

Unannounced Care Inspection Report 1 June 2018



Melrose Day Care

Type of Service: Day Care Setting
**Address: Rosstown House, Glendermott Road,
Londonderry, BT47 6BG**
Tel No: 02871314218
Inspector: Jim McBride

www.rqia.org.uk

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

Organisation/Registered Provider: Western HSCT Responsible Individual: Anne Kilgallen	Registered Manager: Robert Donnelly
Person in charge at the time of inspection: Senior day care worker	Date manager registered: 20/08/2012
Number of registered places: 56	

4.0 Inspection summary

An unannounced inspection took place on 1 June 2018 from 09.15 to 14.30.

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 knowledge and competency in regard to safe care, risk management; the day care setting environment; service users individual care records; providing the right care, in the right place, at the right time; activities; the ethos of the day care setting; acting on service user's views and preferences; governance arrangements; and maintaining good working relationships.

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	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the senior day care worker, 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.

4.2 Action/enforcement taken following the most recent care inspection dated 24 November 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 24 November 2017.

5.0 How we inspect

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

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

- record of notifications of significant events
- record of complaints
- the previous inspection report including the quality improvement plan (QIP)
- the RQIA log of contacts with, or regarding the day centre.

During the inspection the inspector met two senior day care staff and one nursing student. The inspector had the opportunity to meet six service users and observe others during their activities.

In the absence of the manager the staff available gave a comprehensive overview of the centre. From discussion with staff it was evident they had a good person centred approach to service users. This area of good practice is to be commended.

No visiting professionals or visitors/representatives were available on the day of the inspection.

At the request of the inspector, the manager was asked to display a poster within the day care setting's registered premises. The poster invites staff to give their views and provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision; no responses were received prior to issuing this report.

The inspector provided questionnaires to the manager for circulation to service users/relatives seeking their views on the service. Nine questionnaires were returned.

The following records were examined during the inspection:

- statement of purpose (2018)
- service user's guide (2018)
- minutes of service users' meetings held in 2017/18
- minutes of staff meetings held in 2017/18
- reports of quality monitoring visits 2017/18
- annual review report(2018)
- fire risk assessment
- fire safety checks
- staff recruitment records

- whistleblowing policy
- safeguarding policy
- staff training records including:
 - safeguarding
 - fire safety
 - health and safety
 - incidents
 - complaints management
 - risk assessment
 - management of records
 - supervision and appraisal
 - challenging behaviour
- record of complaints
- record of incidents and accidents
- six service users' files and risk assessment records.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met. The inspector would like to thank the staff and service users for their support and co-operation throughout the inspection process.

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 24 November 2017

The most recent inspection of the establishment 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 24 November 2011

Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Standard 17.2</p> <p>Stated: First time</p>	<p>The registered person shall ensure that competency and capability assessments are completed for any person in charge of the day centre in the absence of the manager.</p> <p>Ref: section 6.4</p>	<p>Met</p>

	<p>Action taken as confirmed during the inspection: The inspector noted two competency and capability assessments in place for the Senior day care workers. The documentation in place as satisfactory.</p>	
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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 staff 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 evidenced that the planned staffing levels were adhered to.

Discussion with service users evidenced that there were no concerns regarding staffing levels. Observation of the delivery of care at the time of inspection provided evidence that service users' needs were met by the number of staff on duty. The inspector observed various staff members providing services to service users in a number of areas.

The staff confirmed the arrangements in place to ensure information pertaining to all of the matters specified in Schedule 2 and 5 of The Day Care Setting Regulations (Northern Ireland) 2007.

There was an induction programme in place for all grades of staff which included the Northern Ireland Social Care Council (NISCC) competency standards, which assists new staff to identify skills they are confident in and areas they may need more development in.

The settings training records demonstrated that staff had received mandatory training and training relevant to their roles and responsibilities. Staff had received training that had assisted them to provide safe and effective care.

The 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.

The examination of the settings incidents, accidents and notifications forwarded to RQIA found safety issues and risks had been identified and managed. Assessments and care plans had been reviewed and updated as necessary to ensure practice was safe and effective. The sample of records inspected indicated the relevant incidents/notifiable events had been reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

A review of documentation confirmed that any potential safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols and the Trust policies and procedures and RQIA were notified appropriately. Where any shortcomings were identified safeguards were put in place. It was identified that the setting has reviewed and

updated their policy and procedures to reflect information contained within the DHSSPS regional policy 'Adult Safeguarding Prevention to Protection in Partnership' issued in July 2015 and the Operational Procedures.

There is a clear pathway to follow to refer any safeguarding concerns to the appropriate professionals and the organisation has an identified Adult Safeguarding Champion (ASC).

