

Unannounced Care Inspection Report 19 October 2017



Age NI Day Centre at Skainos Building

Type of Service: Day Care Setting
Address: 239 Newtownards Road, Belfast, BT4 1AF
Tel No: 02890459793
Inspector: Kylie Connor

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 setting with 30 places that provides care and day time activities for older people and older people living with a mental health condition.

3.0 Service details

Organisation/Registered Provider: Age NI Responsible Individual: Ms Linda Robinson	Registered Manager: Wendy McKillion
Person in charge at the time of inspection: Wendy McKillion	Date manager registered: 08 September 2010
Number of registered places: 30 - DCS-I, DCS-MP(E)	

4.0 Inspection summary

An unannounced inspection took place on 19 October 2017 from 11:00 to 16:20.

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 care setting was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the environment, listening to and valuing service users and taking account of the views of service users, quality improvement and maintaining good working relationships.

Areas requiring improvement were identified in regard to records of visitors to the day centre, arrangements for training and management of volunteers and retention of these records, evaluation records of fire drills, annual fire safety training, the policy and procedure pertaining to adult safeguarding and the completion of care plans for the management of diabetes and completion of risk assessments in regard to smoking.

Service users said:

- “They (the staff) all are very good”.
- “You can tell them anything or ask anything”.
- “I’m a fussy eater and it’s no problem for them to make me something”.
- “I would be lost without this place”.
- “The care and attention you get on the bus is great”.

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.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	3	4

Details of the Quality Improvement Plan (QIP) were discussed with Wendy McKillion, registered 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.

4.2 Action/enforcement taken following the most recent care inspection dated 30 January 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 30 January 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- The registration details of the day centre
- Incident notifications submitted to RQIA since the last care inspection
- The previous unannounced care inspection report and the returned QIP

During the inspection the inspector met with:

- the registered manager
- fourteen service users
- one service user's relative
- one day care worker, one ancillary staff and one volunteer

Questionnaires were given to the staff on duty to distribute between service users, relatives and staff. Six questionnaires were returned within the timescale for reporting.

The following records were examined during the inspection:

- a sample of staff rotas
- a sample of daily attendance records
- three service users care records
- one completed staff competency and capability assessments
- the menu on display
- the complaint and compliment records from April 2016 to September 2017
- incidents and accidents records from February 2017 to October 2017
- the minutes of monthly service user meetings held between May to September 2017
- minutes of staff meetings held in February, May and August 2017

- the record of staff supervision dates for one staff
- a sample of monthly monitoring reports from January to September 2017
- the staff training information schedule for 2016 and 2017
- records of weekly fire alarm tests and record of the date of the last fire drill undertaken

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

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 30 January 2017

The most recent inspection of the day care setting 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 30 January 2017

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 17(1) Stated: First time	The registered provider must ensure an annual quality report is completed regarding Age NI Skainos. The report must contain all of the relevant matters specified in Schedule 3. A copy of this report must be forwarded to RQIA.	Met
	Action taken as confirmed during the inspection: Inspection of the annual quality report for the period 01 April 2016 to 31 March 2017 forwarded to the inspector following the inspection confirmed that this had been addressed. The inspector advised that arrangements regarding the review of menus and the use of lap belts as a restrictive practice should be included in future reports.	

Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 7 Stated: First time	The registered provider should ensure: <ul style="list-style-type: none"> (a) service user's care notes contain all relevant information pertaining to the individual. They should be factual, objective and avoid using phrases such as 'in good form' etc unless backed up with a description of what this means. (b) Appropriate training in this area should be provided to care staff. (c) The registered manager and person undertaking the monthly monitoring visits of Age NI Skainos should carry out regular, systematic audits of service user's care notes and sign when the audit is completed. 	Met
	Action taken as confirmed during the inspection: Inspection of three of care records, a sample of monthly monitoring reports and discussion with the registered manager confirmed that this had been addressed.	
Area for improvement 2 Ref: Standard 8 Stated: Second time for (a); First time for (b)	The registered provider should ensure: <ul style="list-style-type: none"> (a) Age NI Skainos evaluation report completed as the result of the service users' annual survey contains an action plan on any areas for improvement raised in the responses to questions. (b) Ensure the day care setting's most recent evaluation report states the outcomes of the action taken to address the issues raised by service users' regarding the complaints process; length of day in the day care setting and the activity programme. 	Met
	Action taken as confirmed during the inspection: (a) Inspection of an evaluation report dated April 2017 and discussion with the registered manager confirmed that this had been addressed.	

