

Unannounced Care Inspection Report 9 May 2019



Age NI Day Centre

Type of Service: Day Care Service
Address: 239 Newtownards Road, Belfast, BT4 1AF
Tel No: 02890459793
Inspector: Ruth Greer

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

Age NI Day Centre is a day care setting with 30 places to provide care and day time activities for people who are over 65 years and/or have mental health vulnerability.

3.0 Service details

Organisation/Registered Provider: Age NI Linda Robinson	Registered Manager: Wendy McKillion
Person in charge at the time of inspection: Wendy McKillion	Date manager registered: 8 September 2010
Number of registered places: 30	

4.0 Inspection summary

An unannounced inspection took place on 9 May 2019 from 09.00 to 15.15 hours.

This inspection was underpinned by the Health and Personal Social Services (Quality Improvement and Regulation) (Northern Ireland) Order 2003, 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 care setting was delivering safe, effective and compassionate care and if the service was well led.

RQIA, as a public-sector body, have a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of day care settings, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. People who attend day care settings have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the choices and freedoms associated with the centre.

On the day of the inspection there was good evidence that the day care setting promoted service users' human rights particularly in relation to the areas of consent, autonomy, equality, decision making, privacy, dignity, confidentiality and service user involvement. Service users were observed moving freely around the centre and making independent choices in regard to activities and food and drinks provided.

Evidence of good practice was found throughout the inspection in relation to staff training and development, adult safeguarding and risk management. The care records were well maintained and evidenced a person-centred approach to care delivery.

There was evidence of good overall governance and management systems and arrangements were in place for the registered person to formally obtain service users and their representatives' views on a monthly basis.

Service users said they were happy coming to the day care setting and expressed positive views on the staff, the food and the activities provided. Examples include -

- “I love my day here, I wouldn’t miss it.”
- “You wouldn’t get kinder people than the staff here.”
- “I look forward to here; it’s the highlight of my week.”
- “The dinners are lovely.”

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the manager, as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent care inspection dated 21 May 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 21 May 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:

- Previous RQIA inspection report
- All correspondence received by RQIA since the previous inspection

During the inspection the inspector spoke with the registered manager, three staff members and twelve service users. Service users were observed in group activities and in discussion with each other and staff.

A range of documents, policies and procedures, relating to the service were reviewed during the inspection and are referred to within the body of the report.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 21 May 2018

The most recent inspection of the establishment was an unannounced 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 21 May 2018

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
Area for improvement 1 Ref: Regulation 26 (e) Stated: Second time To be completed by: 16 July 2018	The registered person shall ensure that persons employed in the day care setting receive training at the start of employment and annually in the fire precautions to be taken or observed, including the action to be taken in case of fire. Ref: 6.2	Met
	Action taken as confirmed during the inspection: Examination of the training records in the area of fire for all staff confirmed compliance.	
Area for improvement 2 Ref: Regulation 16 Stated: First time To be completed by: 16 July 2018	The registered person shall review all service users individual care plans to ensure the care plans reflect each service users current individual needs and describe how they will be met in the day care setting safely, effectively and compassionately. Ref: 6.5	Met
	Action taken as confirmed during the inspection: The registered manager had undertaken a complete review of all service users' care files. Examination of four files, chosen at random, confirmed that the care documentation complies with regulation 5 .	

<p>Area for improvement 3</p> <p>Ref: Regulation 21 (3) (a)</p> <p>Stated: First time</p> <p>To be completed by: 16 July 2018</p>	<p>The registered person shall investigate how and why the registered manager had written four service users individual review minutes in full but the dates of the review meeting had not happened yet. The outcome of the investigation and action taken to prevent reoccurrence should be reported on the returned QIP</p> <p>Ref: 6.5</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The registered manager confirmed that two reviews had been held in April and an incorrect date had been recorded as May. The remaining two reviews had been completed the week before but dated incorrectly. An investigation undertaken by Age NI included assurance from the service users involved that the reviews had taken place. The investigation concluded that the incorrect dates on the documentation were due to human error. Service users who spoke with the inspector confirmed that they attended their own reviews which they stated took place annually.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 4 (1)</p> <p>Stated: First time</p> <p>To be completed by: 16 July 2018</p>	<p>The registered person shall review and improve the settings Statement of Purpose for the day care service to ensure it clearly describes the criteria for admission of service users and a clear description of what needs the staff can meet.</p> <p>Ref: 6.7</p>	<p>Met</p>

