

Unannounced Care Inspection Report 24 April 2017



Valley Centre

Type of Service: Day Care Setting

**Address: Cedar Villa, Gransha Park, Clooney Road, Derry, BT47
3TY**

Tel No: 02871865229

Inspector: Dermott Knox

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 What we look for



2.0 Profile of service

This is a Day Care Setting with 25 places for adults with a learning disability and those with an autism related disability.

3.0 Service details

Organisation/Registered Provider: Western HSC Trust Responsible Individual(s): Dr Anne Kilgallen	Registered Manager: Mrs Caroline Anne Morewood
Person in charge at the time of inspection: Mrs. Caroline Anne Morewood	Date manager registered: 22 February 2013
Number of registered places: 25	

4.0 Inspection summary

An unannounced inspection took place on 24 April 2018 from 10.15 to 16.45.

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 day care service was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to management of the environment, assessments of need and risk, involvement of service users in activity programmes and in decision making meetings, supervision of staff, service development initiatives.

Areas requiring improvement were identified in relation to the format and content of care plans, written agreements with service users and fire safety checking procedures.

Service users said:

“I like to go bowling. We are going there today.”

“Things are OK here. I liked the other place better” (referring to temporary change of premises).

“It’s nice around here. We go out for walks and sometimes go to the café.”

The findings of this report will provide the day care setting 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	2

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Caroline Morewood, 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.

4.2 Action/enforcement taken following the most recent care inspection dated 02 August 2017.

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 02 August 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed.

- Record of notifications of significant events
- Record of complaints
- Inspection report from the previous inspection on 02 August 2017
- The RQIA duty log of contacts with, or regarding Valley Day Centre

During the inspection the inspector met eight service users in their groups and spoke with two individually. Three day care staff were interviewed individually, one of whom was an agency worker. Brief discussion was held with another agency worker in the course of her involvement with a group activity. The registered manager was present at the beginning and at the conclusion of the inspection. No visiting professionals or service users' representatives were available on the day of the inspection.

The following records were examined during the inspection:

- The Statement of Purpose
- The Service User's Guide
- Minutes of one service users' meeting held in 2018
- Minutes of three staff meetings held in January, February and March 2018, two of which were focussed on Service Development issues
- Reports of three monitoring visits for the months of January, February and March 2018
- The Quality Review Report for 2017
- Record of complaints
- Record of Incidents and Accidents
- Three service users' files
- Fire safety records

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were discussed with the registered manager and the senior day care worker at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 02 August 2017

The most recent inspection of the day care service 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 02 August 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 20(1)(b) Stated: First time	The registered person shall review the staffing provision for the Valley Centre to ensure compliance with Regulation 20(1)(b), regarding the employment of persons on a temporary basis.	Met
	Action taken as confirmed during the inspection: The registered manager confirmed that an additional care assistant had been appointed to the centre. One staff member was absent on the day of the inspection, doing his driver qualification training for the centre's bus. As a consequence, there were two agency workers on duty, along with two permanent staff.	
Area for improvement 2 Ref: Regulation 28(3) Stated: First time	The registered person shall ensure that monitoring visits take place at least once a month, as required by Regulation 28(3) of The Day Care Setting Regulations (Northern Ireland) 2007.	Met
	Action taken as confirmed during the inspection: Records of monthly monitoring visits were available for inspection and those for January, February and March 2018 were examined and met the requirements of this regulation.	

