

Unannounced Care Inspection Report 21 May 2018



Age NI Day Centre at Skainos Building

Type of Service: Residential Care Home
Address: 239 Newtownards Road, Belfast, BT4 1AF
Tel No: 02890459793
Inspector: Suzanne Cunningham

www.rqia.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 a maximum of 30 service users daily who may attend any number of days from Monday to Friday. Service users in this day care setting receive day care and take part in day time activities for older adults who may also have mental health needs.

3.0 Service details

Organisation/Registered Provider: Age NI Responsible Individual(s): Ms 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 21 May 2018 from 10.15 to 16.00.

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

Evidence of good practice was found in relation to staff knowledge regarding safe care; the day care setting environment; staff providing direct care; activities; management of complaints and consultation with staff.

Areas requiring improvement were identified in relation to the staff training record; service users care plans; reviews; ensuring records were kept current and accurate; the settings statement of purpose, frequency of supervision and the regulation 28 monitoring visit reporting

Service users talked positively throughout the inspection about the staff and manager, they said "I like it here", "staff support us", "staff give us choices", "staff make me feel happy", "staff make us feel the best", "were one big happy family", "Wendy (the manager) helps us and does things for us, she needs to stay for good".

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	5	5

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 19 October 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 19 October 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
- information and correspondence received from the registered manager and Age NI
- incident notifications which revealed three incidents had been notified to RQIA since the last care inspection in October 2017
- unannounced care inspection report 19 October 2017

During the inspection the inspector met with:

- the registered manager
- Five service users
- one care staff

The following records were examined during the inspection:

- one individual staff competency record
- the staff training information for 2017 and 2018
- records of the staff working each day
- a sample of incidents and accidents records from October 2017 to May 2018
- records of Fire Safety precautions
- four service users' individual care files
- a sample of four service users review records
- the minutes of service user meetings held in April and March 2018
- the annual service users quality assurance survey 2017
- staff supervision dates for 2017 and 2018
- the settings statement of purpose
- the policy and procedures file
- the complaints/issue of dissatisfaction record from April 2017 to May 2018
- monthly monitoring reports from February, March and April 2018

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met for two areas for improvement and partially met for the remaining six areas for improvement.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection and on 22 May 2018 and to Patricia Doyle, who is the monitoring visitor for this setting.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 19 October 2017

The most recent inspection of the establishment 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 19 October 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 19. (2) Schedule 5 19. Stated: First time	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	Met
	Action taken as confirmed during the inspection: Inspector confirmed there was a visitors sign in record and this was available at the time of inspection.	
Area for improvement 2 Ref: Regulation 26 (e) Stated: First time	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	Partially met

	<p>Action taken as confirmed during the inspection: Inspector confirmed the staff had received fire training in the last twelve months however the renewal date for the training on staffs certificate was for 24 months rather than annual. Discussion with the manager found she had not acted on this because she did not notice this was not consistent with the day care setting minimum training requirements. Therefore this improvement will be stated for a second time to ensure the staff receive fire training annually.</p>	
<p>Area for improvement 3 Ref: Regulation 26 (f) Stated: First time</p>	<p>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.</p> <p>Ref: 6.4</p>	Met
	<p>Action taken as confirmed during the inspection: Inspector confirmed a fire drill had been undertaken on 30 April 2018 and this did not reveal any concerns regarding evacuation of service users from the day care setting. The records were available and up to date at the time of inspection.</p>	
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
<p>Area for improvement 1 Ref: Standard 24.1 Stated: First time</p>	<p>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.</p> <p>Ref: 6.4</p>	Partially met
	<p>Action taken as confirmed during the inspection: The discussion with the manager and responsible person verified this had been improved and a policy and procedure was in place to direct this. One volunteer's record was inspected and there was evidence that the volunteer had received an induction to the</p>	

