

Unannounced Care Inspection Report 6 August 2018



Armour Day Centre

Type of Service: Day Care Service
Address: 6 Newall Road, Ballymoney, BT53 6HD
Tel No: 028 2766 4101
Inspector: Jim McBride

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 settings with 44 places that provides care and day time activities for people who have assessed needs related to one or more of the following: Learning disability, Mental ill health, Physical disability, Sensory impairment, or social isolation in older age.

3.0 Service details

Organisation/Registered Provider: Northern HSC Trust Responsible Individual: Anthony Baxter Stevens	Registered Manager: Nadine Ann Connery "registration pending".
Person in charge at the time of inspection: Day Care Worker	Date manager registered: Nadine Ann Connery - application received - "registration pending".
Number of registered places: 44	

4.0 Inspection summary

An unannounced inspection took place on 6 August 2018 from 09.30 to 15.15.

This inspection was underpinned by the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

Evidence of good practice was found in relation to staff knowledge in regard to safe care; risk management; the day care setting environment; providing care, in the right place, at the right time; activities; the ethos of the day care setting; listening to service users; governance arrangements, and maintaining good working relationships.

Service users said:

- "Great staff easy to talk to."
- "I feel safe and secure here with the staff and the drivers."
- "The activities are great."
- "My keyworker is great; he always listens to my point of view."
- "The staff are all excellent."
- "I could not say enough about the staff here, they are very caring and approachable."
- "The activities help me structure my day."
- "There have been changes over time but I think for the better."
- "Some of the activities I have left behind as I have to pay."

Staff said:

- "I ensure all service users are safe in the transport."
- "Good supervision with ***** she is very approachable."
- "Training is excellent."
- "The centre provides a good activity programme."
- "The staff are all caring and responsible people."
- "We have an open door policy with senior staff."

- “The manager is excellent I have no complaints. There have been lots of changes for the better.”

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

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

4.2 Action/enforcement taken following the most recent care inspection dated 30 September

No further actions were required to be taken following the most recent inspection on 30 September 2018.

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
- the previous inspection report
- the RQIA log of contacts with, or regarding the day centre

During the inspection the inspector met the day care worker on duty and two day care staff. The inspector had the opportunity to meet with two service users whilst observing others during their activities.

The staff available gave a comprehensive overview of the centre. From discussion with staff it was evident they had a good person centred approach to service users.

No visiting professionals or visitors/representatives were available on the day of the inspection.

At the request of the inspector, staff were asked to display a poster within the day care setting’s registered premises. The poster invites staff to give their views and provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision; no responses were received.

The inspector provided questionnaires to staff for circulation to service users/relatives seeking their views on the service. Eight responses were received back to RQIA. Some issues raised from the returned questionnaires were discussed with the manager on the 21/8/18. The manager has in place action plan to speak with service users and to update RQIA with the outcomes.

The inspector requested that the registered manager place a 'Have we missed you' card in a prominent position in the agency to allow service users, relatives and families who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No replies were received by RQIA.

Comments received from returned questionnaires:

- “The staff have been a great help to me recently during a sad bereavement.”

The following records were examined during the inspection:

- statement of purpose (2017)
- service user's guide (2017)
- minutes of service users' meetings held in 2017/18
- minutes of staff meetings held in 2017/18
- reports of quality monitoring visits 2017/18
- annual review report (May 2018)
- staff competency assessments
- fire risk assessment
- fire safety checks
- staff training records including:
 - safeguarding
 - fire safety
 - health and safety
 - incidents
 - complaints management
 - challenging behaviour
 - medication
 - supervision and appraisal
 - records management
 - challenging behaviour
 - ICT security
 - information governance
 - equality training
- record of complaints
- record of incidents and accidents
- four service users' files and risk assessment records

The inspector would like to thank the staff and service users for their support and co-operation throughout the inspection process.

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 September 2018

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

6.2 Review of areas for improvement from the last care inspection dated 30 September 2018

There were no areas for improvement made as a result of the last care inspection.

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 staff confirmed the planned daily staffing levels for the day centre, and that these levels were subject to regular review to ensure the assessed needs of the service users were met. Staff confirmed that staffing levels met the assessed needs of the service users.

The staff confirmed the arrangements in place to ensure information pertaining to all of the matters specified in Schedule 2 and 5 of The Day Care Setting Regulations (Northern Ireland) 2007 were reviewed. Recruitment records reviewed were satisfactory. A checklist of information regarding pre-employment checks is forwarded to the manager prior to an induction timetable for individual staff members.

