

Care Inspection Report

08 March 2017



Melrose Day Centre

Type of service: Day Care Service

**Address: Rosstowney House, Glendermott Road, Londonderry, BT47
6BG**

Tel No: 02871314218

Inspectors: Dermott Knox and Briege Ferris

1.0 Summary

An unannounced inspection of Melrose Day Centre took place on 08 March 2017 from 10.30 to 17.00 hours.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the day centre was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

Melrose Day Centre premises were clean, fresh, and well decorated, with no obvious hazards for service users or staff. There are sufficient, well-equipped spaces for group and individual activities. Staffing records and discussions with staff and service users confirmed that staffing levels are sufficient to meet the needs of service users, when full staffing numbers are available. Staff members who were interviewed demonstrated an understanding of safeguarding procedures and staff confirmed their confidence in the caring qualities and commitment of their colleagues and were confident that poor practice would be challenged and reported. Risk assessments were being carried out regularly in an effort to minimize risks and to manage them consistently. One specific risk source was discussed with the manager and with two staff members. Observations of the delivery of care, throughout the inspection, provided evidence that service users' needs were being met safely by the staff. No areas for improvement were identified at this inspection with regard to the provision of safe care.

Is care effective?

Service users' records that were examined at this inspection contained a range of detailed assessment information, which supported the development of clear care plans and the delivery of effective care. There was written evidence in review reports to verify that there are effective outcomes of the day care service in terms of benefits for service users. Progress notes for service users were recorded regularly in all of the examples that were examined. The positive value of the day care service was confirmed by all of the service users and staff members who met with the inspectors. Staff were deployed in a manner that made logical use of their skills and experience. Two staff members spoke of supportive and positive working relationships within the team. We provided advice to the manager on best practice in finance record keeping. There is one outstanding requirement from previous inspections regarding the difficult access to the premises for people in wheelchairs. The evidence indicates that Melrose Day Centre is providing a level of effective care that the manager and staff are working to develop and improve.

Is care compassionate?

Seven service users contributed a variety of positive comments on their enjoyment of attending the centre and on its value to them socially, emotionally and mentally. Interactions between staff members and service users were seen and heard to be warm, respectful and caring. Staff who met with the inspectors emphasised the importance of promoting the dignity of each service user and we noted that confidential matters were dealt with in a respectful manner. The caring nature of practices that were observed was reflected in good quality records, on which service users were consulted. Quarterly service user meetings provided opportunities for views to be aired in a group setting. In the centre's annual report for 2016, service users expressed unanimously positive views of the quality of the service. The evidence presented at this

inspection indicates that compassionate care is provided by the staff team in Melrose Day Centre.

Is the service well led?

Melrose Day Care Centre and the Western Health & Social Care Trust have systems in place to ensure that staff are informed on the responsibilities of their roles and the expected standards of practice. There is a planned programme of training and staff are supervised and well supported within the team. Team members confirmed that they have the confidence and support of the manager and of their colleagues. Service users in the centre stated that the service was well organised by reliable, caring people. Some of the required records were well kept and up to date. There was a lack of detail in the minutes of staff meetings and monthly monitoring reports did not fulfil the frequency requirement. Their content should be improved by consistently using the same format and reporting on previous action plan progress. There was evidence to show that management and leadership of the service had been provided effectively in most areas and that service users viewed the service as being well led.

This inspection was underpinned by The Day Care Setting Regulations (Northern Ireland) 2007, the Day Care Settings Minimum Standards 2012.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Robert Donnelly, 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.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 24 March 2016.

2.0 Service details

Registered organisation/registered person: Western HSC Trust/Mrs. Elaine Way CBE	Registered manager: Mr Robert Francis Donnelly
Person in charge of the home at the time of inspection: Mr. Robert Francis Donnelly	Date manager registered: 20 August 2012
Categories of care: DCS-MP, DCS-MP(E)	Number of registered places: 25

3.0 Methods/processes

Prior to inspection we analysed the following records:

- Record of notifications of events
- Record of complaints
- Quality Improvement Plan from the previous inspection on 24 March 2016.

