

Unannounced Care Inspection Report 22 March 2018



Tempo Day Centre

Type of Service: Day Care Setting

Address: 42a Tempo Road, Enniskillen, BT74 6HR

Tel No: 028 6632 8729

Inspector: Angela Graham

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 day time activities for up to 30 service users. The day care setting is open Monday to Friday. A programme of day care and day time activities is delivered Monday to Friday for adults who are over 65; and may have a diagnosis of dementia.

3.0 Service details

Organisation/Registered Provider: Western Health and Social Care Trust Responsible Individual(s): Anne Kilgallen	Registered Manager: Denise Foster
Person in charge at the time of inspection: Denise Foster, Registered Manager	Date manager registered: 24 August 2016
Number of registered places: 30	

4.0 Inspection summary

An unannounced inspection took place on 22 March 2018 from 09.15 to 16.25 hours.

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 training, supervision and appraisal and knowledge regarding adult safeguarding that promoted safe care. Regarding effective practice, examples of good practice were found in relation to audits and reviews and communication between service users, staff and other key stakeholders. Good practice was found regarding compassionate care in relation to the culture and ethos of the day care setting, dignity and privacy, listening to and valuing service users and taking account of the views of service users. Finally, good practice was found in relation to quality improvement and maintaining good working relationships supporting well led care in the setting.

Areas requiring improvement were identified regarding the monthly monitoring arrangements, annual report, service users' risk assessments and staff meetings.

Service users were asked to provide their views regarding the day care setting. Examples of some of the comments made by service users are "I like coming here", "staff treat me very well", "this is a fine place to come" and "I had a lovely dinner and got lots to eat".

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	3	1

Details of the Quality Improvement Plan (QIP) were discussed with Denise Foster, 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 15 December 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 15 December 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
- Written and verbal communication received since the previous care inspection
- The previous care inspection report and Quality Improvement Plan (QIP)
- Pre-inspection assessment audit.

During the inspection, the inspector met with the registered manager, three care staff and ten service users. The registered manager was provided with ten questionnaires to distribute to service users/relatives for their completion. The questionnaires asked for service user and relatives' views regarding the service, and requested their return to RQIA. Five service users' questionnaires were returned to RQIA. The content of the questionnaires is discussed in the main body of the report.

A poster was provided for display to inform staff how they may comment and share their views on the service with RQIA via electronic survey monkey or by use of mobile telephone scan code. No responses were received within the timescale requested.

The following records were examined during the inspection:

- Complaints and compliments records
- Accident/untoward incident records
- Staff roster
- RQIA registration certificate
- Staff supervision and appraisal records
- Records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- Elements of three service users' care records
- Sample of policies and procedures

- Sample of quality assurance audits
- Fire safety risk assessment
- Fire drill records
- Staff training information
- Minutes of three staff meetings
- Minutes of three service user meetings
- Three monthly monitoring reports.

Seven areas for improvement were identified at the last care inspection. These were reviewed and assessment of compliance recorded as met for six and not met for one.

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 12 January 2017

The most recent inspection of the establishment was an announced premises inspection.

The completed QIP was returned and approved by the estates inspector.

This QIP will be validated by the estates inspector at the next premises inspection.

6.2 Review of areas for improvement from the last care inspection dated 15 December 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 27.1 Stated: Second time	It is recommended that the WH&SCT should assess the need for an overhead, tracking hoist to facilitate personal care tasks with service users and should install such equipment as is deemed necessary for safe and healthy working practices and to promote service users' comfort and dignity.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager confirmed that funding had been secured for an overhead tracking hoist. The registered manager also confirmed she was awaiting a date from the Trusts estates department regarding the installation of the hoist.	

Area for improvement 2 Ref: Standard E7 Stated: First time	The registered provider should undertake an environmental audit in relation to dementia care.	Met
	Action taken as confirmed during the inspection: The returned quality improvement plan confirmed that this area for improvement had been addressed. The registered manager confirmed that the relevant recommendations highlighted in the dementia audit had been implemented.	
Area for improvement 3 Ref: Standard 10.2 Stated: First time	The registered provider should ensure the lunch menu offers a choice of meal to service users, including those on therapeutic or specific diets.	Met
	Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the registered manager confirmed that this area for improvement had been addressed. Review of the menu confirmed a choice of meal was recorded.	
Area for improvement 4 Ref: Standard 10.7 Stated: First time	The registered provider should ensure that menus are rotated over a three-week cycle and are revised at least six monthly, taking into account seasonal availability of foods and service users' views.	Met
	Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the registered manager confirmed that this area for improvement had been addressed. The date of review recorded on the menu was December 2017.	
Area for improvement 5 Ref: Standard 23.8 Stated: First time	The registered provider should ensure that staff meetings take place on a regular basis and at least quarterly.	Not met
	Action taken as confirmed during the inspection: Review of the minutes of staff meetings identified that these meetings were not held quarterly. The last meeting was held on 10 October 2017 and minutes were available. Previous staff meetings had been undertaken on 2 March 2017 and 10 November 2016. This area for improvement has not been fully	

