

The Regulation and
Quality Improvement
Authority

Windsor Day Centre
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BT34 1JN

Inspector: Kylie Connor
Inspection ID: IN023251

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Unannounced Care Inspection
of
Windsor Day Centre

25 January 2016

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 25 January 2016 from 9.50 to 16.00. Overall on the day of the inspection the Day Care Setting was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report.

This inspection was underpinned by The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Settings Regulations (Northern Ireland) 2007, and the Day Care Settings Minimum Standards 2012.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	1

The details of the QIP within this report were discussed with Maureen Carvill, assistant manager and a Band 5 day care worker as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Southern Health and Social Care Trust/Mrs Paula Mary Clarke	Registered Manager: Carmel McGrath
Person in Charge of the Day Care Setting at the Time of Inspection: Carmel McGrath, Registered Manager until 14.15 Maureen Carvill, Assistant Manager from 14.15	Date Manager Registered: 24 December 2010
Number of Service Users Accommodated on Day of Inspection: 29	Number of Registered Places: 60

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

Standard 5: Care Plan - Where appropriate service users receive individual continence promotion and support.

Standard 8: Service Users' Involvement - Service users' views and comments shape the quality of services and facilities provided by the Day Care Setting

4. Methods/Process

Specific methods/processes used in this inspection included the following:

Prior to inspection the following records were analysed:

- Previous care inspection report and returned Quality Improvement Plan (QIP)
- Notifiable events submitted since the previous care inspection
- Written and verbal communication received since the previous care inspection.

At the commencement of the inspection a poster was displayed informing services users and visitors that an RQIA inspection was taking place and inviting them to speak with the inspector to provide their views.

Specific methods/processes used in this inspection include the following:

- discussion with the registered manager
- discussion with the assistant manager
- discussion with three service users
- discussion with six staff
- observation of practice and care delivery
- review of the environment
- evaluation and feedback.

The following records were examined during the inspection:

- The Statement of Purpose
- The Service User Guide
- Monthly monitoring reports completed from April 2015 – January 2017
- Minutes of service users' meetings
- Selected policies and procedures
- Two randomly selected service user care records
- Accident and incident records
- Record of complaints.

Service user and staff questionnaires were provided to the registered manager for distribution, completion and return to RQIA. Following the inspection, 6 staff and 5 service user questionnaires were received, by us and are included in the report.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the service was an unannounced care inspection dated 13 November 2014. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 16 (2)	<p>The responsible person must ensure all staff respond to requests for annual review meetings to ensure the day care setting are compliant with standard 15; to ensure the service user assessment and care plan is formally reviewed by all key individuals to ensure it is still current, relevant and care is responsive to identified need.</p> <p>Action taken as confirmed during the inspection: The review of two care records showed that this requirement had been addressed.</p>	Met
Requirement 2 Ref: Regulation 14 (5)	<p>The registered manager must review the records of segregation which fall within the definition of restraint and the definition of a physical intervention and report them to RQIA.</p> <p>Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of one identified care record demonstrated that the records submitted monthly to RQIA were retained.</p>	Met
Requirement 3 Ref: Regulation 7	<p>The registered manager must ensure the statement of purpose is reviewed and revised to ensure the arrangements for the most recent placement are described in the statement of purpose. For example the changes in the use of the environment; the bespoke staffing arrangements; staff training; restrictions in terms of the use of the environment for the whole setting; the bespoke entrance arrangements for the service user.</p> <p>Action taken as confirmed during the inspection: The revised statement of purpose dated December 2014 was examined. The document required further development regarding the use of the external CCTV cameras and the restrictions of key padded doors. This requirement is restated in the main body of the</p>	Partially Met

