

# Unannounced Care Inspection Report 29 September 2017



## Age NI, Castlewellan

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

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

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

**1.0 What we look for**



**2.0 Profile of service**

This is a Day Care Setting with 10 day care spaces on Monday, Wednesday and Friday. 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(s):</b> Ms Linda Robinson	<b>Registered Manager:</b> Karen Graham
<b>Person in charge at the time of inspection:</b> Karen Graham	<b>Date manager registered:</b> 28/09/2010
<b>Number of registered places:</b> DCS-DE	

### 4.0 Inspection summary

An unannounced inspection took place on 29 September 2017 from 10.00 to 14.30.

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: staffing arrangements and management of the same; training; risk management; the day care setting environment; care records and reviews; communication between service users and staff; the ethos of the day care setting, listening to and valuing service users; taking account of the views of service users; management arrangements; quality improvement and maintaining good working relationships.

There were no areas requiring improvement identified.

Service users said about this day care setting: it is “100% safe”; “people look after you well”; “we can get what we need here”; “staff make sure we are safe”; “in here you have support for everybody”.

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

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

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

#### **4.2 Action/enforcement taken following the most recent care inspection dated 13 January 2017**

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 13 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.
- Information and correspondence received from the registered manager and Age NI.
- Incident notifications which revealed five incidents had been notified to RQIA since the last care inspection in January 2017.
- Unannounced care inspection report 13 January 2017.

During the inspection the inspector met with:

- the registered manager
- six service users
- one care staff and a volunteer.

Questionnaires were given to the staff on duty to distribute between service users, representatives and staff. Four were returned by service users, two were returned by staff and two by relatives.

The following records were examined during the inspection:

- One individual staff records.
- Two service users care files.
- A sample of service users' daily records.
- The complaints/issue of dissatisfaction record from April 2016 to September 2017.
- A sample of incidents and accidents records from September 2016 to September 2017.
- The staff rota arrangements during August and September 2017.
- The minutes of service user meetings held in May, June, July and August 2017.
- Staff meetings held in February, April and July 2017.
- Staff supervision dates for 2017.
- Monthly monitoring reports from June to September 2017.
- The staff training information for 2016 & 2017.
- The settings statement of purpose.

Thirteen 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 person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 13 January 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 16 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
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 29  <b>Stated:</b> First time	The registered provider must ensure all incidents and accidents as described in Regulation 29 are notified to RQIA using the RQIA statutory notification of incidents and deaths-provider guidance.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspector confirmed this improvement had been met by inspecting the incident and accident record which was available and up to date at the time of inspection.	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 17(1) Schedule 3  <b>Stated:</b> First time	The registered provider must complete the annual report for 2016 (provider guidance is available from RQIA). This should be sent to RQIA with the returned QIP.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspector confirmed this had been completed when the annual report was submitted to RQIA following the January inspection. The latest report was made available for this inspection.	

<b>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 23.7  <b>Stated:</b> First time	The registered provider should improve the staff rota record so it provides evidence of who acted up in the manager's absence or who covered the absent staff.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The staff on duty record was available and had been improved in this regard at the time of inspection.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 20.2  <b>Stated:</b> First time	The registered provider should improve the individual staff records kept in the setting which should evidence there are robust recruitment procedures in place that are compliant with standard 20.2.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> No new staff had commenced in this setting since the last inspection, however arrangements were in place to ensure this improvement was in place at this inspection.	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 17.1 & 17.2  <b>Stated:</b> First time	The registered provider should improve the arrangements that evidence staff are willing and competent to act up in the manager's absence. The records should evidence the staff are willing and competent to act up in the manager's absence and this should be reviewed to confirm this arrangement remains appropriate.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The competency assessment for staff who act up in the manager's absence had been improved and a current version was inspected for one staff member which provided evidence this improvement had been actioned at the time of inspection.	

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 28.6</p> <p><b>Stated:</b> First time</p>	<p>The registered provider should improve the recording of fire drills to ensure they are written in the right record and the outcome of the drill is recorded.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> The record of fire drills was available and up to date at the time of inspection.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 3.4</p> <p><b>Stated:</b> First time</p>	<p>The registered provider should improve arrangements for evidencing changes in costs have been communicated to each individual service user and evidence the service user has agreed to the change, for example the substantial increase in the lunch costs.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> A letter had been distributed to all service users regarding increase in lunch costs and service user agreements had been updated in this regard. Records to verify this were available and up to date at the time of inspection.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 5</p> <p><b>Stated:</b> First time</p>	<p>The registered provider should improve the identified file named file1. This record should contain a copy of the speech and language therapist assessment and plan. The outcome of the plan should be integrated into the day care setting care plan</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> The service users file had been improved in this regard. At the time of inspection the identified service had been discharged.</p>	<p><b>Met</b></p>

