

# Unannounced Care Inspection Report 25 March 2019



## Age NI

**Type of Service: Day Care Service**  
**Address: 4 Dublin Road, Castlewellan, BT31 9AG**  
**Tel No: 028 43771723**  
**Inspector: Marie McCann**

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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 which can provide day care for up to 10 service users on Mondays, Wednesdays and Fridays. The day care setting provides care and day time activities for adults living with dementia.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Age NI  <b>Responsible Individual:</b> Mrs Linda Robinson	<b>Registered Manager:</b> Mrs Karen Graham
<b>Person in charge at the time of inspection:</b> Mrs Karen Graham	<b>Date manager registered:</b> 28 September 2010
<b>Number of registered places:</b> 10	

### 4.0 Inspection summary

An unannounced inspection took place on 25 March 2019 from 09.15 to 15.15.

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

The inspection determined 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 staff training, adult safeguarding, risk management, individualised care records, care reviews, audit of care records and effective communication with service users. Further areas of good practice were also found in regard to the culture and ethos of the day care setting, listening to and valuing service users, governance arrangements and maintaining good working relationships.

Areas requiring improvement were identified in relation to infection prevention and control measures and documentation relating to restrictive practice.

Service users' comments are included throughout the report.

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>	1	1

Details of the Quality Improvement Plan (QIP) were discussed with Karen Graham, 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 29 September 2017

No further actions were required to be taken following the most recent inspection on 29 September 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 agency
- information and correspondence received by RQIA since the last inspection
- incident notifications which highlighted that no incidents had been notified to RQIA since the last care inspection 29 September 2017
- unannounced care inspection report from 29 September 2017

During the inspection the inspector met with the registered manager, five service users, a day care worker, a volunteer and a service user's relative.

The following records were examined during the inspection:

- Competency and capability assessment of one staff member.
- Induction record for a volunteer.
- The personnel records for two staff in relation to supervision and appraisal.
- Staff training matrix.
- Two service users' care records.
- A sample of service users' progress records.
- The agency's complaints record from date of last inspection.
- Staff roster information from 7 January 2019 to 25 March 2019.
- A sample of minutes of staff meetings since the last inspection.
- A sample of minutes of service user meetings since the last inspection.
- The day centre's record of incidents and accidents since the last inspection.
- A sample of monthly quality monitoring reports for January 2019, February 2019 and March 2019.
- Annual satisfaction survey 2018 to 2019.
- Annual quality report April 2018 to March 2019.
- Whistle blowing Policy, October 2018.
- Policy on Safeguarding Adults, September 2018.
- General Data Protection Regulation (GPDR) Age NI Policy, October 2018.
- Statement of Purpose, March 2019.
- Service User Guide.

At the request of the inspector, the registered manager was asked to display a poster within the settings office. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; no responses were received.

Ten service user and/or relatives' questionnaires were provided for distribution; five service user questionnaires were returned to RQIA within the requested timeframe and are referenced further in the body of this report.

The inspector requested that the registered manager place a 'Have we missed you' card in a prominent position in the agency, as appropriate to allow service users, relatives and staff who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received.

RQIA information leaflets 'How can I raise a concern about an independent health and social care service' were also provided to be displayed appropriately in the setting.

The inspector would like to thank the registered manager, service users, staff and service users' relatives' for their support and co-operation throughout the inspection process.

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 29 September 2017

The most recent inspection of the establishment was an unannounced care inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 29 September 2017

There were no areas for improvement made as a result of the last care inspection.

## 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 inspector reviewed the day centre's systems in place to avoid and prevent harm to service users which included a review of staffing arrangements in place.

Discussion with the registered manager, a service user's relative, staff and service users on the day of inspection confirmed that sufficiently competent and experienced persons were working in the centre to meet the assessed needs of service users. A review of the staffing roster evidenced that the planned staffing levels were adhered to. The inspector recommended that the duty rota should include the full name of staff and hours worked for each shift. An amended staff rota template was forwarded to RQIA following the inspection and this was noted to be satisfactory.

Discussion with the registered manager and a review of records confirmed that a competency and capability assessment had been completed for staff left in charge of the day centre in the absence of the registered manager and this was reviewed annually.

There had been no newly recruited staff since the previous care inspection. The registered manager confirmed that new staff have access to a corporate induction in addition to an induction into the day centre which includes shadowing of experienced staff and getting to know service users. It was positive to note following review of a sample of records that volunteers were also provided with an induction to the day care setting.

The registered manager maintained a staff training plan to identify and plan for updates in respect of mandatory training. A review of this record evidenced that staff had received mandatory training relevant to their roles and responsibilities and that update training was booked as part of an ongoing training programme, as required.

