

# Unannounced Care Inspection Report 27 July 2017



## Armour Day Centre

**Type of Service: Day Care Setting**  
**Address: 6 Newall Road, Ballymoney, BT53 6HD**  
**Tel No: 02827664101**  
**Inspector: Dermott Knox**

[www.rgia.org.uk](http://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 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

<b>Organisation/Registered Provider:</b> Northern HSC Trust  <b>Responsible Individual(s):</b> Dr Anthony Baxter Stevens	<b>Registered Manager:</b> Mrs Colette Fairley
<b>Person in charge at the time of inspection:</b> Mrs Colette Fairley	<b>Date manager registered:</b> 29 November 2016
<b>Number of registered places:</b> 44 – DCS-I, DCS-LD, DCS-MP, DCS-PH, DCS-SI	

### 4.0 Inspection summary

An unannounced inspection took place on 27 July 2017 from 10.15 to 16.45.

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the day centre was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to professional care practice, involvement of service users in their own care decisions, management and leadership, staff morale and commitment, record keeping.

No areas requiring improvement were identified at this inspection.

Service users said:

- “All the staff here are great. They do so much to get us all interested and involved in things”.
- “The staff here are very kind and helpful. I get on well with everybody”.

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

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Colette Fairley, Registered Manager and Mrs Nadine Connery, taking over as manager on 14 August 2017, as part of the inspection process and can be found in the main body of the report.

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

#### **4.2 Action/enforcement taken following the most recent care inspection dated 22 August 2016**

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 22 August 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
- Inspection report from the previous inspection on 22 August 2016
- The RQIA duty log of contacts with, or regarding Armour Day Centre.

During the inspection the inspector met more than 20 service users in their groups and spoke with two individually. Five day care staff were interviewed individually and brief discussions were held with catering and clerical staff members. No visiting professionals or service users' visitors/representatives were available on the day of the inspection.

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

The following records and documents were examined during the inspection:

- The Statement of Purpose
- The Service User's Guide
- Two sets of minutes of service users' "Member's Voice" meetings held in 2017
- Minutes of three staff meetings held in April, May and June 2017
- Reports of three monitoring visits for March, May and June 2017
- The staff training report for 2016-17
- Record of complaints
- Record of Incidents and Accidents
- Four service users' files
- A quality survey report, dated June 2017
- DATIX records for 2017, to date.

Policies and procedures as follows:

- Capability Procedure

- Complaints and service user feedback
- Deprivation of Liberty Safeguards and Human Rights.

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 22 August 2017

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

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

### 6.2 Review of areas for improvement from the last care inspection dated 22 August 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 29 <b>Stated:</b> Second time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Notifications of the two identified accidents were received by RQIA following the inspection. A number of further accidents and incidents were notified to RQIA in the period prior to the present inspection. Several of these were discussed with the manager in terms of events that are not notifiable.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 28 (5) <b>Stated:</b> First time	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.	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> Monthly monitoring reports were available in the centre and provided evidence of monitoring visits having been carried out regularly since the previous inspection.</p>	
<b>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</b>		<b>Validation of compliance</b>
<p><b>Area for improvement 1</b>  <b>Ref:</b> Standard 17.2  <b>Stated:</b> First time</p>	<p>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.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence in staff files to verify that competency and capability assessments had been completed with all staff members who might be scheduled, at any time, to take charge of the centre.</p>	<b>Met</b>
<p><b>Area for improvement 2</b>  <b>Ref:</b> Standard 19.4  <b>Stated:</b> First time</p>	<p>The registered provider should ensure that staff do not leave gaps between dated recorded entries in care.</p> <p><b>Action taken as confirmed during the inspection:</b> The manager had instructed staff on this identified area for improvement and this was minuted in a staff meeting record. Record entries were found to be in compliance.</p>	<b>Met</b>
<p><b>Area for improvement 3</b>  <b>Ref:</b> Standard 23.8  <b>Stated:</b> First time</p>	<p>The registered provider should ensure that staff meetings are held on a regular basis at least quarterly.</p> <p><b>Action taken as confirmed during the inspection:</b> Staff meetings had been held each month since the previous inspection and the manager confirmed her commitment to this frequency.</p>	<b>Met</b>
<p><b>Area for improvement 4</b>  <b>Ref:</b> Standard 18.3  <b>Stated:</b> First time</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><b>Action taken as confirmed during the inspection:</b> Policies and procedures were available in</p>	<b>Met</b>

	printed copies, filed and indexed as recommended.	
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### 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 day centre premises were well maintained and in good decorative order, with no obvious hazards for service users or staff. There are rooms of varying sizes available for group activities and for individual work with service users, when necessary. Planting and furnishing work on the courtyard garden area has been ongoing and this was attractively presented and well used. The manager conducted a partial tour of the premises, which were found to be clean, well-decorated and well-suited to the purpose of the day care service. All areas appeared safe and attractive for everyone to use.

