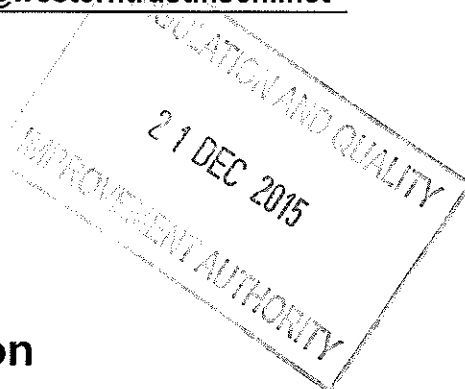


The Regulation and
Quality Improvement
Authority

Tempo Road Day Centre
RQIA ID: 11232
42a Tempo Road
Enniskillen
BT74 6HR

Inspector: Dermott Knox
Inspection ID: IN023774

Tel: 028 6632 8729
Email: denise.foster@westerntrust.hscni.net



**Unannounced Care Inspection
of
Tempo Road Day Centre**

13 October 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 13 October 2015 from 11.00 to 16.45. Overall on the day of the inspection the Day Care Setting was found to be delivering safe, effective and compassionate care. One area for improvement was identified. 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	0	1

This inspection resulted in no requirements and one recommendation being made. Findings of the inspection can be found in the main body of the report.

2. Service Details

Registered Organisation/Registered Person: Western HSC Trust/Mrs Elaine Way CBE	Registered Manager: Ms Denise Foster
Person in Charge of the Day Care Setting at the Time of Inspection: Ms Denise Foster	Date Manager Registered: 21 November 2012
Number of Service Users Accommodated on Day of Inspection: 23	Number of Registered Places: 30

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:

- The statement of purpose
- Record of notified incidents and accidents
- The previous inspection report
- The record of complaints.

During the inspection, eight service users spoke informally with the inspector, either individually or in a group setting, describing their patterns of attendance, activities they enjoy and the ways in which the centre supports them. Three day care staff members and the manager were on duty throughout the day and each of them contributed to discussions on a range of matters relating to the inspection focus, the operation of the centre and the provision of care to the members. Two transport drivers also spoke briefly with the inspector about their work and the quality of the service. No service users' relatives or visiting professionals were present during the inspection. Activities on the day of the inspection included story-telling and card making. Staff's supportive interactions with service users were observed during several periods in the course of the inspection.

The following records were examined during the inspection:

- Four files of service users' records, including assessments, care plans and reviews
- Two records of staff training, including staff's evaluations of the events
- Two records of staff supervision
- Four records of staff meetings
- Two records of service users' meetings
- Complaints record, which recorded no complaints since the previous inspection
- Four monthly monitoring reports.

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 16 March 2015. The completed QIP was returned and approved by the specialist inspector.

Areas to follow up were:

- a. The style and clarity of care records
- b. Identifying in the duty rota, the person taking charge while the manager is absent
- c. The template for recording complaints.

5.2 Review of Recommendations from the last Care Inspection

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 7.5	<u>Care record</u> It is recommended that staff cease to leave space between recorded evaluations in care records.	Met
	Action taken as confirmed during the inspection: Evaluations in the care records examined were in compliance with this recommendation.	
Recommendation 2 Ref: Standard 17.1	<u>Duty Roster</u> It is recommended that an indicator is made in the duty roster showing the staff member in charge when the manager is off duty.	Met
	Action taken as confirmed during the inspection: The duty roster included an indicator showing which staff member was in charge, on occasions when the registered manager was not on duty in the centre.	
Recommendation 3 Ref: Standard 14.1	<u>Complaints records</u> It is recommended that the WHSC Trust complaint template is used to record complaints (informal and formal) in accordance with the Trust Complaints policy.	Met
	Action taken as confirmed during the inspection: The WHSCT complaint template was available to be used for recording complaints and staff had been instructed on the policy and procedures. No complaints had been recorded since the previous inspection.	

5.3 Standard 5: Care Plan - Where appropriate service users receive individual continence promotion and support

Is Care Safe?

Service users' personal records provided evidence of the consideration of personal care needs, including identified continence care needs, where relevant. Staff confirmed their confidence in following procedures for personal care provision and in respecting each person's privacy and dignity. A sample of review records for four service users showed that relevant care matters had been addressed appropriately and to the satisfaction of the individual, a carer, or a relevant professional.

Facilities for service users were good and were found to be clean and well maintained. Four staff members, who each completed a questionnaire during the inspection, confirmed that they were appropriately trained for personal care work and had adequate supplies of personal protection equipment. Ten of the eleven service users, who completed questionnaires, indicated that they were either satisfied or very satisfied with all aspects of the care and service provided. One person noted dissatisfaction with staffing levels. There was evidence to show that service users' concerns were addressed appropriately by staff members and the manager and, overall, the evidence indicated that safe care was being provided.