During the inspection the inspectors met with:

- Seven service users in two small groups
- One service user individually
- Two care staff, in individual discussions
- The registered manager at the commencement and conclusion of the inspection.

Questionnaires were left with senior staff to be distributed to service users, staff and a number of relatives or carers of service users. One completed questionnaire was returned to RQIA from a service user and provided entirely positive responses.

The following records were examined during the inspection:

- File records for four service users, including assessments and review reports
- Progress records for four service users
- Monitoring reports for the months of October and December 2016 and for January and February 2017
- The centre's Annual Report for 2016
- Record of complaints
- Record of Accidents and Incidents
- Training records for staff
- Procedures for Responding to Behaviours that Challenge Staff or Others
- Procedures for handling Service Users' Monies
- Minutes of four Staff Meetings held during 2016 and one in February 2017
- Minutes of the most recent Service Users' Meeting and the agenda for the next meeting due on 15 March 2017.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 24 March 2016

The most recent inspection of the day centre was an unannounced care inspection. The completed QIP was returned and approved by the specialist inspector. This QIP has been validated by the inspector at this current inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 24 March 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 26 (2)(a) Stated: Second time	<p>The registered person is advised to undertake a review of the Melrose Day Centre entrance door arrangements with particular reference to guidance contained in Technical Booklet R of the Building Regulations (Northern Ireland) 2012. (Table 3.1).</p> <p>The registered person should consider the provision of powered semi-automatic opening devices on the entrance door of Melrose Day Centre with a suitably wide opening clearance to facilitate unrestricted passage by wheelchair users or other physically disabled individuals.</p> <p>The outcome of this review is to be forwarded to RQIA with an action plan including timescales.</p>	Partially Met
	<p>Action taken as confirmed during the inspection:</p> <p>The review was carried out and the manager has requisitioned this work through the Trust's minor capital works system, which prioritises jobs to be completed. Currently, service users who use a wheelchair can be facilitated to enter and leave the premises, with assistance at the entrance door. The registered provider must inform RQIA of the proposed action plan for completing this work, including timescales.</p>	
Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 8.5 Stated: First time	<p>The registered manager should ensure the evaluation/summary report completed after the next 2016 service users' annual quality assurance survey qualitatively reflects:</p> <ul style="list-style-type: none"> • The questions asked in the survey • An overview of service user's responses • Service user's qualitative comments about Melrose Day Centre • Any issues raised by service users • The actions taken in response. <p>A copy of this report is shared and made available to service users. Records should be made of when the information was shared with them.</p>	Met

	<p>Action taken as confirmed during the inspection:</p> <p>The manager provided a copy of the 2016 Annual Report for Melrose which included a summary of the responses from service users, carers and staff. The survey questionnaires were also available but were not examined at this inspection.</p>	
<p>Recommendation 2</p> <p>Ref: Standard 14.10</p> <p>Stated: First time</p>	<p>The registered manager should ensure Melrose Day Centre's complaints record reflects all areas of dissatisfaction; concerns or complaints made by service users, relatives or members of the public. The complaints record must include:</p> <ul style="list-style-type: none"> • details of all communications with complainants • the results of any investigations • the action taken • whether or not the complainant is satisfied, partially satisfied or dissatisfied with the outcome of the investigation/s • if the complainant is partially satisfied or dissatisfied, the complaints record should state if they have been advised of the next step in the centre's complaints process and information on support and advocacy services. <p>Action taken as confirmed during the inspection:</p> <p>One complaint had been received since the previous inspection and this had been processed in accordance with the provider's procedures and the minimum standards.</p>	<p>Met</p>
<p>Recommendation 3</p> <p>Ref: Standard 17.10</p> <p>Stated: First time</p>	<p>The registered persons should ensure monthly monitoring visits are consistently undertaken of Melrose Day Centre in accordance with Regulation 28 of The Day Care Settings Regulations (Northern Ireland) 2007. The registered persons, in the first instance, are advised to contact RQIA to request any changes in the frequency of monitoring visits of Melrose Day Centre.</p> <p>Action taken as confirmed during the inspection:</p> <p>There was evidence of improvement in the consistency of monitoring arrangements. Reports for the months of January and February 2017 were available for inspection and were examined. A further recommendation is made in the present report with regard to the format and content of monitoring reports.</p>	<p>Met</p>