Discussion with the registered manager and a staff member established that they considered that the training provided was of a good quality and enabled them to fulfil their roles and responsibilities. In addition, there were ongoing training opportunities over and above the mandatory requirements, with some training provided for the specific needs of individual service users. Examples of additional training provided include: dementia awareness, behaviors which challenge, oxygen therapy and person centered care planning. It was positive to note that human rights training has been planned later in the year.

On the day of the inspection, discussion with staff and observations of them supporting service users did not highlight any areas requiring improvement regarding their practice.

The day care setting's governance arrangements in place that identify and manage risk were inspected. This confirmed that an effective incident/accident reporting policy and system was in place. Incidents and accidents are also audited on a monthly basis by the senior manager as part of the monthly quality monitoring visit. Discussion with the registered manager and a review of records since the last inspection evidenced that two incidents had been reported. A review of these incidents verified that they been managed appropriately and effectively documented; safety issues, risks and actions taken to minimise risk of reoccurrence had also been identified.

The registered manager confirmed that there were no restrictive practices being used other than the use of a keypad system to gain access/egress to the day centre. The registered manager advised that as part of the referral process, the suitability of a secure care setting for service users is assessed and the need for service users to be assisted by staff or relatives at all times when exiting the building is also clearly communicated and agreed upon. The Statement of Purpose and Service User Guide provided details of this arrangement.

The registered manager spoke confidently about managing risks to service users' wellbeing while maintaining their human rights and ensuring that all service users willingly attended the day centre. Observations of the service users on the day of inspection verified this.

There were no recent or current adult safeguarding referrals or investigation records to examine. Discussion with the registered manager and a staff member confirmed that there was a clear pathway for staff to follow in relation to referring any safeguarding concerns to the appropriate professionals. In addition, they were aware of potential types of abuse and their roles and responsibilities in relation to reporting adult safeguarding concerns and maintaining safeguarding records.

A review of the day centre’s environment was undertaken and the centre was found to be warm and fresh smelling. There were no obvious hazards to the health and safety of service users, visitors or staff. Fire exits and walk ways were clear and free from any obstructions. However, a review of the toilets highlighted the need for improvements with respect to the setting’s infection prevention and control measures. These included: skirting boards in the toilet areas which were noted to require a deep clean; a lack of appropriate hand washing guidance being displayed at sink; the need for soap and hand towels dispensers to be wall mounted and the presence of rust around support rails within an identified toilet. An area for improvement was made in this regard.

Records examined identified that a weekly fire alarm test and monthly safety checks were undertaken. The registered manager was in the process of organising updated fire safety training. It was noted that the last full evacuation drill was undertaken on 28 August 2018, with no issues identified. A fire risk assessment was completed on September 2018 with a review visit planned on the 14 September 2019. It was confirmed by the registered manager following the inspection that the majority of the fire risk assessment action plan was addressed with the remaining two actions in the process of being addressed.

Discussion with service users, a service user’s relative, a staff member and volunteer evidenced that they felt the care provided was safe. The following is a sample of comments made:

**Service users’ comments:**

- ““You do feel safe here.”
- “I’m happy here, it’s a great place.”

**Staff/Volunteer comments:**

- “It’s a great day centre, everyone is safe here and well looked after.”
- “Would recommend the day centre to anyone.”
- “Training helps to fulfil my role, it’s always good to get refresher training.”

**Relatives’ comments:**

- “Xxxx seems happy coming to the day centre.”

Five returned questionnaires indicated that respondents were very satisfied that care provided to service users was safe.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff training, knowledge of adult safeguarding and risk management.

**Areas for improvement**

One area for improvement was identified in regard to infection prevention control measures.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	0

## 6.5 Is care effective?

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

The inspector reviewed the day care setting's arrangements for appropriately responding to and meeting the needs of people who use the service. Information relating to the nature and range of services provided was outlined in the Statement of Purpose.

Elements of two service users' care records were inspected, which included service user agreements; referral information; a current needs assessment; individualised care plan with an activity plan; handling and falls assessments; continence, nutritional and transport assessments. The records provided advice and guidance on the care and support needs of service users.

It was positive to note that service users in the day care setting had a person centred "getting to know you" assessment which contained a wide range of additional information about them. There was evidence of service user and/or relative consultation including signed records to confirm such agreements.

The care plans reviewed were noted to be comprehensive in regards to the identification of service users' holistic needs. The inspector advised that the care plans should be further developed to specifically include the individual service user's objectives and the expected outcomes from attendance at the day centre. In addition, the use of the key pad system in operation at the front door, should be explicitly documented in the day centre's assessment, care planning and review process for each individual service user, with the involvement of the multi-disciplinary team as required. An area for improvement is made in this regard.

