

Unannounced Care Inspection Report 27 February 2018



Windsor Day Centre

Type of Service: Day Care Setting

Address: 2a Rathfriland Road, Newry, BT34 1JN

Tel No: 02830835430

Inspectors: Suzanne Cunningham and Jim McBride

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 that provides care and support to a maximum of 60 service users. The staff deliver a programme of day care and day time activities, from Monday to Friday for adults who have a learning disability and that have multiple or complex needs that require a high level of support.

3.0 Service details

Organisation/Registered Provider: Southern HSC Trust Responsible Individual(s): Mr Francis Rice	Registered Manager: Ms Carmel McGrath
Person in charge at the time of inspection: Maureen Carvill, Assistant Manager	Date manager registered: 24 December 2010
Number of registered places: 60 - DCS-LD, DCS-PH	

4.0 Inspection summary

An unannounced inspection took place on 27 February 2018 from 09.30 to 16.30.

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: staff knowledge regarding safe care; risk management arrangements; the day care setting environment; providing care, in the right place, in the right time; activities; the ethos of the day care setting; listening to service users; quality monitoring, and maintaining good working relationships.

Areas requiring improvement were identified in relation to the settings record of staffing arrangements and the arrangements to audit the record of accidents and incidents.

A service user said “my day care is excellent and I’m very happy there. I’m proud of my (name) bus guide”.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	1

Details of the Quality Improvement Plan (QIP) were discussed with Maureen Carvill, Assistant Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent care inspection dated 29 November 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 29 November 2016.

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 Southern Health and Social Care Trust (SHSCT)
- incident notifications which revealed six incidents had been notified to RQIA since the last care inspection in November 2016
- unannounced care inspection report 21 November 2016

During the inspection the inspector met with:

- the assistant manager
- the senior day care worker in charge
- the settings allocated nurse
- three care staff

Questionnaires were given to the staff on duty to distribute between service users, representatives and staff. Two were returned by staff; and three were returned by service users or relatives.

The following records were examined during the inspection:

- Four individual staff records
- Induction arrangements for new staff
- Six service users' individual care files
- A sample of service users' daily records
- The complaints/issue of dissatisfaction record from April 2016 to February 2018
- A sample of incidents and accidents records from January and February 2018
- The staff rota arrangements during January and February 2018
- The minutes of service user meetings held in October, November 2017 and January 2018
- Staff supervision dates for 2017 and 2018
- Monthly monitoring reports from October to December 2017
- The staff training information for 2017 and 2018.
- The settings statement of purpose.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance was recorded as met in four areas and as partially met in one area.

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 29 November 2016

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 29 November 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 23.7 Stated: First time	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.	Partially met
	Action taken as confirmed during the inspection: The staff rota was sampled and this found the details of staff working were recorded however the details of the manager's presence in the setting were not. This improvement is stated for a second time in the QIP for this inspection.	
Area for improvement 2 Ref: Standard 21.1 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: The inspection of induction arrangements, discussion with the assistant manager and a newly appointed member of staff confirmed induction arrangements had been improved to include assessment of staffs competence.	

<p>Area for improvement 3</p> <p>Ref: Standard 22.5</p> <p>Stated: First time</p>	<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>Action taken as confirmed during the inspection: Inspection of appraisal dates confirmed appraisal arrangements were improved.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Standard 3.1</p> <p>Stated: First time</p>	<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>Action taken as confirmed during the inspection: The returned QIP detailed service user agreements would be reviewed improved and updated in 2017 with service users. Six agreements were inspected and confirmed the improvement had been achieved.</p>	<p>Met</p>
<p>Area for improvement 5</p> <p>Ref: Standard 8</p> <p>Stated: First time</p>	<p>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.</p> <p>Action taken as confirmed during the inspection: Service user meeting minutes were inspected for October and November 2017 and January 2018. The records of meetings had been improved by using symbols and large print to improve their accessibility and the content reflected a range of matters that were focussed on informing service users and seeing their views about the care and support they receive in the day care setting.</p>	<p>Met</p>

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 staffing arrangements and records were inspected for January and February 2018. This provided evidence that the distribution of care staff across the setting was planned according to the needs of the groups of service users and individuals. The record had been updated regarding staff planned and unplanned absences. However, the manager's presence was not recorded, this improvement was made during the last inspection to ensure documentation was available that evidenced the registered managers presence in the setting and show when they were managing the setting and in control of operations. This improvement is restated for a second time in the QIP for this inspection.

