

Unannounced Care Inspection Report

22 August 2016



Armour Day Centre

Type of Service: Day Care Setting
Address: 6 Newall Road, Ballymoney BT53 6HD
Tel No: 02827664101
Inspector: Priscilla Clayton

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Armour Day Centre took place on 22 August 2016 from 9.45 to 15.30 hours.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the day care setting was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

There was good supporting evidence that the centre was providing safe care which included appropriate staffing; new staff induction; staff training; supervision and appraisal; infection prevention and control measures; risk management; and positive feedback from staff and service users.

One requirement made at the previous inspection dated 21 September 2015 was restated as late notifications of accidents/incidents were received at RQIA on 17 August 2016.

One recommendation made related to ensuring competency and capability assessments were completed for any person in charge of the centre in the absence of the manager.

Is care effective?

There was supporting evidence that the care provided was effective, with positive feedback from service users and staff. Needs assessments were complemented with risk assessments, and care plans reflected measures to minimise identified risks.

Two recommendations made for improvement. Firstly, ensure that staff do not leave gaps between dated recorded entries in care notes and secondly the recommencement of staff meetings.

Is care compassionate?

There were several examples of good practice in relation to the culture and ethos of the day care centre, listening to and valuing service users and taking account of the views of service users and their relatives. Several user friendly notices, minutes of meetings of service user meetings and health topics, as well as photographs of social events, were displayed.

No requirements or recommendations were made in this domain.

Is the service well led?

There were examples of a well led service with systems and process in place for the day to day management of the centre. Staff gave positive feedback in respect of leadership and team work, with good support and encouragement provided by the manager through effective communication, supervision, and the open door approach provided by the manager.

One requirement and one recommendation were made in this domain. One requirement related to ensuring monthly monitoring visits made on behalf of the registered provider were

undertaken with reports retained within the centre. One recommendation made related to the accessibility of policies/procedures.

This inspection was underpinned by The Day Care Settings Regulations (Northern Ireland) 2007, the Day Care Setting Minimum Standards 2012 and previous inspection outcomes and any information we have received about the service since the previous inspection.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2	4

Details of the Quality Improvement Plan (QIP) within this report were discussed with Rodger Connor, acting manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent type e.g. estates inspection

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

2.0 Service details

Registered organisation / registered provider: Northern HSC Trust/Dr Anthony Baxter Stevens	Registered manager: Rodger Connor, Acting Manager
Person in charge of the day care setting at the time of inspection: Rodger Connor	Date manager registered: Awaiting appointment of a new registered manager
Number of service users accommodated on day of inspection: 33	Number of registered places: 44

3.0 Methods/processes

Prior to inspection following records were analysed:

- Accident Incident notifications
- QIP from last care inspection
- Correspondence.

During the inspection the inspector met with 10 service users, and four staff.

Prior to inspection the following records were inspected:

- RQIA Certificate of registration
- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessments
- Staff training records
- Three service user's care files
- Statement of purpose and service users guide
- Minutes of recent staff meetings
- Complaint records
- Audits
- Equipment maintenance records
- Accident/incident/notifiable events records(7)
- Annual summary evaluation report (2015)
- Minutes of recent service user'/representatives' meetings
- Monthly monitoring reports
- Fire safety risk assessment
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Policies and procedures.

During the inspection the inspector met with 10 service users individually and with others in small group format, four staff including the manager. No relatives/representatives or professional staff visited the centre during the inspection.

A total of 15 satisfaction questionnaires were provided for distribution to service users, relatives/representatives and staff for completion and return to RQIA. Nine questionnaires were returned within the timescale.

