

# Unannounced Day Care Setting Inspection Report 29 November 2016



## Windsor Day Centre

Type of service: Day Care Service  
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Inspector: 02830835430

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

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Windsor Day Centre took place on 29 November 2016 from 10.00 to 16.45 hours.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the day care setting was delivering safe, effective and compassionate care and if the service was well led.

### Is care safe?

The inspection of staff duty rotas; supervision dates; training records; observations of the setting; discussions with service users and staff provided evidence the care delivered was safe on the day of the inspection.

The staff in Windsor Day Centre were observed responding to a range of service users' complex needs in a safe way that was consistent with individuals care needs and plan.

Overall the inspection of "is care safe" concluded the setting should make improvements in three areas to achieve full compliance with the standards inspected on the day of the inspection. The improvements are: the staff rota should record when the manager is present in the setting, the staff induction should include assessment of new staffs competence to carry out the duties and responsibilities of their post; for example the NISCC induction standards. The staff appraisal records should be completed annually.

### Is care effective?

The inspection of four service users individual care records, review of the notifications and incident recording, complaints recording, discussion with the service users, one service users relative and staff concluded care was being delivered at the right time, in the right place, and with the best outcome. Individual care needs had been assessed and the outcome was written into a plan. Review and monitoring arrangements were in place to review the effectiveness and quality of care delivered to service users.

Overall the inspection of "is care effective" concluded the arrangements regarding service user agreements should be improved.

### Is care compassionate?

The inspection of records, observations of practice and discussions with staff and service users revealed that service users were being treated with compassion, dignity and respect. Staff were observed listening to service users, seeking their views and communicating with them in a supportive and caring manner.

Overall the inspection of "is care compassionate" concluded the minimum standards inspected were met. One area for improvement was identified regarding the delivery and recording of the service user meetings. They should be delivered in a person centred and compassionate way and feedback should be used to improve the service and service user's individual outcomes. The minutes should also be accessible for service users.

## Is the service well led?

The discussion with staff and service users regarding the management arrangements confirmed they were informed regarding the management arrangements and the staffs role and responsibilities. Records of audit and management processes showed this setting has governance arrangements in place that had monitored safe and effective care was being delivered.

Overall the inspection of “Is the service well led?” did not identify any improvements.

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

### 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	5

Details of the Quality Improvement Plan (QIP) within this report were discussed with Carmel McGrath, 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.

### 1.2 Actions/enforcement taken following the most recent type care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 25 January 2016.

### 2.0 Service details

<b>Registered organisation/registered person:</b> Southern HSC Trust/Mr Francis Rice	<b>Registered manager:</b> Ms Carmel McGrath
<b>Person in charge of the service at the time of inspection:</b> Ms Carmel McGrath	<b>Date manager registered:</b> 24 December 2010

### 3.0 Methods/processes

Prior to inspection following records were analysed:

- The registration details of the day centre
- Information and correspondence received from the registered manager and Southern Health and Social Care Trust
- Incident notifications which revealed 16 incidents had been notified to RQIA since the last care inspection in January 2016
- Unannounced care inspection report 25 January 2016 and trust response to the inspection
- Announced Estates inspection report 23 June 2016 and trust response to the inspection.

During the inspection the inspector met with:

- The registered manager & assistant manager
- Five staff
- 32 service users.

Questionnaires were given to the manager to distribute between service users, representatives and staff in Windsor day centre. None were returned by service users, one was returned by staff and one by relatives at the time of writing this report.

The following records were examined during the inspection:

- Four service users' care files
- A sample of four service users' daily records
- A sample of the staff rota for October and November 2016
- The complaint/issue of dissatisfaction record which had two entries recorded from April 2015 to 31 March 2016
- The minutes of service user meetings 29 April; 16 September and 24 October 2016
- A sample of the team meeting minutes for September, October and November 2016
- Staff supervision dates for 2016
- Four staff records
- The monthly monitoring reports for March, April, May, June, July, August, September & October 2016
- Staff training information for 2016
- Statement of Purpose
- Service Users Guide.

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the most recent inspection dated 23 June 2016

The most recent inspection of the establishment was an announced premises inspection. The completed QIP was returned and approved by the premises inspector. This QIP will be validated by the premises inspector at the next premises inspection.

