

The Regulation and
Quality Improvement
Authority

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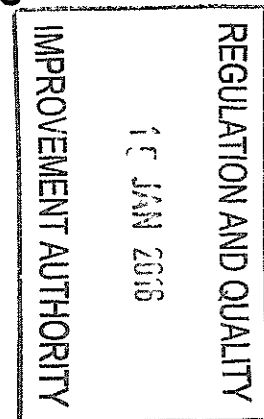
Email:

Inspector: Dermott Knox
Inspection ID: IN023772

raymond.boyle@westerntrust.hscni.net

**Unannounced Care Inspection
Of
Maybrook Adult Training Centre**

19 October 2015



The Regulation and Quality Improvement Authority
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Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 19 October 2015 from 11.00 to 17.30. Overall on the day of the inspection the Day Care Setting was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Settings Regulations (Northern Ireland) 2007, The Day Care Settings Minimum Standards 2012.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

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

This inspection resulted in two requirements and two recommendations being made and these are set out in the Quality Improvement Plan on page 10 of this report. More detailed findings of the inspection can be found in the main body of the report.

2. Service Details

Registered Organisation/Registered Person: Western Health and Social Care Trust	Registered Manager: Mr Raymond Boyle
Person in Charge of the Day Care Setting at the Time of Inspection: Mr Raymond Boyle	Date Manager Registered: 04 August 2014
Number of Service Users Accommodated on Day of Inspection: 68	Number of Registered Places: 75

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

Standard 5: Care Plan - where appropriate service users receive individual continence promotion and support.

Standard 8: Service Users' Involvement - service users' views and comments shape the quality of services and facilities provided by the Day Care Setting

4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed:

- Record of notifications of events, which contained nine entries since the previous inspection,
- Record of complaints,
- Quality Improvement Plan from the previous inspection on 25 March 2015, including the provider's responses, approved by RQIA on 15 June 2015.

During the inspection the inspector met with:

- Two service users individually and with approximately 18 people in group settings,
- The registered manager,
- Four care staff for individual discussions and several others in group settings.

The following records were examined during the inspection:

- File records for five service users, including care plans and review reports,
- Progress notes for seven service users,
- Monthly monitoring reports for three months in 2015,
- Record of complaints, containing no entries,
- The statement of purpose,
- Service user guide,
- Minutes of two service user (Self Advocacy Group) meetings,
- Minutes of four staff meetings,
- Three staff training records,
- Three staff supervision records,
- A sample of written policy and procedures documents.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the service was an announced care inspection dated 25 March 2015. The completed QIP was returned and approved by the specialist inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 20 (c)(ii)	<u>Staff supervision</u> The registered manager must ensure that staff supervision is provided in accordance with regulation, good professional practice and WHSC Trust policy.	Met
	Action taken as confirmed during the inspection: A full schedule of staff supervision was in place, with the most recent round of supervision meetings having been completed in August 2015. The manager had stressed to staff that this schedule was to meet the minimum requirements and that additional supervision meetings are to be encouraged.	
Requirement 2 Ref: Regulation 20 (c)(i)	<u>Staff Appraisal</u> The registered manager must ensure that annual staff appraisal is provided for staff.	Met
	Action taken as confirmed during the inspection: The manager has been carrying out the appraisals for Band 5 staff and the majority of these were completed. Band 5 staff training was provided in July 2015 and appraisals of Band 3 staff were in progress.	

Previous Inspection Recommendations		Validation of Compliance
<p>Recommendation 1</p> <p>Ref: Standard 5.2</p>	<p><u>Care Plan</u></p> <p>It is recommended that the registered manager ensures that detail is recorded within one service user's care plan regarding the potential risk of challenging behaviour and measures in place to minimise the identified risk of physical aggression to the health safety and well-being of other persons.</p> <p>It is recommended that the registered manager ensures staff record measures in place to minimise any associated risk which may occur as a result of lap strap use on chairs. Measures, for example may include: level of staff supervision, observation, release times (if prescribed) and frequency of review.</p> <p>Action taken as confirmed during the inspection: Care plans were found to be well detailed in terms of identifying risks to service users and potential risks arising from challenging behaviours. The identified service user's records were being maintained in compliance with this recommendation.</p>	<p>Met</p>
<p>Recommendation 2</p> <p>Ref: Standard 21.3</p>	<p><u>Staff training</u></p> <p>Staff training in Restraint and First Aid is recommended for several untrained staff.</p> <p>Action taken as confirmed during the inspection: There was evidence to confirm that training in First Aid had been provided, but training on the management of challenging behaviour remains outstanding and the manager has not been able to secure scheduled dates for this to be delivered. This matter is restated as a requirement under Regulation 20(1) (c) in the QIP.</p>	<p>Partially Met</p>

