

Unannounced Care Inspection Report 13 September 2017



Inniscoole Day Centre

Type of Service: Day Care Setting

Address: Innis Avenue, Rathcoole, Newtownabbey, BT36 9NA

Tel No: 028 90 854 333

Inspector: Dermott Knox

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a Day Care Setting with places for up to 75 service users. Care and daytime activities are provided for people with one or more of a wide range of health, physical disability, learning disability, sensory impairment, social isolation or mental health needs.

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: Mrs Louanne Bakker	Date manager registered: Application received - registration pending.
Number of registered places: 75 - DCS-DE, DCS-I, DCS-LD, DCS-LD(E), DCS-MP, DCS-MP(E), DCS-PH, DCS-PH(E), DCS-SI	

4.0 Inspection summary

An unannounced inspection took place on 13 September 2017 from 10.00 to 17.00.

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 sought evidence to determine if the day centre was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to direct work with service users, including a reminiscence group and mosaic craft group. There was evidence of good planning, staffing, delegation, record keeping, safety checks, staff training and monthly monitoring of the service.

Areas requiring improvement were identified with regard to clarity of care plans and arrangements for regular service users' meetings.

Service users said:

- "I wait here every morning for my friends coming in. I'd be lost without this place".
- "I love the activities, such as the mosaic tile work we are doing now. But I can't do it for very long and have to rest now and then. Staff are really great and very helpful."
- "That mosaic work is just not my thing, so I do word puzzles instead. Staff are very good and they're happy that I choose what I want to do."
- "I don't have anywhere at home that I would have the space to walk about like this and I feel safer here because staff are always around and they know where I am."

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	2

Details of the Quality Improvement Plan (QIP) were discussed with Louanne Bakker, 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 30 November 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 30 November 2016.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed.

This included the following records:

- Record of notifications of significant events
- Record of complaints
- Quality Improvement Plan from the previous inspection on 30 November 2016
- The RQIA log of contacts with, or regarding Inniscoole Day Centre.

During the inspection the inspector met with:

- Seven service users in group settings
- Two service users individually
- Four care staff in individual discussions
- One transport bus driver
- One volunteer
- The registered manager at the commencement and conclusion of the inspection.

Questionnaires were left with the manager to be distributed to service users, staff and a number of relatives or carers of service users. Eight completed questionnaires were returned to the inspector by 21 September 2017, two from service users, three from staff members and three from relatives.

The following records were examined during the inspection:

- File records for four service users, including assessments and review reports
- Progress records for four service users
- Monitoring reports for the months of May, June, July and August 2017

- Records of three staff meetings held in September 2017
- Minutes of Members’ Meetings for January and July 2017
- Selected training records for staff, including staffs’ qualifications
- The Statement of Purpose
- Staff rotas
- Two policy and procedures documents: Personal Review and Development including KSF Guidance and The Code of Conduct for Employees
- Safety records, including COSHH assessments and the Difficil Recording Log.

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

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 30 November 2016

The most recent inspection of the day care service 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 30 November 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 4.3 Stated: First time	The registered provider should ensure that when moving and handling risk assessments are undertaken/reviewed that the review date is recorded.	Met
	Action taken as confirmed during the inspection: There was written evidence of file audits having checked compliance in this regard.	
Area for improvement 2 Ref: Standard 17.8 Stated: First time	The registered provider must ensure that the service user guide is further developed to include information on complaints.	

	<p>Action taken as confirmed during the inspection: The provider's response stated that a section titled, "About Our services" had been added to the guide and this was verified during the inspection. The service user guide is currently undergoing further review.</p>	Met
<p>Area for improvement 3 Ref: Standard 8.5 Stated: Second time</p>	<p>The registered manager must ensure Inniscoole Day Centre's next annual service users' quality assurance evaluation report contains the following information:</p> <ul style="list-style-type: none"> (a) An overview of the outcomes of the action/s taken from the centre's 2015 survey; (b) An action plan with timescales regarding any improvements needed as a result of the 2016 survey. (c) Records should be retained of how and when the evaluation report or a copy of same is shared with service users and/or their carers and representatives. <p>Action taken as confirmed during the inspection: Both the 2015 and the 2016 evaluation reports had been expanded to include the information recommended and these had been discussed with service users and carers.</p>	Met
<p>Area for improvement 4 Ref: Standard 14.6 Stated: Second time</p>	<p>With regards to areas of dissatisfaction and complaints; the registered manager should ensure that when a complainant is dissatisfied or partially dissatisfied with the outcome/s of the investigation; the complaints record contains sufficient detail of what the individual is not happy with and what the manager advised concerning the next steps or options available to him/her.</p> <p>Action taken as confirmed during the inspection: There was evidence to show that complaints procedures and records had been updated as necessary.</p>	Met

Area for improvement 5 Ref: Standard 23.8 Stated: First time	The registered provider should ensure that minutes of staff meetings are retained within the centre.	Met
	Action taken as confirmed during the inspection: Minutes of recent staff meetings were available in the centre and the newly appointed manager discussed her plans for holding staff meetings regularly.	