An inspection of the internal environment was undertaken.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 29 June 2016

The most recent inspection of the establishment was an announced estates inspection. The completed QIP was returned to the estates inspector. This QIP will be validated by the estates inspector at their next inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 21 September 2015

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 29 Stated: First time	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.	Not Met
	Action taken as confirmed during the inspection: Notifications to RQIA were discussed with the manager and records examined. In addition to the two notifications requested to be submitted to RQIA retrospectively several other notifications, received on 17 August 2016, were submitted to RQIA outside of the required timescale. This requirement is restated for a second time.	
Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 5.2 Stated: First time	With regards to continence promotion, the manager should ensure service users' 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. 	Met
	Action taken as confirmed during the inspection: Areas identified for improvement were reflected within care records examined.	
Recommendation 2 Ref: Standard 7.6 Stated: First time	With regards to a continence promotion matter and advocacy for an identified service user; the manager is advised to liaise with the service user's named worker.	Met

	<p>Action taken as confirmed during the inspection: The manager confirmed that appropriate action was taken with referral made to the named social worker and staff training provided on continence promotion. The manager advised that the trust advocacy service was provided.</p>	
<p>Recommendation 3 Ref: Standard 10 Stated: First time</p>	<p>With regards to the provision of lunch meals; the manager should ensure:</p> <ul style="list-style-type: none"> (a) A review takes places of the menu plans specifically regarding the choices of lunch meal on the menu over the winter months. (b) The amended menu plan is followed so service users are kept fully informed on a daily basis of the choices of lunch available. (c) Service users are informed if there are changes or deviations from the menu and records are made of this. <p>Action taken as confirmed during the inspection:</p> <ul style="list-style-type: none"> (a) The manager confirmed that review and revision of menu was undertaken with service users to ensure that choice was included at lunch time. This was confirmed by staff and service users. Daily rotating menus were displayed on the notice board with choices included. (b) Service users confirmed that they were consulted in respect of choice of lunch on the menu each day. (c) Changes made were reflected in records of menus retained. 	<p>Met</p>
<p>Recommendation 4 Ref: Standard 17.2 Stated: First time</p>	<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>Action taken as confirmed during the inspection: The manager has informed RQIA that a new manager has been appointed for the centre and is due to commence in September. A completed application for registration as manager is to be completed and returned to RQIA by the new manager.</p>	<p>Met</p>

Recommendation 5 Ref: Standard 23.8 Stated: First time	The manager should ensure the minutes of staff meetings reflect, where appropriate, action points; who is responsible and time frames.	Met
	Action taken as confirmed during the inspection: The last recorded minute of a staff meeting was dated 13 January 2016. Information as recommended was recorded in minutes examined.	

4.3 Is care safe?

The manager confirmed that staffing levels were satisfactory and explained that one vacant post was covered by consist agency staff. The manager confirmed that staffing levels are subject to regular review to ensure the assessed needs of the service users were met.

The manager confirmed that all newly appointed staff undertakes a period of induction. Induction programmes examined for two staff members were completed, dated and signed by both parties.

Discussion with the manager confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Day Care Setting Care Homes Regulations (Northern Ireland) 2007 and that all new staff recruitment records were held off site at the Trust's Human Resources Department. The registered manager has responsibility to check directly with the Human Resources Department that all necessary checks have been completed prior to the staff member commencing service. Review of the NHSC Trust recruitment and selection policy and procedure confirmed compliance with current legislation and best practice.

Discussion with staff and a review of records confirmed that mandatory training, supervision (three monthly) and annual appraisal was provided. Records of mandatory training evidenced mandatory and other training including finance management, falls prevention, complaints, dementia awareness and dysphasia.

Accident/incident records notified to RQIA and records retained in the centre were discussed with the manager. One requirement made at the previous inspection dated 21 September 2015 was restated as late notifications were received at RQIA on 17 August 2016.

Discussion with staff confirmed that they were aware of the new regional policy entitled Adult Safeguarding Prevention and Protection in Partnership (July 2015) and the NHSC Trust had adopted this policy. A copy of the policy was available electronically with in the centre. Staff demonstrated knowledge and understanding of adult safeguarding principles and were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. The manager and staff confirmed that any safeguarding issues arising would be reported and managed in accordance with the NHSC Trust policy/procedure. Staff training records reflected staff training in safeguarding of vulnerable adults was held on 12 January 2016.

