

Unannounced Care Inspection Report 8 November 2019



Meadows Rehabilitation Centre

Type of Service: Day Care Service
Address: 293 Bridge Street, Portadown,
Tel No: 02838338145
Inspector: Maire Marley

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

Meadows Rehabilitation Centre is a day care setting with 40 places that provides care and day time activities for people living with dementia and may have needs arising from a mental health diagnosis. The Centre operates Monday to Friday and has a designated number of places on each day. On Monday, Wednesday and Friday there are 35 places and Tuesday and Thursday 25 places.

3.0 Service details

Organisation/Registered Provider: Southern HSC Trust Responsible Individual(s): Shane Devlin	Registered Manager: Iona Henry
Person in charge at the time of inspection Senior Day Care Worker	Date manager registered: 6 October 2010
Number of registered places: 40	

4.0 Inspection summary

An unannounced inspection took place on 8 November 2019 from 10 00 am to 15.00 hours.

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

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the day care setting was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to care records, staff training, activities, communication with health professionals and families and the general environment.

One area of improvement was identified during this inspection in relation to service users' meetings.

Service users said:

- "This is a great place, no other place like it."
- "I feel nice and safe here, we are well looked after."
- "I didn't want to come here at first but now regret I didn't come sooner."
- "The staff always treat us with the utmost respect, they can't do enough for you."

Comments made by service users during the inspection were very positive and complimentary regarding the safety of the service, the staff and the management team. Their comments confirmed that staff treat them in a polite dignified manner.

The findings of this report will provide the day care setting 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 the person in charge, 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 4 March 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 4 March 2019.

5.0 How we inspect

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

- the registration details of the day centre
- information and correspondence received by RQIA since the last inspection
- unannounced care inspection report dated 4 March 2019

During the inspection the inspector was introduced and spoke informally to all service users, spoke to two service users privately, eight service users in their activity room and spoke with four staff members.

Service Users' comments during the inspection:

- "Great place, no better."
- "You won't find any complaints here, we are all happy."
- There are lots of different things going on, but to me, the chat and laughter are the best."
- "Dinners are lovely, this is my main meal."

Staff comments during inspection:

- "I can't image working anywhere else, it is a great team."
- "The staff team know the service users' needs and our daily briefs keeps everyone up dated if there are any changes."

- “Staff training and supervision is really good.”

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

Ten service user and/or representatives’ questionnaires were provided for distribution. No questionnaires were returned in time for inclusion in this report.

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 4 March 2019

The most recent inspection of the day care setting 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 4 March 2019

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 15 (a) Stated: First time	The registered person shall ensure that the needs of service user have been assessed by a suitably qualified or trained person prior to the service user commencing day care.	Met
	Action taken as confirmed during the inspection: The information in the returned Quality Improvement Plan, along with a review of correspondence sent to the relevant professionals and the examination of two care files confirmed this area had been addressed.	

Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 20.2 Stated: First time	The registered person shall ensure the pre-employment checklist is completed for all bank staff in a timely manner.	Met
	Action taken as confirmed during the inspection: The information in the returned Quality Improvement Plan, examination of information and checklists provided to senior staff when bank staff are utilised along with the introduction of an audit of bank staff files assured the inspector this area was addressed.	

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.

On the day of the inspection, the Meadows Rehabilitation centre was well maintained and in good decorative order, with no obvious hazards for service users or staff noted. The manager was on unplanned leave and a senior day care worker had assumed responsibility for the centre in her absence. A competency and capability assessment was in place for the day care worker and had been updated in 2019; the staff member was fully familiar with her role and responsibilities in regard to the daily management of the centre and detailed the support provided by the senior management team within the programme of care. Assurance was provided that should the manager's unplanned leave be extended to 28 days the SHSCT would notify RQIA of the absence and the arrangements put in place to cover the leave.

The senior day care worker described the staffing arrangements which had been assessed as necessary to provide a safe service in the setting. Assurances were provided that sufficiently qualified, competent and experienced persons are working in the centre to meet the range of needs accommodated.

A sample of duty records examined contained details of the number of staff on duty; hours worked and confirmed that staffing levels were maintained. It was noted the centre continues to avail of bank staff, however since the previous inspection there had been no new bank staff. It was good to note as detailed in section 6.1 that measures had been introduced to ensure pre-employment checklists are completed for all bank staff in a timely manner. The guidance for senior staff was easily accessible.

