

**Unannounced Care Inspection
of
Armour Day Centre
21 September 2015**

1. Summary of Inspection

An unannounced care inspection took place on 21 September 2015 from 10.00 to 16.45. Overall on the day of the inspection the Day Care Setting was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Settings Regulations (Northern Ireland) 2007, The Day Care Settings Minimum Standards 2012.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	5

The details of the QIP within this report were discussed with Mr Gerry Barr, Day Care Worker as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Northern HSC Trust/Dr Anthony Baxter Stevens	Registered Manager: Mrs Mary McIlroy
Person in Charge of the Day Care Setting at the Time of Inspection: Mr Gerry Barr, Day Care Worker	Date Manager Registered: 21 October 2013
Number of Service Users Accommodated on Day of Inspection: 38	Number of Registered Places: 44

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

Standard 5: Care Plan - where appropriate service users receive individual continence promotion and support.

Standard 8: Service Users' Involvement - service users' views and comments shape the quality of services and facilities provided by the Day Care Setting

4. Methods/Process

Specific methods/processes used in this inspection included the following:

Prior to the inspection, the following records were examined:

- the registration status of the service
- written and verbal communication received since the previous care inspection
- the returned quality improvement plan (QIP) from the care inspection undertaken in the previous inspection year
- the previous care inspection report.

During the inspection, care delivery/care practices were observed by the inspector and a tour of the general environment took place. During the inspection process the inspector met with 20 service users and had discussions with three staff.

The following records were examined during the inspection:

- Two Complaints and three compliments
- Five accidents/untoward incidents
- Statement of Purpose
- Service user's guide
- Minutes of four service user's meetings
- Minutes of two staff meetings
- Five service users care files
- Service users annual quality assurance report
- Policies and procedures regarding standards 5 and 8
- Three monthly monitoring reports.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the day service was an unannounced care inspection dated 4 February 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 20(1)(c)	<u>Formal Supervision</u> The manager must ensure all agency care staff receive formal supervision in accordance with minimum standard 22.2.	Met
	Action taken as confirmed during the inspection: The manager of Holywell Hospital undertook a staff supervision audit on 18 December 2014. The completed QIP stated the three band 5/Day Care Workers were nominated to have formal supervision with agency staff in Armour Day Centre. Discussions with agency care staff and review of a random sample of their formal supervision records confirmed this requirement has been addressed.	

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 7	<u>Care Information</u> With regards to the two identified care files, the manager must: <ul style="list-style-type: none"> (a) Review and amend the date on the identified service user's care plan. (b) Ensure a copy of the speech and language re-referral is retained in the identified service user's care file and the recently received speech and language assessment is retrospectively dated. 	Met
	Action taken as confirmed during the inspection: The identified service user's care plan was reviewed and updated. A copy of the speech and language re-referral was in place in the file and the identified assessment has been dated.	

Recommendation 2 Ref: Standard 14.10	<u>Complaints/Concerns/Areas of Dissatisfaction Record</u> The manager must record in the centre's Complaints Record all areas of dissatisfaction, concern or complaints raised by service users, carers or members of the public and ensure this is documented in the respective service user's care notes. Action taken as confirmed during the inspection: Armour Day Centre's complaints record was reviewed during this inspection. Two complaints had been recorded and the documentation was compliant with standard 14.10.	Met
Recommendation 3 Ref: Standard 17.1	The registered person must ensure competency assessments are completed on all staff assuming responsibility for the centre in the absence of the manager. A copy of these should be retained in the respective staff member's file. Action taken as confirmed during the inspection: Competency assessments have been completed with the three day care workers employed in Armour Day Centre. Copies of these were retained in the respective staff member's file.	Met
Recommendation 4 Ref: Standard 17.10	<u>Monthly Monitoring Reports</u> Based on the total number of service users attending Armour Day Centre, the designated registered person carrying out monthly monitoring visits is advised to: (a) record a summary of the qualitative views and opinions of the day service from a proportionate number of service users on each visit i.e. more than two service users as there are approximately 100 service users attending the centre each week. (b) ensure systems are in place to obtain the views and opinions of carers/representatives e.g. telephone calls on each monthly monitoring visit.	

