

# Unannounced Care Inspection Report 25 July 2019



## Melrose Day Centre

**Type of Service: Day Care Service**  
**Address: Rosstowney House, Glendermott Road,  
Londonderry, BT47 6BG**  
**Tel No: 028 7131 4218**  
**Inspector: Jim McBride**

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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 25 service users per day with mental health difficulties. The day care setting is open Monday to Friday.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Western HSC Trust  <b>Responsible Individual:</b> Anne Kilgallen	<b>Registered Manager:</b> Robert Francis Donnelly
<b>Person in charge at the time of inspection:</b> Day Care Worker	<b>Date manager registered:</b> 20 August 2012
<b>Number of registered places:</b> 25	

### 4.0 Inspection summary

An unannounced inspection took place on 25 July 2019 from 09.30 to 13.30.

This inspection was underpinned by the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012. The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

As a public-sector body RQIA have a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of day care services, we are committed to ensuring that the rights of people who receive services are protected. This means we will be seeking assurances from providers that they take all reasonable steps to promote people's rights. Users of day care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted.

Evidence of good practice was found in relation to staff training, risk management and infection prevention and control practices. Further areas of good practice were also noted in relation to care records, communication between service users, staff and other key stakeholders, the culture and ethos of the day care setting, listening to and valuing service users and taking account of the views of service users. In addition, good practice was also observed in regard to governance arrangements, staff supervision and appraisal, compliments received, quality improvement and maintaining good working relationships.

There was evidence identified throughout the inspection process that the day centre promotes service users' human rights; this was evident in relation to the areas of consent, autonomy, equality, decision making, privacy, confidentiality and service user involvement.

#### Service users commented:

- "A great centre."
- "The staff are excellent."
- "I feel safe and secure here."
- "Good activities."

- “We all get on well together.”
- “I know how to make a complaint.”
- “The transport is excellent.”
- “We could be doing with more staff to help.”
- “I really enjoy and love the centre.”
- “It’s a great way to get out and mix with others.”

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
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the person in charge, as part of the inspection process and can be found in the main body of the report.

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

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- The registration details of the day centre
- Information and correspondence received by RQIA since the last inspection
- Incident notifications which highlighted that no incidents had been reported to RQIA since the care inspection on 1 June 2018
- Unannounced care inspection report dated 1 June 2018.

During the inspection, the inspector met with two day care staff. Introductions were made to some service users while walking around the setting with individual interaction with three service users.

Ten service user and/or relatives’ questionnaires were provided for distribution; no service users/relatives’ questionnaires were returned to RQIA within the timeframe for inclusion in this report.

At the request of the inspector, the manager was asked to display a poster within the day centre. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; three responses were received.

The respondents indicated that they were satisfied that the care provided in the day centre was safe, effective, compassionate and well led.

A range of documents relating to the service were reviewed during the inspection and are referred to within the body of the report.

The inspector would like to thank the service users and staff for their support and co-operation throughout the inspection process.

## 6.0 The inspection

### 6.1 Inspection findings

#### 6.2 Is care safe?

##### **Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

The inspector reviewed the day care setting's systems in place to avoid and prevent harm to service users which included a review of staffing arrangements in place within the day centre.

There were arrangements in place to ensure that staff are registered with the NISCC. Information regarding registration details and renewal dates are maintained by the WHSCT governance department who generate an email to the manager advising when a staff member's renewal date is pending. The person in charge confirmed that all staff are currently registered with NISCC. Records were available for review.

The person in charge described the staffing levels which have been assessed as necessary to provide a safe service in the setting. Assurances were provided to the inspector that sufficiently qualified, competent and experienced persons are working at all times to meet the assessed needs of the service users, taking into account the size and layout of the premises, the number of service users accommodated, fire safety requirements and the statement of purpose. A review of a sample of the staffing roster evidenced that the planned staffing levels were adhered to. The rota information evidenced that service users had a core staff team to help provide them with continuity of care and develop positive relationships. This can have a positive impact on the service users' experience of a dignified service.

The setting's training record demonstrated that there was an ongoing programme of mandatory training for staff, relevant to their roles and responsibilities, which will assure staff know how to keep service users safe. There was evidence that compliance with completing mandatory training was routinely monitored by the manager and any training now due for update was being followed up with the staff by the manager. Staff feedback regarding training was positive and they confirmed that the manager proactively encouraged and supported staff to access training opportunities over and above mandatory requirements. Examples of additional training included: equality and diversity, quality 2020, risk assessment, quality improvement and suicide awareness.

The development of a learning culture in the agency which promotes good practice will contribute to better quality of care and improved outcomes for service users.

The day care setting's governance arrangements in place to highlight and promote the identification of and management of risk were inspected. All incidents and accidents were recorded on an electronic system which are reviewed and audited by the manager, to ensure follow up of any outstanding actions, and the WHSCT governance department. Discussion with the person in charge and review of sample of records evidenced that there is a robust and transparent system for recording, reporting and investigating any incidents and accidents in a timely manner. This includes consideration of any lessons learnt.