	<p>Action taken as confirmed during the inspection:</p> <p>The Statement of Purpose was reviewed and updated in March 2019 and includes the criteria for admission and sets out a description of what needs can be met in the setting.</p>	
<p>Area for improvement 5</p> <p>Ref: Regulation 21 (3) (a)</p> <p>Stated: First time</p> <p>To be completed by: 16 July 2018</p>	<p>The registered person shall improve the quality of monitoring as reported in the Regulation 28 monthly quality monitoring visits (MMV) and ensure what is reported is accurate and effective in relation to the monitoring of the conduct of the day care setting.</p> <p>Ref: 6.7</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>A review of several recent monthly monitoring reports confirmed compliance.</p>	
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Standard 24.4</p> <p>Stated: Second time</p> <p>To be completed by: 16 July 2018</p>	<p>The registered person shall ensure that records are kept of the training, monitoring and support arrangements for volunteers</p> <p>Ref: 6.2</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Examination of documentation which has been introduced since the last inspection in relation to volunteers confirmed compliance.</p>	
<p>Area for improvement 2</p> <p>Ref: Standard 5.2</p> <p>Stated: Second time</p> <p>To be completed by: 16 July 2018</p>	<p>The registered person shall ensure that a care plan is completed for the management of diabetes for every service user diagnosed with the condition and a smoking risk assessment is completed for every service user who smokes.</p> <p>Ref: 6.2</p>	Met

	<p>Action taken as confirmed during the inspection:</p> <p>Examination of four care files showed that risk assessments had been completed and confirmed compliance.</p>	
<p>Area for improvement 3</p> <p>Ref: Standard 21.8</p> <p>Stated: First time</p> <p>To be completed by: 16 July 2018</p>	<p>The registered person shall improve the staff training records to ensure they evidence that staff have been trained at the right intervals by a trainer who has the appropriate qualifications and the content of the training ensures staff have access to training the right knowledge and skills to meet the service users' needs who attend this setting.</p> <p>Ref: 6.4</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>Examination of the training records for all staff confirmed compliance. The registered manager had also devised a training matrix in order to audit the training provision.</p>	
<p>Area for improvement 4</p> <p>Ref: Standard 7.4 & 7.7</p> <p>Stated: First time</p> <p>To be completed by: 16 July 2018</p>	<p>The registered person shall put in place adequate arrangements to improve individual service user's records. The records must be reviewed and updated by staff to ensure they contain the right information that will inform each individuals care in the day care setting; the records must be legible, accurate, up to date, signed, dated and periodically reviewed.</p> <p>Ref: 6.5</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>Training on professional recording had been provided for staff and a system had been put in place whereby the registered manager reviews and audits the daily notes. Improvement was noted on the standard of recording.</p>	

Area for improvement 5 Ref: Standard 22.2 Stated: First time To be completed by: 16 July 2018	The registered person shall put in place arrangements to improve the frequency of individual staff supervision and ensure a minimum of one individual supervision meeting is provided for staff at least every three months. Ref: 6.7	Met
	Action taken as confirmed during the inspection: Examination of the record of staff supervision confirmed compliance.	

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 manager is based in the day centre and is supported by two day care workers, volunteers, and a cook.

On the day of inspection the staffing arrangements were found to be satisfactory and sufficient to meet the needs of service users. Duty records examined contained details of the number of staff on duty, hours worked, and information of the specific care duties allocated to staff. Discussion with the manager, staff and service users confirmed that staffing levels were appropriate to meet the assessed needs of service users.

Effective arrangements are in place to support staff and include structured induction, training, supervision and appraisals. There is a small staff team which has not changed for many years and no new staff have been appointed. The manager stated that any new staff would receive a structured induction to ensure they are familiar with service users' needs along with the settings routines and procedures.

There was evidence that induction had been completed for volunteers and relevant employment information and proof of identification obtained prior to volunteers commencing at the day care setting.