Records were being maintained in respect of money paid by service users for meals etc. All transactions were recorded with receipts issued and signatures recorded.

The manager and staff confirmed that there are no measures of restraint currently in use within the centre and that appropriate documented assessment, collaboration and review involving specialist multi-professional Trust personnel would be sought and records retained if restriction was to be used for the safety of the service user.

A review of policy and procedure on restrictive practice/behaviours which challenge confirmed that this was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

Service user risk assessments were in place and based on assessed needs, for example: dysphasia, moving and handling, nutrition, fall risk and challenging behaviours. Risk assessments were viewed were noted to be updated on a regular basis or as changes occurred.

The recruitment files of all staff employed were held at the NHSC Trust human resource department. The manager reported that the previous registered manager would have been included in the selection and recruitment of staff in accordance with trust policy/procedure.

The manager confirmed that equipment and medical devices in use were being maintained and regularly serviced. Observation of mechanical hoists evidenced a record of maintenance/service dates.

Review of the infection prevention and control (IPC) policy and procedure confirmed that the policy was in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC, which was in line with their roles and responsibilities. Inspection of the centre confirmed availability of clean wash hand basins; adequate supplies of liquid soap; alcohol hand gels; and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures. Records showed staff training in IPC was provided on 17 February 2015.

Hand hygiene was a priority in the centre and efforts were applied to promoting good standards of hand hygiene among service users, staff and visitors. Notices displaying the seven steps of good hand hygiene were displayed in both written and pictorial formats.

Inspection of the internal and external environments were observed to be tidy, organised, safe, fresh smelling and suitable for and accessible to service users, staff and visitors. Fire doors were closed and fire exits free from obstruction. Records of training evidenced fire safety was provided on 17 February 2015, and fire drill on 13 October 2015. A current fire risk assessment was in place.

The staff and service users are to be commended on receiving the “highly commended” award on the “best kept award” from the Northern Ireland Amenity Council.

Nine satisfaction questionnaires were completed and returned from staff (4) and service users (5) to RQIA within the timescale. All respondents recorded positive responses in respect of the safe care domain. No issues or concerns were recorded.

Service users and staff who met with the inspector indicated that the care provided was good. No issues or concerns were raised or indicated.

Areas for improvement

One requirement made at the previous inspection dated 21 September 2015 was restated as late notifications were received at RQIA on 17 August 2016. One recommendation made related to ensuring competency and capability assessments were completed for any person in charge of the centre in the absence of the manager.

4.4 Is care effective?

Discussion with the manager established that staff responded appropriately to, and met the assessed needs of, the service users who currently attend the day care centre.

A review of three care records confirmed that these were being maintained in line with legislation and standards. The manager and staff confirmed that each service user had an individual care record file containing all the required documents. Care records examined contained an up to date assessment of needs, life history, risk assessments, associated care plans and daily/regular statements of health and well-being of the service user. Care 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 service user.

There was recorded evidence that service users and/or their representatives were encouraged and enabled to be involved in the needs assessments, care planning and review process. Discussion with staff confirmed that a person centred approach underpinned practice, for example care records showed that service users were consulted with choice, views and preference reflected within their person centred care plans. Regular notes were recorded within five days of attendance or more frequently if required. One recommendation made related to ensuring that staff do not leave gaps between dated recorded entries in notes. Care records were stored safely and securely in line with data protection.

Review of care records confirmed that initial review of care was held following commencement of a service user's placement to ensure their needs were being met and that the placement was appropriate. Annual reviews are also undertaken with service users/representatives in attendance.

Care records were stored safely and securely in line with data protection.

