

Unannounced Care Inspection Report 17 October 2017



Melrose Day Centre

Type of Service: Day Care Setting

**Address: Rosstown House, Glendermott Road, Londonderry,
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Tel No: 028 7131 4218

Inspector: Laura O'Hanlon

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a day care setting that provides care and day time activities for up to 25 service users with mental health difficulties. The day care setting is open Monday to Friday.

3.0 Service details

| | |
|---|---|
| Organisation/Registered Provider: Dr Anne Kilgallen Responsible Individual(s): Western HSC Trust | Registered Manager: Robert Francis Donnelly |
| Person in charge at the time of inspection: Robert Francis Donnelly | Date manager registered: 20 August 2012 |
| Number of registered places: 25 - DCS-MP, DCS-MP(E) | |

4.0 Inspection summary

An unannounced inspection took place on 17 October 2017 from 10.20 to 15.30.

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 training, communication between service users and staff and the culture and ethos of the service.

One area requiring improvement was identified in regards to the need for competency and capability assessments.

Service users said they enjoyed coming to the day centre and were praising of the food and activities provided for them.

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 | 1 |

Details of the Quality Improvement Plan (QIP) 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.

4.2 Action/enforcement taken following the most recent care inspection dated 8 March 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 08 March 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the registration details of the day centre, written and verbal communication received since the previous care inspection and the previous care inspection report and quality improvement plan (QIP).

During the inspection the inspector met with 14 service users, two staff and the registered manager. A total of 15 questionnaires were provided for distribution to service users, relatives/representatives and staff for completion and return to RQIA. Seven questionnaires were returned within the required timeframe.

The following records were examined during the inspection:

- staff duty rota
- induction programme for new staff
- staff supervision and annual appraisal schedules
- staff training schedule/records
- four service user care files
- minutes of recent staff meetings
- complaints and compliments records
- accident/incident/notifiable events register
- minutes of service users' meetings
- monthly monitoring reports
- fire safety risk assessment
- fire drill records
- maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- a sample of policies and procedures
- RQIA registration certificate

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

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 8 March 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 08 March 2017

| Areas for improvement from the last care inspection | | |
|--|--|--------------------------|
| Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007 | | Validation of compliance |
| Area for improvement 1 Ref: Regulation 28 Stated: Second time | The registered provider must ensure that monitoring visits to Melrose Day Centre are carried out at least monthly. | Met |
| | Action taken as confirmed during the inspection: A review of the monitoring visits from 1 June 2017 to 30 September confirmed these were undertaken monthly. | |
| Area for improvement 2 Ref: Regulation 26(2)(a) Stated: Third time | 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. | Met |
| | Action taken as confirmed during the inspection: This area for improvement was discussed with the registered manager who advised that the access improvement work to the front entrance remains under consideration and timescales have not yet been agreed. This is currently being progressed with senior management in the trust. At present wheelchair users can safely access and leave the building and the issue of access will be kept under review. | |

| Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012 | | Validation of compliance |
|--|---|---------------------------------|
| Area for improvement 1 Ref: Standard 23.8 Stated: First time | 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. | Met |
| | Action taken as confirmed during the inspection: A review of the minutes of staff meetings confirmed that greater detail was recorded in relation to discussions and decisions made. | |
| Area for improvement 2 Ref: Standard 17.10 Stated: First time | 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. | Met |
| | Action taken as confirmed during the inspection: A review of the monitoring visits from 01 June 2017 to 30 September confirmed that these were recorded in the same format. Comment was also made in regard to previous action plan progress. | |

6.3 Inspection findings

6.4 Is care safe?

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

The registered manager confirmed the staffing levels for the day centre and that these were subject to regular review to ensure the assessed needs of the service users were met. No concerns were raised regarding staffing levels during discussion with service users and staff.

A review of the duty roster confirmed that it accurately reflected the staff working within the centre. The duty roster identified the staff working each day, the capacity in which they worked and the person in charge of the centre. Discussion with the registered manager confirmed that there is a senior staff member who was capable and competent to manage the centre in the absence of the manager. However there was no evidence that competency and capability assessments had been completed by the manager. This was identified as an area for improvement under the standards.

Discussion with the registered manager confirmed that no new staff were recruited to the centre within the last few years. The registered manager was able to provide a sample induction programme which was in place for all new staff within the centre. Discussion with the registered manager confirmed that staff recruitment records were retained at the organisation's personnel department.