<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Standard 5.6</p> <p><b>Stated:</b> First time</p>	<p>The registered provider should improve the identified file named file 2. The families preferences regarding type and consistency of foods to be served should be referenced in the care plan with the outcome of any professional assessments in this regard and the service users preferences.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The service users file had been improved in this regard. At the time of inspection the service user had been discharged.</p>		
<p><b>Area for improvement 8</b></p> <p><b>Ref:</b> Standard 5.6</p> <p><b>Stated:</b> First time</p>	<p>The registered provider should improve the identified file named file 2. This should be updated so the assessment and care plan contain preventative actions to be implemented by staff following an incident on the bus.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The service users file had been improved in this regard. At the time of inspection the service user had been discharged</p>		
<p><b>Area for improvement 9</b></p> <p><b>Ref:</b> Standard 8.3</p> <p><b>Stated:</b> First time</p>	<p>The registered provider should improve the service user minutes and agenda so it reviews outcomes and/or actions from the last meeting. It should be clear in this record if actions had been put in place and if not what is the plan to progress them.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Minutes of service user meetings had been improved in this regard, records were available and up to date at the time of inspection.</p>		



<b>Area for improvement 10</b> <b>Ref:</b> Standard 8.5 <b>Stated:</b> First time	The registered provider should improve the format of the annual survey report so it includes an action plan which details how the information collected will be used to improve day care in the future.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The annual report dated April 2017 had been improved in this regard; the report was available and up to date at the time of inspection.	
<b>Area for improvement 11</b> <b>Ref:</b> Standard 17.9 <b>Stated:</b> First time	The registered provider should improve the audits undertaken in this setting and evidence of the same. Audits should document that care is promoting effective and safe care of the service users attending the setting. Examples of audits that should be developed are file audits, environmental audits or audits of infection prevention and control. A record should be available for inspection of each audit undertaken	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A new audit plan had been introduced since the last inspection and this was available and up to date at the time of 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 settings daily staff arrangements and records were inspected for August and September 2017. This provided evidence that experienced persons were working in the centre to meet the assessed needs of the service users, taking into account the size and layout of the premises, the number of service users. The staff member who was in charge of the centre was also recorded.

A competency and capability assessment for the staff member who acts up in the manager's absence had been completed and was inspected. This showed the worker who may be in charge can undertake management tasks and the assessment showed they had the knowledge to fulfil their role and responsibility in the absence of the manager.

The settings training record recorded staff had received some mandatory training and training relevant to their roles and responsibilities. Examples of training staff received in 2016 and 2017 were safeguarding; dementia; fire training; COSHH; manual handling and medication. Discussion with the manager revealed the training informs staff how to care safely, effectively and compassionately. The training programme was being arranged by the Head of Care and they were awaiting a new training plan. Discussion with a volunteer during the inspection revealed they were knowledgeable regarding their role and responsibility and the needs of the service users in this setting who were all experiencing memory loss.

The examination of the settings incidents, accidents and notifications forwarded to RQIA found safety issues and risks had been identified and managed. Incidents had been audited using an analysis sheet which identified actions that could be taken post incident to improve safe and effective practice. The sample of records inspected indicated the relevant incidents/notifiable events were reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

Observation of care and discussion with the manager confirmed the entrance to the setting is closed and is managed using a number key pad. This restricted service users exiting the building and prevented anyone entering the building without being let in. The use of this restriction was described as necessary to ensure service users did not wander out, which would be a risk to them as they all had a diagnosis of dementia, observation and discussion with service users on the day of the inspection verified they were all experiencing different levels of memory loss.

During the inspection if any service user wished to walk around or go out for a walk this was identified by staff quickly; if staff noticed a service user was agitated or showing signs of wanting to go out staff supported service users to do what they wanted to do safely. In view of the risks of disorientation due to memory loss; which were clearly recorded on the two service user records that were inspected the managed entrance/ exit presented as least restrictive option that could be used to meet the needs of the service users in this setting. Discussion with the volunteer, staff and manager in the setting revealed they were cognisant of their responsibility to ensure service users were not restricted in this setting and that care must meet each individual service users' needs.

During the inspection observations of the environment and inspection of records revealed the environment presented as clean tidy, furniture, aids and appliances presented as fit for purpose. Fire safety precautions were inspected which were undertaken routinely, it was noted fire exits were unobstructed, and the fire drill had been updated in the last 12 months.