	Action taken as confirmed during the inspection: Review of three monthly monitoring reports provided evidence that the designated registered person had obtained the views and opinions of three service users each month. A letter had been sent on 9 April 2015 to carers and representatives asking if they wished to be contacted by the designated person for their views and opinions. A list of carers and representatives that agreed to this are contained in the centre's monthly monitoring file.	Met
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5.3 Standard 5: Care Plan - Where appropriate service users receive individual continence promotion and support

Is Care Safe?

The day service has corporate policies and procedures pertaining to assessment, care planning and review. There are also associated guidance and information available for staff.

Staff, where appropriate and safe, encourage and enable service users to make their own decisions and be as independent as possible. Service users were discreetly supported by staff when this was needed. Discussions with staff reflected a person centred approach underpinned by strong core values was used with service users.

With regards to continence promotion, discussions with care staff concluded there were an identified number of service users attending the centre assessed to need staff support and assistance with their personal care. Discussions with service users concluded staff were discreet when approaching them to provide support and assistance; they were sensitive and respectful; they preserve their dignity and that they try their best to make them feel at ease and comfortable throughout the personal care process. Service users stated care staff know them very well. No issues were raised.

It can be concluded care was safe in Armour Day Centre.

Is Care Effective?

Five service user's care plans were reviewed and focused on the quality of information pertaining to continence promotion and support. Care plans were reviewed by staff with service users on a systematic basis or when changes occurred. The statement of purpose detailed an overview of the information that should be included in a service user's care plan.

Discussions with three care staff concluded staff were respectful, sensitive and diplomatic in the language used to support and assist service users. Staff described how they ensure service user's privacy and dignity were respected; and were knowledgeable about the use of hoists, slings, personal protective equipment and where continence products are stored. Staff explained some service users only need staff support to orientate them to the bathroom; others need one staff member and some require the help of two staff. Several service users have a preference regarding which bathroom they use.

Discussions with staff concluded they have a working knowledge of current best practice with regards to infection, prevention and control and have received training on this.

Review of five service user's care plans showed these to be person centred, comprehensive and reflective of the individual's needs. However, improvements are needed to ensure the personal care/continence sections in care plans fully reflect the service user's needs and preferences. This is because the information in the identified care plans did not contain some information discussed by staff concerning the process of how they provide support and assistance with service users. Where relevant, the revised care plans should reflect:

- How the service user is approached
- The language used by staff
- If a preferred bathroom is used
- The name and size of continence product used and where this is stored
- The name and type of equipment used and the type and size of sling
- The number of staff needed to provide assistance
- The level of staff support and assistance needed
- If a change of clothes is available and where these are located.

It can be concluded care was effective in Armour Day Centre, however improvements are needed concerning continence information in care plans.

Is Care Compassionate?

Discreet observations of care practices found that service users were treated with sensitivity, friendliness, care and respect. Where appropriate service users were encouraged to make their own decisions, be independent and were supported by staff when this was needed. Staff presented as knowledgeable, experienced and compassionate.

Discussions took place with a total of 20 service users, mostly in small groups around tables in the dining room and individually with others. Observations of interactions between service users and care staff reflected they were treated with respect and kindness. Discussions with 20 service users concluded staff were sensitive and respectful if they need support or assistance with going to the toilet. During conversations service users said staff encouraged them to be as independent as possible and preserved their dignity.

Review of specific information in an identified service user's care plan raised concern with the inspector. The day care worker responsible for the centre explained this was requested by the residential care facility. A discussion took place regarding the promotion of continence and not the promotion of incontinence. The manager of Armour Day Centre is advised to liaise with the identified service user's named worker regarding advocacy for them. It can be concluded care was compassionate in Armour Day Centre.

RQIA Questionnaires

As part of the inspection process RQIA questionnaires were issued to staff and service users.

Questionnaire's issued to	Number issued	Number returned
Staff	5	5
Service Users	5	5

Review of completed questionnaires evidenced all of the service users were either very satisfied or satisfied regarding the care and support they receive; that staff respond to their needs and that they feel safe and secure in the centre.

