

Unannounced Care Inspection Report 19 March 2019



Inniscoole Day Centre

Type of Service: Day Care Service

Address: Innis Avenue, Rathcoole, Newtownabbey, BT37 9ET

Tel No: 028 90 854 333

Inspector: Heather Sleator

www.rqia.org.uk

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 places approved for 75 people in all adult ages. Service users may have assessed needs in one or more categories of disability, infirmity, dementia, illness, sensory impairment or addiction. Programmes are arranged throughout each week to meet the needs of people in their allocated groups.

3.0 Service details

Organisation/Registered Provider: Northern HSC Trust Responsible Individual(s): Dr Anthony Baxter Stevens	Registered Manager: Mrs Louanne Bakker
Person in charge at the time of inspection: Fiona Crook (Day Care Worker)	Date manager registered: 8 May 2018
Number of registered places: 75	

4.0 Inspection summary

An unannounced inspection took place on 19 March 2019 from 09.50 to 15.00 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 day care centre was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the culture and ethos of the service, listening to and valuing service users, taking into account their views, choice and preferences. Good practice was demonstrated regarding the provision of therapeutic activities, dementia care practice and recreational opportunities. Overall there was evidence of good governance arrangements; staff training, professional development opportunities, supervision and appraisal, management of accidents/incidents and complaints, continuous quality improvement and effective team working.

An area for improvement was identified under regulation regarding the replacement of the carpeted floor covering due to significant wear and tear.

An area for improvement was identified under the care standards regarding providing and displaying information for service users in respect of adult safeguarding information and contact details.

Service users said that they enjoyed the centre, liked coming to see their friends (staff included) and were spontaneous in their interactions with other service users and staff.

A service user said:

“Staff always treat you with respect even when you forget things.”

The findings of this report will provide the day care centre 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	1

Details of the Quality Improvement Plan (QIP) were discussed with Fiona Crook, Day Care Worker, 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 13 September 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 13 September 2017.

5.0 How we inspect

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

- the registration details of the day care centre
- incident notifications submitted to RQIA since the last care inspection
- unannounced care inspection report and QIP of 13 September 2017

During the inspection the inspector- met with:

- Fiona Crook, Day Care Worker and person in charge.
- Five staff.
- Nine service users on an individual basis.
- The relatives of two service users.
- Observation of a morning and afternoon activity.

Questionnaires were given to the staff on duty to distribute between service users and relatives. Three questionnaires were completed and returned within the specified timescale from service users and one questionnaire returned from a service users' representative. The person in charge was provided with a poster to be displayed in the service advising of how staff could complete electronic questionnaires and submit these to RQIA. There were no questionnaires completed and returned by staff.

The following records were examined during the inspection:

- three service users' care records

- a sample of daily staff room rota
- two completed staff competency and capability assessments
- the complaints and compliments records
- incidents and accidents records
- the minutes of service user self-advocacy group meetings
- the minutes of staff meetings
- supervision and annual appraisal planner
- three monthly quality monitoring reports
- a staff training matrix
- quality audits/governance arrangements for the centre
- a sample of completed quality questionnaires completed by service users
- the annual fire safety risk assessment dated July 2018
- records of fire drills undertaken during 2018
- the Statement of Purpose and Service User Guide
- the annual quality report for 2018

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to Fiona Crook, 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 13 September 2017

The most recent inspection of the day care centre was an unannounced care inspection.

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

6.2 Review of areas for improvement from the last care inspection dated 13 September 2017

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 5.2 Stated: First time	The registered person shall revise and clarify the use of assessments of need and the development from these of care plans that identify clear goals or objectives. Where possible, these should be written in a way that facilitates the measurement and recording of achievements and outcomes.	Met

	<p>Action taken as confirmed during the inspection: The person in charge informed that a new file structure had recently been implemented. The review of three service users' records evidenced that the care planning process and progress recording was in accordance with legislation and the care standards.</p>	
<p>Area for improvement 2</p> <p>Ref: Standard 8.2</p> <p>Stated: First time</p>	<p>The registered person shall ensure that service users' meetings are held more frequently and that efforts are made to increase service users' ownership of the meetings, the agenda and the discussions.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection: The review of the minutes of service users meetings evidenced that the frequency of the meetings had increased and were held on at least a monthly basis.</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.