Discussion with staff confirmed that mandatory training and other professional development training was provided. A schedule for mandatory training was reviewed during the inspection and confirmed that staff had completed training in adult safeguarding and fire safety since the last inspection.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA confirmed that these were appropriately managed and reported. Discussion with staff confirmed the importance of keeping service users safe in the setting and staff were aware of potential risks for each individual.

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

Discussion with staff confirmed that they were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager, review of accident and incidents notifications, care records and complaints records confirmed that whilst there was no current safeguarding investigations within the day centre, any suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation and written records retained.

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 very supportive. Staff confirmed service users are encouraged to give their views, opinions and preferences.

A general inspection of the day centre was undertaken and was found to be fresh smelling, clean and appropriately heated. Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of service users, visitors or staff.

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap and disposable towels in place. Notices promoting good hand hygiene were displayed in bathroom areas.

The day centre had an up to date fire risk assessment in place dated 13 September 2017 and all recommendations were noted to be appropriately addressed. Review of staff training records confirmed that staff completed fire safety training annually. A fire drill was last completed on 09 June 2017 and records were retained of staff and service users who participated. Fire safety records identified that fire exits, equipment and emergency lighting were checked weekly. The registered manager confirmed that the fire alarm systems were checked weekly within the whole building.

Seven completed questionnaires were returned to RQIA from service users and relatives. Respondents described their level of satisfaction with this aspect of care as very satisfied and satisfied. One comment made on a returned questionnaire was:

- “(Service user) is very happy with the centre and extremely fond of staff – I feel at ease when I know he is very safe within the centre and I am at ease when I know he is there.”

Areas of good practice

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

Areas for improvement

One area for improvement was identified in relation to maintaining evidence that competency and capability assessments are completed by the manager.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 1 |

6.5 Is care effective?

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

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

A review of four care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, risk assessments, associated care plans and a regular statement of health and well-being of the service user.

Care records also reflected the multi-professional input into the service users’ health and social care needs and were found to be updated regularly to reflect the changing needs of the service user. Discussion with staff confirmed that a person centred approach underpinned practice. This was evidenced through the staff knowledge in regards to the individual needs and behaviours of each resident.

Discussion with service users about what they were doing in the centre provided assurances they knew what activity they were going to take part in, who would help them and they were happy that their choices and needs were being met in the day centre.

Service users and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the service user and/or their representative. Discussion with staff confirmed that a person centred approach underpinned practice. This was evidenced through the staff knowledge in regards to the individual needs and behaviours of each resident.

It was observed during this inspection that records were stored safely and securely in line with data protection.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users at appropriate intervals. Records were available for inspection concerning audits of staff training, supervision and appraisal and care records and evidenced that actions identified for improvement had been completed.

The registered manager confirmed that systems were in place to ensure effective communication with service users, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, service user' meetings and staff meetings. The registered manager, service users and staff confirmed that management operated an open door policy in regard to communication within the home.

Staff stated that there was effective teamwork and if they had any concerns, they could raise these with the registered manager. Service users spoken with, observation of practice and review of care records evidenced that staff were able to communicate effectively with the service users, their representatives and other key stakeholders.

Discussion with the registered manager and review of records evidenced that service user meetings were generally held quarterly. The last meeting was held on 06 October 2017 and minutes were made available.

Seven completed questionnaires were returned to RQIA from service users and relatives. Respondents described their level of satisfaction with this aspect of care as very satisfied and satisfied. One comment made on a returned questionnaire was:

- “I am confident that if staff had any worries or concerns regarding (service user’s) safety/health that I would be informed immediately.”

Areas of good practice

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

Areas for improvement

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.

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

Discussions with staff regarding the activities they were delivering confirmed the activities were tailored to meet the needs of the service users, as well as promoting their strengths and providing choice. Service users were enabled and supported by staff to engage and participate in meaningful activities. On the day of the inspection four of the service users were going out to play golf while others were working on an individualised exercise programme. The service users advised that they all participate in the preparation of their meal. Other activities included arts and crafts, pool and mindfulness. The activity programme was noted as developing social, and education 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, opportunities for work and outings through service user meetings, informal discussions and their individual review meetings.

Discussions with service users along with observations of practice during this inspection confirmed that service users were enabled and supported to engage and participate in meaningful activities e.g. exercise programmes. Observations of service users taking part in activities showed participation was good.

During the observation and discussions staff were observed checking service users were comfortable, that their needs and preferences were being met. Overall staff were observed supporting service users in a compassionate way, encouraging service users to be involved in their care and promoting their independence.