Completed staff RQIA questionnaires stated they were either very satisfied or satisfied with:

- the training received by the Trust in core values;
- communication methods;
- mental health including dementia;
- continence management;
- access to continence products;
- personal protective equipment (PPE);
- how to assist and support a service user with their personal care needs.

The overall assessment of this standard showed the quality of care to be compassionate, safe and effective.

Areas for Improvement

One identified area for improvement is needed regarding RQIA's review of standard 5. This concerns the review of continence promotion information in service user's care plans.

Number of Requirements:	0	Number of Recommendations:	1
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5.4 Standard 8: Service Users' Involvement - Service users' views and comments shape the quality of services and facilities provided by the Day Care setting

Is Care Safe?

The day service has corporate Trust policies and procedures pertaining to service user involvement; communication and complaints. There was also associated guidance and information available for staff.

Discussions with 20 service users, three staff and the day care worker responsible for the centre during the inspection reflected how service users were involved in the running of the service. Examples were given about how staff and management have responded to their suggestions, views and opinions. Review of the minutes of five service users meetings and discreet observations of staff interactions with service users concluded safe care was delivered in Armour Day Centre.

Is Care Effective?

Discussions with the manager, 20 service users and review of documentation show management and staff actively encouraged service user involvement in all aspects of their work.

Examples were given by service users of how staff obtain their views and opinions, for example: there is a suggestion box in the reception area; informal discussions with staff, service user meetings; annual quality assurance surveys and their annual review of their day care placement.

The centre's procedures on service users meetings stated these were held on a monthly basis. The service user's committee is called 'Members Voice'. The minutes of four service users meetings showed two of these were qualitative and informative, the other two were brief. They contained an agenda, the names of the service users who attended, a summary of discussions and details of who would be taking action. There was evidence that service users views and opinions are sought and form the basis of all discussions.

In accordance with day care regulations, day services are involved in the annual reviews of service user's day care placements. Review of five service user's annual review reports took place during this inspection. All five review reports contained either the service user's or their representative's views and opinions of the day service.

Standard 8.4 states service user's views and opinions about the running and quality of the service are sought on a yearly basis. The centre's last annual quality assurance service user survey was distributed to service users and their representatives in October 2014. The surveys encompassed the following areas: care, transport, activities, outings, lunches and the environment.

An evaluation report had been completed, it was informative and qualitative. A summary of qualitative comments were included. There were no areas for improvement identified. A student social worker is currently in the process of completing the 2015 Armour Day Centre's annual quality assurance survey.

Complaints

Since the previous care inspection, two complaints had been recorded in Armour Day Centre's complaints record. These had been investigated and the complaints record was being maintained in accordance with minimum standard 14.10.

Discussions with 20 service users concluded they are aware of the centre's complaints process. Service users said they would have no difficulty raising any areas of dissatisfaction, concern or complaint with staff or the manager.

Compliments

Three compliments had been recorded in the centre since previous inspection, these praised the kindness and dedication of staff.

Monthly Monitoring Reports

Three monthly monitoring reports were reviewed during this inspection. The monthly monitoring reports were qualitative and informative and reflected the views and opinions of service users and their carers/representatives.

It can be concluded the quality of care provision in Armour Day Centre was effective.

Is Care Compassionate?

Discreet observations of care practices found that service users' were treated with respect, kindness and care.

Discussions with 20 service users concluded the quality of their lives has improved significantly as a result of their attendance at Armour Day Centre. Service users informed the inspector the care they receive from staff was excellent and the centre was a lifeline to them.

Service users informed the inspector staff frequently ask them for their views and opinions about different aspects of the service. Observations of interactions between service users and care staff reflected they were treated with respect and kindness.