The registered manager was not available at the time of the inspection. Fiona Crook, Day Care Worker facilitated the inspection. The day care worker explained that at all staff working in the centre were sufficiently qualified, competent and experienced and can meet the assessed needs of the service users; taking into account the size and layout of the premises, the number of service users accommodated, fire safety requirements and the statement of purpose.

The staff duty roster/daily work plan reflected the staff on duty, capacity and time worked was viewed. Staff have 'set' days to work so there is little change in the rota except when leave is being covered or for staff sickness. The staff duty rota did not reflect the name of the person in charge in the absence of the manager. The day care worker explained that this is identified in the daily diary. In keeping with the care standards this should also be identified on the staff duty rota. The day care worker agreed to discuss this with the registered manager. Staff and service users are allocated to specific activities; the staffing arrangements are to promote continuity of care and support and to build on the relationship between the service users and staff. There were three completed satisfaction questionnaires from service users returned to RQIA. Service users expressed their satisfaction with the staff and staffing arrangements and one commented; "All very professional staff." No issues were raised by staff in respect of the

staffing arrangements during the inspection. A service user's representative expressed their satisfaction with the staffing arrangements in a returned questionnaire. There were no completed staff questionnaires were returned to RQIA.

Competency and capability assessments had been completed for any person in charge of the centre in the absence of the registered manager; records of assessments retained and samples reviewed were found to be satisfactory.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff were provided. A schedule for mandatory training, annual appraisal and staff supervision was maintained and was reviewed during the inspection. Staff who supervise others, for example the registered manager had completed training in supervision and appraisal.

The day care worker explained that all staff recruitment records were retained at the Northern Health and Social Care Trust (NHSCT) human resource department. The day care worker stated that electronic confirmation of compliance with employment legislation as set within The Day Care Setting Regulations (Northern Ireland) 2007 and Department of Health (DoH) Day Care Settings Minimum Care Standards (2012) were provided to the centre's registered manager prior to new staff commencing duty.

Arrangements were in place to monitor the registration status of care staff with their professional body with monitoring records retained. The registration status of staff is also monitored at supervision.

The day care worker advised that the use of restrictive practices was very limited for example service users who are wheelchair users may use lap belts and one to one staffing arrangements for service users where there is assessed need. Discussion regarding such restrictions confirmed these were appropriately assessed, minimised and reviewed with the involvement of the multi-professional team, as required.

Discussion with staff and inspection of records confirmed that staff had a good understanding of adult safeguarding principles and their obligation in relation to raising awareness concerns about poor practice and whistleblowing. A review of staff training records evidenced that mandatory training in adult safeguarding had been provided for all staff. The review of records evidenced that there had been no safeguarding referrals made from the previous inspection in September 2017. It was stated by the day care worker that the registered manager was the safeguarding champion for the centre. It would be helpful if information in relation to the safeguarding procedures were displayed in the centre for service users' and visitors information. The first point of contact namely the safeguarding champion should be identified and contact details stated. This has been identified as an area for improvement under the care standards.

An inspection of the environment evidenced that it was clean and comfortable. Generally the furnishings were well maintained and that furniture, aids and appliances presented as fit for purpose. The exception was in relation to the flooring (carpet) in some areas of the centre. The carpets showed signs of significant wear and tear and were not suitable for the needs of the service users, particularly wheelchair users and persons with a sensory/visual impairment. This has been identified as an area for improvement under regulation. A small garden/patio area was available for service users to enjoy and discussion with staff confirmed that service users participate in the planting of bulbs and flowers. There were numerous notice boards throughout the centre providing service users, relatives and staff with information regarding activities, photographs of activities and events and information leaflets.

Fire safety precautions were inspected and it was noted that fire exits were unobstructed. The most recent report from the fire risk assessor was viewed and dated July 2018. The fire safety records evidenced that there had been a number of fire drills and staffs attendance was recorded to evidence the required number of fire safety training events per year had been complied with.