There was evidence of good modes of communication and information sharing between service users, staff and other stakeholders. For example, service users' meetings were held monthly through the service users committee who have selected representatives from the overall number of service users who attend on different days each week. The annual quality assurance survey was conducted during 2015. A summary evaluation of the survey, dated 22 October 2015, was developed and discussed. Overall positive responses were received from 79 of the 101 service users who participated. Two respondents indicated dissatisfaction regarding activities, two regarding information and a small percentage (1%) rating the meals as poor. Analysis showed slight improvement in areas from the survey conducted during 2014. Highest ratings from service users were regarding care, staff, information and the building environment. Areas for improvement were identified with action taken. For example, greater information covering a wide range of services/meetings/menu rotation/health matters was displayed on the user friendly information notice boards; improvement in the provision of meals was made

through the introduction of choice and rotating menus and service user committee meetings. A satisfaction survey is planned for 2016.

Service users who spoke with the inspector confirmed they were aware of the “open door policy” operated by the manager and the improvements were made in regard to menus and meetings where they can raise any matters they wish to discuss.

Other arrangements in place to audit and monitor the quality of care included regular review of the care provided with each service user alongside annual care review held by the key worker; audits of fire safety; finance; and medications. In addition, individual service user views were sought monthly in respect of activities, social outings and menus. Monthly monitoring visits made on behalf of the registered provider were also undertaken when the views of staff, service users and relatives were sought with reports made available on request to service users/representatives, trust staff and RQIA. Care records/care plans are audited each month by the trust monitoring officer.

The provision of staff meetings were discussed with the manager as the last minute of meeting held was dated 20 January 2016. The manager explained that these would recommence again when the new manager commences in September 2016. One recommendation was made as staff meetings should be held on a regular basis, at least quarterly, in line with DOH Minimum Care Settings Minimum Standards (January 2012)

Areas for improvement

Two areas identified for improvement related to the recording within care record progress notes and commencement of staff meetings.

4.5 Is care compassionate?

The manager confirmed that there was a culture/ethos within the centre that supported the values of dignity and respect; independence; rights; equality and diversity; choice and consent of service users. This was reflected within care records and minutes of meeting held.

There were a range of policies and procedures in place which supported the delivery of compassionate care. Discussion with the manager, staff and service users confirmed that service users’ needs were being met.

The manager, staff and service users, who were able to communicate, confirmed that consent was sought in relation to care and treatment. Discussion with service users and staff alongside observation of practice and interactions with service users demonstrated that they were treated with dignity and respect. Staff confirmed their awareness of promoting service user rights, independence and dignity. Staff were also able to demonstrate how service users’ confidentiality was protected. For example, any discussions held with service users regarding personal matters would be undertaken in private; care records are only shared with consent and to those who need to know.

The manager and staff confirmed that service users were always listened to, valued and communicated with in an appropriate manner. Discussion with staff, service users, and observation of practice confirmed that service users’ needs were recognised and responded to in a prompt and courteous manner by staff.

The summary report on the outcome of the service users' satisfaction survey is reflected under section 4.4 of this report. The manager and service users who spoke with the inspector confirmed that the outcome of this survey was shared with staff and service users.

Areas for improvement

No areas were identified for improvement from this domain.

4.6 Is the service well led?

Rodger Connor is the NHSC Trust locality manager for nine day care centres and is currently "acting" manager of Armour Day Care Centre until the newly appointed manager commences in September 2016.

The centre's certificate of registration with RQIA was displayed in a prominent position.

There was a clear organisational structure within the centre and staff demonstrated awareness of their roles, responsibility and accountability. This information was outlined in the centre's statement of purpose and service user guide. Discussion with the manager identified that he had good understanding of his role and responsibilities under the Day Care Setting Regulations (Northern Ireland) 2007. The manager confirmed that the registered provider was kept informed regarding the day to day running of the centre through line management.

The manager confirmed that the centre operated in accordance with the regulatory framework and that the health and social care needs of service users were met in accordance with the centre's statement of purpose.