Effective arrangements are in place to support staff and included structured induction, training, supervision and appraisals. Examination of an induction programme confirmed that new staff receive a structured induction to ensure they are familiar with service users' needs along with

the setting's routines and procedures. Relevant policies and procedures are reviewed and staff are supported to complete the induction standards workbook set down by The Northern Ireland Social Care Council (NISCC). A review of a staff member who had transferred from a support service role to a care staff role was examined and found to contain the relevant information; the induction record was signed and dated appropriately.

A review of training records found that staffs mandatory training was up to date; in addition, staff had accessed other training and development courses relevant to the needs of service users. One staff member spoke of their personal learning obtained from a course recently attended and how the information received would further enhance their practice.

Discussion with the senior day care worker and staff confirmed there was a clear pathway for staff to follow in relation to referring any safeguarding concerns to the appropriate professionals. Staff demonstrated their awareness of their safeguarding roles and responsibilities and confirmed that they would have the confidence to report any concerns in regard to a service user's well-being or a colleague's poor practice and were confident they would be supported by management. Training records sampled confirmed that training was up to date and had been provided for staff in May 2018.

Regular health and safety checks were in place to ensure a safe environment was maintained. A fire risk assessment was in place and had been reviewed on 18 January 2018 with a further review planned for January 2020. Records showed that a fire evacuation had taken place on 18 April 2019 and fire training was up to date.

Arrangements had been implemented in regard to the recording and reporting of accidents and incidents. A review of the accident records from April 2019 to 8 November 2019 confirmed that there had been two accidents recorded during that period. The accidents had been managed appropriately and medical assistance sought in a timely manner. Notifications had been submitted to RQIA as required.

A range of policies in keeping with Department of Health (DoH) Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998) were in place. Records showed that staff had attended training on restrictive practice on 4 October 2019 and the senior day care worker confirmed this included information on the Mental Capacity Act and the implications of this legislation for day care. The secure doors were discussed with the senior staff and were appropriately referenced in the statement of purpose, service user guide and care records. The day centre is close to a busy road and staff explained the doors are locked to prevent unwanted visitors. During the inspection staff were noted to use diversional therapies successfully when service users became unsettled, in discussion it was evident that staff knew the varying needs of service users and how to comfort or support individuals.

Arrangements were in place to ensure service user care records and staff personnel records were stored securely in line with General Data Protection Regulation (GDPR). This meant people could be assured that their personal information remained confidential.

During a walk around the day care setting, it was observed that the environment was warm, clean, fresh smelling and had suitable lighting and heating. The standard of hygiene observed throughout the centre was found to be very good and infection prevention measures were in place.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, supervision and appraisal, adult safeguarding, infection prevention and control and 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.

The centre's Statement of Purpose and Service User Guide were reviewed and revealed that the documents reflected the elements set out in the regulations and standards. Observations throughout the inspection confirmed that the day care setting was providing care in accordance with the Statement of Purpose.

Four care files were chosen, at random, for examination. There was evidence that comprehensive risk assessments and care plans were completed and included the views of service users and, when appropriate, their representatives. A range of assessments were carried out and were specific to each person's needs, for example moving and handling, falls risk, behaviour that may challenge and transport. The assessments provided information for staff that assisted them to minimise risks and to keep service users safe and included a detailed care plan. Care records examined included the relevant information specified in the minimum standards and were current and had been reviewed in a timely manner.

Examination of a sample of annual care review reports demonstrated that an evaluation of the overall suitability of the placement had been discussed in detail and agreed. A written record of the review was contained in each service user's file. The report included the views of the service user and/or their representative and was informed by the written progress notes. It was noted that the comments made by service users and their families during their annual reviews were all very positive. Records examined were signed and dated and there was evidence that a regular audit of the documentation was undertaken.

There was evidence that the advice and input of other professionals had been requested when necessary and that staff worked closely with these professionals to deliver care that was effective and person centred.

During discussions with staff it was evident the care they provided to service users within the setting was effective. Staff were knowledgeable regarding service users' needs and care plans; they described how intervention with each service user was person centred depending on their individual needs. To ensure continuity of care staff participated in a daily brief where any changes or updates were communicated.

The interactions observed between staff and service users throughout the inspection confirmed that staff were suitably skilled and effective in communicating with all service users. There was good evidence of person centred interventions that assured service users were involved and communication opportunities maximised.

Discussion with staff and service users with regards to the provision of effective care included the following comments:

Service Users' comments:

- "This is a first class place, staff are wonderful."
- "I like coming here."

Staff comments:

- "We note any changes to service users so that we can respond in an effective way."
- "Service users are treated with respect at all times; they are provided with choice in their activities, meals, you always ask people what they want to do."

Throughout the inspection service users and staff expressed positive views on the quality of service provided and staff.

