reflected that measures were in place that monitored the effectiveness and quality of care delivered to service users in this setting.

The Regulation 28 monthly quality monitoring visits had been undertaken monthly by the independent monitoring officer. The reports showed the visits included unannounced visits and qualitatively reflected service users and staff views and opinions, the reports commented on the conduct of the setting and did not reveal any concerns that were outstanding.

The staff were asked what their opinion was regarding leadership in the setting; they complimented the management team in the setting. They described they knew what was expected of them, their managers were approachable, the lines of accountability were clear and they had an open door policy. They said if they had any concerns the Trust has a whistleblowing policy however, they worked well with their colleagues and hoped any concerns would be dealt with at an early stage with their colleague. In their experience the management team had worked well together to sort out any issues or concerns promptly and effectively.

Overall the inspection showed the management team are providing good examples of leadership that is promoting improvement in this setting.

Five service users and five relatives returned questionnaires to RQIA post inspection. All identified they were “Very Satisfied” regarding the questions “is care well led” in this setting. They referenced they know who is in charge; the service is well managed; their views are sought and they know how to make a complaint. One comment was made by a relative as follows:

- “We cannot commend highly enough Strabane Day Centre. It is so well organised and managed with great staff. We are more than happy with how it is run and would be lost without it”.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	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 Michelle McMackin, 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 - None	
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012	
Area for improvement 1 Ref: Standard 21.1 Stated: First time To be completed by: 27 March 2018	The registered person shall ensure agency staff are required to complete a structured orientation and induction. Ref: 6.4 Response by registered person detailing the actions taken: A template is now in place to ensure all agency staff are inducted as identified by RQIA.

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



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)