	<p>setting. However since they commenced in March 2018 there was no other records available for inspection to evidence the planning or delivery of support or training for the volunteer.</p>	
<p>Area for improvement 2</p> <p>Ref: Standard 24.4</p> <p>Stated: First time</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>Action taken as confirmed during the inspection: One volunteer's record was inspected and since they commenced in March there was no records other than the induction available that evidenced there was ongoing planning or delivery of support or training for the volunteer. This will be stated in the QIP for this inspection for the second time.</p>	<p>Partially met</p>
<p>Area for improvement 3</p> <p>Ref: Standard 13.1</p> <p>Stated: First time</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>Action taken as confirmed during the inspection: The most recent policy and procedure that included the NIASP Adult Safeguarding Operational Procedures was not in the settings policy and procedure file when asked for. However this was forwarded to the manager during the inspection by a senior manager.</p>	<p>Partially met</p>

Area for improvement 4 Ref: Standard 5.2 Stated: First Third time	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. Ref: 6.5	Partially met
	Action taken as confirmed during the inspection: A sample of service users individual care plans were inspected for evidence of improvement in this regard. This found details were not recorded in two of the four care plans inspected.	

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.

Samples of the records of staff working each day were inspected from January to 21 May 2018, this found the staff numbers working in the setting were consistent. The manager explained there was two staff on duty daily and in her absence the day care worker would act up. The records did not identify who was in charge in the absence of the manager and advice was given to include this into the record.

Competency and capability assessments had been completed for the day care worker who could be in charge of the centre in the absence of the manager. The record inspected showed the staff member had been informed what skills they needed to have do this, the staff member and manager verified by signing the document that the staff member was capable of acting up in the managers absence and was willing to do so.

The inspection of the staff training records found there was not a central record of what staff had undertaken, who delivered training and if the training was effective. The training programme for the year was available and review of this document showed staff were being given the opportunity to attend mandatory and other training relevant to their service, their role and responsibilities. For example after the inspection the record showed staff were due to attend training regarding medication and safeguarding adults. However there was no central record of training staff had attended, the names and qualifications of the trainer and the content of the training. This record must be improved to evidence that staff are provided with training that ensures they have the right knowledge and skills to meet the service users' needs who attend this setting. This improvement is detailed in the QIP for this inspection.

The review of the settings incident and accident records revealed staff had recorded accidents and incidents that happened in the setting in accordance with the settings procedures, the record detailed action taken by staff.

The manager and staff spoken to said no restrictive practices were being delivered in this setting and there had been no suspected, alleged or actual incidents of abuse or safeguarding concerns reported in this setting since the last inspection. The observation of care and support delivered identified service users were facilitated to leave the setting at their request, service users were assisted by staff to move around the setting when they needed support; and staff encouraged all of the service users to be involved in activities and the day centre routine. These examples showed staff were promoting service users safety and involvement.

The walk around the setting found the environment presented as safe, clean and tidy, furniture was accessible for service users to use and group rooms were not overcrowded. The last fire drill had been undertaken in April 2018 and this did not reveal any concerns regarding the evacuation. The settings fire risk assessment was due for review in July 2018 and the manager reported the action plan was addressed.

The service users were asked if they felt safe in the day centre, the feedback from service users was they felt safe in this day care setting. They said: the day centre is a “safe place”; they “feel safe” and all the service users spoken to said they were enjoying their day. Service users also said when the fire alarm sounds the staff take them outside to a safe area, there was enough staff to help and support them and they would speak to staff if they were worried. The bus driver was described as “lovely, nice fella” and all staff/volunteers were described as adaptable.

Staff were asked is care safe in this setting, they said care was safe because they provide safe care by using the rooms in a planned way, making sure the seating is right for the service users, ensuring their mobility aids are accessible and there are no trip hazards. They also said they knew what each individual service user needs. For example the service users who smoke and who need someone to accompany them are given that support when they ask to go out; and lunch times are managed to ensure the service users who have swallowing difficulties receive additional support and supervision from staff when eating.