4.3 Is care safe?

Melrose Day Centre premises were clean, well-furnished and equipped and in good condition, with no obvious hazards for service users or staff. A damp ingress problem has been resolved. There is comfortable space available for group activities and for individual work with service users. The manager and two staff members confirmed that they have confidence in the practice of all members of the staff team, in their work with service users. A senior staff member, who takes charge in the manager's absence, has been assessed as competent and capable of taking charge of the centre. Staff recruitment and selection records are held in the trust's Human Resources Department. Staffing duty records and discussions with staff confirmed that, when all staff are available for duty, staffing levels in the centre met the assessed needs of the service users. Safeguarding procedures were understood by staff who were interviewed.

There were systems in place to ensure that risks to service users were assessed regularly and managed appropriately and this included inputs by community based professionals, service users and, where possible and appropriate, a relative/carer. Risk and vulnerability assessments with regard to transport, mobility and other individual areas, were present in each of the service user's files examined and three of the four had been signed as agreed by the service user.

During the inspection visit, eight service users spoke very positively of the quality of care provided at the centre and confirmed that they felt safe in the centre and in any outreach activities. Staff presented as being well informed of the needs of service users and of methods of helping to meet these needs safely. Service users' rights and feelings, and the methods available to them of raising a concern or making a complaint were set out in the service user guide. Two service users identified the suggestion box as a way to make their feelings known, although they said they could easily talk to a staff member about anything that bothered them. Observation of the delivery of care, throughout the period of the inspection, provided evidence that service users' needs were being met safely by the staff team.

Two notifiable events had been reported to RQIA since the previous care inspection and both had been managed appropriately. One complaint had been recorded in that period and had not been resolved to the full satisfaction of the complainant. The reasons for this were explained satisfactorily by the manager. Fire alarm systems checks were carried out and recorded on a weekly basis and fire exits were seen to be unobstructed. Records of fire safety checks and evacuations were clear and well-detailed.

Observations of the delivery of care, throughout the period of the inspection, provided evidence that service users' needs were being met safely by the staff on duty. The evidence presented supports the conclusion that safe care is provided in Melrose Day Centre.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
-------------------------------	---	----------------------------------	---

4.4 Is care effective?

The centre's Statement of Purpose and the Service User's Guide provide the full range of information required by the regulations and the minimum standards. There was evidence from

discussions with service users to confirm that they are encouraged to contribute ideas to the running of the centre. The agenda for the forthcoming service users' meeting identified areas, such as structured timetables, on which they are expected to make suggestions.

Five service users' files were examined and each was found to contain detailed referral and assessment information on the individual and on his or her functioning, along with a basic information profile, a service user's agreement and appropriate risk assessments. Care plans were clearly written, dated, person-centred and accurately reflected the needs identified in assessments. There was good evidence in some records of work having been done to increase the involvement of the service user in key aspects of their plan, taking greater levels of responsibility for their own wellbeing and decision making. There was strong support within the staff team for promoting the greatest possible, appropriate level of independence for each service user.

A record was kept of each service user's involvement and progress at the centre and entries were in proportion to the frequency of attendance of the individual. Dates and signatures were present in all of the care records examined. Records of annual reviews for each person demonstrated that an evaluation of the overall suitability of the placement had been discussed in detail and agreed. Well written review records were available in each of the files examined. These included the service user's views and were informed by the written progress records.

The premises are spacious and with a layout which makes for easy access to the various rooms and the outdoor space, for those who can mobilise independently. Inside the premises, the single level floor surface is important for those who use a mobility aid. There is a problem with main door access for those who use wheelchairs and currently they are unable to enter the premises without the assistance of others. The need for improved access has been identified in two previous inspection reports and the provider has reported that a formal request has been processed within the minor capital works system in the Trust and that this job is now in a waiting list. The provider must inform RQIA of the proposed timescale for funding and carrying out this work.