	report	
Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 7.2	The registered manager should make appropriate arrangements to provide service users with clear information to inform them their information is being kept by the setting and how they can access the records if they wish to. For example in the service users guide and or service user agreement.	Met
	Action taken as confirmed during the inspection: Inspection of the service user guide demonstrated that this recommendation had been addressed.	
Recommendation 2 Ref: Standard 17.1	The registered manager should complete a competency assessment with the group of staff who take on delegated management tasks as part of their development and they may be left in charge of the day care setting in the absence of the registered manager and the assistant managers. This must evidence they have been fully informed of their role and responsibility and competency is assessed.	Met
	Action taken as confirmed during the inspection: Discussions with the assistant manager confirmed this recommendation had been addressed with all Band 5 staff and assistant manager.	
Recommendation 3 Ref: Standard 22.2	The registered manager should ensure appropriate arrangements are in place to deliver individual staff supervision at least once every three months and in compliance with this standard.	Met
	Action taken as confirmed during the inspection: Following discussions with staff, it was confirmed that this recommendation had been addressed.	
Recommendation 4 Ref: Standard 5.2	The registered manager should ensure staff record in the care plan the following: In the summary of needs and risks the short term goals must specify measurable goals. The long term goals must be specified.	Met
	Action taken as confirmed during the inspection: An inspection of two care files demonstrated that this recommendation had been addressed.	

<p>Recommendation 5</p> <p>Ref: Standard 5.2</p>	<p>The registered manager should ensure if staff are identifying unmet needs that the assessment & care plan describes why they are unmet, can they be met and what the most likely outcome of them is continuing to be unmet so risk can be measured.</p> <p>Action taken as confirmed during the inspection: Following discussions with the registered manager and discussion with staff we confirmed this had been addressed.</p>	<p>Met</p>
<p>Recommendation 6</p> <p>Ref: Standard 5.7</p>	<p>The registered manager should make adequate arrangements for any identified restrictions for service users to be considered in terms of how a restriction may interfere with service user's human rights. This should be clearly recorded in the service users documentation including the details of the professional assessment; the measure that is required and why this is assessed as the least restrictive and safest measure.</p> <p>Reference to Deprivation of Liberty safeguards and human rights for each individual service user should be improved to ensure each individual service users rights are assessed in a person centred way and not generally.</p> <p>Action taken as confirmed during the inspection: Whilst discussions with the registered manager, assistant manager and staff members confirmed that restrictive intervention assessments had been completed, not all had been placed in care records. Assurances were provided that this would be actioned without delay.</p> <p>Care plans inspected provided evidence that human rights were being considered.</p>	<p>Met</p>

5.3 Standard 5: Care Plan - Where appropriate service users receive individual continence promotion and support

Is Care Safe

A continence promotion policy was in place and had been reviewed April 2015. The document provided practical guidance for staff to effectively promote service users continence in the day care setting and was supported by NICE best practice guidance regarding continence and the day care protocol for promotion of continence. In addition, there were corporate trust policies and procedures pertaining to assessment, care planning and review.

There was evidence that the continence needs of service users who attend the centre had been assessed, some of which were in conjunction with allied health professionals such as a physiotherapist and occupational therapist. The care plans examined included the arrangements for the supply of any continence products and reflected service users' preferences regarding their choice of bathroom.

Staff consulted confirmed that service users brought their own continence products to the centre and each had their own individual plan for continence management. The day centre also has a supply of continence products to be used in an emergency.

Staff had completed training in the area of continence management and promotion, COSHH, manual handling and infection control. Discussions with staff, service users, an occupational therapist, a nurse attached to the centre, and a representative confirmed to us that; staff know service users very well, that their choices and preferences are incorporated into how staff provide personal care and support.

A representative confirmed that staff members are kind and caring, that service users are treated with dignity and respect and that their privacy and independence is promoted.

There was evidence to confirm that generally continence care and promotion was safe.

Areas for Improvement

There were no areas for improvement identified during this inspection.

Number of Requirements	0	Number of Recommendations:	0
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Is Care Effective

An inspection of the environment confirmed that there are supplies of continence products available to meet a range of continence needs. The location and storage of PPE and continence products were appropriate and in keeping with infection control guidance.

Observation and discussions with staff demonstrated that they have unrestricted access to continence products and ease of access to PPE.

Staff could describe the support and assistance individual service users required and it was evident that staff were fully familiar with the continence needs of those service users in their care. Staff reported that some service users need one staff member for assistance and some require the assistance of two staff in the bathroom.

