

The Regulation and
Quality Improvement
Authority

Foyle Disability Resource Centre
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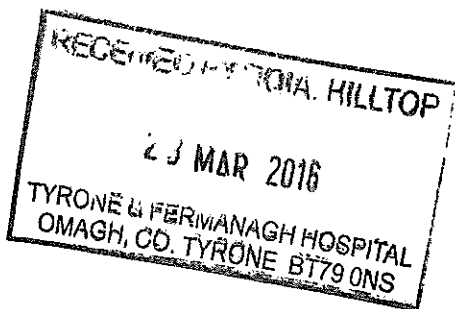
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**Unannounced Care Inspection
of
Foyle Disability Resource Centre**

12 November 2015



The Regulation and Quality Improvement Authority
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS
Tel: 028 8224 5828 Fax: 028 8225 2544 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 12 November 2015 from 10.45 to 17.15. 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, 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	3	1

The details of the QIP within this report were discussed with Mr Cathal MacElhatton, Registered Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Western HSC Trust Ms Elaine Way CBE	Registered Manager: Mr Cathal MacElhatton
Person in Charge of the Day Care Setting at the Time of Inspection: Mr Cathal MacElhatton	Date Manager Registered: 01 April 2005
Number of Service Users Accommodated on Day of Inspection: 27	Number of Registered Places: 89

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 include the following:

Prior to inspection the following records were analysed:

- Record of notifications of events
- Record of complaints
- Quality Improvement Plan from the previous inspection on 10 March 2015.

During the inspection the inspector met with:

- Five service users individually and with several others in group settings
- The registered manager
- Three care staff for individual discussions.

The following records were examined during the inspection:

- File records for four service users, including care plans and review reports
- Progress notes for four service users
- Monthly monitoring reports for four months in 2015
- Record of complaints, containing no entries
- The statement of purpose
- Service user guide
- Minutes of two service user (FDRC Advocacy Group) meetings
- Minutes of three staff meetings
- Staff training records
- A sample of two written policy and procedures documents.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the service was an announced care inspection dated 10 March 2015. The completed QIP had not been returned to RQIA and was discussed with the manager during the inspection.

5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 19 (2) Schedule 5. 7	<u>Staff duty roster</u> The daily duty hours worked by each staff member, including the manager within the staff duty roster.	Met
	Action taken as confirmed during the inspection: Staff duty rosters were found to include the information required by this regulation.	
Requirement 2 Ref: Regulation 29 (1)(2)	<u>Accidents / incidents</u> The registered manager must give notice to RQIA of the occurrence of any accidents / incidents within the three day working timescale. Ref: 9.4	Met
	Action taken as confirmed during the inspection: The manager provided evidence of notifications to RQIA having been made appropriately since the previous inspection.	

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 17.6	Statement of Purpose It is recommended that this document is reviewed and revised to include the names of the senior managers now in post.	Partially Met
	Action taken as confirmed during the inspection: The statement of purpose was not up to date with the names of the senior managers now in post. The manager explained that he was waiting for finalisation of other staffing arrangements. The current registered persons must be named and other staffing information must comply with Regulation 4(1)(c).	
Recommendation 2 Ref: Standard 14.10	Complaints record The centre should maintain a complaints record in accordance with standard 14.10 Ref. 9.1.	Met
	Action taken as confirmed during the inspection: A format for recording complaints was in place, although there were no complaints recorded and the manager confirmed that none had been received.	

<p>Recommendation 3</p> <p>Ref: Standard 21.4</p>	<p><u>Staff training</u></p> <p>It is recommended that the registered manager has discussion with his line manager regarding the expressed identified staff training need in Acquired Brain Injury. Ref: Theme 2</p>	<p>Partially Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The manager confirmed that discussions had been held regarding accredited training for work with people who had Acquired Brain Injury. Training had been provided in May and in September 2015, but this was regarded by the manager as basic level training and insufficient for the development of the complex skills required in the work of the centre. It is further recommended that the Trust should explore the availability and appropriateness of a Certified Brain Injury Specialist Programme for key members of the staff team in FDRC.</p>		

<p>Number of Requirements:</p>	<p>1</p>	<p>Number of Recommendations:</p>	<p>1</p>
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5.3 Standard 5 Care plan: Where appropriate service users receive individual continence promotion and support

Is Care Safe?