There was an induction programme in place for all grades of staff which included the Northern Ireland Social Care Council (NISCC) competency standards, which assists new staff to identify skills they are confident in and areas they may need more development in.

The settings training records demonstrated that staff had received mandatory training and other training relevant to their roles and responsibilities. Discussion with staff confirmed they had received training that had assisted them to provide safe and effective care. Staff spoken with clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility.

The examination of the settings incidents, accidents and notifications forwarded to RQIA found safety issues and risks had been identified and managed. Assessments and care plans had been reviewed and updated as necessary to ensure practice was safe and effective. The sample of records inspected indicated the relevant incidents/notifiable events had been reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

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

The inspector reviewed the agency's provision for the welfare, care and protection of service users. The person in charge could describe the agency's response to the DHSSPS regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. The agency has updated their policy and procedures to reflect information contained within the policy. The organisation has identified an Adult Safeguarding Champion (ASC); the staff could describe their key areas of responsibility.

The staff on duty on the day of inspection discussed the needs of the service users they were responsible for. They gave a clear description of their needs and how those needs can be met.

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

The inspector noted some of the comments from service users during their annual care reviews:

- "I have no issues or concerns."
- "I enjoy the centre as its one of my social outlets."

Staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns.

It was indicated from discussions with staff and service users that the day care setting aims to ensure that there is at all times an appropriate number of skilled persons available to meet the assessed needs of service users. The inspector viewed the day care setting's staff rota information and noted it reflected staffing levels as described by staff. The rotas highlighted the person in charge each day.

Observations of the environment and inspection of records concluded the environment presented as clean and tidy, furniture, aids and appliances presented as fit for purpose. Fire safety precautions were inspected, fire exits seen were unobstructed.

The centres fire risk assessment made available had been reviewed on the 5 July 2018. Records of fire drills were in place from October 2017.

Eight returned questionnaires from service users indicated that a safe service meant:

- "There are enough staff to help you."
- "You feel protected and free from harm."
- "You can talk to staff if you have concerns."
- "The environment is safe and clean."

Areas of good practice

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

No areas for improvement 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.

Four service users' care files were viewed; they contained the service user's individual assessments and care plans which described their physical, social and emotional needs. The individual written plans/agreements were found in the service user individual records, these documents confirmed the day service was suitable and appropriate to meet the service user's needs.

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

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

Evidence was provided to verify systems were in place to ensure effective communication with service users, their representatives and key stakeholders. This included pre-admission information, care reviews, service users' meetings and staff meetings. The staff confirmed that staff and service user meetings "Members Voice" were held regularly.

The inspector noted some of the areas for discussion during the service users' meetings:

- outings/activities
- compliments
- complaints
- suggestions
- staff

The inspector also noted some of the areas for discussion during staff meetings:

- NISCC
- service user updates
- communication
- activities/outings
- GDPR
- person centred approach
- hydration/nutrition

Discussion with the staff confirmed that the manager operated an open door policy in regard to communication within the day care setting. Staff stated that there was effective teamwork and each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the manager. All staff consulted clearly demonstrated the ability to communicate effectively with their colleagues, service users, relatives and other health care professionals.

The centre has completed their annual review and it was forwarded to the RQIA in May 2018. The inspector has highlighted some of the comments received from service users and staff in relation to the quality of service provided in Armour day centre:

Examples of service user comments are as follows:

- “The food is great, the menu has been changed and I enjoy my food even more these days”.
- “We have some great fun”, “my life is so much better since I came here”.
- “We have had a great day-the staff are helpful, I love coming here”.
- “I really enjoyed my company at STEPS, also all the exercises. The talks, I enjoyed my friendly talks with
- “I think the work with the primary school is brilliant, I have learnt a lot and the time with the children is special. It is very educational and I have learnt I was not taking enough calcium. I take more milk and cheese now.”

Staff comments:

- “I love my job”.
- “The groups are working well; some of the clients have really enjoyed the STEPS programme and found it very beneficial”.
- “It is more interesting to do the programme and activities”.
- “The centre is busy but it is better this way”.
- “The new manager is making good changes”.

The centre’s Statement of Purpose and the Service User’s Guide provide information required by the regulations and the minimum standards.