Five service users spoke about their experiences of participating in the centre's activities, including 'outreach' activities such as ten-pin bowling. All reported positive views of the support and confidence that they gained from these. Evidence from discussions with service users, from written records and from observations of interactions between service users and staff, confirmed that service users viewed the centre as a vital support in their efforts to cope with and overcome the presenting challenges they faced. The manager and staff work creatively to involve service users in a variety of experiences, making full use of the day centre and local leisure and educational resources. The evidence indicates that the care provided is effective in terms of promoting recovery, service user's involvement and increased independence.

Areas for improvement

There is one outstanding requirement from previous inspections, regarding the difficulty of access to the premises for people in wheelchairs.

Number of requirements	1	Number of recommendations	0
-------------------------------	---	----------------------------------	---

4.5 Is care compassionate?

Observations of activities throughout the centre provided evidence of service users relating positively to staff and to each other. The centre provides a range of activities including, cookery, baking, art, pool, the “Read to Lead” series and, exercising, such as in the walking group. The “Read to Lead” approach to encouraging adult self-development and resourcefulness appears to have potential and value for several service users. In all of the interactions observed, service users were engaged with respect and encouragement.

Service users confirmed that staff listen to them and involve them in deciding what they want to do during their time in the day centre. Service users were seen to be encouraged by staff and reminded or re-focussed in constructive activities. Rather than stopping the provision of lunches, food preparation has been developed as a learning activity for service users, some of whom spoke of their enjoyment of this involvement. There is a low level requirement for staff to handle or hold service users’ monies and advice was provided on best practice in the recording and administration of any necessary transactions. In the afternoon, a group of service users was engaged with a staff member in baking ‘wee buns’ in the kitchen and this was reported to be an enjoyable activity. Staff demonstrated a good knowledge of each service user’s assessed needs as identified within the individual’s care plan.

There were measures in place to ensure that the views and opinions of service users were sought and taken into account in all matters affecting them. These included an annual survey and a report of the findings, service user meetings, a suggestion box and day to day discussions, either individually or in groups. The views of a sample of service users were sought during each monthly monitoring visit and their views were reflected in all of the monthly reports which were reviewed. Comments from service users included: “People here just accept you for who you are and there’s no need to feel different”, and “Staff are all very good and supportive”.

One service user returned a completed questionnaire to RQIA indicating that she was satisfied with the quality of the service in all four domains, Is care safe?, Is care effective?, Is care compassionate? and, Is the service well led? A number of service users had declined to have their photograph taken for inclusion with their written records and a statement to this effect was inserted in each of the relevant files. The agenda for one service users’ meeting, scheduled for 15 March 2017, provided evidence of a wide range of topics to be discussed, including those that had been requested by service users. There was evidence to indicate that Melrose Day Centre provides compassionate care to its service users.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
-------------------------------	---	----------------------------------	---

4.6 Is the service well led?

Melrose Day Care Centre and the Western Health & Social Care Trust have systems in place to ensure that staff are informed on the responsibilities of their roles and the expected standards of practice. The centre has clear management information set out in the statement of purpose, clarifying the leadership and decision making structure regarding the day care services. There

was written evidence in the staffing records to show that staff members were appropriately experienced for their designated roles. Service users in the centre stated that the service was well organised by reliable, caring people.

There is a planned programme of training, some of which is mandatory, and staff are encouraged to participate in other training that is relevant to their roles and responsibilities. A system is in place for the identification of staffs' training needs and for meeting these, as far as is possible. Staff confirmed that training needs were identified and met throughout each year. Formal supervision meetings for staff members were taking place in keeping with the minimum standards and individual staff members confirmed that they felt well supported within the team. Team members confirmed that they have the confidence and support of the manager and of their colleagues. A Band 5 Day Care Worker is deemed competent to take charge of the centre in the manager's absence and has fulfilled this role on several occasions, including for a period of several weeks during 2016.