### 4.2 Review of requirements and recommendations from the last care inspection dated 25 January 2016

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 7 <b>Stated:</b> Second time <b>To be Completed by:</b> 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"> <li>the use of the external CCTV cameras</li> <li>the restrictions of doors accessed by key pads</li> <li>the arrangements regarding consultation with service users regarding the operation of centre.</li> </ul> This requirement is restated in the main body of the report.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspector confirmed the statement of purpose had been amended. This was made available and was up to date at the time of inspection.	
Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 17.10 <b>Stated:</b> First time <b>To be Completed by:</b> 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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The monthly monitoring reports from March to October 2016 were sampled. They were all made available, the reports reported on the conduct of the day care setting and provided evidence the visits were undertaken in accordance with the minimum standards at the time of inspection.	

### 4.3 Is care safe?

On the day of the inspection the manager was not working in the Windsor day centre. The designated day care worker in charge took responsibility for providing evidence for this inspection. The signing in book revealed the manager had been present in the service on average once per week. The staff rota did not record the manager's presence in the setting. A recommendation is made for the rota to include a record of all staff working each day, the capacity in which they worked and who is in charge, including the manager when they are in the setting.

The delivery of safe care in any day care setting depends on the right number of staff being available in the setting to deliver care. The staffing arrangements took into account the staff qualifications, experience, competence, and this was reflected in the role and responsibilities that were given to the staff across the setting. The staff rota showed what staff was on duty on each day, in what capacity they worked, and who was in charge of the setting. This record did not show any gaps in staffing or day care worker in charge responsibilities. Safe staffing arrangements were observed and recorded. On the day of the inspection the walk around the setting revealed there was staff in the activity rooms and dining room delivering activities, and staff meeting service users intimate care needs. No service users were left alone and observation did not reveal any unmet needs during this inspection.

Four day care worker and support worker staff files were inspected for compliance with the recruitment checklist, induction and competency assessments. The staff described records pertaining to new staff were managed by another department in the trust. Once the recruitment checklist was completed the new staff were inducted into the day care setting. This process was described in the trust policy and procedure. The staff records inspected did not provide evidence that the recruitment checklist had been fully completed prior to commencement of post however the trust policy and procedure confirmed the trust had arrangements in place outside of this setting to undertake this process. Advice was given to ensure the evidence was in place which confirmed the recruitment checklist had been completed. The records did verify an orientation to the setting and job was completed by new staff. However the induction did not include an assessment of new staffs competence to carry out the duties and responsibilities of their post, for example the NISCC induction standards. The day care worker records did include a record of competence regarding acting up in the manager's absence. Therefore to provide assurance safe care is provided by staff a recommendation is made to improve the evidence of the competence of new staff.

Supervision arrangements were inspected for staff. The supervision records for 2016 showed on average staff had received three supervision sessions this year. Staff appraisal records on two individual staff files were out of date; a recommendation is made for this to be improved.

The staff training record was inspected for 2015/2016. The staff training record detailed they undertook and range of training regarding subjects such as: fire safety; infection prevention and control; COSHH; moving and handling; medicines; whistleblowing; Makaton; diabetes; epilepsy; dementia; continence promotion; and vulnerable adult training. This record and discussion with staff confirmed they had or will receive the required training to safely undertake the duties of their role in 2016.

There was room based activities available on the day of the inspection such as crafts, cookery and sensory activities. The service users engaged with activities that were described in their plan however, the service users could also move around freely with staff support. Observation

revealed staff support was provided in accordance with their assessment; which ensured service users were safe. During the inspection staff were observed encouraging and enabling individuals to experience the benefits of social interaction, the activities on offer and enabling service users were able to relax.

The care was delivered in a range of rooms that accommodated small groups, physical activities, crafts and quiet time/relaxation. There was also a dining area and bathrooms which were all observed as accessible. The day centre environment presented as user centred by displaying crafts and pictures of the craft activities they had completed and memories.

The walk around the environment identified there was infection prevention and control measures clearly displayed and fire exits were observed as clear. Overall the environment was functional for this group, warm, comfortable and the lay out promoted freedom of movement for all service users. No obvious hazards internally or externally were noted.

The inspection included observation and discussion with 32 service users. Overall the discussions and observation concluded safe care had been delivered by staff in the day care setting. They described staff help them when they need it and they can ask staff for help.