In conclusion the inspection of records, discussion with staff and observations showed the care and support delivered by staff was intended to help them and support service user’s safely in the day care setting.

Areas of good practice

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

Areas for improvement

One area for improvement was identified during the inspection regarding the staff training record

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

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

Four service user's care files were inspected; they contained individual assessments and care plans for each service user. The service users had an individual written agreement that set out the terms of their day care placement and a photo of each service user. The inspection of the sample of records revealed the records were not all current at the time of the inspection, for example, a service users agreement referred to day care in a different location, the most recent care plan in one service users record was dated 2012, one care plan did not refer to support plan in relation to one service user who smokes and another service user who had a specific health need. The service user's individual records must be kept current and subject to regular review to ensure service users receive the right care at the right time. Therefore two improvements are made in relation to reviewing all service users care plans to ensure their care plans reflect each service users current individual needs, and individual service users records are maintained by staff to ensure they contain the right information that will inform each individuals care, ensure they are legible; accurate; up to date; signed; dated and periodically reviewed.

Discussion with the registered manager and observation of the staffs access to records revealed they were stored in the day care setting office and were accessible. Discussion with staff confirmed they were using the individual records to guide their practice and they said the records were referred to so they knew what service users needed.

Systems were in place to review the service user's placement within the centre and ensure that it was appropriate to meet their health and social care needs, including an initial review. The records showed the initial and annual reviews had happened within the required timescales however four review meeting minutes were found that had been written prior to the review meeting date. This was reported to the organisation to investigate why and how this had happened. The responsible person is asked to report the outcome in the QIP for this inspection.

Service users spoken to during the inspection said staff asked them what they would like to do when they are in the centre, they explained they choose what they want to do and had played games that morning. The service users said they liked coming to the centre because there was always something to do and staff support them.

Discussion with staff revealed they felt the care was effective because they were aware of the service users' needs and how to manage risks which ensured they provided the right care and support. The described they know service users and can see if there is changes in health or mood and will talk about any concerns with the service users and family. Examples were given of service users' needs changing over time and how staff adapted what they were doing in the centre to keep service users involved and engaged. During the inspection staff were observed using individual approaches with service users to promote their involvement and ensuring individual service users views or thoughts were informing the group activity.

In summary service users had the opportunity to be involved in their care and the activities being delivered and discussion with staff, review of records and observation of care showed the staff knew what each service user needed and how they could meet their needs.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to providing care, and activities.

Areas for improvement

Three areas for improvement were identified during the inspection in relation to service users care plans, reviews and ensuring records were kept current and accurate.

	Regulations	Standards
Total number of areas for improvement	2	1

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 during the inspection and observations of service users undertaking activities and eating lunch provided examples of staff treating service users with dignity and respect. Staff were observed taking time with each individual to promote service users involvement and help service users maintain their independence. This enabled service users to engage and participate in activities and interests.

On the day of the inspection the service users spoke about playing games with the staff, they said they enjoyed this and liked the staff helping and supporting them. One service user explained before they started in the setting the manager had visited them in their home and they visited the centre to see if it was for them, this helped them to decide did they want to come to the centre. Another service user said the staff involve them by asking for their opinion and choices for example what they would like to eat. They said “staff make us laugh”; “staff make me happy and make me feel the best”; “we always have a good day”; its “home from home”; and were “one big happy family”.

The service user meetings record was inspected for March and April 2018 the minutes of the meetings held with service users provided a clear record of who was involved, the agenda, what input the service users had including their comments, views and suggestions. Observations of staff consulting with service users during the inspection, the feedback from service users and the meeting records showed staff were seeking opportunities to involve service users in their care and support. The outcomes of service user meetings led to ideas regarding the menu, activities and outings.

The annual service users’ quality assurance survey had been completed for 2017 and was in the process of being completed for 2018. Suggestions, opinions and preferences were sought from service users however none were raised by service users that staff could act on to improve the service.