Four individual staff records were inspected, this showed induction records had been improved since the last inspection and included assessment of new staffs competence. The aim of the improvement was to capture any areas identified for further development which assured that staff who were working in the setting were competent to meet the assessed needs of service users in the setting. Discussion with one new staff member who had commenced since the last inspection confirmed this arrangement was part of their induction to the setting.

The manager and assistant managers were not present in this setting at the start of the inspection. Discussion with the day care worker in charge confirmed the staff member was allocated as in charge and this was written on the board with other information that was updated daily. The staff member confirmed they were willing to undertake management tasks, understood the responsibility they held as the person in charge of the setting and confirmed they had gone through an assessment document with their supervisor. The inspection of the document showed this detailed their role and responsibilities, confirmed they had the knowledge to fulfil the role and responsibility in the absence of the manager and were willing to do so.

In conclusion the inspection of the processes in place regarding staffing arrangements confirmed safe and effective practices were in place in this setting to identify if there were any gaps in knowledge or skill. If gaps were identified a plan would be put in place to train, mentor or coach the staff member to ensure competence is achieved.

A walk around the setting found service users' needs and activity levels were varied in this setting. The staff in each room discussed how they met the group and complex individual needs, for example the arrangement of specialist furniture and equipment, the use of floor space and arrangements to enable service users to spend time out of wheelchairs. Where the need was identified the room was divided into quiet space and activity space to enable service users to access calm space when needed. A small number of service users were undertaking jobs in the setting, they were observed moving around the setting independently and communicating confidently. Other service users with complex needs who were not active were observed receiving more staff support and individualised communication approaches to encourage involvement. The activities available for service users on the day of the inspection were promoting an active life for example in the soft area, creative and cognitive skills and

developing social skills. Observation of the care arrangements in this setting showed staff were promoting and encouraging service users to be involved and act independently when it was safe.

The inspection of the settings audits including training showed that staff had received some mandatory training and training relevant to their role and responsibilities. The monitoring officer reported concern that a number of staff had not received MAPA (behaviour management) training. Discussion with the assistant manager and staff revealed this had been improved since the monitoring visit and since the inspection 90% of staff have been trained in MAPA. The two remaining staff had a plan in place to receive the training. The managements approach to identifying and meeting the training needs of individual staff at the time of the inspection should ensure staff know how to provide safe care and support for the service users in this setting.

The examination of a sample of the settings incidents and accidents from January to February 2018 revealed the setting had recorded accidents and incidents, notifications had been sent to RQIA and other organisations as required. Overall the record showed individual service users safety needs had been identified and managed to ensure practice was safe and effective. However there was not an audit of accidents and incidents that sought to map patterns, trends, or repetitive incidents and identify if any improvement measures could be put in place by the day care setting to prevent reoccurrence. An improvement is detailed in the QIP in this regard.

The service users' access and exit to the day care setting was not restricted and they were observed entering and leaving the premises with staff support. Inspection of the environment in Windsor day care setting and inspection of records concluded the environment presented as clean and tidy, furniture, aids and appliances presented as fit for purpose. A sample of fire safety precautions were inspected and it was noted fire exits were unobstructed, that the fire drill had been carried out in June 2017, the fire risk assessment was subject to a periodic review in January 2018 and the action plan showed areas for improvement had been addressed.

During the tour of the building some feedback about being in the setting was sought from the service users, non-verbal cues, hand gestures and some sounds indicated service users liked the room they were in, the staff who were with them and the activity they had in front of them.

Three care staff and one nurse were asked is care safe in this setting, they said care was safe because: they had processes in place to ensure staff were competent to meet service users medical needs; the nurse had implemented a "record what you see poster" which helped staff identify, record and respond to signs of seizure activity; they knew the service users' needs well; the nurse was available to staff for advice and delivered training required regarding meeting service users medical needs; staffing arrangements met the needs of service users in each room; the right resources were available to meet service users individual needs and their communication processes ensured staff provided care and support that was consistent with the individual service users plans, assessments and changing needs.

Three service users and relatives returned questionnaires to RQIA post inspection, they identified they were "very satisfied" regarding the questions "is care safe" in this setting. By this they meant there were enough staff to help them, they felt protected and free from harm, they could talk to staff if they had concerns, and the environment was safe and clean.