The inspector evidenced that systems are in place to review each service user's placement within the centre and ensure that it is appropriate to meet their health and social care needs. Records verified that annual reviews were undertaken in consultation with the service user and/or their representative as appropriate. Records viewed evidenced positive feedback from service users regarding their attendance at the day centre.

Discussions with the registered manager and a staff member and volunteer concluded that effective communication systems were in use by the staff team to ensure that staff receive information relevant to the care and support of service users. Discussion with staff provided evidence that they were knowledgeable regarding service users' individual needs and support plans. Staff spoke positively about the effectiveness of daily meetings which clarify their roles and responsibilities for the day and provides any necessary updates regarding service users' needs.

Feedback provided to the inspector by the registered manager and documentation viewed indicated that there are effective collaborative working relationships with relevant stakeholders. A review of a sample of daily records in the three files examined evidenced that collaborative working arrangements were in place with service users' next of kin and the multi-disciplinary team. The inspector advised that the time of such contacts should be documented in order to provide a contemporaneous and accurate time line. The registered manager agreed to address this.

There was evidence that a file audit had been undertaken within those service users' care files examined. Records were observed to be stored safely and securely in line with data protection requirements.



Discussions with service users indicated that they had open lines of communication with staff and were confident that the staff would respond appropriately. Observations of staff and service users during the inspection indicated that staff communicated respectfully with service users. Service users were observed freely approaching staff to ask for assistance and for a chat.

There was evidence that staff meetings were held quarterly and that they had a quality improvement focus. A review of the minutes for meetings held in March 2019 and December 2018 evidenced discussion regarding review of activities, the organisation's new data protection policy, financial procedures and fire safety. The inspector highlighted to the registered manager that the minutes of these meetings should be improved to clearly reflect the actions planned, who is responsible and within what timeframe. This will enable actions and outcomes to be effectively reviewed at the next staff meeting. The registered manager agreed to action this.

The inspector and registered manager discussed the ongoing development of the Northern Ireland Social Care Council (NISCC) website to include an adult social care learning zone which may be beneficial for promoting staff development and training opportunities for use within team meetings in the day centre. The registered manager advised that they would review this resource and share it with the staff team.

Five returned questionnaires indicated that respondents were very satisfied that care provided to service users was effective.

Discussion with service users, a service user's relative, a staff member and volunteer evidenced that they felt the care provided was safe. The following is a sample of comments made:

**Service users' comments:**

- "It's great getting out to meet others and get your lunch handed to you."
- "Could talk to the staff if I had any worries."

**Staff/Volunteer comments:**

- "There is good communication and we all know the service users well."

**Relatives' comments:**

- "Staff keep me updated, no concerns."

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to individualised care records, care reviews, audit of care records and effective communication with service users.

**Areas for improvement**

An area for improvement was made in regard to improving records with respect to restrictive practices.

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

The inspection sought to assesses the day centre's ability to treat service users with dignity, equality and respect and to fully involve services users in decisions affecting their care and support.

Discussions with the registered manager, a staff member and volunteer evidenced the ethos of the day care setting which promoted choice and ensured service users had access to a friendly, caring and stimulating atmosphere. This approach also aimed to support and encourage service users to remain active and independent.

Observations of practice on the day of inspection evidenced that staff were confident and effective in their communication with service users and that their interactions were proactive and timely. Staff communicated with service users respectfully and their conversations with them were noted to be friendly and cheerful which promoted a relaxed atmosphere. Service users were observed engaging spontaneously and enthusiastically with staff. Staff demonstrated knowledge of service users' specific interests and were observed encouraging participation in activities. When a service user required support during an activity and at meal times this was provided discreetly and respectfully.

Service users spoke positively about staff and described good working relationships, which enabled them to speak to staff if they had any concerns. Staff described informal arrangements in place that ensured service users were consulted and their views and opinions sought on a daily basis. Formal arrangements to promote effective communication with service users and/or their relatives were evidenced by the provision of initial and annual care reviews, regular service user meetings, consultation on a monthly basis by a senior manager and annual satisfaction questionnaires.

Service users' meetings were typically held monthly. A sample of minutes from service users' meetings were viewed for March 2019, February 2019 and January 2019. The minutes reflected service users being consulted about activities and lunch arrangements with evidence of positive feedback provided and service user suggestions being actioned.

A review of the most recent annual satisfaction survey evidenced that positive feedback had been received from service users with respect to various aspects of the day care service, including:

- attitude and friendliness of staff
- programme of activities
- response of staff to care needs
- transport arrangements
- benefit of attending the centre

In addition, positive feedback was also provided regarding the quality of the service by the health and social care trust staff who refer service users to the day centre.