The discussion with staff around the setting, and three staff specifically regarding safe care revealed staff numbers on duty had been adequate to meet the needs of the service users attending. Staff identified over the last five years' service users' needs had changed. They were meeting more complex needs and intensive support needs which were staff intensive. They described they had communicated with staff in their room and across the setting to ensure risks and concerns were addressed, needs were met in accordance with the service users individual plan and safe care was being delivered; in a safe environment.

One staff member returned a questionnaire. They responded they were very satisfied with the safety in the setting. The questionnaire detailed care was safe because they had received training to care for service users safely, there were risk assessments and care plans in place for service users, they would report bad practice and they receive support to fulfil their roles and responsibilities

Discussion with one service users relative revealed their relative was displaying behaviour that indicated they are happy and safe in the setting. The relative described they had reported areas of risk for their relative in the setting and these were made safe prior to them commencing day care. They described the manager is responsive to their relatives need for safe care but also their need to learn an appropriate level of independence.

One relative returned a questionnaire. They responded they were very satisfied care is safe in the day care setting. They identified their relative is safe and protected from harm, they could talk to staff, and they would report concerns to the manager and the environment is suitable to meet their relative's needs.

### **Areas for improvement**

Three areas of improvement were identified during this inspection, they are the staff rota should record when the manager is present in the setting, the staff induction should include assessment of new staffs competence to carry out the duties and responsibilities of their post for example the NISCC induction standards, staff appraisal records should be completed annually.



<b>Number of requirements</b>	0	<b>Number of recommendations</b>	3
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#### 4.4 Is care effective?

The content of the Windsor Day Centre statement of purpose was sampled. This accurately described the registration details of this service, the service user group and their needs as observed during this inspection.

The inspection of four individual service user care files showed each service users' needs had been assessed and this confirmed their needs were consistent with the service admission criteria. The assessment had been used to draw up a plan with the service users, their relatives or representatives. This had been reviewed at least annually to ensure the care provided was appropriate to meet the service user's health and social care needs. The files inspected provided evidence the care described in the statement of purpose was being put into practice. Positive outcomes were recorded for service users in terms of their behaviour, participation, social development and goals achieved. Where it was noted service users were not displaying signs of enjoyment or positive outcomes, staff had monitored behaviour, liaised with family, carers and other professionals to improve the care provided. This included using reassessment and review to find other ways the service users' needs can be met. It was noted service user agreements were not present on the service user's individual files; this should be addressed in compliance with standard 3.1 and a recommendation is made in this regard.

The day care setting activities were written in service user's individual schedules and room activity schedules. They were accessible for service user's and staff reference in the day care setting in each room.

This day care setting accepts referrals for service users with multiple and complex needs who have a learning disability. This has included service users whose assessment identified the need for intensive support. For example two service users had specific staff allocated to meet their needs and enable the service user to safely engage with effective activities in the day care setting. The review of the service users individual files, staff meeting and training events provided evidence the staff and the management team in this setting had identified the potential for intensive support to be restrictive practice. Staff had regularly reviewed practice as a staff team and as a multidisciplinary team to ensure it was effective and did not interfere with service users' rights or independence. When a concern was identified regarding restrictive practices staff recorded their analysis of why the care provided was the least restrictive measure available to them which also assured the service users safety. This was evidence the day care setting staff and management team were acting in the best interests of the service users and were cognisant of the impact of their care on the service users rights, safety and independence.

Discussion with service users identified they liked being in the setting because of they liked the activities they were doing and they enjoyed the social aspect of the setting.

Discussion with staff confirmed they were well informed regarding individual service users' needs that they were caring for. Day care workers were observed providing guidance and direction to support workers when required to ensure care was timely and responsive to need. Staff said in their opinion the staff to service user ratio was responsive to the needs of the service users they were caring for. Furthermore staffing levels also enabled staff to deliver the individual care plans and activity opportunities for those service users who had complex needs and/or required intensive support. Discussion with staff when walking around the setting and observation provided evidence staff were well informed and skilled to respond to the needs of the service users they were caring for. This is key to enabling positive outcomes to be achieved



for the individual service users. The staff discussed consulting with the service user and their families/carers to ensure care is responsive to the current needs of each individual service user. They achieve this via the home to day centre communication books or by contacting home if they have a concern. They also described liaising with professionals involved and they had recorded any changes to ensure information was current and relevant. This was a clear description of effective care and this attention to detail was contributing to service users getting the right care, at the right time, in the right place.