Staff were knowledgeable regarding the referral process to the continence service and of the importance of reporting and recording changes associated with continence promotion. Information is sought from the appropriate professional or family to ensure care plans are up to date.

Following discussions with staff, a nurse, occupational therapist and a service user's representative we can confirm that service users and/or their representatives work together with staff when planning and reviewing care.

Discussion with staff and an inspection of staff training records confirmed that training, including mandatory training is provided to support staff to undertake their roles and responsibilities. Staff confirmed to us that there was good communication between staff members and service users' representatives and discussion with a representative and records viewed provided evidence of effective communication. The representative consulted expressed that a communication book was "very helpful."

Areas for Improvement

There were no areas for improvement identified during this inspection.

Number of Requirements	0	Number of Recommendations:	0
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Is Care Compassionate? (Quality of Care)

Staff were knowledgeable in the area of continence promotion and care. Staff demonstrated an understanding of the importance of meeting individual needs in a person centred manner and of the values required to deliver care and support. Where appropriate service users were encouraged to make their own decisions, be independent and were supported by staff when needed. Staff presented as knowledgeable, experienced and compassionate.

The occupational therapist stated that staff "contact them promptly if there are issues with equipment" and reported there is a "good communication system between the centre and home".

We observed activities in the morning and afternoon and noted that staff treated service users with respect and dignity. Staff used verbal and non-verbal communication and it was evident there was a good rapport between service users and staff.

We had discussions with 3 service users, mostly in the group room on a one to one basis. Service users said they enjoyed coming to the centre and confirmed that staff were discreet and respectful if they needed support or assistance. During conversations, service users said staff encouraged them to be as independent as possible and preserved their dignity. In discussion with a representative they commented:

"Day care worker, nurse and speech therapist are very in tune with my son, very close relationship. He is a different person now, this is even better than school. They keep a very close eye and there is good communication, gives us early warnings of pending episodes of ill health".

On the day of this inspection we found care delivered in a compassionate, kind and caring manner.

Areas for Improvement

There were no areas for improvement identified.

Number of Requirements:	0	Number of Recommendations:	0
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5.4 Standard 8: Service Users' Involvement - Service users' views and comments shape the quality of services and facilities provided by the Day Care setting

The SHSCT has a range of trust corporate policies and procedures associated with this standard and these were in place and available to staff.

There was good evidence that the day care setting promotes service user involvement and empowerment through a number of methods including service user meetings, daily discussions, care planning, care reviews, annual satisfaction questionnaires and monthly monitoring visits.

A complaints procedure and complaint records were in place. Discussion with staff demonstrated that one complaint made during the period of 01 January 2014- 31 March 2015 had been managed appropriately within timeframes. Learning from the complaint had been identified and shared with the team.

An inspection of the environment demonstrated there were no health or safety hazards observed or infection prevention and control issues.

Service users confirmed that they feel listened to and responded to by staff, who are knowledgeable about their individual likes, dislikes and preferences. An inspection of two care files demonstrated that service users' likes, dislikes and preferences were recorded.

Areas for Improvement

There were no areas for improvement identified.

Number of Requirements:	0	Number of Recommendations:	0
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Is Care Effective?

Records inspected, observations and discussions with staff, a representative, occupational therapist and service users demonstrated that service users enjoyed fulfilling and rewarding activities through their attendance at the centre.

Comments received from service users and a representative were very positive in regard to staff attitude, meals and transport. The majority of service users spoke of the activities they enjoy at the centre including soft play, sensory room, swimming, walking, music activities, exercises, bus outings and shopping.

Selections of monthly monitoring reports dating from July 2015 to January 2016 were reviewed and it was noted all visits had been completed. Although the reports reflected that service users and staff had been consulted, there was no detail captured. The reports were found to be repetitive and lacking in detail. It was difficult to ascertain if the visits were announced or unannounced or how the report contributed to or monitored the quality of services provided in the centre. A recommendation has been made to improve the content of the monitoring report.

Care records inspected reflected that annual reviews are held which service users, carers and representatives are invited to attend. One representative confirmed that there is good communication from staff and that he is invited to attend care reviews. A selection of minutes of service user meetings demonstrated that a range of topics were discussed.