<p>Area for improvement 3</p> <p>Ref: Regulation 4(1)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that clarity of the stated purpose of the centre and related matters is improved.</p> <hr/> <p>Action taken as confirmed during the inspection: The centre's statement of purpose has been revised and further review and revision is planned, given the current work to extend and refurbish the original premises.</p>	<p>Met</p>
<p>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 3</p> <p>Stated: First time</p>	<p>The registered person should ensure that a structured, written agreement with each service user is completed and kept on file, in accordance with this standard.</p> <hr/> <p>Action taken as confirmed during the inspection: A contract format had been introduced for each service user and the registered manager provided an example of this.</p>	<p>Met</p>
<p>Area for improvement 2</p> <p>Ref: Standard 4</p> <p>Stated: First time</p>	<p>The registered person should ensure that an up to date, comprehensive assessment of needs is included in each service user's records and this should form the basis of care planning for that person, in accordance with Standard 4.</p> <hr/> <p>Action taken as confirmed during the inspection: Assessment information for each service user was available from more than one source. In some cases there was a social worker's assessment, prior to commencement at the centre. While attending, each service user helped to complete an "All About Me" assessment, providing key personal information on needs and wishes, likes, dislikes and relationships. The Star Achievement Profile helped to keep ability and further needs information up to date. The registered manager stated that further development of the assessment methodology will continue.</p>	<p>Met</p>

Area for improvement 3 Ref: Standard 21.4 Stated: First time	The registered person should ensure that computer provision in the centre is sufficient to make staff's e-learning commitments achievable within realistic timescales.	Met
	Action taken as confirmed during the inspection: An additional laptop computer has been requisitioned for the centre. While in the current temporary premises, there is additional access to computers for staff at the nearby Evergreen Centre.	
Area for improvement 4 Ref: Standard 22.2 Stated: First time	The registered person should ensure that staff supervision is provided in accordance with the minimum standards.	Met
	Action taken as confirmed during the inspection: Compliance with this area for improvement was confirmed through records and discussion with the senior day care worker.	
Area for improvement 5 Ref: Standard 17.2 Stated: First time	The registered person should ensure that the breadth of the registered manager's responsibilities and the time available to her to oversee the operations of the Valley Centre are reviewed and the management of the Valley Centre improved.	Met
	Action taken as confirmed during the inspection: The registered manager confirmed that her workload had been reduced by the subtraction of one of the six projects that she managed.	

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 Valley Day Centre premises were well maintained and in good decorative order, with no obvious hazards for service users or staff. There are two large rooms and one therapy room available for activities, for individual work with service users, when necessary, or for review meetings. There is a large, enclosed outdoor garden area, which staff said is safe and

attractive for everyone to use. Due to the wet weather on the day of the inspection, it was not in use.

Staff confirmed that they had adjusted well to the enforced change of premises, due to severe winter flooding in the Glendermott Business Park and Tullyalley Road area. All staff members expressed strong commitment to their work with service users, which, they confirmed, is enjoyable and fulfilling. There was evidence to show that new staff undertake a detailed induction programme, which was described by one of the two agency care workers, each of whom had worked in Valley Centre on numerous occasions. The registered manager, the senior day care worker and one other staff member, who met with the inspector, confirmed that they have confidence in the practice of all members of the staff team in their work with service users.

Safeguarding procedures were understood by staff members who were interviewed and who confirmed that they had the confidence to report poor practice, should they identify it. However, all expressed the view that practice throughout the centre was of a high quality and that team members worked well together. There were systems in place to ensure that risks to service users were assessed regularly and managed appropriately and this included inputs by community based professionals including the behaviour support team, service users and, where appropriate, carers or relatives. Records of incidents and accidents showed that reportable behavioural incidents were being managed in a professional manner.

Risk assessments with regard to transport, mobility and moving and handling, or other areas, such as swallowing/choking, specific to an individual, were present where relevant and each one had been signed as agreed, either by the service user or a representative. Staff members were observed interacting sensitively with service users and being attentive to each person's needs. Observation of the delivery of care, throughout the period of the inspection, provided evidence that service users' needs were being met safely by the staff on duty. Activities in the community, such as ten-pin bowling, are popular with many service users and require several staff members to gain the appropriate driving licence category for the centre's bus. One staff member was engaged in training and assessment for this during the week of this inspection.