One staff questionnaire identified they were very satisfied that care was effective in the day care setting. They identified service users are involved in their care plan, care plans inform the care provided, monitoring of quality is in place and that staff respond to service users in a timely manner.

Discussion with one relative revealed they regarded the quality of care their relative received was 100% effective because staff understood and respond to their relative's needs. If they had any concerns they would speak to their relative's day care worker or one of the management team.

One relative's questionnaire identified they are very satisfied care is effective in this day care setting. They answered their relative gets the right care, at the right time, in the right place; they were satisfied with communication with staff; their awareness of their relative's needs; preferences and choices, that these were incorporated into the care they receive; and they are involved in their relative's annual review.

### Areas for improvement

One area of improvement was identified regarding making sure service user agreements were completed and present on the service user's individual files in compliance with standard 3.1.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	1
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### 4.5 Is care compassionate?

This inspection included discussion and observation of 32 service users who participated in the day care activities in Windsor Day Centre. The discussion with service users and observation of care concluded care was compassionate. The service users were observed seeking staff support using verbal skills and body language. Staff responded to service users individual method of communication by using communication that was familiar to them and was part of their communication assessment. Service users spoken to said or indicated using facial expression and body language that staff had helped them. They facilitated activities and they were enabling them to be involved in day care. Service users confirmed staff had encouraged to them to give their ideas, views and opinions.

Observation of care showed the staff were attentive to all service users and were checking service users were comfortable. The staff used a variety of communication methods to seek the service user's opinions and involved all service users in the activities being delivered. Particular attention was given to service users who did not communicate verbally and otherwise may not have given their input. The staff were observed as busy however they were also observant and if someone needed additional support they sensitively moved closer to the service user and provided individual care. Overall staff were observed supporting service users in a

compassionate way, encouraging service users to be involved in their care and promoting their independence.

Records such as individual service users review documentation, annual service user survey report, the monitoring visit reports and the service user meeting minutes provided evidence the management team and staff group have processes in place to involve service users and their relatives. The documentation inspected showed their views had been sought in decisions about their care and their suggestions were used in the running of the day care setting. It was acknowledged communication with this group of service users is challenging due to their assessed needs and methods of communication. The review of the content of service users meetings minutes revealed the meetings had been an information giving meeting rather than an interactive process that seeks service users views, opinions and suggestions that can be used to influence future service delivery. A recommendation is made to improve the service user meeting to evidence they are being delivered in a person centred and compassionate way and can be used to improve the service and service user's individual outcomes. The minutes should also be accessible for service users.

One relative's questionnaire described they were very satisfied with compassionate care in this day care setting. They identified their relative was treated with dignity and respect and involved in decisions affecting their care. They do not have any concerns and their relative is treated well. They commented "I have no current issues or concerns about day care, however if I have I always get a positive response". One relative spoken to during the inspection said staff were "in tune with (relatives) personality, they have trust and faith in staff and they encourage (relative) to be independent".

The discussion with staff confirmed the team encourage service users to be independent and confident. Staff said knowing all service users and their individual needs was a key factor in providing compassionate care. The staff questionnaires identified they are very satisfied with the compassionate care in this setting. They said the service users are treated with dignity and respect, encouraged to be independent; their views are sought and acted upon.

### Areas for improvement

The delivery and recording of the service user meetings was identified for improvement. They should be delivered in a person centred and compassionate way and feedback should be used to improve the service and service user's individual outcomes. The minutes should also be accessible for service users.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	1
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### 4.6 Is the service well led?

The day care worker in charge as identified on the staffing rota was present during the inspection. The registered manager and assistant manager was also present for some of the inspection. The statement of purpose described the management arrangements in the absence of the manager and the day care worker in charge competently provided the required evidence for this inspection.

The day care workers and management team provided and discussed examples of management and governance systems they have in place which ensure the setting is safe, well managed and service users' needs are met in compliance with the Day Care Settings

Regulations (NI) 2007 and Standards 2012. Examples were the supervision minutes for the staff team, procedures in the absence of the registered manager, the staff rota that monitors staffing levels, monthly monitoring visits, the annual report and the audits of the settings records and environment. These processes and records did not identify any unmet needs or risks that were not being managed.