Service users' records provided evidence of personal care needs, some of which included continence care needs. Staff members confirmed that they were appropriately trained for personal care work, confident in providing good quality personal care and in respecting each service user's privacy and dignity. Review records for a sample of four service users showed that care matters had been addressed to the satisfaction of the service user, a relative and/or a relevant professional.

The toilet and personal care facilities were considered by staff members to be satisfactory for current service users. In individual discussions during the inspection, two service users confirmed that they had access to the facilities that they needed, that they were confident in the staff who worked with them and felt that safety and quality of care were good. The evidence available during this inspection supports the conclusion that safe care was being provided.

Is Care Effective? (Quality of Management)

The centre does not have a written policy for continence promotion and care. The manager was aware that work was ongoing in the Western Health and Social Care Trust to develop the policy. This specific focus was introduced to inspections by RQIA in April 2015 and the provision, by the Trust, of a written policy and guidance to staff is long overdue. The registered person must ensure that a written policy and guidance to staff on continence care is provided urgently.

A number of service users had assessed needs with regard to continence promotion, but the objectives and working methods related to these needs were not sufficiently clearly set out in each of the care plans inspected. While each file contained detailed risk assessment material, the format for care plans was not standardised across the service users' records that were examined, resulting in a lack of clarity about the specific objectives that day centre staff should work toward with each person. This was noted particularly in relation to social needs. Examples in care plans in two of the files examined, under the heading "Social Needs", were: "Attendance at FDRC x 5 days a week and transport" and "Day Care Activities". In another file, the care plan had been provided by the Community Brain Injury Team, rather than having the identified, specialised needs incorporated into a care plan devised by the day centre team. It is a requirement, under Regulation 16, that, "—a written care plan is prepared in consultation with the service user or the service user's representative as to how the service user's needs in respect of day care are to be met." The registered person must ensure compliance with this regulation.

In discussions, staff members expressed the view that effective care was provided to meet personal care needs. Progress notes were found to be up to date. Monthly monitoring visits and reports were being completed regularly by a Trust appointed manager and on each visit the monitoring officer met with a number of service users and with staff to ascertain their satisfaction with service outcomes and with the operation of the centre. A sample of the centre's records was examined on each monitoring visit.

Is Care Compassionate?

In discussions, five service users confirmed their satisfaction with the care and support they receive. Staff members, who were interviewed, spoke of the wide diversity of individual needs and preferences within the service user groups and the importance of developing a detailed understanding and relationship with each person. Staff who met with the inspector confirmed their confidence in the compassionate care practices of each of their colleagues.

Observations of staff's interactions with service users, throughout the inspection period, presented evidence of calm, compassionate care being delivered and of service users interacting well with staff and with each other within the group settings.

Number of Requirements:	2	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

Is Care Safe?

Each of the staff, who met with the inspector, confirmed their confidence in the practice of other members of the staff team in their work with service users. There were systems in place to ensure that risks to service users were assessed continually and managed appropriately.

Five service users contributed through discussions to the inspection process and spoke of their enjoyment of being at the centre and the value to them of participating in various activities. Evidence from discussions, observations and in written records indicated a good level of consultation with service users, their representatives and community based professionals, regarding their interests and the programmes in which they participate. Staff presented as knowledgeable of the needs of service users and of methods of working with them. There was a range of evidence to support the view that safe care is provided in Foyle Disability Resource Centre.

Is Care Effective? (Quality of Management)

The centre and the WHSCT have quality assurance systems in place, through which the centre's operations are monitored and staffs' practice is evaluated. Staff members confirmed that formal supervision and annual appraisals were taking place regularly.