The registered manager confirmed that questionnaires to ascertain service user views regarding the running of the centre had been undertaken during April-June 2015. She confirmed that an annual quality review report had been completed and an action plan devised to address the issues identified.

Areas for Improvement

There was one area for improvement identified relating to the record of the monthly monitoring visit.

Number of Requirements:	0	Number of Recommendations:	1
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Is Care Compassionate?

Staff interaction with service users was observed during their arrival at the centre, and also for periods in the morning and afternoon. Examples of supportive appropriate language and encouraging tones of voice were observed, as well as good examples of service users being treated with dignity and respect and of being offered choices.

Service users confirmed to us that they are treated well and with respect by the registered manager and staff. All service users, a representative and occupational therapist expressed positive views in regard to staff attitude and values which are evident in their practice.

Service user and staff questionnaires were provided to the registered manager for distribution, completion and return to RQIA. Following the inspection, 6 staff questionnaires and 5 service user questionnaires were returned. The questionnaires indicated satisfaction in all areas and no issues were identified.

We confirmed that the registered manager and staff team were committed to ensuring that safe, effective and compassionate care is always delivered.

Areas for Improvement

There were no areas of improvement identified.

Number of Requirements:	0	Number of Recommendations:	0
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5.5 Additional Areas Examined

i.5.1. Statement of Purpose

The statement of purpose had been reviewed in December 2015 however the document did not include the following information and should be revised;

- the restrictions of key padded doors
- the use of the CCTV in the car parks
- the arrangements regarding consultation with service users regarding the operation of centre.

One area of improvement relating to the statement of purpose was made in the additional areas reviewed.

Number of Requirements:	1	Number of Recommendations:	0
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i.5.2. Environment

A tour of the building found it to be clean and well organised and there were no noted health and safety hazards observed. Each activity area has allocated bathroom facilities and these were found to be odour free and maintained satisfactory.

No areas of improvement were identified regarding the environment.

Number of Requirements:	0	Number of Recommendations:	0
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6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Maureen Carvill the assistant manager and a day care worker as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Day Care Settings Regulations (Northern Ireland) 2007.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Day Care Settings Minimum Standards 2012. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/ registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to day.care@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home/agency/service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

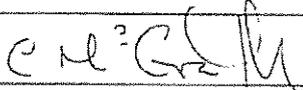
Quality Improvement Plan

Statutory Requirements

Requirement 1 Ref: Regulation 7 Stated: Second time To be Completed by: 30 April 2016	The revised statement of purpose dated December 2015 was examined. The document required further development regarding the following: <ul style="list-style-type: none"> • the use of the external CCTV cameras, • the restrictions of doors accessed by key pads. • the arrangements regarding consultation with service users regarding the operation of centre. <p>This requirement is restated in the main body of the report.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The Statement of Purpose has been reviewed to include the information required as detailed above. A copy of the revised Statement of Purpose is forwarded with the QIP.</p>
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Recommendations

Recommendation 1 Ref: Standard 17.10 Stated: First time To be Completed by: 30 April 2016	The monthly monitoring report should be further developed and state if the visit is unannounced or announced. The report should be sufficiently robust to confirm that the visit is undertaken in accordance with the minimum standards.
	<p>Response by Registered Person(s) Detailing the Actions Taken: The monthly monitoring report format has been reviewed and developed. This now includes a section to enable the monitoring officer to record if the visit is announced or unannounced and the times /duration of the visit. The monitoring officer advises the format of the report is in keeping with the template recommended by RQIA. A copy of the revised form was used in the April visit and the monitoring officer's line manager Pat Mc Ateer forwarded this to the lead inspector on 13th April 2016 for quality assurance. A blank copy is also returned with the QIP for reference.</p>

Registered Manager Completing QIP		Date Completed	26.04.16
Registered Person Approving QIP		Date Approved	27/4/16
RQIA Inspector Assessing Response		Date Approved	03/05/16

Please ensure this document is completed in full and returned to day.care@rqia.org.uk from the authorised email address