The centre has a comprehensive Fire Safety Manual and records are kept for the range of tests and checks required. An exception to this was that weekly fire alarm tests had not been carried out for three weeks, since the key to the alarm panel had broken. A request had been sent to the Trust's Estates Department, but there had not yet been action to rectify the problem. The registered manager undertook to contact Estates Dept. again and request action as a matter of urgency. This matter is identified in the Quality Improvement Plan as an area for improvement and urgent action. Fire safety training has been provided for all staff members on an annual basis and fire exits in the premises were seen to be unobstructed.

During the inspection visit, two service users spoke positively of their enjoyment of attending the centre and confirmed that they felt safe and well cared for in the premises and in the transport vehicles. One service user said that he avoided another named person because he felt he would be picked on. Staff were aware of the risks and vulnerability regarding the identified person and measure were in place to manage and minimise the risks. Staff presented as being well informed of the needs of service users and of methods of helping to meet these needs safely. The senior day care worker said that agency staff were not left to work alone in situations where such risks were identified. Service users' rights and feelings, and the methods available to them of raising a concern or making a complaint were set out in the service user

guide. Guidance was regularly provided for service users to help them understand and use the procedures for making their views known to staff.

The evidence presented supports the conclusion that safe care is provided in Valley Day Centre.

Areas of good practice

Examples of good practice found throughout the inspection included, staff training, empowerment of service users, adult safeguarding, infection prevention and control, risk management and the home's environment.

Areas for improvement

The registered person shall make adequate arrangements for testing fire equipment, at suitable intervals.

	Regulations	Standards
Total number of areas for improvement	1	0

6.5 Is care effective?

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

The centre's Statement of Purpose and the Service User's Guide provide the information required by regulations and minimum standards. Two service users provided information verbally regarding their attendance at the centre and their involvement in a programme of care. This focussed almost exclusively on activities that they enjoyed. The feedback was positive, including the extent of individual choice and the help of staff. No relatives were present on the day of the inspection, however, three questionnaires were returned by relatives within two weeks after the inspection. Monitoring reports examined contained positive comments made by relatives who were contacted by the monitoring officer. These included a parent of one service user who stated that her son was always happy to attend the centre and that he gained a lot from his involvement.

Staff were observed engaging calmly with service users, keeping people physically and emotionally comfortable and encouraging them in their immediate pursuits. Observations of practice on the day of the inspection provided evidence of the positive promotion of a variety of activities for service users, including table-top arts and crafts and a trip to the bowling alley. Two service users, who did not participate in either of these activities, were facilitated to engage in individual activities of their choice, although these were highly repetitive and passive. The registered manager and the senior day care worker spoke about the challenges of finding suitably engaging and constructive activities for all service users, particularly those whose needs arise from a combination of learning disability and complex autism. This area of knowledge and skill development for staff was identified by the registered manager as an area for improvement, including research and exploration of best practice methodology.

Three service users' files were examined during this inspection and each was found to contain referral and assessment information on the individual and on his or her functioning. A new contract format has been developed to set out the service users' participation and the details of the service to be provided. The content of this was discussed with the registered manager, with revisions advised. None of the three files examined, contained a written agreement as yet. This area for improvement is included in the Quality Improvement Plan in this report. Each file contained signed consent forms for information to be accessed appropriately by other professionals and for photographs to include the service user.

The records identified service users' needs in good detail, using a variety of assessment tools. Care plan content in two of the three files examined was largely descriptive of existing strengths, needs and traits but did not set out clear objectives for each person's care and progress and the actions required by the service user and day care staff in order to meet the objectives. This area for improvement is included in the Quality Improvement Plan. Achievements recorded in Star Achievement Records, were examined and the value and limitations of this as a care planning tool were discussed with the registered manager and the senior day care worker. One of the files examined contained a Behaviour Management Plan, which was goal-oriented, positive and clear and this was discussed as a potential model for the development of written, achievable objectives for all service users.