Staff were asked to describe their delivery of compassionate care, they said every service user is someone’s relative and they need to be respected, supported and receive compassionate care, they said “we care, this isn’t just a job”. The staff described they see each individuals needs and they do what they need to involve everyone in the group activities, help them to feel

comfortable, support them to communicate and feel comfortable. The inspection of this domain confirmed the staff were actively promoting effective communication between service users and staff.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the ethos of the day care setting and listening to 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 was up to date and displayed appropriately. The Statement of Purpose for the day care service was reviewed (and updated) by the provider in April 2018. The inspection of the document revealed the most recent document does not clearly describe the nature and range of the service to be provided. The document must be reviewed and improved to ensure it clearly describes the criteria for admission of service users and a clear description of what needs they can meet as required by Regulation 4(1) of The Day Care Setting Regulations (NI) 2007. This improvement is detailed in the QIP for this inspection

There were a range of policies and procedures in place to guide and inform staff, the safeguarding policy was requested and it was found this was not current however the updated policy was discovered and placed in the file for staff reference before the inspection ended.

Individual staff supervision records were sampled for 2017 and 2018, this showed staff had received three individual sessions in 2017 which was not consistent with the standard and an improvement is detailed in the QIP for this inspection.

Staff's meeting records were inspected for November 2017 and February 2018, the minutes showed the staff meetings followed an agenda however this was focussed on operational matters. To ensure staff discusses a wider range of matters and can identify where the service can improve advice was given for staff to discuss what makes care safe, effective compassionate and well led.

The complaints record was inspected and this found no complaints had been made by service users since the last inspection.

A random sample of Regulation 28 monthly quality monitoring visits (MMV) was inspected, the records for February, March and April 2018 provided evidence the visits had been at least

monthly, they were unannounced, qualitatively reflected service users & staff views & opinions and commented on the conduct of the setting. The reports described the last RQIA QIP had been acted on and improvements made however, the inspection findings were not consistent with this. The responsible person is therefore asked to review arrangements in this regard to ensure the monitoring effectively monitors the conduct of the day care setting.

Areas of good practice

There were examples of good practice found in the inspection in relation to management of complaints and consultation with staff.

Areas for improvement

Three areas for improvement were found in relation to the settings statement of purpose, frequency of supervision and the regulation 28 reporting.

	Regulations	Standards
Total number of areas for improvement	2	1

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	
<p>Area for improvement 1</p> <p>Ref: Regulation 26 (e)</p> <p>Stated: Second time</p> <p>To be completed by: 16 July 2018</p>	<p>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.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: the training is completed annually and at induction, this has been reviewed to ensure that all staff are currently in date</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 16</p> <p>Stated: First time</p> <p>To be completed by: 16 July 2018</p>	<p>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.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: completed.</p>
<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> <p>Response by registered person detailing the actions taken: two reviews had been held in April and an incorrect date had been written as May. the remaining two reviews had been completed the week before but dated incorrectly. A full review of all care plans and discussions with service users and relatives were present confirmed that all reviews had taken place. Age NI are content that this was human error.</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>Response by registered person detailing the actions taken: completed</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> <p>Response by registered person detailing the actions taken: completed</p>
<p>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</p>	
<p>Area for improvement 2</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> <p>Response by registered person detailing the actions taken: completed</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> <p>Response by registered person detailing the actions taken: as a social day centre, service users freely go out to smoke. this is detailed in their care plan and the risks identified acknowledged.</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>Response by registered person detailing the actions taken:</p>

	completed and a training matrix is displayed
<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>Response by registered person detailing the actions taken: daily notes completed by staff, a review of their content is underway</p>
<p>Area for improvement 5</p> <p>Ref: Standard 22.2</p> <p>Stated: First time</p> <p>To be completed by: 16 July 2018</p>	<p>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.</p> <p>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken: supervision is up to date and a revised plan is place.</p>



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