

Care Inspection Report

25 October 2016



Strabane Day Centre

Type of service: Day Care Service

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

Tel no: 02871381600

Inspector: Dermott Knox

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Strabane Day Centre took place on 25 October 2016 from 11.20 to 16.45.

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?

The Strabane Day Centre premises were in good condition with no obvious hazards for service users or staff. There is substantial space available for large and small group activities and for individual work with service users, when necessary. Staff rotas, daily records and discussions with staff and service users confirmed that staffing levels met the assessed needs of the service users. Safeguarding principles and procedures were understood by all three staff who were interviewed. Risk assessments were carried out routinely in an effort to minimize risks and to manage them consistently. Observation of the delivery of care, throughout the period of the inspection, provided evidence that service users' needs were being met safely by the staff on duty. No areas for improvement were identified at this inspection with regard to the provision of safe care.

Is care effective?

Clear and well-structured assessments supported the delivery of effective care for the four service users whose records were examined at this inspection. Progress and outcomes for service users were recorded using a clear care planning format. The positive value of the day care service was confirmed by all of the service users and staff members who met with the inspector. There was written evidence in review reports of service users, their representatives and a range of community based health and social care workers being satisfied with the outcomes of the day care service in terms of benefits for service users. Staff were deployed in a manner that made good use of their skills and experience and enabled the team to function efficiently and effectively. Staff members spoke of supportive and positive working relationships within the team and with community based professionals. Overall, the evidence indicated that effective care is provided by Strabane Day Centre.

Is care compassionate?

Interactions between staff members and service users were seen and heard to be good humoured, respectful and caring. Personal care and confidential matters were dealt with in a respectful manner, in all of the practices that were observed. Staff members confirmed their trust in the caring qualities of their colleagues and were confident that poor practice would not be tolerated. Three service users, individually, contributed positive comments on their enjoyment of attending the centre and on its value to them for both physical and emotional wellbeing. A quality survey completed in June 2016 had a very positive response from service users and their representatives and service user meetings provided regular opportunities for views to be aired. A number of examples, both verbal and written, were identified of disrespectful terms for service users being used by the manager. With this exception, the evidence indicated that compassionate care is provided by Strabane Day Centre. A requirement in this regard is made in the Quality Improvement Plan.

Is the service well led?

The Western Health and Social Care Trust and the Strabane Day Centre have systems in place to ensure that staff are well-informed on the responsibilities of their various roles and the expected standards of practice. There is a well-planned programme of training and staff are supervised and well supported within the team. Evidence from discussions with staff indicate that the manager has positive working relationships with members of the staff team and that they have the confidence and support of their colleagues. Service users in the centre stated that the service was well organised and well suited to their needs. Records of service users' meetings and staff meetings were available for inspection. Monthly monitoring reports were clear and comprehensive. There was evidence of good leadership in almost all of the key aspects of the service that were examined at this inspection, although this was weakened by the inclusion of unprofessional terminology in a number of records and in the manager's verbal communications with the inspector.

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
Total number of requirements and recommendations made at this inspection	1	0

Details of the Quality Improvement Plan (QIP) within this report 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.

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 inspection on 04 March 2016.

2.0 Service details

Registered organisation/registered person: Western HSC Trust/Mrs Elaine Way CBE	Registered manager: Mrs Michelle Marie McMackin
Person in charge of the service at the time of inspection: A.M: Ms. Sonia Aiken, Acting Senior Care Worker P.M: Mrs. Michelle McMackin, Registered Manager	Date manager registered: 27 September 2010

3.0 Methods/processes

Prior to inspection we analysed the following records:

- Record of notifications of events
- Record of complaints
- Quality Improvement Plan from the previous inspection on 17 September 2015
- The statement of purpose.

During the inspection the inspector met with:

- Ten service users in group settings
- Three service users in individual discussions
- Three care staff in individual discussions.

Questionnaires were left with the manager to be distributed to service users, staff and a number of relatives or carers of service users. Three completed questionnaires were returned by service users and three by staff members, on the day of the inspection.

The following records were examined during the inspection:

- File records for four service users, including care plans and review reports
- Progress notes for four service users
- Monitoring reports for the months of September and October 2016
- Record of complaints
- Minutes of service users' meetings, held in January, July and October 2016
- Minutes of four staff meetings, held in January, April, September and October 2016
- Training records for three staff members
- A Competence and Capability Assessment for one staff member
- A sample of written policies, including those on 'Absence of Manager', 'Acting up Policy' and 'Management, Control and Monitoring of the Setting'.
- Service User Guide
- A report of the Quality Assurance Survey, completed in June 2016.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 04 March 2016