Four service users' files were examined and each was found to contain detailed background and assessment information on the individual and on his or her presenting behaviours. A record was kept of each service user's involvement and progress. An annual review of each service user's progress evaluated the overall suitability of the placement. Records of reviews were available in each of the files examined.

There was written evidence to show that staff members were appropriately qualified and trained in most aspects of their designated roles and staff who met with the inspector presented as being knowledgeable about the needs of each person with whom they work. However, the manager discussed the levels of training and accreditation available to staff in the specialised area of acquired brain injury and, further to Recommendation 3 of the previous inspection report, a recommendation is included in this report that the Trust should explore the availability and appropriateness of a Certified Brain Injury Specialist Programme for key members of the staff team in FDRC and provide such training as is deemed to be in keeping with identified training needs. This recommendation has been included under Section 5.2 of this report.

Evidence from discussions with service users and from written records confirmed that service users enjoyed activities, both within the centre and on outings. Within the centre there was well supported involvement in a range of activities, many of which were organised on a group basis, maintaining the consistency that some service users required. The manager and staff had worked creatively to introduce some service users to new experiences, such as photography, sailing, gliding, horticulture and computer use and one service user confirmed the value to her of computer education and the availability of the computer suite in the centre.

Overall, there was evidence to indicate that the care provided is effective in terms of promoting each service user's involvement, enjoyment and wellbeing.

Is Care Compassionate? (Quality of Care)

The centre was clean, well decorated and in good repair and service users confirmed that they were provided with a safe environment in which to take part in an interesting range of activities. There was evidence of positive and purposeful relationships between service users and staff members, who presented as being committed to ensuring that service users benefitted from their attendance at the centre. In all of the interactions observed, service users were engaged with respect and encouragement.

Thanks are due to service users who welcomed the inspector to the centre and to the manager and staff for their open and constructive approach throughout the inspection process. Overall there was evidence to confirm that the centre provides a constructive and valuable service to those who attend.

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

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Cathal MacElhatton, Registered Manager, 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 service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/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 person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Statutory Requirements	
Requirement 1 Ref: Regulation 4(1)(c). Stated: Second time To be Completed by: 29 January 2016	In the statement of purpose the current registered persons must be named and other staffing information must comply with Regulation 4(1)(c). Response by Registered Person(s) Detailing the Actions Taken: Statement of purpose has now been updated to include new management structure and appointees. Copy attached.
Requirement 2 Ref: Regulation 13(1)(a) Stated: First time To be Completed by: 31 March 2016	The WHSCT's registered person must ensure that a written policy and guidance to staff on continence care is provided urgently. Response by Registered Person(s) Detailing the Actions Taken: WHSCT's continence advisory service is currently developing policy and guidance for staff on continence care across the Trust including day care which is expected to be completed within the next two months. Continence training to be scheduled for all FDRC staff.
Requirement 3 Ref: Regulation 16(1) Stated: First time To be Completed by: 31 March 2016	The registered person, where appropriate, shall ensure that a written care plan is prepared in consultation with the service user or the service user's representative as to how the service user's needs in respect of day care are to be met. This should include more detailed information on social needs. Response by Registered Person(s) Detailing the Actions Taken: New care plan forms and new care assessment forms have been introduced, completed and are currently in place. These will include more detailed info on users' social needs.
Recommendations	
Recommendation 1 Ref: Standard 21.7 Stated: First time To be Completed by: 31 March 2016	It is recommended that the Trust should explore the availability and appropriateness of a Certified Brain Injury Specialist Programme for members of the staff team in FDRC and provide such training in keeping with each staff member's identified training needs. Response by Registered Person(s) Detailing the Actions Taken: The Trust has explored and provided a range of Acquired Brain Injury Training to all staff within the centre as part of a quality initiative within the centre. Two staff will be facilitated to undertake an accredited training by Headway in the coming months.

Registered Manager Completing QIP	Cathal MacElhatton	Date Completed	09/03/2016
Registered Person Approving QIP	<i>Ciania King</i>	Date Approved	21-03-2016
RQIA Inspector Assessing Response	<i>Reginald King</i>	Date Approved	04/04/16

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