Weekly written records were kept of each service user's involvement and progress at the centre and these were made in keeping with the frequency stipulated by the minimum standards. Each of the files examined contained risk assessments appropriate to the individual service user. There were systems in place to ensure that risks to service users were assessed regularly and managed appropriately and this included inputs by community based professionals, such as speech and language therapists. Two of the three records examined contained a well-detailed risk management plan. Records of annual reviews for each person demonstrated that an evaluation of the overall suitability of the placement had been discussed in detail and agreed. Dates and signatures were present in key parts of the care records examined.

Three service users presented positive views of the support that they gained from taking part in the centre's activities, such as crafts, colouring, walking, exercising and going on outings. Two people spoke of their enjoyment of meeting their friends in the centre. One staff member returned a completed questionnaire to RQIA following the inspection visit. This indicated that the person was very satisfied with the quality of the service, its safety, effectiveness, compassion and with the leadership of the team. Evidence from discussions with service users, from written records and from observations of interactions between service users and staff, confirmed that service users viewed the centre as an enjoyable and welcoming place in which to be involved. Overall, the evidence indicates that the care provided is effective in promoting service users' wellbeing and safety.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to assessment, safeguarding, record keeping, involving service users, activities, liaising with relatives/carers.

Areas for improvement

Each service user's records should include a written agreement, which sets out the information specified in Minimum Standard 3.1.

Care plans should set out clear objectives for each person's care and progress and the actions required by the service user and day care staff in order to meet the objectives.

	Regulations	Standards
Total number of areas for improvement	0	2

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.

On the day of this inspection, the atmosphere in Valley Day Centre was welcoming and relatively relaxed. Almost all of the service users were brought into the centre by the Trust's transport bus. Observations of interactions throughout the day provided evidence of service users being engaged by staff with respect and encouragement at all times and relating positively to staff and to each other. While most people were involved in specific group activities throughout the day, staff respected the wishes of any person who did not wish to participate and alternative, individual activities were agreed and appropriately supervised. One service user said that his main enjoyment was in meeting with some people who had become friends.

There is a range of activities, such as art, crafts, cooking, music, outings and exercising. Service users said that staff helped them to take part in activities that they liked. Staff demonstrated understanding of each person's needs as identified within the individual's referral and assessments. Progress notes, written weekly for each service user, reflected the provision of compassionate care, examples of which were described or observed in the course of the inspection.

The systems in place to ensure that the views and opinions of service users were sought and taken into account included regular service users' meetings, held at least quarterly, daily discussions with people in groups or individually and an annual quality review report. This report comments on a wide range of aspects of the centre's operations and includes feedback from consultations with service users, their representatives, and staff members. The minutes of two service users' meetings provided evidence of a strong focus on involving and empowering people to contribute to decisions about the way in which the day care service is run. Each meeting had an agenda which included discussion of the agreed actions from the previous meeting and the outcomes arising from these. Following the inspection, three completed questionnaires were returned to RQIA by relatives of service users. Respondents were entirely positive about the quality of the service provided, giving the highest possible rating to every aspect of the centre's performance. Comments included:

- "----- (daughter) is offered a very high standard of care in a truly caring environment. There have been great efforts made to meet her often complex needs ---"
- "----- (son) loves the Valley Centre and all his friends there. He said staff are great."

- “The team always go the extra mile. I cannot give enough praise for their genuine care and consideration -----“

During each monthly monitoring visit the views of a sample of service users were sought and their views were reflected in good detail in each of the three monthly monitoring reports that were reviewed. Observations provided examples of warm and supportive interactions between staff and service users who were clearly enjoying an art session with the staff. Staff members’ comments and actions, along with the views expressed by service users, confirmed that compassionate care was being provided in Valley Day Centre.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the day care setting, listening to and valuing service users, demonstrations of caring attitudes in practice, facilitating service users’ involvement in the various activities and leisure interests and, maintaining records of activities and progress.

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.