Eight returned questionnaires from service users indicated that an effective service meant:

- “You get the right care, at the right time in the right place.”
- “The staff know your care needs.”
- “You are kept aware of your care plans.”
- “Your care meets your expectations.”

Areas of good practice

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

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.

Discussions with staff regarding the activities they were delivering confirmed the activities were tailored to meet the needs of the service users, as well as promoting their strengths and providing choice. Service users are enabled and supported by staff to engage and participate in meaningful activities and outings. Staff discussed the range of activities service users could take part in. The activity programme was noted as developing social opportunities for service users as well as their hobbies and interests.

Staff members presented as being committed to providing service users with purposeful and enjoyable experience at the centre and in other activities. Staff demonstrated a comprehensive understanding of each service user's assessed needs and individual care plan.

The systems in place to ensure that the views and opinions of service users were sought and taken into account included an annual satisfaction survey and reviews of specific aspects of the service.

Records for service users were presented in appropriate formats that helped each person to understand the content. During each monthly quality monitoring visit, the views of sample of service users were sought in all of the monthly monitoring reports examined. The evidence presented at this inspection confirms that compassionate care is provided consistently in the centre.

The inspector noted some of the comments from service users and staff during the monthly quality monitoring visits:

Service user comments:

- "I love coming here it make such a difference to me."
- "The staff really try their best to make it a nice place."
- "We are always doing something different."
- "Everyone is good to me."
- "The staff are helpful if you need assistance."

Staff Comments:

- "We get good support from the manager, she is very fair."
- "I love working here it's great to see the difference you make to people's lives."
- "We work well together now and have a good team."

Eight returned questionnaires from service users indicated that a compassionate service meant:

- "Staff treat you with kindness."
- "Staff ensure you are respected and that your privacy and dignity is maintained."
- "Staff inform you about your care."

- “Staff support you to make decisions about your care.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the day care setting, dignity and privacy, listening to and valuing service users and taking account of the views of service users.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

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

The current registration certificate was up to date and displayed appropriately. Staff confirmed they had access to a range of policies and procedures in place that they use to guide and inform their practice. Supervision and appraisal records detailed staff had received recorded individual, formal supervision at least every three months.

One complaint had been recorded since the previous care inspection. Discussion with the person in charge confirmed that the complaint had been resolved satisfactorily and in line with the HSC trust policies and procedures.

The Regulation 28 monthly quality monitoring visits had been undertaken monthly on behalf of the registered provider. The reports showed the visits included unannounced visits and qualitatively reflected service users and staff views and opinions, the reports commented on the conduct of the setting and did not reveal any concerns that were outstanding. The inspector noted some of the positive comments received from, service users and staff.

The staff were asked what their opinion was regarding leadership in the centre; they complimented the manager in place currently. Staff described and stated that they knew what was expected of them, the manager is approachable, the lines of accountability were clear and the manager had an open door policy. They said if they had any concerns the HSC Trust has a whistleblowing policy however, they worked well with their colleagues and hoped any concerns would be dealt with at an early stage with their colleagues.

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

The inspector noted that the agency collects equality information in relation to service users, during the referral process. The data is used effectively and with individual service user involvement when an individual person centred care and support plan is developed. The manager was able to discuss the ways in which staff development and training enables staff to engage with a diverse range of service users some of whom have complex needs.

Discussions with the staff highlighted evidence that supports service users' equal opportunities regardless of their abilities, their background or their lifestyle. Some of the areas of equality awareness identified during the inspection include:

- Effective communication
- Service user involvement
- Safeguarding
- Advocacy
- Equal care and support
- Individual person centred care
- Individual risk assessment
- Disability awareness.

The agency's commitment to equality and individual person centred care is an area of positive practice and is to be commended.

The manager stated that all staff are required to be registered with the Northern Ireland social Care Council (NISCC) or other regulatory bodies as appropriate. The service retains a list of staff registration details and expiry dates; a record is also maintained by the human resource department. Records viewed by the inspector indicate that all staff are registered appropriately.

The registered person has worked effectively with RQIA to operate and lead the organisation in maintaining compliance with Regulations and Minimum Standards.

Eight returned questionnaires from service users indicated that a well led service meant:

- "You always know who is in charge at any time."
- "You feel the service is well managed."
- "Your views are sought about your care and the quality of the service."
- "You know how to make a complaint."

Areas of good practice

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

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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