Two staff returned questionnaires to RQIA post inspection, one identified they were “satisfied” and once decided they were “undecided” regarding questions on “is care safe” in this setting. The questions asked were staff employed in sufficient numbers to meet the needs of the service users, had staff been inducted, had staff received all mandatory training, had staff had received safeguarding training and were all staff were aware of their responsibility to report any concerning or unsafe practice. The questionnaire that identified they were undecided did not detail why they were undecided therefore this has been passed to the registered manager to ensure any staff concerns regarding safe care in this setting are communicated and where possible improvements are implemented to assure care is safe.

In conclusion the inspection of records, discussion with staff and observations showed the arrangements in place to care and support service users in this setting should prevent harm to service users and the care delivered was intended to help them.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff knowledge in regard to safe care, risk management arrangements and the day care setting environment.

Areas for improvement

Two areas for improvement were identified during the inspection in relation to the record of staffing arrangements and audit of accidents/ incidents.

	Regulations	Standards
Total number of areas for improvement	1	1

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 contained information required by Regulations and Standards, and the content was consistent with the settings registration with RQIA.

Six service users’ care files were inspected; they contained the service user’s individual assessments and care plans which described their physical, social and emotional needs. Discussion with the staff and person in charge revealed records were stored safely and securely in the day care setting, in line with data protection. Staff discussion confirmed they were using the individual records to guide their practice and they understood the importance of keeping records current and relevant. Overall the inspection found the settings management of service user records enabled staff to recognise service users’ assessed needs and respond to them effectively.

Discussion with staff revealed ways they had responded effectively to service users’ needs: for example implementing intensive support plans; following schedules with service users; using non-verbal communication with individual service users; staff knowing the structure and routine that each service user preferred in the setting; using recording and communication between staff to identify what was working with service users, and what wasn’t; using observation to

gauge service users' responses; linking in with other professionals and or relatives who were involved in the care of service users to achieve continuity of care and improved outcomes for service users.

Discussion with staff revealed they were using a range of resources and approaches to divert service users' behaviour and support service users to improve their day care experience including the swing in the outside area; the soft areas; the sensory room and sensory areas in the day care setting, activity programmes; open spaces in the setting that allowed time away from an area where behaviour was escalating; individual communication plans such as using symbols and Makaton; techniques such as diversion, and increased staffing. The staff said these approaches and resources helped staff to ensure service users had the best opportunity to be involved in their care and the activities being delivered.

Three service users and relatives returned questionnaires to RQIA post inspection and they identified they were "very satisfied" regarding the questions "is care effective" in this setting. By this they meant they had got the right care, at the right time in the right place; staff knew their care needs, they were aware of their care plan and the care met their expectations.

Two staff returned questionnaires to RQIA post inspection, one staff identified they were "satisfied", and one was "undecided". They responded to questions in relation to had service users been assessed and were they in the right place for their needs to be met, staff were kept informed of changes to service user care plans, referrals/treatment to/from other agencies and professionals was dealt with promptly and the service has good working relationships with other professionals/agencies. The questionnaire that identified they were undecided did not detail why they were undecided therefore this has been passed to the registered manager to ensure any staff concerns regarding effective care in this setting are communicated and where possible improvements are implemented to assure care is safe.

Overall discussion with staff, review of records and observation of care showed methods of communication and procedures had contributed to staff providing safe and effective care, staff knew what each service user needed and how best to meet their needs.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 by staff. Examples of staff promoting service users' independence, involvement in activities, securing calm or quiet space to deescalate behaviours and seeking service user's preferences was observed.

The service user meetings/consultation record was inspected for October, November 2017 and January 2018, the minutes recorded who was involved, the agenda, involvement the service users had, and action points to progress plans made. The recording included large print and some symbols to improve the accessibility of the record. This record was consistent with observations of staff consulting with service users during the inspection and involving service users in their care and support.

During the inspection it was noted most service users did not communicate verbally and were expressing their feelings and choices with staff using a range of non-verbal methods. Staff were observed responding to the service users' needs that they identified by interpreting facial expressions, behaviour, non-verbal cues and sounds. Observation of staffs responses and communication showed they knew how to put service users at ease, support them to have fun and ascertain their choices and preferences.

Three staff and the nurse were asked to describe compassionate care in this setting, they described they all understood: each individual service users' needs, what each individual could do, they used Makaton and pictures to ascertain service users choices and used their knowledge regarding service users choices and preferences to guide their person centred care approach. The discussions with staff revealed staff used an approach that focused on what service users could do rather than what they couldn't do, and one staff member said "If we are creative enough we can achieve anything".