Two staff returned questionnaires to RQIA post inspection, they identified they were "Very Satisfied" regarding questions on "is care safe" in this setting. They identified service users were safe and protected from harm in the setting; they had received safeguarding training and other training essential for their role and have working knowledge of safeguarding policies and procedures; they would report poor care to their manager; risk assessments and care plans were in place for service users and they received supervision and appraisal.

Four service users returned questionnaires to RQIA post inspection. They identified they were "Very Satisfied" regarding the questions on "is care safe" in this setting. They identified they felt safe in the setting, the setting was comfortable; and they could talk to staff.

Two relatives returned questionnaires to RQIA post inspection. They identified they were “Very Satisfied” regarding the questions “is care safe” in this setting. The questionnaires identified their relatives were safe and protected from harm, they can talk to staff about a range of matters and the environment is suitable. One respondent wrote “(Service user’s name) is collected from home in the mornings; the carer comes into the house, escorts him out and ensures he is safe at all times. They have identified his likes and dislikes and he returns in the afternoon in the same manner”.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staffing arrangements and management of the same, training, risk management and the day care setting environment.

**Areas for improvement**

No areas for improvement were identified during the inspection.

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

**6.5 Is care effective?**

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

The centre’s statement of purpose and service users guide contained information required by Regulations and Standards and the content was consistent with the settings registration with RQIA.

Two service user’s care files were inspected; they contained the service user’s individual assessments and care plans which reflected their physical, social, and emotional needs. The inspection of the care records found they were maintained in line with the legislation, the assessments of need and care plans were current and had been reviewed. Records were stored safely and securely in line with data protection. Staff discussion confirmed the records were used to guide their practice and they were keeping records current and relevant.

The care planning documentation inspected detailed how each individuals needs should be met by staff and this included responding to risks safely and effectively. Care plans had been reviewed in a timely manner and consultation with professionals regarding advice and guidance was recorded. The settings management of service user’s records enabled staff to recognise service users’ needs and respond to them effectively.

Service user/representative involvement was documented for each review meeting. Systems were in place to review each service user’s placement within the centre and ensure that the setting was appropriate to meet their health and social care needs.

Service users told the inspector the staff were on hand to help them and they could speak to them if they had a worry about their care.

Discussion with staff confirmed they knew what they needed to do daily for each service user to ensure they were safe and meet their needs effectively. They were particularly aware of communication needs and moving and handling service users safely whilst maintaining their dignity and promoting independence when they can. Staff detailed they communicate with each other daily to ensure they are all aware of any changes in service users' needs or presentation. Overall the discussions confirmed staff were aware of how to care and support service users safely and effectively in this setting.

Two staff returned questionnaires to RQIA post inspection, they identified they were "Very Satisfied" regarding questions on "is care effective" in this setting. They identified service users get the right care, at the right time, with the best outcome for them; service users are involved in their plan, staff have the right skills, knowledge and experience to care for the service users; there are systems to monitor quality and safety; staff are informed regarding activities; and staff respond to service users in a timely manner.

Four service users returned questionnaires to RQIA post inspection. They identified they were "Very Satisfied" regarding questions on "is care effective" in this setting. They identified they get the right care, at the right time with the best outcome, staff communicate with them, they know their needs and choices, staff help and encourage them, they can choose activities and are involved in their day care review.

Two relatives returned questionnaires to RQIA post inspection. They identified they were "Very Satisfied" regarding questions on "is care effective" in this setting, their relative gets the right care, at the right time with the best outcome, staff communicate with their relative, they know their needs and choices, staff encourage them to be independent, they can choose activities and are involved in their relatives day care review. One relative wrote "if (service user's name) has not been in good form or feeling a little unwell they are very attentive and keep me well informed".

**Areas of good practice**

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

**Areas for improvement**

No areas for improvement were identified during the inspection.

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

**6.6 Is care compassionate?**

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

Discussion with service users, staff and observation of activities and communication found examples of service users being treated with dignity and respect and staff promoting and maintaining service user's independence when appropriate. Discussion with a group of six

service users confirmed they were asked their opinion regarding what they like to do in day care and their preferences were sought for their plan.