Observations of the lunch time meal confirmed that service users were given a choice in regard to the food and drinks being provided. Staff provided levels of support consistent with service users' individual needs. Staff afforded service users adequate time for lunch. The food appeared appetising and staff wore appropriate aprons when serving the lunch time meal. Service user feedback on the day of inspection regarding the provision for lunch was positive.

Discussion with service users, a service user's relative, a staff member and volunteer evidenced that they felt the care provided was compassionate. The following is a sample of comments made:

**Service users' comments:**

- "There is always something interesting to do."
- "Staff ask you what you want to do, you are given choice and consulted about everything."

**Staff/Volunteer comments:**

- "Activities are organised in agreement with the service users."
- "Treat service users as extended family, just the way you would expect your loved ones to be treated."

Five returned questionnaires indicated that respondents were very satisfied that care provided to service users was compassionate.

**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 in this domain 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.**

The inspector sought to assess the day centre's leadership, management and governance arrangements to meet the assessed needs of service users.

The day centre is managed on a day to day basis by the registered manager with the support of two day care workers and volunteers. The registered manager advised that ongoing support and guidance from senior management in the organisation can be accessed at any time. There was a clear organisational structure and staff spoken with demonstrated awareness of their roles, responsibility and accountability.

The registration certificate was up to date and displayed appropriately.

A certificate of public liability insurance was current and displayed.

The Statement of Purpose for the day care service was reviewed by the provider 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. Evidence gathered at this inspection confirmed that the service was operating in keeping with its Statement of Purpose.

Discussions with the registered manager and a staff member confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. As noted in section 6.4, the staff member confirmed the availability of continuous update training. In addition, they confirmed the availability of supervision/appraisal processes which they described in positive terms and found beneficial. A review of a sample of records verified that staff received supervision and an appraisal in keeping with required time frame.

A review of the complaints and compliments record identified that no complaints and six compliments had been received since the last inspection. The registered manager was able to confidently describe the procedure in place for recording and managing complaints and the organisation had a comprehensive complaints policy in place.

The inspector discussed the monitoring arrangements in compliance with Regulation 28 of The Day Care Settings Regulations (Northern Ireland) 2007. The Regulation 28 quality monitoring visits had been undertaken monthly by a senior manager within the organisation who demonstrated a good understanding of the setting; these included a mixture of announced and unannounced visits to the day centre. A sample of reports viewed for January 2019, February 2019 and March 2019 provided evidence that the visits included engagement with service users, staff and professionals and a review on the conduct of the day care setting, with action plans identified and followed up on subsequent visits. The annual report which provided a review of the quality of care for 2018 was provided. This contained all elements as required in Schedule 3 of The Day Care Settings Regulations (NI) 2007.

A staff member spoken with confirmed they were aware of their obligations in relation to raising concerns with respect to service users' wellbeing and poor practice, and were confident of an appropriate management response and knew how to access the organisation's whistleblowing policy.

Staff confirmed they had access to a range of policies and procedures which they used to guide and inform their practice. A sample of policies reviewed evidenced that they were reviewed at least three yearly or more frequently if changes occurred.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The registered manager confirmed that this was addressed with staff through their induction, training, supervision and appraisal process. In addition, the registered manager confirmed that the day care setting had not received any complaints with respect to equality issues from service users and/or their representatives.

The inspector noted that the day care setting collects equality information in relation to service users, during the referral and assessment process. The registered manager confirmed that this data is used for the purpose of developing person centred support plans and risk assessments.

Some of the areas of equality awareness identified during the inspection include:

- effective communication
- service user involvement
- advocacy
- equity of care and support
- individualised person centred care
- individualised risk assessment
- disability awareness

Discussion with service users, a service user’s relative, a staff member and volunteer evidenced that they felt the service was well led. The following is a sample of comments made:

**Service users’ comments:**

- “The place is brilliant.”
- “Couldn’t ask for better staff.”

**Staff/Volunteer comments:**

- “There is good support from the manager and senior manager; I would have no problem talking to them about any issues.

Five returned questionnaires indicated that respondents were very satisfied that the service was well led.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints, staff supervision and appraisal, quality improvement and maintaining good working relationships.

**Areas for improvement**

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 Karen Graham, 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure that the infection prevention and control deficits identified in this report have been satisfactorily addressed.  Ref: 6.4  <b>Response by registered person detailing the actions taken:</b> all actions completed in respect of the hand rails in the downstairs bathroom
<b>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 6.8  <b>Stated:</b> First time  <b>To be completed by:</b> 22 April 2019	The registered person shall ensure that service users' assessment, care planning and review documentation explicitly references the use of any restrictive practices. This relates specifically to the use of the key pad system which restricts access/egress from the centre for service users.  Ref: 6.5  <b>Response by registered person detailing the actions taken:</b> care plans have been updated to reflect the keypad access at the front door

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



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