Recommendation 3	<u>Policy Development</u>	
Ref: Standard 18.1	<p>It is recommended that staff have access to a policy / procedure on Challenging Behaviour.</p> <p>It is recommended that the centre's policy on Restrictive Interventions includes reference to the requirement to notify RQIA on any occasion when a service user is subject to restraint.</p> <p>(Regulation 14 (5) of The Day Care Setting Regulations (Northern Ireland) 2007).</p> <p>The centre's policy on Records Management should reflect retention of records for a period not less than eight years as required within Schedule 4 and 5 of The Day Care Setting (Northern Ireland) 2007.</p> <p>Action taken as confirmed during the inspection: Parts two and three of this recommendation have been met, but the policy and procedure on the Management of Challenging Behaviour has not yet been made available to staff in the centre. Along with the lack of adequate training opportunities in the Management of Aggression and Potential Aggression, this constitutes a significant failure by the Trust to properly prepare and support staff in difficult, high risk areas of work. This matter is restated in the Quality Improvement Plan at the end of this report.</p>	Partially Met

Number of Requirements:	1	Number of Recommendations:	1
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5.3 Standard 5: Care Plan - Where appropriate service users receive individual continence promotion and support

Is Care Safe?

Service users' records provided evidence of the objectives related to personal care needs, many of which included continence care needs. Staff members confirmed their confidence in providing good quality personal care and in respecting each service user's privacy and dignity. Review records for a sample of five service users showed that all relevant care matters had been addressed to the satisfaction of the service user, a relative and/or a relevant professional. In ten staff questionnaire responses, five people stated that they were "satisfied" and four stated "very satisfied" with the timely provision of equipment to meet assessed needs. One person indicated dissatisfaction in this regard. There were also two expressions of dissatisfaction with the appropriateness of the environment to meet service users' care, health and welfare needs. Eight respondents were either satisfied or very satisfied in this regard.

While the toilet and personal care facilities were considered to be satisfactory for some groups of service users, the increasing levels of service users' dependency and complexity of needs, as highlighted by the manager and several staff members, indicates the necessity for a reassessment of the suitability of those parts of the premises. Currently, 47% of service users in Maybrook use wheelchairs, some of which are large and difficult to manoeuvre in the available spaces.

In individual discussions during the inspection, two service users confirmed that they had access to the facilities that they needed and that they were confident in the staff who worked with them while two others, in questionnaires, expressed dissatisfaction with either the safety or the quality of care.

Staff members, who met individually with the inspector, confirmed that they were trained for personal care work and were confident in their respective roles.

The evidence available during this inspection supports the conclusion that safe care was being provided, although with considerable difficulty and risks, due to the changing needs described above. The registered person should reassess the suitability of the premises for meeting the needs of service users, particularly in the areas used for personal and intimate care.

Is Care Effective? (Quality of Management)

The centre does not have a written policy for continence promotion and care. The manager confirmed that work is ongoing in the Trust to develop this, but this specific focus was introduced to inspections by RQIA in April 2015, having been notified to service providers two months prior to that date. The provision of a written policy and guidance to staff is long overdue. The registered person must ensure that a written policy and guidance to staff on continence care are provided urgently.

Many service users had assessed needs for continence promotion and care and there was evidence in care plans and from discussions with staff members to confirm that effective care was being provided to meet these needs. Review records verified that service users' needs had been identified appropriately and are regularly reviewed to ensure that care plan objectives remain relevant and accurate. Progress notes were found to be relevant, person centred and up to date.

Monthly monitoring visits and reports were being completed regularly by a Trust appointed manager. The monitoring officer met with a number of service users and with staff to ascertain their satisfaction with service outcomes and with the operation of the centre. A sample of the centre's records was examined on each monitoring visit.

Is Care Compassionate?

In questionnaire responses, five service users confirmed their satisfaction with the general care and support they received, while one person expressed dissatisfaction with this. Following the inspection, the manager was asked to investigate the reasons for this dissatisfaction. A recent quality survey of service users had been completed, with thirty one responses, and the manager was in the process of collating the findings and responding to these.

Staff members, who were interviewed, spoke of the diversity of individual needs and preferences within the service user groups and the importance of developing a detailed understanding and relationship with each person. Staff who met with the inspector confirmed their confidence in the compassionate care practices of each of their colleagues. Observations of staff's interactions with service users, throughout the inspection period, presented evidence of good quality compassionate care being delivered and of service users appearing to be content within their group settings.