All staff members expressed strong commitment to their work with service users, which, they confirmed, is enjoyable and fulfilling. All new staff undertake a detailed induction programme, as described by the recently selected manager who takes over from the current, temporary manager on 14 August 2017. The manager and three other staff members, who met individually with the inspector, confirmed that they have confidence in the practice of all members of the staff team in their work with service users.

Safeguarding procedures were understood by staff members who were interviewed, who confirmed that they had the confidence to report poor practice, should they identify it. However, all expressed the view that practice throughout the centre was of a high quality and that team members worked well together. 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. Fire alarm systems checks were carried out and recorded on a weekly basis and fire exits were seen to be unobstructed. Fire safety training has been provided for all staff members on an annual basis.

Risk assessments with regard to moving and handling, transport, falls, or other areas, such as choking, specific to an individual, were present where relevant and each one had been signed as agreed, either by the service user or a representative. Staff members were observed interacting sensitively with service users and being attentive to each person's needs. 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.

Several service users spoke very positively of their enjoyment of attending the centre and confirmed that they felt safe and well cared for in the premises and in the transport vehicles. Staff presented as being well informed of the needs of service users and of methods of helping to meet these needs safely. 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 and discussions had been held with service users to help them understand and use the procedures

for making their views known to staff. The monitoring officer includes safety checks and audits in each monthly visit, reports of three of which were examined.

The evidence presented supports the conclusion that safe care is provided consistently in Armour Day Centre.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, supervision and appraisal, induction, adult safeguarding, information sharing, infection prevention and control, risk assessment and management and the home's environment.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 provide the information required by regulations and minimum standards. Two service users individually, and ten people in group activity sessions, provided information, in the course of the inspection. The feedback was entirely positive in all respects, including the effectiveness of the care provided. Both of the service users, in one to one situations, stated that the day care service had contributed very positively to their lives and to their ability to manage at home. One service user said, "I really enjoy coming to the centre. This is what gives my week some structure. Otherwise I might not get out at all".

Four service users' files were examined during this inspection and each was found to contain a written agreement on the terms of the individual's attendance, detailed referral and assessment information on the service user including a range of risk assessments, relevant to the person's abilities, disabilities or conditions. The detailed records of assessed risk and vulnerability provide clear guidance for staff involved in the work with that person. Each file also contained a signed consent form for information to be accessed appropriately by other professionals. Care plans set out the service user's needs in good detail, along with objectives for each person's care and the actions required to meet those objectives.

Written records were kept of each service user's involvement and progress at the centre. Entries were made in response to the significance of events and exceeded the frequency stipulated by the minimum standards. Records of annual reviews for each person demonstrated that an evaluation of the overall suitability of the placement had been discussed in detail and agreed. A well written Review Preparation Report was available in each of the files examined and, where possible, these included the service user's views and were informed by the written progress records. Dates and signatures were present in all of the care records examined. The

clarity of the records and the focussed cycle of 'assessment', 'care planning' and 'review' are commendable.

There are spacious rooms available for group activities and the centre normally operates in four or five groups, depending on the activity taking place at that time. Each group has a minimum of two staff at all times and this had been assessed as necessary for the provision of safe and effective care. Ten service users presented positive views of the enjoyment and support that they gained from taking part in the centre's activities, such as quizzes, gardening, music and movement, cookery, pool, glass painting or reminiscence and life story work. The development of twelve week programmes, for example, Reminiscence and Life Story Work, or Health and Wellbeing, has been well received by service users, two of whom spoke with great satisfaction of having completed an audio-book of their life stories. Two people spoke of the value they gained from other people's company, which came about through participation in the day centre's programmes. Another man spoke of his satisfaction at being able to continue to use his lifelong trade skills in helping to make useful items for the centre's garden.

Evidence from discussions with service users, from written records and from observations of interactions between service users and staff, confirmed that service users viewed the centre as an enjoyable and valuable place in which to spend their time. The manager and staff worked purposefully to involve service users in a variety of experiences, making full use of the available facilities. Five staff members returned completed questionnaires to RQIA, following the inspection visit. Two indicated that they were satisfied with the quality of the service, its safety, effectiveness, compassion and the leadership of the team, while three stated that they were very satisfied with the quality in all four domains.