The staff confirmed that no restrictive practices were undertaken within the day care setting and on the day of the inspection none were observed.

The staff on duty on the day of inspection discussed the needs of the service users they were responsible for. They gave a clear description of their needs and how those needs will be met. Most of the service users were independent and required minimal staff support to get involved in activities.

The staff stated that the main priorities were to ensure the service users were safe and enjoying their day care experience. 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. Service users are encouraged to give their views, opinions and preferences.

The service users were asked if they felt safe in day care and they said they felt safe and enjoyed coming to the day centre and this was attributed to the support and help from staff.

Observations of the environment and inspection of records concluded the environment presented as clean and tidy, furniture, aids and appliances presented as fit for purpose. Fire safety precautions were inspected, fire exits seen were unobstructed. The fire risk assessment available had been reviewed on 2 October 2017 and was satisfactory.

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

Service user comments received:

- "I love the company and the activities."
- "I'm well here all the staff help me."

Staff comments received:

- "Training is ongoing and comprehensive."
- "Service users are safe here as we help and support them in all their activities."

Nine returned questionnaires from service users indicated that a safe service meant:

- There are enough staff to help you
- You feel protected and free from harm
- You can talk to staff if you have concerns
- The environment is safe and clean.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff knowledge and competency in regard to safe care and the day care setting environment.

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.

Six service users' care files were inspected; they contained the service user's individual assessments and care plans which described their physical, social and emotional needs. The individual written plan/agreement was found in the service user individual records, this document confirmed the day service was suitable and appropriate to meet the service user's needs, and set out arrangements to do this.

The inspection of the care records found they were maintained in line with the legislation, the assessments of need, risk assessments, care plans and records of health and well-being of the service users were current and had been reviewed. Records were stored safely and securely in line with data protection. The staff confirmed they use the service user's individual records daily to guide their practice and 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.

Service users reported they had taken part in a number of activities for example, arts and crafts and games. They were happy that their choices and needs were being met. Service users confirmed that they knew staff in the setting; they could talk to staff or the registered manager if they were worried, or had a concern about their care and staff would help them resolve their concern.

Records were made available for inspection concerning audits of care records, accidents/incidents, complaints 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. The staff confirmed that staff and service user meetings were held regularly. The minutes of the meetings were shared with service users who were unable to attend.

Discussion with service users confirmed that management operated an open door policy in regard to communication within the day care setting. This was evident during the inspection. The staff stated that there was effective teamwork and each staff member knew their role, function and responsibilities.

The centre facilitates service user meetings that allow service users to comment on any areas relating to them or the centre. The inspector noted some of the areas recently discussed during meetings:

- activities/outings
- day care review
- development group
- “get out get active”
- RQIA.

The centre also facilitates staff team meetings at which the following areas are discussed:

- training
- activities
- challenges
- staffing
- supervision
- staff training
- competency assessments
- RQIA.

The evidence indicates that the care provided in Melrose Day Centre is effective in terms of promoting each service user’s involvement, development, enjoyment and wellbeing.

Service user comments received:

- “The centre is just what I need, it helps my mental health.”
- “The staff are great and do help me a lot when I’m here.”

Staff comments received:

- “We have good communication with each other.”
- “The manager is an effective listener.”
- “There is good ongoing training that help with your role.”

Nine returned questionnaires from service users indicated that an effective service meant:

- You get the right care, at the right time in the right place
- The staff know your care needs
- You are kept aware of your care plans
- Your care meets your expectations.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to service users individual care records; providing the right care, in the right place, at the right time; and activities.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	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.

Discussion with service users and staff and observations of interactions demonstrates that service users are treated with dignity and respect while promoting and maintaining their independence.

Service users spoken with confirmed they were asked their opinion regarding what they like to do in day care and their ideas and preferences were sought for the activity plan. The inspector noted the annual quality survey completed by the centre in which service users had the opportunity to comment on the following areas:

The Facilities: comments:

- “Services are excellent.”
- “Handy for me to get around, no steps.”

The Staff: comments:

- “Good personalities and they help me.”
- “Very helpful.”
- “Staff are very good.”
- “All staff are very good.”
- “Very helpful and kind.”
- “Fabulous.”

The Activities: comments:

- “I enjoy going on the bus trip.”
- “Very good.”
- “Very, very good.”
- “I like the yoga and exercise.”
- “Like the creative writing and Art.”

The Care Provided: comments:

- “Very worthwhile service, great staff care and consideration.”
- “Staff care for me great, they look after me well.”
- “Excellent, they could not be better.”
- “Very good.”
- “If there’s a problem they can sort it out.”
- “Good team.”