Observation of and discussion with staff evidenced that they were very knowledgeable regarding each service user and the support they required in order to ensure their safety. In addition, discussions with staff evidenced that they had an understanding of the management of risk, and an ability to balance assessed risks with the wishes and human rights of individual service users.

No adult safeguarding referrals had been made since the last inspection. Discussion with the staff confirmed that there was a clear pathway for staff to follow in relation to referring any safeguarding concerns to the appropriate professionals. This reflected staff awareness of their safeguarding roles and responsibilities and how they are supported to report concerns through existing management arrangements. This helps to ensure that appropriate and timely action is taken if service users' rights are at risk of being breached. The inspector advised staff to liaise with WHSCT senior management regarding the arrangements for the adult safeguarding position report which is due to be completed by 31 March 2020.

Discussions with the staff also confirmed that they were aware of their obligations in relation to raising concerns with respect to service users' wellbeing and poor practice, and were confident of an appropriate management response. They were aware of the WHSCT whistleblowing policy if they could not resolve their concerns locally but indicated that they would be unlikely to need this due to the transparent working relationships that existed within the team.

The person in charge reported that there were no restrictive practices in place within the setting.

Infection prevention and control measures were in place with a good standard of hygiene observed throughout the centre. Measures included the availability of hand sanitisers around the unit and the "seven step" hand hygiene notices positioned at wash hand basins. The environment was spacious and adequately lit.

Records showed a weekly alarm test was carried out. The last fire evacuation drill was undertaken on 10 April 2019. A fire risk assessment had been undertaken in January 2019 and was due review 2020. The inspector noted that the action plan was on the way to being addressed.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to infection prevention and control practices, staff training and risk management.



## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.3 Is care effective?

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

The inspector reviewed the day care setting's arrangements for appropriately responding to and meeting the needs of people who use the service.

Information relating to the nature and range of services provided was outlined in the Statement of Purpose.(2019) Observations throughout the inspection confirmed that the day care setting was providing care in accordance with their Statement of Purpose.

The inspector reviewed elements of six service users' care files; they contained referral information, service user agreements, transport assessments, manual handling assessments, individualised risk assessments, general assessment and care plans. The inspector noted that assessments and care plans were comprehensive, person centred, holistic and concisely reflected the needs of the service users. They also gave consideration to the service users' level of awareness, ability to participate and consent in the assessment and care planning process and any specific communication needs.

The records viewed were signed, as appropriate, by the service users and their next of kin, evidencing consultation and agreement with arrangements in place.

Discussion with the person on charge and review of records confirmed there were systems in place to review service users' placements within the centre and ensure that they are appropriate to meet their health and social care needs. In relation to the records selected for inspection, the reviews were conducted within the required timescales; there was evidence of annual care reviews in partnership with service users and/or their relatives and community keyworkers; these provided positive feedback from service users and their representatives with regard to the day care service.

Service users' care records were noted to be well organised and regularly audited. Records were stored safely and securely in line with data protection requirements.

Staff who spoke with the inspector clearly demonstrated the knowledge, skills and experience necessary to fulfil their roles and responsibilities. They were knowledgeable about the centre's philosophy of care, promotion of human rights and risk management. Staff described how they observe service users, noting any change in dependency or mood and proactively take appropriate measures to promote/ensure the safety and wellbeing of the service user. They also demonstrated knowledge of service users' preferences regarding activities and at lunch time.

Discussions with service users and observation of their interactions with staff evidenced that service users were empowered to express their views routinely on a day to day basis. Service users indicated that they had open lines of communication with staff and the manager and were confident that the staff would respond appropriately to any issues raised.

**Areas of good practice**

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

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.4 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 inspection the inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was reflected by the expression of staff attitudes towards service users and service delivery.

Staff were observed informing service users that the inspection was taking place and they encouraged service users to talk to the inspector. Service users were keen to share with the inspector how much they enjoyed attending the day centre and the positive relationships they have with staff.

Service users spoken to confirmed that they liked the activities on offer in the setting and staff were always willing to review the activity programme at their request. They described how they had learnt new skills, with some individuals enjoying activities. Service users also reflected on the friendships they have developed as a result of attending the day centre and how this impacted positively on their emotional wellbeing and mental health.

Care records reflected that a record was kept of each service user’s involvement and progress at the centre and entries were made in proportion to the frequency of attendance of the individual.

Service users described good relationships with staff, which enabled them to be able to speak to staff if they had any concerns. They confirmed that they felt their views and opinions were taken into account in all matters affecting them. This approach to communication supports the protection and promotion of individualised and person centred care and support for service users.

Staff approaches and responses to services users were noted to be caring, cheerful and compassionate. Staff acknowledged that service users require varying degrees of support with their care needs, and that service users’ independence should be promoted in a discreet



manner. The inspector observed staff discreetly responding to service users who required such assistance in regards to eating lunch and participating in activities. In addition, staff demonstrated awareness of their responsibilities and requirements to ensure service users' confidentiality and consent.

Service users are advised of what they can do if they are not happy with the service within the Statement of Purpose and Service User Guide. The Service User Guide also provides information regarding what service users should expect from the service, which promotes a rights based approach that empowers service users.