	addressed and has been stated for a second time in this report.	
Area for improvement 6 Ref: Standard 27.1 Stated: First time	The registered provider should review and develop an established system to assure compliance with best practice in infection prevention and control within the day care setting. Gloves are not to be stored uncovered in bathrooms.	Met
	Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the registered manager confirmed that this area for improvement had been addressed. On the day of inspection gloves were appropriately stored.	
Area for improvement 7 Ref: Standard 8.5 Stated: First time	The registered provider should ensure that a report is prepared that identifies the methods used to obtain the views and opinions of service users, which incorporates the comments made and issues raised by service users and any actions to be taken in response. A copy of this report is made available to service users.	Met
	Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the registered manager confirmed that this area for improvement had been addressed. A report was made available to the inspector.	

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 registered manager confirmed the planned daily staffing levels for the day care centre, and that these levels were subject to regular review to ensure the assessed needs of the service users were met. A review of the staffing roster for weeks commencing 26 February 2018 until 22 March 2018 evidenced that the planned staffing levels were adhered to. Staff who were consulted confirmed that staffing levels met the assessed needs of the service users.

Observation of the delivery of care at the time of inspection evidenced that service users' needs were met by the number of staff on duty.

The registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the centre for any period in the absence of the registered manager. Records of competency and capability assessments were retained and examined during the inspection.

Discussion with staff confirmed that mandatory training and other professional development training was provided. Review of a sample of staff training records concluded staff had received mandatory and other training relevant to their roles and responsibilities since the previous care inspection such as infection prevention and control, dysphagia awareness, dementia awareness, fire safety, first aid and adult safeguarding training.

Discussion with staff during inspection revealed staff regarded training as important as it guided and informed them how to care safely, effectively and compassionately. Staff stated they felt the training they had received was of good quality, relevant and provided them with the skills required to meet the needs of service users.

Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility.

Discussion with staff confirmed the importance of keeping service users safe in the setting and staff were aware of potential risks for each individual. Staff asserted that they had the right knowledge and information to prevent harm to the service users attending the setting.

The staff on duty on the day of inspection discussed the needs of the service users they were looking after. They gave a clear description of their needs and how those needs will be met. The staff stated their aim was for service users to enjoy their time in the day service by undertaking stimulating activities and for service users to feel comfortable and safe in the group environment. The staff confirmed that if they had any concerns regarding safe practice they would discuss this with their colleagues and/or the management team who they described as accessible and supportive. Staff confirmed service users are encouraged to give their views, opinions and preferences. In summary, the discussion with staff confirmed they were proactively promoting safe care for service users in this setting.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of care staff was appropriately managed in accordance with the Northern Ireland Social Care Council (NISCC).

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. Discussion with staff confirmed an adult safeguarding champion had been established. Discussion with staff also confirmed that they were aware of the regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available to staff within the day centre.

A review of the day centre's environment was undertaken and the day centre was found to be warm, fresh smelling and clean throughout. There were no obvious hazards to the health and safety of service users, visitors or staff. Fire exits were observed to be clear of clutter and obstruction. The review of fire drill records confirmed that a fire drill had been undertaken on 27 November 2017. Discussion with staff confirmed they were aware of the evacuation procedure.

The environment was observed during the inspection and there was evidence of infection prevention and control measures in place such as personal protection equipment which was available for staff, there was evidence that hand hygiene was promoted through notices, hand washing supplies and facilities. Notices promoting good hand hygiene were in both written and pictorial formats. An infection prevention and control policy and procedure was in place. Staff training records confirmed that staff had received training in infection prevention and control in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of infection prevention and control policies and procedures. Observation of staff practice evidenced that staff adhered to infection prevention and control procedures.

The service users were asked if they felt safe in the Tempo Road Day Centre, the feedback from service users was this was a safe place for them, they said they felt: “safe here”, they stated “staff know my needs” and “staff always help me”.

Five service users returned questionnaires to RQIA post-inspection. The service users confirmed that they were very satisfied with the safe care in the Tempo Road Day Centre. They stated that they are safe and protected from harm, they could talk to staff and the environment is suitable to meet their needs.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, supervision and appraisal and knowledge regarding adult safeguarding.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

Discussion with the registered manager established that staff in the day care setting responded appropriately to and met the assessed needs of the service users.

The inspector reviewed elements of three service users' care files. Care records examined contained an up to date assessment of needs and associated care plans. Care records also reflected the multi-professional input into the service users' health and social care needs and were found to be updated regularly to reflect the changing needs of the service user.