The evidence indicates that the care provided is effective in actively pursuing the objectives of each service user's care plan and in promoting service users' wellbeing, enjoyment and fulfilment.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to assessments, care plans, reviews, communication between service users, staff and other key stakeholders, the organisation and operation of care/activity programmes, involvement and motivation of service users to do well and to feel well.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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.**

Observations of activities throughout the centre provided evidence of service users relating positively to staff and to each other. There was evidence to show that the centre's staff successfully motivate service users to participate in a range of programmes and activities that, in many examples, bring about positive outcomes. In all of the interactions observed, interactions between staff and service users were respectful and encouraging. Staff members were observed interacting sensitively with service users and being attentive to each person's needs. Service users confirmed that staff listen to them and involve them in deciding what they want to do during their time in the day centre. Staff demonstrated a good knowledge of each service user's assessed needs and worked to engage each person in meaningful activities of their choice.

There were measures in place to ensure that the views and opinions of service users were sought and taken into account in all matters affecting them. These included an annual survey and a report of the findings, completed in June 2017. In response to the question on the overall quality of the service, 25 respondents rated it 'Excellent'; 20 rated it 'Very good', 6 people rated it 'Good' and 1 person rated it 'Fair'. The results of the survey of service users' satisfaction, included the responses:

- "It's all good", and, "I'd be lost without the centre".

Service users confirmed that meals were always of a good standard.

During each monthly monitoring visit, the views of a sample of service users were sought and their views were reflected in all three of the monitoring reports that were reviewed at this inspection. Five service users and two relatives returned completed questionnaires to RQIA indicating that they were either very satisfied (5) or satisfied (2) with the quality of the service in all four domains, Is care safe?, Is care effective?, Is care compassionate? and, Is the service well led?

One relative commented, "I am very happy with the compassion and care staff provide." This relative also said that he/she would like to be better informed on what her family member does at the day centre and would like to attend review meetings. This information was passed to the manager when RQIA received the relative's questionnaire.

The monitoring officer kept a record of which service users had been interviewed at each visit, so that a wide range of views would be sought over the period of each year.

The record of a service users' meeting, held on 01 June 2017, provided evidence of a wide range of topics being discussed, including the desirability of replacing certain equipment, or considering different items and, informing service users that the centre has new medical emergency equipment and that staff have been trained to use it when necessary. Service users contributed their views on specific programmes that they had previously experienced.

The evidence indicates that Armour Day Centre provides compassionate care to its service users.

## 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, attending to, listening to and valuing service users, providing fulfilling activities for service users, exploring and taking account of the views of service users.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 the current operation of the centre and introduced Mrs Nadine Connery who will take over as registered manager on 14 August 2017 and has been working through her induction programme leading up to her commencement in that position.

A wide range of documentary evidence was provided to inform the inspection's findings. These included minutes of staff meetings and Members' Voice meetings, monitoring reports, audit records, client files, staffing information, written policies and procedures and the annual quality survey report for 2017. Armour 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. All current staff members hold a relevant qualification for their posts and the manager has been encouraging staff to take appropriate opportunities to further their training and qualifications.

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 three of the monitoring reports examined, which were for March, May and June 2017. Monitoring visits regularly took place unannounced and a report was completed every 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 connect the course content of the training with their day to day practice. The manager and senior staff had identified a number of training topics in addition to the mandatory training for staff, in order to ensure that the needs of service users are being met by staff who are appropriately skilled and knowledgeable. In keeping with the Trust's training and staff development policy, supervisory staff were knowledgeable and enthusiastic on the subject of staff's learning and this had a noticeably motivating influence on the work of team members and on the overall team morale.

Supervision was welcomed by staff members who said that they felt well supported and encouraged in their work.

There was evidence from discussions and from the minutes of staff meetings to confirm that working relationships within the staff team were constructive and supportive. In addition to monthly staff meetings, there was evidence of effective day to day communications in the team. Staff commented that the manager's leadership style was both constructive and reflective and motivated team members to accept responsibility for their work and for the overall effectiveness of the centre.

The evidence available at this inspection confirmed that Armour Day Centre has effective leadership, supporting and motivating staff and promoting a culture of continuous improvement within the team. The service is well led.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to clear management expectations, motivation of staff, staff training, staff supervision, 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
<b>Total number of areas for improvement</b>	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.

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](http://www.rqia.org.uk/webportal) or contact the web portal team in RQIA on 028 9051 7500.



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