Number of Requirements:	1	Number of Recommendations:	1
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5.4 Standard 8: Service Users' Involvement - Service users' views and comments shape the quality of services and facilities provided by the Day Care setting

Is Care Safe?

There was written evidence to show that staff members were appropriately qualified and trained in most aspects of their designated roles. However, there were insufficient training opportunities for staff in the management of aggression and potential aggression (MAPA) and the registered person must ensure that staff are appropriately trained for this aspect of their roles. Each of the staff, who met with the inspector, confirmed that they were confident in the practice of other members of the staff team in their work with service users. There were systems in place to ensure that risks to service users were assessed continually and managed appropriately. The registered person should ensure that a policy and a procedure on the Management of Challenging Behaviour is made available to staff in the centre, at the earliest possible time. This recommendation was made at the previous inspection and is restated in the Quality Improvement Plan accompanying this report.

Four of the six service users, who completed questionnaires, indicated that they were satisfied or very satisfied that the service provided is safe and that their needs were met. Two service users indicated dissatisfaction with some aspect of the service provided and these matters were discussed with the manager by telephone following the inspection. A number of service users engaged briefly in the inspection process and either spoke of, or demonstrated their enjoyment in being at the centre and taking part in activities.

Evidence from discussions, observations and written records indicated a good level of consultation with service users and their representatives regarding their care plans and the programmes in which they participate. Staff presented as knowledgeable of communication methods and meanings with service users who had unclear or little verbal ability. There was evidence overall to support the view that safe care is provided in Maybrook Adult Training Centre, but this would be better assured if all necessary staff training was provided.

Is Care Effective? (Quality of Management)

The centre and the WHSCT have quality assurance systems in place, through which the centre's operations are monitored and staff's practice is evaluated. The annual staff appraisal system is being developed, with all staff appraisals either completed, or scheduled within the designated year. Annual reviews evaluate the suitability of each service user's placement and staff presented as being knowledgeable about the needs of each person who attends the

centre. The senior day care workers were well informed on all aspects of the work in progress within their groups and with the training and development needs of each staff member.

Five service users' files were examined and found to be well organised and to contain all of the required information. A record was kept of each service user's involvement and progress. Records were sampled by the monitoring officer during monthly visits. Three monitoring reports were examined and were found to address the required range of issues in good detail. The manager confirmed that training on currently relevant aspects of care work was usually provided, in addition to the mandatory training for each year, although there was an ongoing difficulty in accessing MAPA training for all of those staff who require it. This need is addressed in the Quality Improvement Plan.

Evidence from discussions with service users and from written records confirmed that service users enjoyed activities, both within the centre and on occasional outings. Within the centre there was well supported involvement in a range of activities, many of which were organised on a group by group basis, maintaining the sense of consistency and security that service users required by being in their own familiar group. Overall, there was evidence to indicate that the care provided is effective in terms of promoting each service user's involvement, enjoyment and well-being and in encouraging the sharing of their feelings.

Is Care Compassionate? (Quality of Care)

A tour of the centre was conducted by a service user who appeared to be well known to all staff members and service users. The centre was creatively decorated in preparation for Halloween and several service users enthusiastically identified their contributions to these efforts. There was a friendly, positive atmosphere amongst service users and staff members, who presented as being committed to ensuring the best possible outcomes from their work. In all of the interactions observed, service users were engaged with warmth, respect and encouragement.

Thanks are due to members who welcomed the inspector to the centre and to the manager and staff for their open and constructive approach throughout the inspection process. Overall there was evidence to confirm that the centre provides a good quality service to those who attend.

Number of Requirements:	1	Number of Recommendations:	1
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6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Raymond Boyle, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

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

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Day Care Settings Regulations (Northern Ireland) 2007.

6.2 Recommendations

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

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/ registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to day.care@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory Requirements