	(b) Inspection of the evaluation report dated April 2017 and minutes of a service users meeting dated 28 April 2017 confirmed that this had been addressed.	
Area for improvement 3 Ref: Standard 14.10 Stated: First time	The registered provider should ensure: (a) the complaints record contains all areas of dissatisfaction, concern and complaints raised by service users and others about Age NI Skainos. (b) Retrospectively record the areas of dissatisfaction raised by a complainant on 21 November 2016. The complaints record should summarise the investigations that occurred, all communications with complainants, the outcome/s of the investigation and if the complainant was or was not satisfied with the outcome/s of these. (c) Records should be kept of the consent obtained from service user for the designated person undertaking monthly monitoring visits to contact their relative or representative to seek their views and opinions of the day care setting.	Met
	Action taken as confirmed during the inspection: Inspection of complaint records, consent records and discussion with the registered manager confirmed that these had been addressed.	

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.

Discussion with the registered manager, staff, service users and inspection of the rota evidenced that sufficiently qualified, competent and experienced persons were working in the centre to meet the assessed needs of the service users. The rota did not state the capacity in which staff worked and the registered manager gave assurances that this would be addressed immediately.

The registered manager stated that all volunteers working in the centre sign the daily attendance record along with service users attending each day. Towards the end of the day, a number of service users who had not attended the day centre that day, called in to visit with the registered manager. Following discussions with the registered manager it was identified that service users visiting the day centre in these circumstances were not signing in. An area for improvement was identified and action was required to comply with the regulations to ensure that there is an accurate record of all visitors to the day care setting.

A competency and capability assessment for the staff member who acted up in the absence of the registered manager had been completed and was made available for inspection. Staff said they felt they were well supported and could seek advice from the registered manager at any time. Staff and the registered manager advised that they were registered with the Northern Ireland Social Care Council (NISCC).

Discussion with the registered manager identified that the volunteer was the most recently recruited person working in the day centre. The registered manager stated that recruitment records are held at the organisations head office. Discussion with the volunteer confirmed that the recruitment process was consistent with the day care setting regulations and standards. Discussion with the volunteer confirmed that an induction had been completed in line with their role and responsibilities within the day centre.

Discussions with the registered manager identified that an application to become a volunteer was necessary for anyone who attended the day centre in a volunteer role and not as a service user. Following the inspection, the registered manager advised that a volunteer application had been completed in regard to this matter.

Training records evidenced that staff had largely received mandatory training relevant to their roles and responsibilities. However, inspection of training records revealed that volunteers had not been included in any of the training undertaken by staff. Discussions with the registered manager revealed that refresher training in areas such as fire safety, adult safeguarding, control of substances hazardous to health (COSHH) or infection prevention and control (IPC) was not provided to volunteers. The registered manager stated that training had been made available to volunteers in the past when they had requested it. In addition, records were not retained in regard to the monitoring and support arrangements for volunteers. Two areas for improvement were identified in regard to the training and management of volunteers and the retention of these records.

The registered manager advised that training in regard to the needs of service users in respect of diabetes awareness would be organised for staff and volunteers. Discussion with staff revealed that staff viewed training as important to the delivery of safe, effective and compassionate care.

Discussion with staff confirmed that they were knowledgeable regarding their role and responsibility and were a team who sought to deliver safe person centred care. Discussion with and observation of staff and the volunteer working together confirmed that there was good communication to ensure that the team worked well together, communicated with each other regarding changes in service users' needs, the activity programme and to promote improved outcomes for service users.

Discussion with staff and a review of accident and incident records inspected indicated the relevant incidents/notifiable events were largely reported to RQIA and other relevant

organisations in accordance with the legislation and procedures. One incident was discussed with the registered manager and the inspector advised that further detail of actions taken should be recorded. The registered manager gave assurances that this would be actioned immediately and advised following the inspection that this had been completed.

The registered manager advised that there were restrictive practices employed within the setting, notably restricted access into the day centre but not egress from it and use of lap belts. Discussion regarding such restrictions confirmed these were appropriately assessed, minimised and reviewed with the involvement of the multi-professional team, as required.