A review of the staff training records found that all staff had up to date mandatory training and had accessed additional training and development relevant to the needs of service users. For example, the registered manager had provided training on professional recording.

The day care setting had arrangements in place to identify, manage and where possible eliminate unnecessary risks. There was evidence that comprehensive risk assessments and

safety management plans were completed inclusive of service users and when appropriate their representatives. Risk assessments were personalised and included information specific to each person and their needs. For example, several service users smoke and the records examined provided evidence that the day care setting had attained a balance between promoting autonomy and maintaining safety.

A range of health and safety risk assessments were in place and included fire risk assessments, fire safety training and fire drills. All staff had received up-to-date safeguarding and health and safety training appropriate to their role and were aware of how to identify and report concerns. The service undertook regular health and safety checks that ensured a safe environment was maintained. A fire risk assessment was in place and records showed that arrangements were in place with an outside fire consultant to review the assessment on 16 May 2019. A fire drill/evacuation was undertaken on 30 April 2019.

Arrangements had been implemented in regard to the recording and reporting of accidents and incidents. Notifications of such events were submitted to RQIA as required. A review of the records confirmed that all accidents and incidents reportable and those not required to be reported had been managed in a timely and appropriate manner. There had been one accident since the previous inspection. This had been managed and reported appropriately.

A review of policies confirmed there was a policy and procedure on restrictive practice in keeping with DOH Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberty Safeguards (DoLS).

Staff consulted were aware of the impact of human rights legislation within their work and the following comments indicated their understanding of their role in promoting service users rights:

- “People who come (to the centre) live independently and make their own decisions; it’s just the same in here.”
- “Our service users have the same rights and choices as everybody else.”
- “Service users can go outside for a smoke if they want. It’s not a good idea to smoke but everyone has the choice.”

Arrangements were in place to ensure service user care records and staff personnel records were stored securely in line with the requirements of GDPR.

The manager, staff and service users confirmed that there is no use of restrictive practice in the daycentre

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the setting’s environment.

Areas for improvement

No areas for improvement were identified during the inspection.

Regulations	Standards
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Total number of areas for improvement	0	0
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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 Service User Guide were reviewed; the documents accurately reflected the elements set out in the regulations and standards. It was good to note that the Statement of Purpose contained reference to Age NI's commitment to promoting the human rights of service users. The inspector suggested methods to further develop these records to ensure that reference to Human Rights is more detailed and explicit. The manager was responsive to the suggestions.

When a new referral is made to the setting, potential service users are assessed to ensure the centre can meet their identified needs. The manager undertakes a visit to the service user's home and each person is then provided with a service user's guide. The service user's guide provides information of the service user's right to full involvement in all aspects of their care. The guide includes information on how service users can raise a concern or complaint if necessary, regarding the quality of care. It was evident from records viewed and staff discussion that the centre organised and delivered services to meet individual needs and took account of individual preferences. The accommodation provided in the centre was appropriate to meet the needs of the people attending.

Care planning documentation was identified as an area of improvement at the previous care inspection. As a result much work has been undertaken by the manager and staff and all care files have been fully reviewed and updated within the last year.

The care files included referral information, service user agreement, contact information and personal outcomes. A range of assessments were carried out and were specific to each individual's needs. For example, smoking, moving and handling, falls risk, swallowing and choking and transport. Each care plan was underpinned by the rights of service users and methods for improving outcomes. The assessments provided information to staff that assisted them to minimise risks and to keep service users safe. Care planning documentation contained daily progress notes. Also evident within the records was the views of the service users as to how they viewed the effectiveness of the care they received.

Records of annual care reviews for each service user demonstrated that an evaluation of the overall suitability of the placement had been discussed in detail and agreed. A written record of the review was contained in each file. This included the views of the service user and/or their representative and was informed by the written progress notes. It was noted that the comments made by service users during their annual reviews were all very positive. Records examined were signed and dated and there was evidence that a regular audit of the documentation was undertaken.

During discussions and observations there was evidence that the care provided to service users within the setting was effective. Staff were knowledgeable regarding service users' needs and care plans; they described how intervention with each service user was person centred depending on their individual needs. To ensure continuity of care staff checked daily to ascertain if there were any changes or updates they needed to be aware of.