The provision of policies and procedures were discussed with the manager and day care worker. Corporate copies were held electronically but not everyone knew how to access these. Hard copies were retained but were cumbersome to retrieve as they were not compiled within centrally indexed files. One recommendation was made in this regard.

Reference to the policies and procedures which should be available is listed within the Day Care Settings Minimum Standards (appendix 2).

Staff who spoke with the inspector demonstrated knowledge and understanding of whistle blowing policy and procedure.

Records of complaints received were in place. Complaints received since the previous inspection was discussed with the manager and day care worker who confirmed that these had been addressed with complainants fully satisfied. User friendly Information on how to complain was displayed on the notice board and contained within the service user guide.

The manager explained the audit arrangements in place to evaluate the quality of care provided within the centre. Reference to audits undertaken is referred to under section 4.4 of this report.

Monthly quality monitoring reports were inspected and discussed with the manager. Reports for the months May and June 2016 were not available. One requirement was made in regard to ensuring monthly monitoring visits made on behalf of the registered provider were undertaken and retention of reports. Reports must be made available, on request to: RQIA; the registered

manager; a service user or his representative and officer of the NHSC Trust in accordance with Regulation 28 of The Day Care Setting Regulations (2007).

Areas for improvement

One requirement and one recommendation were made in this domain. One requirement related to ensuring monthly monitoring visits made on behalf of the registered provider were undertaken with reports retained within the centre. One recommendation made related to the filing and accessibility of policies/procedures.

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Rodger Connor, "acting manager," as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the (Insert Service Type). The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises, RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Day Care Settings Regulations (Northern Ireland) 2007.

5.2 Recommendations

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

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to day.care@rqia.org.uk by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Statutory requirements	
Requirement 1 Ref: Regulation 29 Stated: Second time To be completed by: 24 August 2016.	The registered person shall 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.
	Response by registered provider detailing the actions taken: The new Registered Manager will ensure all relevant incidents/accidents are submitted to RQIA in a timely manner. The Registered Manager had contacted the Inspector to check if the discussed incidents had since been reported.
Requirement 2 Ref: Regulation 28 (5) Stated: First time To be completed by: 31 August 2016	The registered provider shall ensure that monthly monitoring visits made on behalf of the registered provider are retained in the centre and made available, on request to: RQIA; the registered manager; a service user or his representative and officer of the NHSC Trust.
	Response by registered provider detailing the actions taken: The new Registered Manager will follow up on monthly monitoring visits and ensure a record is kept within the Centre.
Recommendations	
Recommendation 1 Ref: Standard 17.2 Stated: First time To be completed by: 31 October 2016	The registered provider should to ensure competency and capability assessments were completed for any person in charge of the centre in the absence of the manager.
	Response by registered provider detailing the actions taken: The new Registered Manager is currently undertaking competency checklists to ensure any person left in charge in the absence of the Manager is capable and competent.
Recommendation 2 Ref: Standard 19.4 Stated: First time To be completed by: 31 August 2016	The registered provider should ensure that staff do not leave gaps between dated recorded entries in care
	Response by registered provider detailing the actions taken: The Registered Manager has discussed this with the staff team and no lines between entries will be implemented with immediate effect.

<p>Recommendation 3</p> <p>Ref: Standard 23.8</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2016</p>	<p>The registered provider should ensure that staff meetings are held on a regular basis at least quarterly.</p> <p>Response by registered provider detailing the actions taken: The Registered Manager has arrangements in place to ensure staff meetings are held on a regular basis.</p>
<p>Recommendation 4</p> <p>Ref: Standard 18.3</p> <p>Stated: First time</p> <p>To be completed by: 30 October 2016</p>	<p>The registered provider should review and revise the filing of policies/procedures into centrally indexed files to ensure ease of access for staff.</p> <p>Response by registered provider detailing the actions taken: The new Registered Manager will endeavour to structure the Policies and Procedures to enable easier access for staff</p>

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