Discussion with the registered manager, staff and inspection of records and training records confirmed that whilst there had been no actual or potential safeguarding concerns, staff were knowledgeable in regard to the need to respond promptly and refer to the relevant persons/agencies in accordance with procedures and legislation. Staff had received training in adult safeguarding in May and June 2016. An inspection of the adult safeguarding policy, and procedure, dated April 2017 identified that whilst it referenced the regional policy, Adult Safeguarding Prevention and Protection in Partnership, July 2015, it did not reference the NIASP Adult Safeguarding Operational Procedures, September 2016. An area for improvement was identified and action is required to comply with the standards.

An inspection of the environment revealed that it was clean, well maintained and furniture and catering equipment presented as fit for purpose.

Fire safety precautions were inspected and it was noted that fire exits were unobstructed. The fire risk assessment had been completed on 17 July 2017 and the registered manager advised that recommendations had been addressed. A fire drill had been carried out recently but evaluation records had not been completed for any fire drill undertaken and staff had last completed fire safety training in June 2015. Two areas for improvement were identified and action is required to comply with the regulations.

A total of six questionnaires were returned by four staff and two service users within the timeframe for reporting to RQIA post inspection. They responded that they were very satisfied regarding the question "is care safe?" in this setting.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to induction and the environment.

Areas for improvement

A total of six areas were identified for improvement. Three areas pertained to the regulations and were in regard to completion of records of visitors to the day centre, completion of annual fire safety training and completion of evaluation records following fire drills. Three areas pertained to the standards and were in regard to the training and management of volunteer's retention of these records and updating the policy and procedure pertaining to adult safeguarding.

	Regulations	Standards
Total number of areas for improvement	3	3

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Inspection of three service users' individual records evidenced that they were largely maintained in line with the legislation. Each service user had a service users agreement in place; a needs assessment and care plan had been completed and reviewed with the involvement of the multi-professional team as required to achieve the best outcome by delivering safe and effective care. Service user/representative involvement had been documented for each review meeting. Discussions with the registered manager and review of individual records identified that a care plan for the management of diabetes nor a smoking risk assessment had not been completed for any service user as appropriate. One area for improvement was identified and action is required to comply with the standards in regard to care plans.

Records were stored safely and securely in line with data protection.

Service users spoke about the wide range of activities they enjoyed taking part in, including musical activities, bingo, arts and craft, baking and quizzes. Some service user's spoke of how much they were looking forward to plans to start a choir. Service users stated that staff were approachable and supportive and commented positively about the food. During the inspection service users were observed walking around the setting; with or without staff support to take part in activities or find quiet space. Part of the lunch time meal was observed. Staff were observed being attentive to each individual's needs, responding knowledgeably regarding their needs or preferences and working together.

Discussions with a relative confirmed that communication from staff was timely and appropriate. Staff were described as being approachable, kind and caring and the range of activities provided and the environment were described in positive terms. Discussion with the relative revealed that they were knowledgeable in regard to the complaint process.

Discussion with staff confirmed that they were knowledgeable regarding their role and responsibility to safeguard service users in their care, they confirmed if they had concerns they would report them to the registered manager or senior manager in the organisation and record their concerns without delay. Staff detailed the communication methods that support their work and professional development such as daily communications, staff meetings, supervision, training and informal discussions. Overall the discussions revealed staff could confidently express their views and knowledge regarding safe and effective care and staff were being encouraged, supported and guided to do this by the registered manager.

A total of six questionnaires were returned by four staff and two service users within the timeframe for reporting to RQIA post inspection. They responded that they were very satisfied regarding the question, "is care effective?" in this setting.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between service users and staff.

Areas for improvement

One area for improvement was identified in regard to the completion of care plans for the management of diabetes and risk assessments in regard to smoking.

Total number of areas for improvement	0	1
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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.

Discussion with service users, staff, a relative and observation of practice evidenced that service users were treated with dignity and respect while staff promoted and maintained their independence. Service users stated that they were asked their opinion regarding what they like to do in day care and that staff were approachable and listened to them.

Staff discussed activities they had facilitated for service users which was informed by service user choice. Staff described having a person centred approach and spoke of how they met individual needs, promoted independence and involvement of service users to achieve positive outcome and feelings of fulfilment. A number of service users talked of their excitement of plans to start a choir in the day centre.

Service users spoke of how they benefited physically and psychologically from attending the day centre. They revealed that there are good relations between staff, service users and volunteers, that staff and volunteers are approachable, kind and caring and that they were treated with dignity and respect. Service users were knowledgeable regarding the complaint process. One service user spoke of how well her induction into the setting contributed positively in helping her to settle in, in getting to know others and the range of activities available.