Three service users and relatives returned questionnaires to RQIA post inspection. They identified they were "very satisfied"; regarding questions on "is care compassionate" in this setting. They identified they were treated with kindness, respected and their dignity was maintained, staff informed them about their care and supported them to make decisions about their care.

Two staff returned questionnaires to RQIA post inspection, they identified they were "satisfied" regarding questions on "is care compassionate" in this setting. They identified all staff treated service users with kindness; dignity and respect; staff engaged with service users with warmth and consideration; care was delivered in a person centred individual manner and not routinely; staff communicated with service users about their care and treatment in a manner which was understood; there was a culture of reporting any concerning practice and confidence that these concerns would be dealt with.

The inspection of this domain confirmed the staff were actively promoting effective communication between service users.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the ethos of the day care setting and listening to service users.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The registration certificate was up to date and displayed appropriately.

Supervision records detailed the staff had received recorded individual, formal supervision at least every three months.

The complaints record was inspected and this showed no complaints had been recorded from 01 April 2016 to 26 February 2018. The record showed one compliment had been received regarding the progress one service user had achieved in the setting and two staff had been nominated for the trusts people's choice award by relatives of service users for outstanding care and compassion. The nominations stated staff had gone "over and above their duties", and complimented staff for their "encouragement and dedication", for being "kind, caring and considerate".

Inspection of staff meeting minutes for March and November 2017 and January 2018 showed staff discussed the day care being delivered, including the quality of care, service users individual needs, concerns, medication needs, training, staffing, rotas. Staff were asked to put forward their topics for discussion and staff discussion revealed they felt the current format was effective in supporting the care and support of service users.

The Regulation 28 monthly quality monitoring visits had been undertaken monthly by the monitoring officer. The reports showed the visits included unannounced visits and qualitatively reflected service users and staff views and opinions. The reports showed there was a focus on improving the quality of care provided in this setting, gaps in staff training and practice and the action plan detailed improvements to be made.

The annual report for April 2016 to March 2017 was provided for this inspection, the report included matters listed in Schedule 3 and included an action plan that detailed how the setting could improve the care and support they were providing in relation to Schedule 3.

The staff were asked for their opinion was regarding effective leadership in the setting, they described they work well together, the manager has an open door policy and they could approach the assistant manager and manager at any time for support. Overall the staff confirmed this was a supportive environment to work in and the manager was approachable. Staff discussed if they saw poor practice they would challenge this with the staff member and report what they had seen and done to the senior. They were clear the team do communicate openly about practice and have an open mind to improving practice which enables them to communicate effectively regarding improving care. If this did not improve practice they stated they would report it immediately to their senior to ensure care delivered was safe and effective.

Three service users and relatives returned questionnaires to RQIA post inspection identified they were “very satisfied” regarding questions on “is care well led” in this setting. They identified they knew who was in charge of the setting at any time, the service was well managed, their views were sought about their care and quality of service and they knew how to make a complaint.

Two staff returned questionnaires to RQIA post inspection, one identified they were “satisfied” and one identified they were undecided regarding questions on “is care well led” in this setting. They were asked was there a culture of staff empowerment and involvement in the running of the service, a culture of learning and upskilling, a culture of continuous quality improvement and all staff were encouraged to bring forward new ideas and innovations. Were managers/leaders approachable and open to whistleblowing or raising concerns? The questionnaire that identified they were undecided did not detail why they were undecided therefore this has been passed to the registered manager to ensure any staff concerns regarding well led care in this setting are communicated and where possible improvements are implemented to assure care is safe.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Maureen Carvill, Assistant Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the day care setting. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007	
Area for improvement 1 Ref: Standard 23.7 Stated: Second time To be completed by: 23 April 2018	<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>Ref: 6.2 & 6.4</p> <p>Response by registered person detailing the actions taken: Former staffing and management rota's have now been amalgamated and staff titles included as recommended.</p>
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012	
Area for improvement 1 Ref: Standard 17.9 Stated: First time To be completed by: 23 April 2018	<p>The registered person shall put in place audit arrangements for incidents and accidents. The audit should intend to map patterns, trends, or repetitive incidents and identify what, if any improvement measures could be put in place by the day care setting to prevent reoccurrence.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Our datix system currently allows us to audit the number and type of incident against each service user. The incident file has been audited and ITR1's have been screened, removed and replaced with ITR2 which reflects associated outcomes. As per action required an additional draft audit tool is being discussed with registered managers in Day Care Services in SHSCT with the aim of creating a harmonised audit tool. Item placed on Managers meeting agenda 23/05/2018.</p>

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



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

Web www.rqia.org.uk

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