Is Care Effective?

Day care staff confirmed that the centre has a number of service users who have assessed needs for continence promotion and care. There was evidence in care plans, review reports and from discussions with staff to confirm that effective care was provided to meet each individual's assessed needs. In questionnaire responses, three day care staff identified the potential improvements that an overhead, tracking hoist would bring to the comfort of service users whose conditions require the use of wheelchairs and hoists. It is recommended that the WH&SCT should assess the need for an overhead, tracking hoist and install such equipment as is deemed necessary for safe and healthy working practices and to promote service users' comfort and dignity.

Review records verified that each person's needs had been identified appropriately and had been regularly reviewed to ensure that care plan objectives remain relevant and accurate. Progress notes were usually written by the keyworker for each service user and were found to be relevant and up to date.

Monthly monitoring visits and reports were completed regularly by a service manager. On each visit, the monitoring officer met with a number of service users and with staff to discuss their satisfaction with the service and with the operation of the centre. A sample of the centre's records was examined on each visit. In questionnaire responses, all eleven service users confirmed that they were well cared for and involved in decisions within the day centre.

Is Care Compassionate?

Three staff who were interviewed emphasised the importance of working inclusively with each service user and getting to know their individual needs and preferences. Staff members confirmed their confidence in the compassionate care practices of each of their colleagues and highlighted the positive teamwork to which all staff contribute. Observations of staffs' interactions with service users, throughout the inspection period, provided evidence of high

quality compassionate care being delivered. Service users' views on the quality of the care provided were entirely positive and complimentary.

Areas for Improvement

Number of Requirements:	0	Number of Recommendations:	1
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5.1 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?

The manager and the staff team presented as being committed to ensuring that safe, effective and compassionate care is always delivered. There was evidence in written records to indicate good, regular consultation with service users regarding their care plans and the programmes in which they participate. Discussions with service users and with staff provided evidence of a positive and supportive service being delivered in the centre.

One of the eleven service users, who completed questionnaires, suggested that staffing levels could be improved on some days. Otherwise, the questionnaire responses were entirely positive, indicating that people attending the centre were satisfied, or in most cases very satisfied that the care provided was safe, effective and compassionate.

In discussions during the inspection, six service users confirmed that they were fully involved in discussing and agreeing the nature of the service provided and that they enjoyed good relationships with the staff who worked there and with each other. Several people emphasised the importance to them of being involved in discussions about the running of the centre.

Is Care Effective

Records indicated that service users enjoyed fulfilling and rewarding activities, both within the centre and in social outings. Suggestions were regularly sought from service users and, where reasonable, arrangements were made to fulfil the requests. One person, in a questionnaire response, said they would like to have more outings from the centre, but also recognised that there were funding restrictions on such activities.

There was a positive atmosphere amongst those attending the centre and several people spoke of their reliance on the day care service for keeping them in touch with others and for getting to activities outside of their own homes. Overall, the evidence indicated that the care provided is effective in terms of promoting each individual's self-esteem, positive mental and physical health and their social engagement.

Is Care Compassionate?

Observations, discussions and written records provided good evidence of the provision of care services in a professional, purposeful and compassionate manner. Service users spoke fondly of the staff members and, almost unanimously, returned positive questionnaire ratings on the care and support provided for them by all staff. Examples of service users' comments included, "The staff are very friendly and always happy which makes me happy coming" and "I really enjoy the company and friendship". It was clear from the interactions observed during the inspection that there were warm caring relationships between staff and service users.

Areas for Improvement

Number of Requirements:	0	Number of Recommendations:	0
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5.2 Additional Areas Examined

2.1. Complaints procedure and record

The centre had provided copies of the WHSCT's 'Guide to the Complaints Procedure' to all service users and their carers. This is clearly set out in leaflet form and includes information on contacting the Northern Ireland Ombudsman, should the complainant be dissatisfied with the response from the Trust. The summarised complaints procedure is also made available to service users in a laminated poster, prominently displayed in the centre. This is good practice.

No complaints had been recorded in the centre since the last inspection on 16 March 2015.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Denise Foster, 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.


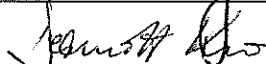
6.3 Actions Taken by the Registered Manager/Registered Person

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

Recommendations

Recommendation 1 Ref: Standard 27.1 Stated: First time To be Completed by: 31 March 2016	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. Response by Registered Person(s) Detailing the Actions Taken: Suitable room assessed for overhead tracking hoist and request forwarded for funding to install		
Registered Manager Completing QIP	Denise Foster	Date Completed	20.11.15
Registered Person Approving QIP		Date Approved	14.12.15
RQIA Inspector Assessing Response		Date Approved	30/01/16

Please complete this document in full and return to day.care@rqia.org.uk from the authorised email address