The interactions observed between staff and service users throughout the inspection confirmed that staff were suitably skilled and effective in communicating with all service users. There was good evidence of person centred interventions that assured service users were involved and communication opportunities maximised.

Discussion with staff and service users with regards to the provision of effective care included the following comments:

Service Users comments

- “I’m 100% happy with everything here.”
- “I would definitely recommend it to anyone.”

Staff Comments

- “This is a small staff team and a small number of service users. We know everyone so well. Sometimes you can just sense when something is worrying them (service users).”
- “People who come here are largely independent and if we weren’t getting it right for them they would vote with their feet.”
- “The one who can tell you best about the service user is that person themselves, you just ask and listen.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the improvement in care records and communication between service users, staff and other key stakeholders.

Areas for improvement

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.

Staff interactions with service users were observed to be compassionate, caring and timely. Staff spoken with reflected the ethos of the day care setting which promotes respect, and working in partnership to provide good quality care.

The registered manager stated that there is no form of restrictive practice used in the setting and on the day of the inspection none was observed. There have been no incidents of safeguarding since the previous inspection.

On the day of inspection, a variety of different activities were facilitated by staff. Observation of the activities showed service users approaching staff freely, communicating their needs and making requests. Staff responses were noted to be cheerful, appropriate and non-patronising. Service users who engaged with the inspector spoke positively about the staff and that they felt staff treated them well.

Consultation with service users and, where appropriate their relatives, was evidenced in the records relating to the assessment, care planning and review process. In addition, governance arrangements to promote effective communication with service users and/or their relatives included monthly service user meetings. Samples of minutes from service user meetings in January, February and March 2019 were reviewed. This provided evidence that service users had been consulted about a range of matters related to the day care setting including:

- activities
- outings
- staffing
- monitoring visits
- transport

Discussion with staff and service users with regards to the provision of compassionate care included the following comments:

Service users' comments

- "Staff treat you with kindness."
- "The staff are like family. "
- "Staff inform you about what's happening."
- "Staff really have time for you and help you to make decisions about your care."
- "I can tell them (staff) anything."

Staff comments

- "For some of these people this is the only company they have and we want to make sure their day here is really enjoyable"

Areas of good practice:

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the day care setting, listening to and valuing service users 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 Statement of Purpose for the day care service was reviewed. (March 2019). The document clearly describes the nature and range of the service to be provided and addresses all of the matters required by Regulation 4(1) of The Day Care Setting Regulations (NI) 2007. The registration certificate was up to date and displayed appropriately.

Discussion with the manager and staff confirmed they were aware of their roles, responsibilities and accountability under the day care legislation. A review of governance records evidenced that staff received individual, formal supervision at least quarterly and an annual appraisal.

Staff gave positive feedback in respect of leadership and good team working. Staff stated that this is achieved through effective communication, supervision, staff meetings and the open door approach provided by the manager.

A complaints and compliments record was maintained in the day centre. There had been no complaints recorded since the previous inspection.

The inspector discussed the monitoring arrangements in compliance with regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. Monthly and annual quality monitoring reports were completed by the service and a number of recent reports were inspected and found to be satisfactory.

These records demonstrated that at appropriate intervals the effectiveness and quality of care delivery was monitored, audited and reviewed in order to identify and act upon any improvements required. The reports were a mix of announced and unannounced visits. The monitoring arrangements identified improvements, carried forward and progress was reviewed as part of each subsequent monthly monitoring visit.

The manager and staff advised there were a range of policies and procedures in place to guide and inform staff.

The inspector noted that the day care setting collects equality information in relation to service users, during the referral and assessment process. The data is used effectively and with individual service user involvement when a person centred care plan is developed. Records showed that equality information included communication methods, adult safeguarding and risk assessments where a risk was identified.

Discussion with service users and staff evidenced that they felt the care provided was well led. They described the service as well planned and they confirmed they are asked to be involved in the monitoring visits.

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.

Discussion with staff revealed they felt well supported by the manager. They stated that service users are central to the service and they need to ensure care and support was safe, effective and compassionate. They stated they were well supported by management through staff meetings, supervision and the manager makes herself available as required.

Areas of good practice:

There were examples of good practice found throughout the inspection in relation to governance arrangements, quality improvement 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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