A sample of the comments made by service users to the inspector included:

- *"I enjoy coming here."*
- *"The standards here are sky high."*
- *"The care is great. I enjoy coming here."*
- *"This place is 100%, it gives me something to do."*
- *"We are all well looked after here."*
- *"It's a great place here, it gets you out of the house, there's lots to do."*
- *"I'm happy here, I like coming and meeting up with friends."*
- *"I love coming here, I enjoy all the classes; cookery, gardening etc. The staff are good to us."*

The inspector met with a group of 11 service users in the afternoon of this inspection. All of the service users stated they were very happy with the quality of care provision and spoke highly of staff. Most of the service users expressed their satisfaction with the quality of the meals served in the centre, however two service users raised specific concerns about the quality of the lunch meal. Several other service users nodded their heads in agreement to these. The concerns regarded:

- The alternative choice being a salad, having to order this well in advance (not on the day) and repeatedly having this on designated days until they cancel this.
- The menu being changed without consultation with service users' and service users' being dissatisfied with the alternative. An example was given which regarded the meal served on the day of this inspection, service users having a hot meal were advised it was sausages, potatoes and vegetables as per the menu plan; however beef burgers was substituted for the sausages.
- More care should be given by catering staff regarding the presentation of food on the plate and from care staff setting the plated meal in front of service users.

- Portion sizes as one service user said he/she only wants one small potato and is always given more.

A discussion took place with the centre's Day Service Locality Manager about these matters. A review of the menu plans and meal provision in the centre are identified areas for improvement.

RQIA Questionnaires

As part of the inspection process RQIA questionnaires were issued to staff and service users.

Questionnaire's issued to	Number issued	Number returned
Staff	5	5
Service Users	5	5

Review of the questionnaires indicated all of the service users were either very satisfied or satisfied regarding the areas of 'is care safe, effective and compassionate' which related to the quality of care provision and that their views and opinions were sought.

The following comments were made by service users or their representatives:

- *"Some outings is very much appreciated. Thank you."*
- *"Staff are excellent. Also the meals are excellent and very good value for money. Many thanks to the Roddens for providing our meals."*
- *"My day care worker is very good at listening and is very understanding."*
- *"I know my key worker listens to my views and opinions and acts on my behalf."*
- *"On a couple of occasions when I really needed their help, they have never let me down."*
- *"Our opinions and suggestions are sought – mostly through the 'members voice committee'. However communication here is lacking. I feel many views fall by the wayside."*
- *"The staff do a wonderful job, however I think we could have more of a variety of outings and activities if we had more staff on duty. When I said our views and suggestions 'fall by the wayside', I feel it is mostly down to the lack of staff and the cutbacks. Overall we are lucky to have the day centre. Very good care and excellent meals of a very high standard; extremely good value for the £1.50. I think they do their best."*

The areas identified for improvement from service user's comments in completed RQIA questionnaires were shared with the manager on 8 October 2015. The manager was advised to follow up on the issues raised.

It can be concluded the quality of care provision in Armour Day Centre was safe, effective and compassionate, however improvements are needed regarding the meal provision.

Areas for Improvement

One area for improvement was identified as a result of examination of this standard. This regarded the quality of meal provision in Armour Day Centre.

Number of Requirements	0	Number Recommendations:	1
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5.5 Additional Areas Examined

5.5.1. Accidents and Untoward Incidents

Five accident and untoward incident forms were randomly sampled during this inspection. The service's accident and untoward incident records were not being maintained in accordance with regulation 29. There were two incidents that occurred in July and August 2015 which RQIA had not been notified of. The day care worker was advised to retrospectively complete and forward these to RQIA's Incidents Team in accordance with regulation 29. This is an identified area for improvement.

5.5.2. Management and Control of Operations

With regards to standard 17.2 the management and control of operations; there is currently no registered manager in Armour Day Centre. The deputy manager/facility lead has been managing the centre for the previous approximately two years. The registered person is advised to inform RQIA of the Trust's plans to appoint a registered manager of Armour Day Centre.

5.5.3. Meal Provision in Armour Day Centre

On the day of the inspection the two choices of lunch meal were sausages with potatoes and vegetables or a salad. The centre's menu board reflected this. However at lunch time the meal provided was burgers, potatoes and beans or salad. The menu board was later changed to reflect this. This change and deviation from the menu plan was discussed with staff and Mr Rodger Connor, Day Services Locality Manager. The inspector was told this has occurred on several occasions recently. Lunch meals are cooked in The Roddens residential home and brought over to Armour Day Centre on heated trolleys. The matter of meals being changed at the last minute has been discussed with the cook. This is not in accordance with standard 10 (meals), and is an identified area for improvement.

