

**Unannounced Care Inspection
of
Meadows Rehabilitation Centre**

25 June 2015

1. Summary of Inspection

An unannounced care inspection took place on 25 June 2015 from 10.00 to 16.00. Overall on the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern; however, some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within 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	3

The details of the QIP within this report were discussed with the registered manager Iona Henry as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Southern HSC Trust/Paula Mary Clarke	Registered Manager: Iona Henry
Person in Charge of the Day Care Setting at the Time of Inspection: Iona Henry	Date Manager Registered: 30 April 2014
Number of Service Users Accommodated on Day of Inspection: 18	Number of Registered Places: 40

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:

- previous care inspection report and returned Quality Improvement Plan (QIP)
- notifiable events submitted since the previous care inspection
- written and verbal communication received since the previous care inspection
- review of the service returned complaint information for the year April 2014-March 2015

At the commencement of the inspection a poster was displayed informing services users and representatives that an RQIA inspection was taking place and inviting service users to speak with the inspector to provide their views.

During the inspection the inspector met with twelve service users and four staff.

The following records were examined during the inspection:

- the statement of purpose
- the service user guide
- monthly monitoring reports for the period February 2015-June 2015
- minutes of service users' meetings
- staff meetings
- staff duty rotas
- staff training records
- selected policies and procedures
- four care records
- accident and incident records
- record of complaints and investigations.

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 14 February 2014. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 1.2	The registered manager should confirm that; (a) The statement of purpose and service user guide has been amended to include the days/hours the registered manager works within the centre. (b) The locking of the entrance door must also be detailed in both documents.	Met
	Action taken as confirmed during the inspection: A review of the statement of purpose and service user guide found they had been revised and included the registered manager's days/hours of work in the centre. The arrangements regarding the locking of the entrance door was detailed in both documents.	
Recommendation 2 Ref: Standard 17.9	The registered manager should ensure that evidence of the audit of care files is maintained on the file.	Met
	Action taken as confirmed during the inspection: Care records viewed contained evidence of the audits completed.	
Recommendation 3 Ref: Standard 7.4	The registered manager must ensure that senior day care workers are familiar with the referral process for Speech and Language services.	Met
	Action taken as confirmed during the inspection: Staff reported they had discussed the speech and language referral process at a staff meeting and a copy of the procedure had been placed in the policy file.	

5.3 Standard 5: Care Plan - Where appropriate service users receive individual continence promotion and support

Is Care Safe?

Policies and procedures on the management and promotion of continence were available in the day care setting. There was evidence that the policies had been reviewed in 2015.

Training in the management and promotion of continence for the staff team was currently been organised and it was anticipated this training would be provided no later than September 2015. In the interim period it was good to note that staff had discussed the trust policy on continence promotion and had held discussions regarding the topic at their staff meetings. It is acknowledged that the organised training will further enhance the standards already in place. Training records examined confirmed staff were in receipt of infection prevention and control training.

Discussions with staff confirmed they were aware of continence products and they described safe care practices in this regard. The day centre does not supply any continence products as service users bring in their own products. Staff reported that service users may choose to keep their own personal products with them or they can be stored discreetly by staff in the bathroom. Service users reported that they felt the care provided to them was delivered by staff who knew their needs and that it was always delivered in a safe and confident manner.

Four service users' care records were examined. The records did not fully reflect individual service users' continence needs or the management of the identified needs. It is recommended that care plans should be further developed to include clear direction to staff regarding the support and assistance each service user needs. Care plans should also reflect service users' preferences regarding their intimate care and continence promotion. It was noted that issues of assessed needs are referred to the family for follow up by the GP or specialist nurse.

The tour of the centre found there was appropriate equipment available to staff and all areas in the centre were observed to be extremely clean and hygienic.

Adequate supplies of aprons and appropriate gloves were observed and hand washing dispensers were available throughout the centre. Staff confirmed there is always a sufficient supply of personal protection equipment.

The inspection of care records, discussions with the registered manager, service users, staff and general observations found that staff were fully aware of service users' assessed continence needs and the management of those needs.

Is Care Effective?

A review of four care records found that services users' individual continence needs were reviewed on a regular basis. However it would further improve staff effectiveness if information regarding the continence assessment was obtained and recorded in the service user's care plan.

There was evidence that working practices are monitored through team meetings, individual supervision, appraisal, training and mentoring. These processes ensure that the care delivered by staff is effective.

Service users reported that staff responded to their identified in an effective and efficient manner and were fully familiar with their needs and how they should be met.

Is Care Compassionate?

It was evident in discussions with four staff and the registered manager that staff were clear regarding their role and responsibility to promote and meet continence needs.

Staff stated that the continence needs of service users would be met with a strong emphasis on privacy, dignity and respect. During periods of observation we noted that continence care was undertaken discreetly and staff were noted to assist service users in a caring, dignified and respectful manner.

The sixteen service users consulted during the inspection indicated that staff were caring and treated them in a respectful manner. They reported that staff would be discreet if they required assistance with personal care needs and felt staff were appropriately trained for their roles.

Nine questionnaires were completed and returned to RQIA by service users in this day care setting. Service users reported they were either satisfied or very satisfied regarding the support and care received in the day centre; they indicated they were very satisfied that staff knew how to care for them and were very satisfied that staff respond to their needs.