The most recent inspection of the service was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. This QIP was validated by the current care inspector at this inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 04 March 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 20 (1) Stated: Second time	<p>The responsible person shall ensure compliance with regulation 20 (1) in this setting and ensure staffing arrangements in this setting are responsive to the needs of the service users attending this setting, the number of service users attending the setting, the size of the day care setting and the statement of purpose. Furthermore the staffing levels in the statement of purpose must be available to work on the rota.</p> <p>Arrangements to replace or cover the senior day care worker and one care assistant post that were vacant at the time of the inspection to ensure compliance with this regulation must be reported on the returned Quality Improvement Plan.</p> <p>The responsible person must also ensure staffing absences are monitored in the regulation 28 reports and if there are absences an action plan must be detailed in the report which achieves compliance with this regulation.</p>	Met
	Action taken as confirmed during the inspection: Staffing levels were seen to be satisfactory at this unannounced inspection and the available staff rotas supported the conclusion that the provider has complied with this requirement.	
Requirement 2 Ref: Article 40 (1) Stated: First time	<p>The registered manger shall provide to RQIA a copy of the staffing rota each week until further notice. Comment from the manager regarding satisfaction or otherwise in regard to the provision of safe staffing levels each week to be included.</p>	Met
	Action taken as confirmed during the inspection: <p>Evidence of staffing arrangements had been forwarded to RQIA for a period, sufficient to demonstrate that staffing would meet the needs of the service users attending the centre.</p>	

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 8.5 Stated: First time	Prepare a report that identifies the methods used to obtain the views of service users, which incorporates their comments made, issues raised by service users and any concerns and any actions to be taken in response. A copy of this report to be made available to service users.	Met
	Action taken as confirmed during the inspection: A quality survey of service users and their representatives had been completed in June 2016 and the senior care worker confirmed that a report of the findings had been prepared and made available to service users.	

4.3 Is care safe?

The manager and three staff members, who met with the inspector, confirmed that they have confidence in the practice of all members of the staff team in their work with service users. The two staff members who take charge in the manager's absence each have many years' experience of working in day care and have completed a competence and capability assessment for the role of being in charge of the centre. The one assessment that was examined was dated 12 June 2015. Staff selection methods were reported by staff members as being standardised and professional.

There were systems in place to ensure that risks to service users were assessed regularly and managed appropriately and this included inputs by community based professionals, service users and, where appropriate, a relative/carer. Behavioural risk and vulnerability assessments, transport, and moving and handling risk assessments, were present in each of the service user's files examined and each one had been signed as agreed by the service user or a representative. A nutritional risk assessment was also available to be used where the initial assessment identified needs in this area. Fire alarm systems checks were carried out and recorded on a weekly basis.

Three questionnaires were completed and returned to RQIA by staff members. Respondents were unanimous in their praise of the quality and safety of care provided, with all stating "Very Satisfied", across the four domains that form the major focus of the inspection. During the inspection visit, three service users contributed through individual discussions to the inspection process and spoke very positively of the quality of care provided at the centre and of their enjoyment in taking part in the various activities. All three confirmed that they felt safe in the centre, in the transport bus and in organised activities.

Evidence from discussions, observations and in written records indicated that staff regularly seek the views of service users regarding their care preferences and the activity programmes in which they participate. Staff presented as being well informed of the needs of service users and of methods of helping to meet these needs safely. 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 which had been produced in a small, easily read booklet format. The issue of raising concerns had also been discussed in a recent service users' meeting.

Three notifiable events had been reported to RQIA in the year preceding this inspection and all had been managed appropriately. One of these was judged to have presented significant risk to a service user, but the principal responsibility for the event lay with a visiting community health professional. The manager, staff and community based professional services had gained important learning from this event and no service user had been harmed. No complaints had been recorded in the year preceding this inspection. The centre was clean, spacious and in good repair and service users confirmed that they were provided with a safe and comfortable environment in which to take part in activities.

The evidence presented supports the conclusion that safe care is provided in Strabane Day Centre.

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.4 Is care effective?

The WHSC Trust and Strabane Day Centre have quality assurance systems in place, through which operations are monitored and staffs' practice is evaluated. The manager and staff members' confirmed that formal supervision and annual appraisals were taking place regularly. Records of staffs' training were up to date and there was evidence from discussions with staff to confirm that the team was supportive and well-motivated to provide effective care. A number of service user's records included reports by other professionals, e.g. Speech and Language Therapists and Occupational Therapists. Staff stated that they had good working relationships with these community services which they regarded as an important part of the overall effectiveness of the support for service users. It was good to note that one staff member is currently engaged in a development programme for 'Dementia Champions' an initiative aimed at improving the understanding of dementia and the most appropriate support for those with assessed needs in this condition.

Four service users' files were examined and each was found to contain detailed referral and assessment information on the individual and on his or her functioning. Consent forms, signed by the service user, or a representative, were present in each file. Care plans were clearly set out and had relevant care objectives and identified actions required to achieve these. Well-detailed review outcome reports provided evidence that an evaluation of the overall suitability of each placement had been discussed in detail and agreed. There was evidence of support being provided for service users in preparation for their review meetings.