Carers also had the opportunity comment on the following:

Facilities Provided: comments:

- “Excellent facilities.”

Overall Staff Rating: comments:

- “The staff are very friendly, professional and always willing to listen and help.”

Ease of Communication: comments:

- “No problem with communication.”

Care Provided: comments:

- “The care at Melrose centre for my daughter has been excellent.”

Service users were asked if care in the setting was compassionate, fulfilled their expectations and encouraged them to be involved. Service users replied they liked day care and looked forward to coming, and staff were very kind and helpful. Overall the feedback revealed all service users spoken to felt involved and cared for by staff that knew them well and had been responsive to their needs.

Discussions with the 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 and outings. They discussed the range of activities they could take part in including arts and crafts and woodwork. The activity programme was noted as developing social opportunities for service users as well as their hobbies and interests.

Discussion with service users confirmed that they felt their views and opinions were taken into account in all matters affecting them. Service users described feeling informed and involved regarding activity planning and outings through service user meetings, informal discussions and their individual review meetings. The inspector noted some of the comments made by service users during their annual review:

- “I’m happy to continue at Melrose.”
- “Staff are very good.”
- “The service is excellent.”
- “Very good facilities.”

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 needs and preferences.

The evidence presented at this inspection confirms that compassionate care is provided consistently in Melrose Day Centre.

Service user comments received:

- “The staff always make you feel welcome here.”
- “The manager listens if I have any worries or concerns.”

Staff comments received:

- “I feel valued as a staff member.”
- “The manager has an open door policy to staff and service users.”
- “Good feedback from the service users helps me knowing that they are enjoying the centre and the activities.”

Nine returned questionnaires from service users indicated that a compassionate service meant:

- Staff treat you with kindness
- Staff ensure you are respected and that your privacy and dignity is maintained
- Staff inform you about your care
- Staff support you to make decisions about your 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.

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 registration certificate was up to date and displayed appropriately. Staff confirmed they had access to a range of policies and procedures in place that they use to guide and inform their practice.

Supervision records detailed staff had received recorded individual, formal supervision in line with the centres policy and procedures.

No complaints had been recorded since the previous care inspection. Discussion with the deputy manager confirmed that no complaints had been received.

The Regulation 28 monthly quality monitoring visits had been undertaken monthly by the registered provider. The reports showed the visits included unannounced visits and qualitatively reflected service users and staff views and opinions, the reports commented on the conduct of the setting and did not reveal any concerns that were outstanding.

Staff are required to be registered with the Northern Ireland Social Care Council (NISCC) details of individual staff member's registration status are retained by the day care setting. Discussions with the staff provided assurances that the day care setting has a process for monitoring the registration status of staff.

Monthly quality monitoring reports were examined and were found to address all of the matters required by regulation. Each report contained reflections from discussions with service users and with staff members. Following quality monitoring any resulting necessary improvements were clearly set out in an action plan. This structured and detailed approach to monthly monitoring aligns well with the centre's commitment to the provision of a high quality service

The inspector noted some of the comments made during the monthly quality monitoring:

Service user comments:

- "I like Melrose."
- "I like the social aspect."
- "Staff are all pleasant."
- "The quality of care is good."
- "Staff are very helpful."
- "It lifts my mood and my mind here. Staff are very supportive."

Staff comments:

- "I work with a good team."
- "An excellent team the staff are always trying to work best for the clients."
- "Supervision is helpful."
- "I'm very happy and content at my work."
- "As staff we meet a wide range of needs for clients."

Overall the inspection showed the management team are providing good examples of leadership that is promoting improvement in this setting.

The staff were able to discuss the ways in which staff development and training enables staff to engage with a diverse range of service users some of whom have complex needs.

Discussions with service users and staff highlighted evidence that supports service user equal opportunities, regardless of their abilities, their background or their lifestyle. Some of the areas of equality awareness identified during the inspection include:

- effective communication
- service user involvement
- safeguarding
- advocacy
- equal care and support

- individual person centred care
- individual risk assessment
- disability awareness.

The agency’s commitment to equality and individual person centred care is an area of positive practice and is to be commended. Overall, the evidence available at this inspection confirmed that Melrose Day Centre service is well led.

Service user comments received:

- “I have only been here for two week and already it feels like home. Everyone is so helpful.”

Staff comments received:

- “The manager is flexible and approachable.”
- “The manager supports and encourages ongoing training.”

Nine returned questionnaires from service users indicated that a well led service meant:

- You always know who is in charge at any time
- You feel the service is well managed
- Your views are sought about your care and the quality of the service
- You know how to make a complaint.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements and maintaining good working relationships.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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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