Service users spoken with during the inspection gave positive feedback in regard to the safe care provided. No issues or concerns were raised or indicated. A service user commented:

- “You’ll not get a better place.”
- “There’s always a smile from staff.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff arrangements, training, supervision and appraisal, adult safeguarding, risk management and the day centre’s environment.

Areas for improvement

An area for improvement under regulation was identified regarding the replacement of the carpeted areas of the centre.

An area for improvement under the care standards was identified regarding providing service users and visitors of information in relation to the adult safeguarding arrangements.

	Regulations	Standards
Total number of areas for improvement	1	1

6.5 Is care effective?

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

A review of three service users’ records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and regular statement of health and well-being of the service user. Care needs assessment and risk assessments, including falls, moving and handling were reviewed and updated on a regular basis or as changes occurred.

The records also reflected the multi-professional input into the service users’ health and social care needs and were found to be updated regularly to reflect the changing needs of the individual service users. Service users and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the service user and/or their representative. Discussion with staff confirmed that a person centred approach underpinned practice and staff demonstrated their knowledge of individual service users throughout the inspection. Audits of care records were conducted with random selection reviewed at staff supervision and monthly monitoring visits.

An individual agreement setting out the terms of placement were in place and appropriately signed. Records were stored safely and securely in line with data protection.

The day care worker confirmed that systems were in place to ensure effective communication with service users, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, service users’ meetings and staff meetings. The staff and a service user’s representative confirmed that management operated an “open door” policy in regard to communication within the day centre. A service user commented that the registered manager comes to see them during their activities and is approachable.

Service users spoken with and observation of practice during a morning and afternoon activity evidenced that staff were able to communicate and engage effectively with service users. Minutes of service users’ meetings, which occur at least monthly, were viewed during the inspection. The minutes of the meetings are displayed for the service users to view.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the service users. The day care worker confirmed that arrangements were in place, in line with the legislation, to support and advocate for service users.

A former service user’s representative spoken to commented:

- “This place was a lifeline to us.”
- “The girls (staff) are fabulous, always very friendly and interested in you.”

Areas of good practice

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

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.

The day care worker confirmed that staff in the centre promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of service users. The centre provides a number of therapeutic programmes for service users including; Positive Living Programme, Early Dementia Programme and a health and Wellbeing Programme. Discussion with service users, staff and observation of a morning

and an afternoon activity evidenced that service users were treated with dignity and respect while staff promoted and maintained their independence. Service users stated that they were asked their opinion regarding what they like to do in day care and that staff were approachable and listened to them. One service user commented, "Always treated with respect even when you forget things."

Service users spoke about the range of activities they enjoyed taking part in, including bus runs, the garden, music activities and arts and craft. Discussion with service users and staff along with observation of care practice and social interactions demonstrated that service users were treated with dignity and respect. Staff confirmed their awareness of promoting service users' rights, independence and dignity and was able to demonstrate how service users' confidentiality was protected. We observed a morning activity which was extremely popular. The service users were fully engaged with the staff member leading a new reminiscence group and many talked about how they enjoyed the group when they didn't think that they would have. We observed another group activity and again staff were very attentive to service users, engaged with them in a way which promoted their self-esteem and it was evident that a strong relationship had been established between service users and staff. Staff were observed gently offering encouragement and support to a service user who was unsettled and demonstrated their knowledge of the individual by anticipating behaviour, giving support and re directing the service user to the activity.

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. For example: service users' meetings (self-advocacy meetings), service user satisfaction surveys, annual reviews and monthly monitoring visits undertaken on behalf of the registered provider.

Service users are consulted with, at least annually, about the quality of care and environment. The findings from the 2018 consultation were collated into a summary report which was made available for service users and other interested parties to read. The review of the monthly quality monitoring reports evidenced that a number of services were spoken with during each visit.