Discussions with the registered manager, the senior day care worker, a day care worker and a support worker and an examination of a range of records, including minutes of staff meetings, staff training schedules, monitoring reports and review reports, provided evidence that effective leadership and management arrangements are in place in Valley Day Centre. There was evidence in the centre’s recent Annual Quality Review report to show that service users viewed the service as very satisfactory. This report addressed all of the matters required by regulation.

Staff training records confirmed that staff have received mandatory training and training specific to the needs of the service users in this setting. A schedule of staff training was posted on the office notice board. One agency support worker commented positively on the induction programme that she had worked through when she first commenced working in the Valley Centre. Staff have undertaken training in the management of challenging behaviours and were familiar with the structure and purpose of a Behaviour Support Plan. The centre provides services for a number of people who frequently demonstrate behaviours that are challenging to other service users and sometimes to staff. There was evidence that staff members managed such situations in a calm, professional manner and enjoyed good team support in this regard.

Discussions with staff and examination of records confirmed that staff meetings had been held at least quarterly. Staff reported that the registered manager, or the senior day care worker

provided detailed information to staff and that they were regularly consulted on a range of decision making aspects of the service. There was evidence from staff meeting minutes and from discussions with staff to confirm that working relationships within the team were positive and that team morale was good. Staff commented that the registered manager's leadership style was supportive and constructive and that team members were motivated to promote good practice in day to day work situations.

Staff members viewed supervision positively, as an important part of their learning and accountability in the job. In the formal supervision structure, Band 3 staff are supervised by the senior day care worker, while the senior staff are supervised by the registered manager. Staff reported that this system works well and confirmed that they meet with their supervisor approximately quarterly. The registered manager is based in another day centre and manages five separate facilities/projects. In a constructive action, to support the senior day care worker in the day to day management of the Valley Centre, the registered provider appointed an experienced ex-manager of a day centre to work part-time in Valley Centre, helping with procedural and practice developments. There was evidence from discussions with staff to confirm that the ethos of the team is open, constructive and mutually supportive and that ideas for improvement are encouraged. Staff felt they were well supported following any incidents that they found particularly challenging in their work with a service user.

Three monthly monitoring reports were examined and were found to address all of the matters required by regulation. Each report contained well-detailed feedback from discussions with two or three service users and with one or two staff members. A sample of service user records was checked during each visit and an audit completed of an aspect of the centre's compliance with a selected area of performance. Any resulting necessary improvements were clearly set out in an action plan. The monitoring officer includes safety checks and audits in each monthly visit, reports of which were examined for January, February and March 2018.

Overall, the evidence available at this inspection confirmed that Valley Day Care Service is well led.

Areas of good practice

Examples of good practice found throughout the inspection included, planning, staff training, supervision and appraisal, appropriate delegation, building good working relationships with the local community, keeping staff and service users well informed, governance arrangements, management of complaints, management of incidents, promoting fulfilment for service users.

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 Mrs. Caroline Morewood, registered 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

<p>Area for improvement 1</p> <p>Ref: Regulation 26(4)(d)(v)</p> <p>Stated: First time</p> <p>To be completed by: 27 April 2018</p>	<p>The registered person shall make adequate arrangements for testing fire equipment, at suitable intervals.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The broken fire panel has been repaired by the Estates Department and fire equipment checks are completed as per policy. The Estates Department have agreed to complete a monthly test of the emergency lighting.</p>

Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012

<p>Area for improvement 1</p> <p>Ref: Standard 5.2</p> <p>Stated: Second time</p> <p>To be completed by: 31 August 2018</p>	<p>The registered person shall review and further develop care plans for service users in order to create more outcome focussed and achievable objectives.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Day Services Manager and Senior Day Care Worker are currently working on reviewing and further developing care plans for service users that include more outcome focussed and achievable individual objectives. There is also a plan for Day Care Managers to meet together to review documentation.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 6.1</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2018</p>	<p>Each service user's records should include a written agreement, which sets out the information specified in Minimum Standard 3.1.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>A new service user friendly agreement has been implemented.</p>

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



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