Progress notes, recording each service user's involvement and activity at the centre were in proportion to the frequency of attendance of the individual. Three service users, individually, discussed their experiences of participating in the centre's activities and in their care programmes and presented positive views of the support that they received from all staff. Similar positive comments were made by four other service users who were participating in a group activity session and spoke of the enjoyment and general benefits they felt they gained from this and other activities.

The evidence presented supports the conclusion that effective care is provided in Strabane Day Centre.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.5 Is care compassionate?

Observations of activities throughout the centre provided evidence of service users and staff relating positively to each other. There was also evidence of positive and supportive relationships between service users. Staff members presented as being committed to providing service users with a welcoming and enjoyable experience at the centre. In all of the interactions directly observed, service users were engaged by care staff with warmth, respect and encouragement. However, a number of examples, both verbal and in written records, were identified of inappropriate and disrespectful terms for service users being used by the manager. This matter was discussed with the manager during the inspection and with a WHSCT senior manager by phone, following the inspection. A requirement in this regard is included in the Quality Improvement Plan.

Service users confirmed that staff involve them in deciding what they want to do during their time in the day centre. Several people stated that it is important for them to have regular contact with others and to know there is a safe, stimulating and interesting place for them to spend some time each week. Observation of events throughout the day confirmed that service users were afforded choice and were seen to be encouraged by staff in constructive activities. Three service users asked to meet individually with the inspector and all three provided glowing reports of the warmth and benefit to them of attending the centre. One person said, "I have complete faith in the manager and the staff", while another said, "I couldn't do without the centre. Everyone here is very good to me".

There were systems in place to ensure that the views and opinions of service users were sought and taken into account in all matters affecting them. Three service user meetings had been held, to date, in 2016 and well-detailed minutes of these were available for inspection. Staff demonstrated an understanding of each service user's assessed needs and individual care plan. Responses in all three of the service user questionnaires, returned to RQIA, affirmed strongly that compassionate care was provided within the day care setting. Responses in these questionnaires, plus three from staff members, all rated the service very highly. These findings agreed with those of the quality survey completed by the service in June 2016. Suggestions made by service users in that survey, to have outdoor seating, to introduce exercising to music and to change the menus, had all been carried out. During each monthly monitoring visit, the views of a sample of service users were sought and their comments were included in both of the monthly reports examined.

Areas for improvement

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.

Number of requirements	1	Number of recommendations	0
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4.6 Is the service well led?

The WHSC Trust and Strabane Day Centre have clear management information set out in the statement of purpose and in the service user guide, so that stakeholders know the leadership and decision making structure regarding social care services, including day centres. There was evidence from discussions with the manager and staff members to show that staff were appropriately qualified for their designated roles. A system is in place for the identification of staffs' training needs and for meeting these, including planned training days for the provision of mandatory training. Other specific training needs were met throughout the year on an individual basis; for example, one day care worker had participated in 'Mindfulness' training. The day care workers who may take charge in the manager's absence have each completed a competence and capability assessment for this role.

There was reported evidence from staff of positive working relationships between the registered manager and the staff team members and amongst the whole team. Systems were in place for the provision of staff supervision and support and staff who met with the inspector confirmed that formal supervision was supportive and regular. The staff member in charge on the morning of the inspection confirmed that full recruitment and selection records are held at the Trust's Human Resources Department. The Trust's written policy on 'Absence of the Manager' has an operational date of May 2016 and is linked with the 'Acting –up' policy, dated 02/04/15.

Examination of two monitoring reports showed that all of the required aspects of the centre's operations were checked, with action plans completed to ensure that identified, necessary improvements would be addressed within a specified timescale. Monitoring reports were well detailed in their inclusion of the views of service users and staff members and it was evident that they supported a culture of continuous improvement in the centre.

There was evidence of good leadership in almost all of the key aspects of the service that were examined at this inspection, although this was weakened significantly by the use of both verbal and written examples of disrespectful and unprofessional terminology by the manager. A requirement in this regard is included under the domain, "Is care compassionate?" at 4.5 above.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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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 Michelle McMackin, registered 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 service. 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 day.care@rqia.org.uk 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

Statutory requirements

Requirement 1

Ref: Regulation 13(8)

Stated: First time

To be completed by:
Immediate

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.

Response by registered provider detailing the actions taken:

The manager had apologised for the reference about the service user on the day of inspection and has addressed the requirement with all staff going forward .It has been put on as an item on the staff meeting that same week and will be continued to be monitored by the manager going forward. A Trust member of the governance team has since examined a sample of client files for any further references and have found them to be in keeping with the required minimum standard.

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The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Fax 028 9051 7501
Email info@rqia.org.uk
Web www.rqia.org.uk
 @RQIANews