There were robust systems in place to promote effective communication between service users, staff and other professionals. Monthly service user meetings took place and service users spoke of how they contributed to gathering new ideas, suggestions, seeking their views and planning future activities and events.

Service users had been provided with information, in a format that they understood which had enabled them where possible, to make informed decisions regarding their day care experience. Information regarding the menu and the programme of activities for example were on display.

The annual service users' quality assurance survey had been carried. A summary report and action plan had been produced in April 2017.

A total of six questionnaires were returned by four staff and two service users within the timeframe for reporting to RQIA post inspection. They responded that they were very satisfied regarding the question, "Is care compassionate?" in this setting.

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.

Areas for improvement

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 registration certificate and certificate of public liability insurance was current and displayed appropriately. Discussion with the registered manager and observation confirmed that policies and procedures were indexed, were stored appropriately and were available for staff. Discussion with staff confirmed that they were knowledgeable regarding the whistleblowing policy and procedure. The adult safeguarding policy and procedure needed to be updated and this is referred to in section 6.4 of the report.

One supervision record detailed the staff member had received recorded individual, formal supervision at least every three months. Staff advised that they had received an annual appraisal. Inspection of staff meeting minutes revealed that they were held every three months with minutes and attendance recorded.

Inspection of the complaint record and discussion with staff and the registered manager confirmed that staff were knowledgeable in regard to responding to a complaint and records were retained appropriately

The registered manager advised that audits are undertaken for care records during monthly monitoring visits. Audits are not needed at present in regard to complaints and accident and incidents due to the low levels recorded.

The Regulation 28 monthly quality monitoring visits had also been undertaken monthly. The reports showed the visits were unannounced, provided a view regarding the conduct of the setting, included outcomes/action plans, and qualitatively reflected service users and staff views and opinions.

The annual quality review report for the year financial year 2016/2017 had been completed.

A total of six questionnaires were returned by four staff and two service users within the timeframe for reporting to RQIA post inspection. They responded that they were very satisfied regarding the question, "Is the service well-led?" in this setting.

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.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Wendy McKillion, registered manager as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 day care setting. 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.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007	
Area for improvement 1 Ref: Regulation 19.- (2) Schedule 5 19. Stated: First time To be completed by: 01 November 2017	The registered person shall ensure that there is a record of all visitors to the day care setting. This includes service users who visit the setting at any time of the day. Ref: 6.4
	Response by registered person detailing the actions taken: this is in place and checked, all personnel are asked when they arrive to sign in.
Area for improvement 2 Ref: Regulation 26 (e) Stated: First time To be completed by: 31 December 2017	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: 6.4
	Response by registered person detailing the actions taken: a new training planner has been introduced to all centres to support yearly attendance at courses.
Area for improvement 3 Ref: Regulation 26 (f) Stated: First time To be completed by: 31 December 2017	The registered person shall ensure that by means of fire drills and practices at suitable intervals that the persons employed in the day care setting and so far as practicable, service users are aware of the procedure to be followed in case of fire; fire drill evaluation records should be completed and retained. Ref: 6.4
	Response by registered person detailing the actions taken: this has been agreed and put in place
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012	
Area for improvement 1 Ref: Standard 24.1 Stated: First time To be completed by: 01 January 2018	The registered person shall ensure that the training and management of volunteers supports their ongoing contribution to the day care setting in the best interests of the service users. Ref: 6.4
	Response by registered person detailing the actions taken: this policy has been reviewed and will be ammned across all services

<p>Area for improvement 2</p> <p>Ref: Standard 24.4</p> <p>Stated: First time</p> <p>To be completed by: 01 January 2018</p>	<p>The registered person shall ensure that records are kept of the training, monitoring and support arrangements for volunteers</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: this will now be held centrally with P&D files on each centre</p>
<p>Area for improvement 3</p> <p>Ref: Standard 13.1</p> <p>Stated: First time</p> <p>To be completed by: 01 March 2018</p>	<p>The registered person shall ensure that the policy and procedure pertaining to adult safeguarding reflects the NIASP Adult Safeguarding Operational Procedures, September 2016.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: this policy will be reviewed to ensure its accurate in relation to NIASP procedure</p>
<p>Area for improvement 4</p> <p>Ref: Standard 5.2</p> <p>Stated: First time</p> <p>To be completed by: 01 January 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 ever service user who smokes.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: agreed to be undertaken</p>

Please ensure this document is completed in full and returned via Web Portal



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