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.

Inniscoole Day Centre premises were well maintained and in good decorative order, with no obvious hazards for service users or staff. There are several rooms, of varying sizes, available for group activities and for individual work with service users, when necessary. The enclosed courtyard garden is paved to enable service users to access it safely and another garden area behind the building has also been developed for service users' enjoyment. Staff reported that one former bus driver volunteers for a morning every week to help tend the gardens and this support is greatly valued. The manager and four 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. All of these staff members had been employed in the centre for lengthy periods and expressed strong commitment to their work with service users, which, they confirmed, is enjoyable and rewarding. All new staff undertake a detailed induction programme, in keeping with the Trust's procedures and NISCC induction standards.

Safeguarding procedures were understood by staff members who were interviewed, who all confirmed that they would report poor practice, should they identify it. Staff also expressed the view that practice throughout the centre was of a high quality. 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 carer. Eight notifications of accidents or incidents had been received by RQIA in the period since the previous care inspection, one of which concerned an accident involving a service user, who sustained a minor injury. Responses to this accident and the outcome arising from it were satisfactorily recorded.

Fire alarm system checks were carried out and recorded on a weekly basis and fire exits were seen to be unobstructed. One staff member spoke of her planned training for the role of 'fire warden'. Each of the service user's files examined contained a Personal Emergency Evacuation Plan (PEEP). Risk assessments with regard to transport and moving and handling, or other areas specific to the individual, were present where relevant and each one had been signed as agreed, either by the service user or a representative. The manager confirmed her intention to carry out regular audits of a range of the centre's operations. A number of audits,

including fire safety data are currently completed and records of these are presented monthly in the monitoring reports.

Staff presented as being well informed of the needs of each service user and of methods of helping to meet those needs safely. 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. 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. No complaints had been recorded since the previous care inspection.

During the inspection visit, nine service users spoke positively of the enjoyable activities at the centre and confirmed that they felt safe and well cared for. The evidence presented supports the conclusion that safe care is provided consistently in Inniscoole Day Centre.

Areas of good practice

Examples of good practice found throughout the inspection included: staff work rotas, staff induction, staff training, adult safeguarding, infection prevention and control, fire safety records, risk assessment and management and the home's environment.

Areas for improvement

No areas for improvement, with regard to safe care, were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

The centre's Statement of Purpose and the Service User's Guide were under review at the date of this inspection. The recently appointed manager was engaged in a detailed re-assessment of the centre's purpose and operations. One item under consideration was the format and content of information for the service user's guide. Records of service users' meetings showed that their frequency should be improved and that efforts should be made to increase service users' ownership of the meetings, the agenda and the discussions.

Four service users' files were examined and each was found to contain satisfactory referral, personal profile and risk assessment information for the individual, along with a signed service user agreement on the terms of his/her attendance and participation. Assessments of need for each person were inconsistent and did not all adequately identify the areas in which support and assistance would be needed. Some aspects of a care plan were set out in the document, 'Risk Care Plan', for each person, while other aspects were contained in a 'Care Plan', creating an overlap of information and a potential confusion for staff and service users as to the purpose of their involvement in the service. Progress of the centre's operations toward more targeted programmes will be enhanced by improving both the assessment of each person's needs and the subsequent identification of care planning objectives designed to meet those needs.

Staff kept good progress notes for service users, making a minimum of one entry for every five attendances at the centre. There was evidence of key workers and service users preparing together for annual reviews, all of which were up to date. The links between assessed needs, care plan objectives, and outcomes were not set out together in a comprehensive review report and this is recommended as part of clarifying the care planning process and recording. The manager acknowledged the need to improve the presentation of this information.

Each of the files examined contained clear risk assessments appropriate to the individual service user and, in conjunction with the 'Risk Care Plan', these provided clarity for staff on the risks to be considered in working with each individual. Dates and signatures were present in all of the risk assessment records examined. Records of annual reviews for each person demonstrated that an evaluation of the overall suitability of the placement had been discussed and agreed, although this will be clearer when used in combination with a comprehensive care plan. Review records, informed by progress notes verified the involvement of service users and the inclusion of their views.

The premises are spacious internally, with a layout that facilitates a wide range of activities appropriate to the support and development needs of service users. There is sufficient outdoor space for a number of gardening and relaxation activities. Several service users spoke of their enjoyment of using all areas of the centre and of their positive experiences of taking part in art or craft groups and other activities. In questionnaire responses, one service user commented: "The staff go far and beyond their duties at all times". One relative wrote: "My (relative) has come on so very well. Her speech, confidence and communication skills are fantastic, thanks to all the brilliant staff".

Areas of good practice

- teamwork and mutual staff support
- records of individual service user's involvement
- the diversity and value of activities provided
- staffs' commitment to promoting engagement of service users in new activities
- communication between service users and staff members
- risk assessment and risk management.

Areas for improvement

The provider should revise and clarify the use of assessments of need and the development from these of care plans that identify some specific goals or objectives. These should be written in a way that facilitates the measurement and recording of achievements and outcomes.