The inspector discussed the transport arrangements for the service users with the registered manager. Discussion identified a bus guide was not present during transporting service users to and from the day care setting. A risk assessment was not in place in this regard. This was identified as an area for improvement under the regulations.

Records were stored safely and securely in line with data protection. Staff discussion confirmed they use these records to guide their practice and therefore recognised 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' needs and respond to them effectively.

Care recording for every five attendances was being maintained in the three care records inspected. The review confirmed that service users and/or their representatives were encouraged and enabled to be involved in the review process, where appropriate. Discussion with staff confirmed that a person centred approach underpinned practice.

Discussion with staff regarding implementation of the care and support plans provided assurance they knew each individual's needs.

Review of elements of three service users' care records confirmed annual reviews of the individual's day care placement had taken place in the previous year. Each review meeting record inspected provided evidence that service user/representative involvement was sought and documented, systems were in place to review each service user's placement within the centre and ensure attending the day care setting was appropriate to meet the service users health and social care needs.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users at appropriate intervals.

Records were made available for inspection concerning audits of the environment, staff training, supervision and appraisal and care records and evidenced that actions identified for improvement had been completed.

Evidence was provided to verify systems were in place to ensure effective communication with service users, their representatives and key stakeholders. These included pre-admission information, care reviews, service users and staff meetings.

Staff detailed the communication methods that support their work and professional development such as team meetings, supervision, training and informal team discussions. Overall it was clear the staff work together to support the service users in the most person centred way that is safe, effective and meets their needs within an open and transparent culture.

Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the day care setting. Staff stated that there was effective teamwork and each staff member knew their role, function and responsibilities. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other health care professionals.

Discussion with the registered manager and review of records evidenced that service user meetings were generally held quarterly. The last meeting was held on 14 December 2017 and minutes were made available. There was information available to staff, service users and representatives in relation to advocacy arrangements. Observation of practices evidenced that staff were able to communicate effectively with service users.

Discussion with staff confirmed the centre was providing a good standard of care. Discussion with staff also confirmed they were knowledgeable regarding safeguarding service users in their care and confirmed if they had to escalate concerns they would speak to the registered manager.

Staff detailed the key worker and staff communication methods had ensured they provided safe and effective care, they knew what each service user needed and how best to meet the needs. Staff identified they were conscious of giving service users safe choices and encouraging independence. Staff confidently expressed their views and knowledge regarding safe and effective care and stated they would and have brought any concerns regarding the delivery of safe and effective care to the registered manager.

Five service users returned questionnaires to RQIA post-inspection. The service users confirmed they were very satisfied with the effective care. They stated that they receive the right care, at the right time, in the right place; the staff know their care needs; they are kept aware of their care plans; and the care meets their expectations.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care reviews, audits and reviews and communication between service users, staff and other key stakeholders.

Areas for improvement

One area for improvement was identified in relation to service users risk assessments.

	Regulations	Standards
Total number of areas for improvement	1	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.

The registered manager confirmed that staff in the day care setting promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of the service users.

Discussion with staff and observation of activities and communication found examples of service users being treated with dignity and respect while promoting and maintaining their independence.

Discussions with staff regarding the activities they were delivering confirmed the activities were tailored to meet the needs of the service users, as well as promoting their strengths and providing choice. Service users were enabled and supported by staff to engage and participate in meaningful activities. They discussed the range of activities they could take part in such as boccia, bingo, mindful colouring, aqua painting and puzzles.

Observations of service users taking part in activities showed participation was good. Furthermore those service user's assessed to need staff support, received this in a timely manner so they were involved in the activity.

An observation of the lunch time meal confirmed that service users were given a choice in regards to where they preferred to dine, food and fluid choices and the level of help and support requested. Staff treated service users with dignity and respect affording adequate

time for service users to make decisions and choices and offered reassurance and assistance appropriately. The food appeared nutritious and appetising. Staff wore appropriate aprons when serving the lunch time meal. Staff interactions with service users were observed to be compassionate, caring and timely. During discussion staff presented as knowledgeable and informed regarding each service user's dietary needs and preferences. All service users spoken with confirmed that they were satisfied with the choice of meals served and that individual preferences were catered for if requested.

During the observation and discussions staff were observed checking service users were comfortable, that their needs and preferences were being met. If the staff identified someone needed additional support they sensitively and discretely got their attention and accompanied the service user to where they could get more individualised care and privacy. Overall staff were observed supporting service users in a compassionate way, encouraging service users to be involved in their care and promoting their independence.

The staff described they consult with service users informally when they are in the day care setting regarding their needs, preferences and choices. Service users are consulted on a formal basis via service users' meetings and the annual review of their day care placement.