Service users spoken with during the inspection made the following comments:

- "I couldn't ask for better."
- "If I have a problem I go to my key worker first, if we can't sort it out then we go to Louanne (registered manager)."
- We were able to get the time of the afternoon session changed to 13:40 because we wanted to see the news."
- "There's a great feeling of family here."
- "Always treated with respect, even when you forget things."
- "Staff don't make a scene, never any embarrassment; everything is done politely and discreetly."

Three completed questionnaires were returned to RQIA from service users. The respondents indicated that they were very satisfied that care and support was safe, effective and compassionate and that the centre was well led. Additional comments included:

“All very professional staff.”

We spoke with two service user’s representatives who commented:

- “Staff are really dedicated to their job, when my relative was in hospital they went and visited.”
- “Couldn’t fault here, staff are always on the go seeing to everyone.”
- “The centre and staff are very informative about what’s going on.”
- “There’s nothing my relative needs that she can’t get here.”
- “They even taught my relative Makaton to help communication.”

One completed questionnaire was returned to RQIA from a service user’s representative. The respondent indicated that they were very satisfied that care and support was safe, effective and compassionate and that the centre was well led. There were no additional comments included.

There were no questionnaires completed and returned to RQIA from staff within the specified timescale.

Areas of good practice

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

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.

A day care worker, Fiona Crook, facilitated the inspection and demonstrated very good understanding of The Day Care Setting Regulations, minimum standards and the systems and process in place for the daily management of the day centre.

The day care worker discussed the management arrangements and governance systems and processes in place within the day centre. These were found to be in line with good practice and that the management and control of operations within the day centre was in accordance with the regulatory framework. Inspection of the premises confirmed that the current RQIA certificate of registration was displayed within a prominent position

Review of governance arrangements within the day centre and the evidence provided within the returned QIP confirmed that the registered provider responded to regulatory matters in a timely manner.

There was a clear organisational structure and all staff demonstrated knowledge of their roles, responsibility and accountability. It was confirmed that the registered provider was kept informed regarding the day to day running of the day centre through, for example, monthly monitoring visits made on behalf of the registered provider, emails and phone calls.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DOH) guidance on complaints handling. Service users and/or their representatives were made aware of how to make a complaint by way of meetings, service user's guide and the trust's 'Your Views Matter' information leaflet. The review of records evidenced that complaints received had been fully investigated and resolved to the complainant's satisfaction.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process.

A monthly monitoring visit was undertaken in accordance with Regulation 28 of The Day Care Settings Regulations (Northern Ireland) 2007. Records of the past three months were reviewed, the reports showed the visits were unannounced, provided a view regarding the conduct of the setting, included outcomes/action plans and qualitatively reflected service users and staff views and opinions.

Reports were produced and made available for service users, their representatives, staff, trust representatives and RQIA

Discussion with staff confirmed that there were effective working relationships within the centre and externally. The centre had a whistleblowing policy and procedure in place and discussion with one staff member established that they were knowledgeable regarding this. Staff, service users and service users' representatives confirmed that there were good working relationships within the day centre and that the registered manager was always responsive to suggestions and/or concerns raised. Comments received included:

- "The manager is very approachable and concerned enough to ask after (another relatives) health."
- "The manager always has time for you."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of accidents/incidents, ongoing quality improvement 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 Fiona Crook, Day Care Worker, 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 18 (2) (b)</p> <p>Stated: First time</p> <p>To be completed by: 1 June 2019</p>	<p>The registered person shall ensure the flooring in the centre is in good repair and conducive to the needs of the service users including those service users who have a sensory impairment and/or physical disability.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>A Minor Capital Works has been completed and approved by Assistant Director. This will be prioritised with the Estates Department for completion during the next Financial year.</p>

Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012

<p>Area for improvement 1</p> <p>Ref: Standard 13.2</p> <p>Stated: First time</p> <p>To be completed by: 1 May 2019</p>	<p>The registered person shall ensure that information is available for service users and displayed in the centre regarding the adult safeguarding arrangements. The information should include the first point of contact in the centre and contact details.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Posters regarding the Adult safeguarding arrangements are displayed in the entrance hall. In addition there is a flow chart with relevant contact details inserted.</p>

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



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)