Records of service users' meetings should be held more frequently and efforts should be made to increase service users' ownership of the meetings, the agenda and the discussions.

	Regulations	Standards
Total number of areas for improvement	0	2

6.6 Is care compassionate?

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

On the day of this inspection, the atmosphere in Inniscoole Day Centre was welcoming and purposeful and. Service users, arriving at the centre, were greeted warmly by their friends and by staff members. Observations of interactions throughout the day provided evidence of service users relating positively to staff and to each other. Service users were engaged by staff with respect and encouragement at all times. While service users were assigned to specific groups and activities in both morning and afternoon sessions, staff respected the wishes of any person who did not wish to participate. Two service users who met with the inspector had decided, in a very relaxed manner, to do something else.

There are both centre-based activities, such as art, cooking, music, quizzes, crafts and board games, and various community-based activities including going swimming, and walking groups. Several service users joined in discussions around the activity table where mosaic patterns were being created as surrounds for small mirrors. They confirmed that staff listen to them and encourage them to take a full part in developing their plans for day care. Activity programmes are organised with each individual's agreement and service users contributed positive comments on its value to them. Staff demonstrated an understanding of each service user's needs as identified within the individual's referral records, assessments and his or her care plan. Staff members were observed interacting sensitively with service users and being attentive to each person's needs.

The systems in place to ensure that the views and opinions of service users were sought and taken into account included regular service user meetings, at least quarterly, an annual quality survey of service users and their carers or relatives and daily discussions with service users in groups or individually. The minutes of two of the quarterly meetings provided evidence of a strong focus on involving and empowering service users to contribute to decisions about the way in which the day care service is run. Preparation for each person's annual review included a meeting with the key worker to discuss the value of attending the centre and appropriateness of the existing programme of activities.

During each monthly monitoring visit the views of a sample of service users were sought and their views were reflected in good detail in all four of the monthly monitoring reports that were reviewed. Each person's file contained progress notes relating to that person's involvement and wellbeing and these reflected the caring nature of the relationships and interactions observed during the inspection. Staff members' comments and actions, along with the views expressed by service users, confirmed that compassionate care was being provided consistently in Inniscoole Day Centre.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to:

- the culture and ethos of the day care setting
- listening to and valuing service users
- facilitating service users' involvement in learning and leisure interests
- maintaining records of activities

- warm and compassionate interactions between staff and service users.

Areas for improvement

No areas for improvement regarding the provision of compassionate care in the service were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

At the beginning of the inspection the manager provided information on her first three weeks in the job of manager of Inniscoole Day Centre. She has had meetings with staff in groups related to their job roles and has been building her understanding of the current operations of the centre. The manager presented a wide range of documentary evidence to inform the inspection's findings, including minutes of staff meetings, members' meetings, monitoring reports, audit records, work rotas, client files, staffing information, written policies and procedures. We discussed a range of the centre's current strengths and one or two aspects that require further development, including the format and presentation of care plans, as identified above at 6.5.

During each monthly monitoring visit, the views of a sample of service users and staff were sought and their comments were included in good detail in all four of the monitoring reports examined, which were for May, June, July and August 2017. Monitoring visits had alternated between announced and unannounced and a comprehensive report was available for each month. 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.

There was evidence in records and from discussions with staff members to verify that staff training was well planned and delivered in a way that enabled staff members to practice with confidence in their day to day work. The service provider ensures that mandatory training is completed by staff members and that other, relevant training opportunities are available to support nominated staff in developing more specialised knowledge and skills, as necessitated by the needs of service users.

Inniscoole Day Centre and the Northern Health and Social Care Trust have systems in place to ensure that staff are well-informed on the responsibilities of their roles and the expected standards of practice. There was evidence from discussions with staff members to confirm that working relationships within the staff team were supportive and positive. Staff commented that the manager had already introduced a revised staff rota, which they regarded as making a positive contribution to the provision of a good quality care service. The manager was working to develop a schedule for individual, formal supervision with staff.

Overall, the evidence available at this inspection confirmed that the registered manager was leading and motivating staff enthusiastically and that she planned to further promote a culture of continuous improvement within the team. The service is well led.

Areas of good practice

Areas of good practice identified during this inspection included:

- clear management expectations
- motivation of staff
- staff training
- management of complaints and incidents
- quality control and improvement
- maintaining good working relationships
- governance arrangements.

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 Mrs. Louanne Bakker, 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 via Web Portal 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 Settings Minimum Standards, 2012	
<p>Area for improvement 1</p> <p>Ref: Standard 5.2</p> <p>Stated: First time</p> <p>To be completed by: 22 December 2017</p>	<p>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.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: The relevant professional's completed Enisat Assessments will be reviewed by Day Care staff. The lay out of current care plans will be amended and revised on an on-going basis to meet this area of improvement.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 8.2</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2017</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>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Service User's meeting will be scheduled on a quarterly basis and a proforma will be devised to assist and promote Service Users to have autonomy within this forum.</p>

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



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