The staff meeting minutes were inspected for September, October and November 2016. They showed the staff were reviewing the needs of the service users, staffing arrangements, risks that need to be managed and needs. The annual report for 2015/2016 was provided for this inspection and did not reveal any areas for improvement that were not being managed through current processes and procedures.

The monthly monitoring visits and reports were inspected from March to November 2016. The reports available provided evidenced the visits had taken place once per month as required by regulation 28. They described the conduct of the setting and included an action plan.

The complaints record was reviewed and this revealed two had been received by the setting from April 2015 to March 2016. Compliments records were also recorded and maintained by staff.

The service users spoken to spoke about the management arrangements in the setting and confirmed they were aware of who to speak to if they had suggestions or a concern.

One relative's questionnaire stated they were very satisfied the service is well led. They identified the service was managed well; staff and the manager are approachable, professional and caring. They had a copy of the service user's guide.

One staff questionnaire identified they were very satisfied the service is well led. They identified the service was managed well, the service was monitored, and communication between the staff and management is effective.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## **5.0 Quality improvement plan**

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Carmel McGrath, registered manager as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 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.

### 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Day Care Setting Regulations (Northern Ireland) 2007.

### 5.2 Recommendations

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

### 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to [day.care@rqia.org.uk](mailto:day.care@rqia.org.uk) for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

Recommendations	
<b>Recommendation 1</b>  <b>Ref:</b> Standard 23.7  <b>Stated:</b> First time  <b>To be completed by:</b> 24 January 2016	<p>The registered provider should improve the staff rota so it details all staff working each day, the capacity in which they worked and who is in charge, including the manager.</p> <p><b>Response by registered provider detailing the actions taken:</b>  The current staff rota ( &amp; copy presented on the duty) reflects the person in charge, staff names ,their titles &amp; which group they are supporting each day . The rota also outlines named staff assuming responsibility for fire, security, first aid &amp; medication and those staff on leave /training.The Managers &amp; Assistant Managers names have been added to the rota and each will record their times on duty within the centre.</p>
<b>Recommendation 2</b>  <b>Ref:</b> Standard 21.1  <b>Stated:</b> First time  <b>To be completed by:</b> 24 January 2016	<p>The registered provider should improve the induction process for new staff to include an assessment of new staffs competence to carry out the duties and responsibilities of their post, for example the NISCC induction standards.</p> <p><b>Response by registered provider detailing the actions taken:</b>  The Trust Induction is completed with all new staff and we have introduced the NISCC Induction Standards with recently appointed staff to improve the induction process.</p>
<b>Recommendation 3</b>  <b>Ref:</b> Standard 22.5  <b>Stated:</b> First time  <b>To be completed by:</b> 24 January 2016	<p>The registered provider should improve staff appraisal records for the two individual staff whose appraisal was out of date. This should be undertaken without delay</p> <p><b>Response by registered provider detailing the actions taken:</b>  The 2 outstanding staff appraisals have been completed.</p>
<b>Recommendation 4</b>  <b>Ref:</b> Standard 3.1  <b>Stated:</b> First time  <b>To be completed by:</b> 24 January 2016	<p>The registered provider should improve the use of service user agreements. An agreement should be written for each service user that sets out the service agreement as described in standard 3, criteria 1. These should be stored in the service user's individual files and should be reviewed annually to ensure they remain current and responsive to the individual service user's needs.</p> <p><b>Response by registered provider detailing the actions taken:</b>  Consideration has been given to the high percentage of service users who do not have the capacity to read and understand a service user agreement. It has been agreed that more accessible service user agreements will be designed with Speech and Language Therapist and will be included in each of the service user's 2017 Annual Reviews .</p>

<b>Recommendation 5</b>  <b>Ref:</b> Standard 8  <b>Stated:</b> First time	The registered provider should improve the delivery and recording of the service user meetings. They should be delivered in a person centred and compassionate way. Feedback should be used to improve the service and service user's individual outcomes. The minutes should also be accessible for service users.
<b>To be completed by:</b> 24 January 2016	<b>Response by registered provider detailing the actions taken:</b> The recording of service user's meetings in a more accessible format is currently being addressed with our Speech and Language Therapist. More visual, pictorial records are being explored in order to extend accessibility for service users.

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



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