<p>Requirement 1</p> <p>Ref: Regulation 26(2)(a)</p> <p>Stated: First time</p> <p>To be Completed by: 31 March 2016</p>	<p>The registered person must ensure that the facilities within Maybrook Adult Training Centre are suitable, in size, layout and equipment, for staff to meet the needs of service users, particularly in the areas designated for continence care.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: As part of the current Learning Disability Day Care/Day Opportunities Review, the Registered Manager completed and forwarded an 'Estates Assessment of Current Statutory Facilities' highlighting the present estates issues within Maybrook Centre. This was forwarded on to Senior Management on 19th November 2015.</p> <p>The toileting facilities within Maybrook Centre are prioritised in this document with the Registered Manager highlighting the changing care needs of the present client group from those when the centre first opened in 1988. The need for updating, improving and required capital investment for the toileting areas is highlighted in this assessment and a minor capital works request is being processed.</p> <p>This assessment also highlights the need for electric doors to be installed to the 'Osprey' toileting facilities. In the meantime and what has always been care practices, all service users are cared for individually in a dignified manner with their privacy and respect always being respected and upheld.</p> <p>Senior Management within the programme have met with the Estates Department to commission a review of all buildings based day centres to establish an overview of their fitness for purpose and priority recommendations. It is anticipated this will be completed by the end of March 2016. The issues identified for Maybrook as part of this Quality Improvement Plan are included in this review.</p>
<p>Requirement 2</p> <p>Ref: Regulation 20(1)(c)</p> <p>Stated: First time</p> <p>To be Completed by: 29 January 2016</p>	<p>The registered person must ensure that all staff who may encounter challenging behaviours in their work receive training appropriate to the work they are to perform.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: A number of staff within the Adult Mental Health and Disability Directorate have successfully completed their Management of Actual or Potential Aggression (MAPA) Train the Trainer Course.</p> <p>Negotiations are ongoing between the established provider, the Clinical Education Centre and the Social Services Training Team as to how best these trainers can roll out the required MAPA training to those staff working within Social Care and who may encounter challenging</p>

	<p>behaviour.</p> <p>The Registered Manager within Maybrook has highlighted the required training needs to both Senior Management and the Social Services Training Team. The inability to fully deliver this training, to date, is registered on the WHSCT's Corporate Risk Register</p> <p>Through the Excellence in Community Care initiative, work is ongoing within the Trust to explore the feasibility of a rolling programme of in house training, which will address the ongoing governance issues presenting as a result of the demand for this training.</p>
Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 18.1</p> <p>Stated: Second time</p> <p>To be Completed by: 31 December 2015</p>	<p>The registered person should ensure that a policy and a procedure on the Management of Challenging Behaviour is made available to staff in the centre, at the earliest possible time.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The Learning Disability Sub-Directorate do not, yet, have a finalised Trust Challenging Behaviour Policy specific to adults with learning disabilities. Senior staff within the Psychology Team and Positive Behaviour Team have commenced work to develop the policy. However this has been delayed somewhat, as the Senior Behavior Therapist with lead responsibility for the work is currently on long term sick leave and there has been no other specialists available in the interim to progress the work further. It is anticipated that the policy should be completed by June 2016.</p> <p>Individual clients' behavioural needs within Maybrook continue to be assessed and reviewed when needed with appropriate interventions being agreed and signed off by all professionals involved. The Positive Behaviour Team personnel continue to support staff and clients who require this level of intervention.</p> <p>Staff have been issued with the NICE guidelines, "Challenging Behaviour and Learning Disabilities, prevention and interventions for people with learning disabilities whose behaviour challenges".</p>
<p>Recommendation 2</p> <p>Ref: Standard 18.1</p> <p>Stated: First time in Maybrook ATC. Third time in WHSCT.</p> <p>To be Completed by: 31 December 2015</p>	<p>The specific focus on continence promotion and care was introduced to inspections by RQIA in April 2015. The WHSCT does not yet have in place a written policy and guidance to staff on this aspect of care and this has been recommended to the Trust in a number of inspection reports this year. The registered person should ensure that a written policy and guidance to staff on continence promotion and care are provided urgently.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The absence of a Trustwide continence promotion policy is noted and recognised by the Senior Management Team within Learning Disability services. Since this RQIA inspection of 19th October 2015, the Registered Manager has sourced existing 'Continence Support'</p>

	<p>guidelines for staff working in Adult Learning Disability day care services from within the WHSCT and 'Guidelines for Continence Promotion in Day Care Services' from another Trust area.</p> <p>Both of these, in conjunction with the WHSCT's Intimate Care Guidelines for Adults January 2014 and the guidelines for the Selection of Continence Supplies/Continence Products 2010, will form the basis for developing specific guidelines for Maybrook Centre staff to follow on continence promotion and care. The Registered Manager will ensure these staff guidelines will be in place for staff to follow by 31st January 2016.</p>
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I agree with the content of the report.			
Registered Manager	Raymond Boyle	Date Completed	05/01/16
Registered Person	<i>Eaie Way</i>	Date Approved	12.1.16
RQIA Inspector Assessing Response	<i>James Knox</i>	Date Approved	11/02/16

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