Required records were mostly well kept and up to date although there was a lack of detail in the minutes of staff meetings and this is an identified area for improvement. Agendas for staff meetings addressed an appropriate range of procedural, practice and specific service user matters and the key discussion content and decisions arising should be present in the minutes, along with an action plan for implementing decisions. Monthly monitoring reports for October and December 2016 and for January and February 2017 were examined and were found to address the matters required by regulation. However, reports did not meet the frequency required by regulations as no reports were present for either September or November 2016. In addition the content of reports should be improved by consistently using the same format, which includes the identification of the visit having been announced or unannounced, and by reporting on previous action plan progress.

Incident and accident records showed that there had been several instances of significant risk to staff's safety, since April 2016, the latest being in early February 2017. This matter was discussed at length with the manager and with two staff members, individually. There was insufficient evidence in the centre's records to conclude that the Trust had provided sufficient and timely support to those affected by one specific, violent incident. A senior manager for the Trust stated by phone that appropriate action was taken to reassure and protect all those involved. The registered provider is directed to Section 4 of the NISCC Code of Practice for Employers of Social Care Workers, to inform and support their decision making and actions in respect of those who have been adversely affected by this matter.

There was evidence to show that management and leadership of the service has been provided effectively in most areas and that service users viewed the service as being well led.

Areas for improvement

There should be greater detail in the minutes of staff meetings so that a record is kept of the views of participants and the decisions reached.

No reports of monitoring visits for either September or November 2016 were available in the centre, indicating that the frequency of monitoring by the provider Trust is unsatisfactory.

The content of monitoring reports should be improved by consistently using the same format, as discussed with the manager, and by reporting on previous action plan progress.

Number of requirements	1	Number of recommendations	2
-------------------------------	----------	----------------------------------	----------

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Robert Donnelly, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 the day care service. 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Day Care Setting Regulations (Northern Ireland) 2007.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Day Care Settings Minimum Standards 2012. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to day.care@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

Requirement 1 Ref: Regulation 28 Stated: Second time To be completed by: Immediate	<p>The registered provider must ensure that monitoring visits to Melrose Day Centre are carried out at least monthly.</p> <hr/> <p>Response by registered provider detailing the actions taken: The registered manager will continue to make every effort to see that monthly monitoring visits to Melrose Day Centre are consistent and completed on a monthly basis.</p> <p>Monthly monitoring visits are carried out and will continue to be carried out.</p>
Requirement 2 Ref: Regulation 26(2)(a) Stated: Third time To be completed by: 28 April 2017	<p>The registered provider must inform RQIA of the proposed timescale for funding and carrying out the access improvement at the front entrance of the premises.</p> <hr/> <p>Response by registered provider detailing the actions taken: The requirement has been discussed with my Line Manager who will bring it to the attention of the Western Trust estates services and the Assistant Director of Adult Mental Health for their consideration.</p> <p>The request for access has been submitted as a minor capital work and we await the outcome of the approval mechanism within the Trust.</p>

Recommendations

Recommendation 1 Ref: Standard 23.8 Stated: First time To be completed by: 28 April 2017	<p>The registered provider should ensure that greater detail is provided in the minutes of staff meetings so that a record is kept of the key discussion content, the decisions reached on each topic and an action plan for those decisions.</p> <hr/> <p>Response by registered provider detailing the actions taken: Recommendation noted and the registered manager will make every effort to ensure greater detail within the minutes of the Melrose staff meetings.</p> <p>Staff have acknowledge this recommendation and have committed to completing more details requested. this will also be monitored via the monitoring visits.</p>
Recommendation 2 Ref: Standard 17.10 Stated: First time To be completed by: 28 April 2017	<p>The registered provider should ensure that the content of monthly monitoring reports is improved by consistently using the same format, as discussed with the manager, and by reporting on previous action plan progress.</p> <hr/> <p>Response by registered provider detailing the actions taken: The registered manager will request that the Melrose Day Centre monthly monitoring reports are completed using the same recording format.</p>

	<p>We will ensure that the content of the monthly monitoring reports is improved by consistently using the same format and by reporting on previous action plans. This will be monitored by the newly appointed Day Care Manager who is coming into post on the first week of July 2017.</p>
--	--

****Please ensure this document is completed in full and returned to day.care@rqia.org.uk from the authorised email address****



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Fax 028 9051 7501
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews

Assurance, Challenge and Improvement in Health and Social Care