During the inspection the inspector met with the registered manager and three care staff. Some comments received are listed below:

- "There is great teamwork in the centre. The manager is very approachable and supportive."
- "I have attended all the training including safeguarding training. All the training provided is helpful for me to do my job."
- "We aim to give the clients the best day possible and provide them with activities they enjoy."
- "We are involved in keeping the care records up to date and completing the annual care review."
- "In my opinion the care here is very good."

Service users were asked if care in the setting was compassionate, fulfilled their expectations and encouraged them to be involved. One service user said "I'm happy coming here", "I enjoy reading the papers" and "staff are helpful and kind to me".

Five service users returned questionnaires to RQIA post-inspection. The service users confirmed they were very satisfied that staff treat them with compassion, staff treated them with kindness, staff ensure they were respected and their privacy and dignity was maintained, staff informed them about their care and staff supported them to make decisions about their care.

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, dignity and privacy, listening to and valuing service users and taking account of the views of 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 certificate of registration issued by RQIA was displayed in a prominent position in the day care setting.

The registered manager confirmed that there were management and governance systems in place to meet the needs of service users.

The registered manager and staff advised that there was a range of policies and procedures in place to guide and inform staff practice. Policies were centrally indexed, retained in a manner which is easily accessible by staff. The inspector reviewed a sample of policies and procedures. Staff confirmed that they had access to the day centre's policies and procedures.

Discussion with staff confirmed that they knew how to respond to a range of situations such as responding to issues of dissatisfaction or an adult safeguarding concern. The staff confirmed that there is good communication across the team and clear working together practices. They described the management team as supportive and they knew they could speak to them for guidance or advice. All grades of staff were clear who they report to and what to do if they had a concern about a staff member or service user. Discussions with staff also confirmed that management were responsive to any suggestions or concerns raised.

Discussion with the registered manager and staff confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. A review of supervision records confirmed that supervisions were completed for staff on a quarterly basis, or more frequently, and staff appraisals were completed annually. Discussion with staff confirmed that they had received supervision and appraisal accordingly.

Review of the minutes of staff meetings identified that these meetings were not held quarterly. The last meeting was held on 10 October 2017 and minutes were available. Previous staff meetings had been undertaken on 2 March 2017 and 10 November 2016. The registered manager confirmed that the minutes of staff meetings were made available for staff to consult. This had been identified as an area for improvement under the standards at the last care inspection and has been stated for a second time.

The complaints record was reviewed. No complaints were recorded since the previous care inspection on 15 December 2016. Compliments records were recorded and maintained by staff.

The inspector discussed the monitoring arrangements under Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. The Regulation 28 monthly quality monitoring visits had been undertaken monthly by an independent monitoring officer. A quality monitoring visit had been undertaken on 21 February 2018. However the report for this visit was not available in the day care setting. This was identified as an area for improvement under the regulations.

The inspector discussed the annual report with the registered manager. An annual report had not been developed in line with Regulation 17 (1), Schedule 3 of the Day Care Setting Regulations (Northern Ireland) 2007 for 2017. The registered manager was advised where guidance was available on the RQIA website and the matters that must be included in the report. This was identified as an area for improvement under the regulations.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Five service users returned questionnaires to RQIA post-inspection. The service users confirmed they were very satisfied care was well led in the setting. They confirmed that 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.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to quality improvement and maintaining good working relationships supporting well led care in the setting.

Areas for improvement

Two areas for improvement were identified in relation to the annual report and monthly monitoring arrangements.

One area for improvement under the standards identified at the last inspection has been stated for a second time. This area relates to staff meetings.

	Regulations	Standards
Total number of areas for improvement	2	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Denise Foster, 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	
Area for improvement 1 Ref: Regulation 28 (5) (a) Stated: First time To be completed by: Immediate from the time of the inspection	The registered provider shall maintain a copy of the monthly monitoring report in the day care setting and make it available on request to the Regulation and Improvement Authority. Ref: 6.7
	Response by registered person detailing the actions taken:
Area for improvement 2 Ref: Regulation 17 Stated: First time To be completed by: 30 April 2018	The registered person shall complete the annual report which is compliant with Schedule 3 of the Day Care Setting Regulations (Northern Ireland) 2007. The report should be sent to RQIA with the QIP. Ref: 6.7
	Response by registered person detailing the actions taken:
Area for improvement 3 Ref: Regulation 14 (1) (c) Stated: First time To be completed by: Immediate from the time of the inspection	The registered person shall ensure as far as reasonably practicable that unnecessary risks to the health or safety of service users are identified and so far as possible eliminated. Ref: 6.5
	Response by registered person detailing the actions taken:

Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012	
Area for improvement 1 Ref: Standard 23.8 Stated: Second time To be completed by: 30 April 2018	The registered provider should ensure that staff meetings take place on a regular basis and at least quarterly. Ref: 6.7
	Response by registered person detailing the actions taken:



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