Areas of good practice

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

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.

This inspection sought to assess the day care setting's ability to treat service users with dignity, equality and respect, and how they involve service users in decisions affecting their care and support.

Observations of staff interactions with service users were observed to be compassionate, caring and timely. Staff spoken with reflected the ethos of the day care setting which promotes respect, openness, honesty, good quality care, individual attainable goals and social interactions.

Throughout the inspection staff were observed to stimulate and encourage service users to participate in a range of therapeutic activities that promoted positive outcomes for their health and well-being and encouraged meaningful social engagement. On the day of the inspection activities were facilitated by staff and the inspector noted service users approached staff freely, communicating their needs and making requests. Staff responses were noted to be cheerful and appropriate. Staff who engaged with the inspector spoke positively about the service and the ongoing benefits of the service to both service users and their representatives.

Staff described the informal arrangements in place that ensured service users were consulted on a daily basis and their views and opinions sought. This included daily ongoing discussions with service users and checking before the commencement of each activity that people were willing to participate. More formal arrangements to promote effective communication with service users and/or their representatives were facilitated through annual care reviews and service user meetings. A sample of the minutes of service meetings found evidence of service user involvement in the decision making process, it was noted there was no evidence of the action taken in regard to matters identified by service users, therefore it was difficult to ascertain if these had been addressed. A record of the action taken in response to matters raised by service users during their meetings should be maintained and is an area identified for improvement.

It was good to note that the views of service users are sought and recorded during the monthly monitoring visits, annual satisfaction surveys are also distributed to service users and their families and the outcomes of the survey are included in the Annual Quality Report. The centre hosts a range of events including coffee mornings and seasonal events that promote opportunities to meet service user's families and carers.

Service Users' comments:

- "Staff are excellent, if you don't want to do activities you don't have to."
- "Staff will ask what activities you want to do and if you are happy to be involved."
- "We always have two choices for lunch, the dinners are lovely."

Staff comments:

- "Everyone treats service users with respect and they are given choice in everything they do."

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 and their representatives.

Areas for improvement

One area for improvement was identified during the inspection of this domain and related to the further development of the record of service users meetings.

	Regulations	Standards
Total number of areas for improvement	0	1

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 inspection was facilitated by the senior day care worker who demonstrated a good understanding of The Day Care Setting Regulations, minimum standards and the systems and

processes in place for the daily management of the setting. As previously stated in 6.2 the manager was on unplanned leave, the senior day care confirmed there is effective access to support from senior management as and when required.

A review of the Statement of Purpose found it had been updated by the provider in 2019. The document clearly describes the nature and range of the service to be provided and addresses all of the matters required by regulation.

Inspection of the premises confirmed that the certificate of registration was up to date and displayed within a prominent position.

Discussion with staff confirmed they were aware of their roles, responsibilities and accountability under the day care legislation. There are systems in place to monitor staff performance and ensure staff are provided with support and guidance. This included the availability of continuous refresher training, supervision and appraisals processes, team meetings and an open door policy to the management team. Appropriate records were maintained and were noted to be current and up to date.

Staff gave positive feedback in respect of leadership and good team working. Staff stated that this is achieved through effective communication, supervision, staff meetings and the open door approach provided by the management team.

A complaints and compliments record was maintained in the day centre. A review of this record showed there had been no concerns raised since the last inspection. Discussion with service users confirmed they would speak to the person in charge or any member of staff if they had a concern or were dissatisfied with their day care experience. Several compliments had been received by the setting and were displayed for staff to view.

The inspector discussed the monitoring arrangements in compliance with regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. Monthly and annual quality monitoring reports were completed by the service and the reports of August, September and October 2019, were inspected and found to be satisfactory.

These records demonstrated that at appropriate intervals the effectiveness and quality of care delivery was monitored, audited and reviewed in order to identify and act upon any improvements required. The monitoring arrangements identified improvements carried forward and progress was reviewed as part of each subsequent monthly monitoring visit.

During the inspection the setting's leadership, management and governance arrangements were assessed and found to be in line with the regulatory framework.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, staff training and support 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 the senior day care worker, 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

Area for improvement 1 Ref: Standard 8.3 Stated: First time	The registered person shall maintain a record of the action taken in response to matters raised by service users during their meetings. Ref: 6.6
To be completed by: 31 December 2019	Response by registered person detailing the actions taken: The Registered Manager will ensure that following quarterly and annual service users meetings/survey that all actions raised by service users during meetings will be actioned. The outcome of actions taken will be recorded and retained within the day center.

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



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