The manager facilitates service user meetings and services users are given a choice whether to attend. A review of a sample of minutes from the last two meetings evidenced service users discussing the following:

- Daily living skills
- Reviews
- Student placement
- Staffing
- Suggestions

The setting also facilitates staff meetings and evidence of the past meetings show staff discussing the following:

- RQIA
- Activities
- Referrals
- Staffing updates
- Access risk

Discussion with service users and staff evidenced that they felt the care was compassionate.

### **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 and taking account of the views of service users.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

## 6.5 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 inspector sought to assess the day centre's leadership, management and governance arrangements to meet the assessed needs of service users.

The Statement of Purpose and the Service User's Guide for the day care service had been reviewed and updated by the registered manager.

The day centre is managed on a day to day basis by the manager with the support of day care workers. There was a clear organisational structure and the registration certificate was up to date and displayed appropriately.

An open and transparent culture was evidenced with the reporting of incidents and accidents. Staff felt able to raise issues with the manager, a learning culture was promoted and best practice shared.

The complaints record was reviewed and evidenced that no complaints had been received since the last inspection.

The inspector confirmed that there are a range of policies and procedures in place to guide and inform staff. They are easily accessible to staff via the WHSCT intranet.

Discussions with the staff confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. This included the availability of continuous update training alongside supervision/appraisal processes, an open door policy for discussions with the management team and observation of staff practice. A review of a sample of records verified that staff received regular supervision sessions and annual appraisals.

The inspector discussed the monitoring arrangements in compliance with Regulation 28 of The Day Care Settings Regulations (Northern Ireland) 2007. The Regulation 28 monthly quality monitoring visits had been undertaken monthly and demonstrated a good understanding of the setting.

A sample of reports viewed for February 2019 to June 2019 provided evidence that the visits included engagement with service users and staff; a review on the conduct of the day care setting and development of action points and review of previous action points. The inspector noted a number of comments received from, service users, staff and others.

- "Attendance lifts my mind and makes me feel better."
- "Care is excellent very person centred."
- "Clients views and opinions are always taken into account."
- "The best service possible provided to service users."
- "Staff are approachable and supportive."

- “A good variety of activities.”
- “I’m happy with the centre and my care.”
- “A great bunch of staff who are all approachable.”

The annual report which provided a review of the quality of care for 2018/2019 was reviewed. This contained all elements as required in Schedule 3 of The Day Care Settings Regulations (NI) 2007.

The inspector noted that both service users and carers were given the opportunity to comment on the following:

Service users:

- The facilities
- The staff
- The tutors
- The activities
- The care provided

Comments included:

- “Staff amazing would have been lost without their help and understanding these past few weeks”.
- “All the staff are good and helpful to me and the other people in Melrose day centre. I feel staff are an excellent laugh for me and the rest of the clients and I see that they enjoy it”.
- “Very approachable and supportive can also have a laugh”.
- “Very good provide lunch everyday”.
- “The staff are very helpful”.
- “Amazing can go to any member of staff at any time”.
- “I think \*\*\*\*\* is an excellent tutor and she is encouraging me and she tells me I’m good at my detailed work and I’ve done a lot of that work”.
- “Very friendly and helpful”.
- “Really enjoying my days spent here love the bingo on a Monday”.
- “I like the Art class I think it is great and love the banter in the class with the music and each of the clients who sings that song. I enjoy doing the pieces of Art work that I am doing at the moment”.
- “Loving the armchair exercise, read to lead, Art”.
- “Provide colouring books and pens and pencils free”.
- “The activities are very good”.
- “My keyworker is \*\*\*\*\* and he is amazing to talk to I have to thank him for his support this past few weeks when I was in a very dark place”.
- “I can’t complain about the staff as they always have 100% time for me & if we work together to arrange help”.
- “I love the care provided it’s very important to me. The staff are very caring to everybody in the day centre. The staff give me chats and helpful advice”.
- “Staff are very caring, supportive and will help you were possible but also support independence as much as possible”.
- “Staff are very good but sometimes very busy”.
- “Staff are very friendly and always willing to help if needed”.

Carers:

- Facilities
- Ease of communication
- Care provided
- Overall staff rating

Comments included:

- “S----- Enjoys all activities in Melrose Day Centre. Staff are great never any problems”.
- “K----- Enjoys going to Melrose and it is a great benefit to her. The staff are very good taking care of her and there is always good communication from them”.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. Records confirmed that this was addressed with staff through their training, supervision and appraisal process. In addition, it was confirmed that the day centre had not received any complaints with respect to equality issues from service users and/or their representatives.

The inspector noted that day centre collects equality information in relation to service users, during the referral and assessment process. The data is used effectively and with individual service user involvement when a person centred care and support plan is developed.

Some of the areas of equality awareness identified during the inspection include:

- Effective communication
- Service user involvement
- Adult Safeguarding
- Equity of care and support
- Individualised person centred care
- Individualised risk assessment
- Disability awareness

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to governance arrangements, staff supervision and appraisal, compliments received, quality improvement and maintaining good working relationships.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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