5.5.4. Staff Meetings

The minutes of two staff meetings were reviewed during this inspection. These were qualitative and informative, however did not contain action points with who is responsible and time frames. This is an identified area for improvement.

5.5.5. Environment

The general décor and furnishings were fit for purpose and there were displays of service user's photographs, art work and pictures on walls and notice boards around the centre. The centre was observed to be clean, tidy and well maintained.

Areas for Improvement

Four areas for improvement were identified as a result of the examination of additional areas. These areas concerned:

1. The registered manager position in Armour Day Centre.
2. Notification of accidents and untoward incidents to RQIA.
3. Review of meal provision.
4. Minutes of staff meetings.

Number of Requirements	1	Number Recommendations:	3
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6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Gerry Barr, Day Care Worker as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Day Care Settings Regulations (Northern Ireland) 2007.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Day Care Settings Minimum Standards 2012. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to day.care@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory Requirements

Requirement 1 Ref: Regulation 29	The registered person must ensure RQIA is notified of accidents and incidents as per regulation 29. The two identified accidents must be forwarded retrospectively to RQIA's incidents team.
Stated: First time To be Completed by: Immediate and ongoing	Response by Registered Person(s) Detailing the Actions Taken: The two Incident Reports were sent to RQIA on the 1 st October 2015.

Recommendations

Recommendation 1 Ref: Standard 5.2 Stated: First time To be Completed by: 06 November 2015	With regards to continence promotion, the manager should ensure service user's care plans are updated to reflect: <ul style="list-style-type: none"> • How the service user is approached • The name and size of continence product used and where this is stored • The number of staff needed to provide assistance • The level of staff support and assistance needed • If a change of clothes is available and where these are located.
Recommendation 2 Ref: Standard 7.6 Stated: First time To be Completed by: Immediate and ongoing	Response by Registered Person(s) Detailing the Actions Taken: All Service User's care plans in relation to Continence Promotion have been updated.
	Response by Registered Person(s) Detailing the Actions Taken: With regards to a Continence Promotion matter Mary Mc Ilroy will liase with Service User's Named Worker.

Recommendation 3 Ref: Standard 10 Stated: First time To be Completed by: 23 December 2015	<p>With regards to the provision of lunch meals; the manager should ensure:</p> <p>(a) A review takes places of the menu plans specifically regarding the choices of lunch meal on the menu over the winter months.</p> <p>(b) The amended menu plan is followed so service users are kept fully informed on a daily basis of the choices of lunch available.</p> <p>(c) Service users are informed if there are changes or deviations from the menu and records are made of this.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: (a) In respect to the review of the winter menu plans a questionnaire has been compiled for Service User's to complete, this is currently in progress. (b) When questionnaires are completed a meeting with the Roddens catering staff and the catering manager will be held, an amended menu will then be available to Service User's. (c) In the event of a change or deviation from the planned menu, Service User's will be informed.</p>		
Recommendation 4 Ref: Standard 17.2 Stated: First time To be Completed by: 23 October 2015	<p>The registered person should advise RQIA in writing of the action to be taken by the Trust regarding the registered manager position in Armour Day Centre.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Mary Mc Ilroy has informed Rodger Connor that she will complete the required qualification regarding the Registered Manager position in Armour.The Training Team have been informed of Mary's intention to commense QCF5. Mary now awaiting response of intake date.</p>		
Recommendation 5 Ref: Standard 23.8 Stated: First time To be Completed by: Immediate and ongoing	<p>The manager should ensure the minutes of staff meetings reflect, where appropriate, action points; who is responsible and time frames.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Staff meeting dated 27th October 2015 has now in place where appropriate, action points , who is responsible and time frames.</p>		
Registered Manager Completing QIP	Mary Mc Ilroy	Date Completed	09.11.2015
Registered Person Approving QIP	Dr Tony Stevens Una Cuning	Date Approved	12.11.15
RQIA Inspector Assessing Response	Maire Marley	Date Approved	26.11.2015

****Please ensure the QIP is completed in full and returned to day.care@rgja.org.uk from the authorised email address****