Staff and the volunteer discussed the service users need care that is kind, protects their dignity, respects their abilities and staff need to take time to meet their needs. They gave examples of activities they had facilitated for service users of all abilities which were informed by service users saying what they wanted to do and their experience of what works with this group. An example of this was balloon table tennis, this was observed during the inspection and the activity created a lot of energy and laughter from the service users as well as helping with their communication skills and coordination. The staff also detailed they provide discussion regarding current news (local and national), table top games, sing along, music, walks, arm chair aerobics, bingo and outings. Overall staff described they wanted the service users to feel their opinion was valued and that they are involved as much as they can be in the care and support they receive in the setting. Staff also identified service users relatives are also important points of contact, particularly for service users who are less able to verbally express their views, opinions and preferences.

Discussion with service users and review of service users meeting records confirmed they were being consulted in service user meetings which had occurred monthly as well as being consulted informally by staff throughout the day. The annual service users' quality assurance survey had been distributed and evaluated in April 2017. A summary report with an action plan had been written.

The inspection of this domain confirmed there were systems in place to promote effective communication between service users and staff. Service users were being encouraged to be involved and enabled to participate by staff who understood their communication needs, service users were being encouraged to make decisions regarding their care and activities they take part in.

Two staff returned questionnaires to RQIA post inspection, they identified they were "Very Satisfied" regarding questions on "is care compassionate" in this setting. They identified service users were treated with dignity and respect, involved in decisions, encouraged to be independent and make informed choices, involved in improvements and informed regarding the service they receive.

Four service users returned questionnaires to RQIA post inspection. They identified they were "Very Satisfied" regarding questions on "is care compassionate" in this setting. They identified they are treated with dignity and respect, staff are kind and caring, their privacy was respected, they can choose activities and they are included in decisions and support they receive in the setting. One respondent wrote "I would like to say the staff are excellent and couldn't do enough for you".

Two relatives returned questionnaires to RQIA post inspection. They identified they were "Very Satisfied" regarding questions on "is care compassionate" in this setting. They identified their relative was treated with dignity and respect, staff treated their relative well, they had no concerns, they had been consulted and involved in their relatives care and staff advocate for their relative. One respondent wrote "No concerns, staff engage well with (service users name), they have taken the time to identify his likes and dislikes. They remind him as often as it requires where and what they are going to be doing that day. They manage him discretely, maintaining his dignity".

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to the 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
<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 registration certificate was up to date and displayed appropriately. Staff confirmed they had access to a range of policies and procedures that were accessible in an indexed file, they were using these to guide and inform their practice. Discussion with the volunteer revealed they regarded the manager as a “good” manager, they described she gives staff and volunteers clear direction and instructions when required and in their view the setting runs smoothly. The volunteer said they are “happy” volunteering in the setting and there is a relaxed atmosphere which is important for service users as well as staff.

Supervision records detailed the staff had received recorded individual, formal supervision at least every three months and had a recorded annual appraisal. Inspection of staff meeting minutes revealed they were held quarterly with minutes and attendance recorded. The content recorded detailed discussions regarding service users’ needs, best practice examples, policy and procedure changes, training and potential to improve outcomes for service users through activities. The records and commentary recorded showed staff discussions were focussed on service users’ needs.

The complaints record was inspected and this showed no complaints had been recorded since the last inspection.

The Regulation 28 monthly quality monitoring visits had been undertaken monthly by the Head of Care who was the independent monitoring officer. The reports showed the visits were unannounced, included outcomes/action plans, and qualitatively reflected service users and staff views and opinions.

Two staff returned questionnaires to RQIA post inspection, they identified they were “Very Satisfied” regarding questions on “is care well led” in this setting. They identified staff felt the service was managed well; quality monitoring was undertaken regularly; management responded to and acted regarding any complaints, issues or suggestions; they could approach the manager regarding concerns; staff meetings were held and communication was effective.

Three service users identified in their questionnaires they were “Very Satisfied” regarding questions on “is care well led” in this setting. They identified they felt the setting was managed well; they knew who the manager was; the staff respond well to concerns, issues or suggestions and they were asked about what they want to do. One wrote “I would like to say the staff here are magnificent and can’t do enough for you”.

Two relatives returned questionnaires to RQIA post inspection. They identified they were “Very Satisfied” regarding questions on “is care well led” in this setting. They identified they feel the setting is managed well; they know who the manager is; the staff respond well to communication, concerns, issues or suggestions and they had received information about the complaints process and the setting. One wrote “all information was given at the very start when (service user’s name) first went to the centre. I have no concerns”.

### Areas of good practice

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

### Areas for improvement

No areas for improvement were identified during the inspection.

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

## 7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



The **Regulation** and  
**Quality Improvement**  
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

**Tel** 028 9051 7500

**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)

**Web** [www.rqia.org.uk](http://www.rqia.org.uk)

 [@RQIANews](https://twitter.com/RQIANews)