Staff were aware of each service user's individual needs and were observed to respond positively and warmly. During discussion, staff presented as knowledgeable and informed regarding each service user's needs.

Service users' confirmed their views and opinions were taken into account in matters affecting them. They identified that attending the setting helps them avoid loneliness, gives them structure to their week and is a place where they are encouraged to be independent.

The inspector met with 14 service users during the inspection. The service users reported that they were happy with the day centre and their relationship with staff. Service users were observed to be comfortable and at ease in their environment and interactions with staff were found to be positive.

Seven completed questionnaires were returned to RQIA from service users and relatives. Respondents described their level of satisfaction with this aspect of care as very satisfied and satisfied. One comment made on a returned questionnaire was:

- “(Service user) has become very reliant on staff at Melrose and is very trusting of the staff. I feel if he had any concerns he would speak to a member of staff and receive the right support and advice.”

Comments made by service users during the inspection were:

- “I like it here, I enjoy the cooking and the food is excellent.”
- “I enjoy coming here it gets me out of the house.”
- “I really like it here. The staff are great. I would go to any of them if I had a problem.
- “We do lots of activities. I am doing the couch to 5k. We had bowls last week and we go to the cinema.”
- “The place is great. The staff are excellent. Robert helps me out with my meals even when I don’t come to the centre. I don’t take meat and the staff always accommodate me.”
- “I really enjoy coming here, the staff are all so kind.”

Comments made by staff during the inspection were:

- “We have a good consistent staff team, everyone gets on well just like a family. Robert is a great manager he couldn’t do enough. If I had a problem I would just ask. Robert is proactive and always trying to improve things. I think the service is brilliant. The service users are offered good choices. As a team member I feel valued. Robert is responsive to suggestions.”
- “Robert is an excellent manager and an advocate. He is open to ideas during daily discussions and is responsive. The service users all set their own activities and timetable. There is good teamwork and we all work well together.”

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.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The certificate of registration issued by RQIA was displayed in a prominent position in the day care setting. The registered manager outlined the management arrangements and governance systems in place to meet the needs of the service users.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. The registered manager confirmed that policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

Discussion with staff confirmed that they knew how to respond to issues such as an adult safeguarding concern. The day centre had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this.

The registered manager confirmed that staff could access line management to raise concerns and they will offer support to staff. Discussion with staff confirmed that there were good working relationships within the day centre and that management were responsive to suggestions and/or concerns raised.

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

Discussion with the registered manager confirmed that staff meetings were held quarterly and records were retained. The last meeting was held on 08 September 2017 and minutes were available. It was noted that the detail was improved on the minutes as a result of the last inspection. Previous staff meetings had been undertaken on 15 June 2017.

Two complaints had been recorded since the previous care inspection. Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from service users, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction.

A monthly monitoring visit was undertaken as required under Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007; a report was produced and made available for the service users, their representatives, staff, trust representatives and RQIA to read. The reports for the period 1 June to 30 September 2017 were reviewed and found to be satisfactory.

Seven completed questionnaires were returned to RQIA from service users and relatives. Respondents described their level of satisfaction with this aspect of care as very satisfied and satisfied. One comment made on a returned questionnaire was:

- "Staff have been very welcoming and helpful to (service user) and I during difficult times and have been extremely caring and helped him in many ways."

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

7.0 Quality improvement plan

Areas for improvement 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 if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the day care setting. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012

| | |
|---|---|
| <p>Area for improvement 1</p> <p>Ref: Standard 17.2</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2017</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>Response by registered person detailing the actions taken:</p> <p>I have completed a competency and capability assessment within the timeframe.</p> <p>As discussed with the inspector on the day of inspection, I am confident that both senior day care workers within my team are competent and capable of being left in charge of the Melrose centre in my absence. Both senior day care workers are highly qualified within their roles with qualifications such as Level 5 Diploma in Leadership for H&SC services (Adult Management) and BA (Hons) Psychology respectively and both have over 20+ years' experience in the caring profession.</p> <p>As well as this, the centre also has a system in place which has been agreed and signed by my staff team, that in the absence of me as manager for periods not already planned "staff are to contact the next available senior manager to request management support for the centre".</p> <p>Full details of my staff's qualifications, experience and the support system are recorded within the Melrose Statement of Purpose. This was reviewed on day of Inspection.</p> |

Please ensure this document is completed in full and returned via Web Portal



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