Comments made on the day included:

- "I know I only have to ask and staff are more than willing to help me"
- "they know what I want without me asking"
- "absolutely great girls they know me so well"

In the returned questionnaires comments included:

- "Everything is satisfactory and the staff is very good, if you have any problems staff are always willing to help"

The examination of the criterion relating to this theme confirmed that the care delivered in this centre was safe, effective and compassionate.

Areas for Improvement

The following two areas of improvement were identified in the area of continence promotion and support:

- The care plans records should reflect individual service users' continence needs and the management of the identified needs.
- Service users preferences regarding their intimate care and continence promotion should also be reflected in service users care plan.

Number of Requirements:	0	Number of Recommendations:	2
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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?

The trust had a range of effective policies and procedures to promote service user involvement and empowerment.

A complaints procedure was available and appropriate records maintained of any complaints or expressions of dis-satisfaction received. Staff consulted during the inspection were fully familiar with the action to take in the event of a service user making a complaint. A record of compliments was also maintained and those viewed showed a high level of satisfaction with the care provided in the centre.

Relevant policies regarding the protection of vulnerable adults from abuse and whistle blowing were available and there was evidence staff were in receipt of the required training.

Care records examined provided evidence that service users are encouraged to be involved in the planning of their care and actively participate in their review. Service users reported that their views are sought on an daily basis and stated that they are fully involved in the centre and they choose the activities and events they want to participate in.

We were informed that staff formally seek the views of service users during regular meetings. The records examined indicated meetings between staff and service users had not taken place during the period of October 2014 until June 2015. Improvements are needed in this area.

Discussion with staff and observation of staff practice found staff were fully familiar with individual service users' methods of communication.

Service users confirmed they felt safe and said they would talk to the registered manager or staff on any concerns or worries they may have. Comments in the returned service users' questionnaires included:

- "I feel safe and well supported at all times"
- "Very happy here"

The examination of the criterion relating to this theme confirmed indicated that the care delivered in this centre was safe.

Is Care Effective?

The day centre has a range of methods and processes where the views of service users and their representatives are sought. This included service user meetings, monitoring visits, care reviews, annual surveys and questionnaires.

Examination of five service users care records provided evidence that service users and/or their representative has been encouraged to participate in decisions about the care and support they receive in the day centre.

The inspector had the opportunity to meet and speak with the majority of service users who were attending the centre on the day of inspection. Discussions were held in groups of four or individually with service users. In discussion service users confirmed they had been involved in their individual care plan and had a say regarding activities and outings provided. They confirmed their choices, preferences, opinions or suggestions are promoted and respected by staff and were able to give individual examples of when their choices and preferences were responded to in a positive way.

This inspection demonstrated that service users' views and comments shape the quality of services. During discussions with service users it was evident that their views are used to improve the effectiveness and quality of the service.

Is Care Compassionate?

Staff interactions with service users were observed throughout the inspection period and presented evidence that staff provided care in a compassionate manner.

During discussions staff demonstrated that they had a good understanding of their role regarding the support and assistance that should be provided to service users and were seen to attend to service users' needs in a respectful caring manner.

The discussions held with service users provided evidence that staff support them to ensure they get the most from their day care experience, thereby promoting their self-confidence and self-fulfilment.

The findings of this inspection provided evidence that service users' are enabled to give their views and are provided with opportunities to influence the running of the day centre.

Areas for Improvement

Service users meetings should be held on a regular basis.

Number of Requirements:	0	Number of Recommendations:	1
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5.5 Additional Areas Examined

5.5.1 Staffing Arrangements

The staffing arrangements for a four week period were reviewed. It was noted that two staff were on annual leave and a further staff member was on secondment. These arrangements were discussed with the registered manager as they resulted in a deficit of staff. It was clear from discussion with the registered manager that the arrangements had not been subject to her approval. The registered manager must be responsible for the day to day management of staff. Protocols must be in place regarding annual leave and the secondment of staff and must be subject to the needs of the centre. The responsible person must inform RQIA of the arrangements to ensure the centre is adequately staffed.

On the day of inspection there were two senior day care workers on duty. The designated person in charge of the centre was not clear. The duty roster must indicate the staff member who has responsibility for the centre in the absence of the registered manager. The lines of

accountability and responsibility must be clear and staff should be clear on the issues that require to be reported to the registered manager for action.

5.5.2 Complaints

The registered manager had submitted the requested information regarding complaints received for the year April 2014-March 2015. The information detailed there had been no complaints received in this day care setting. The submitted information was confirmed during the review of records.

5.5.3 Monitoring Reports

The monitoring arrangements and reports for the months March 2015- June 2015 were examined. The reports evidenced that the monitoring officer had used the views of service users and staff and sampled records to form an assessment regarding the quality of care.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Iona Henry, 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 within this report do not absolve the registered person/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 person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Statutory Requirements	
Requirement 1 Ref: Regulation 11 (1) Stated: First time To be Completed by: 31 August 2015	<p>The responsible person must review the management arrangements in the day centre and ensure:</p> <ul style="list-style-type: none"> the registered manager is responsible for the day to day management of staff. protocols are in place regarding annual leave and the secondment of staff and must be subject to the needs of the centre. the lines of accountability and responsibility are clear and staff are familiar with the issues that require to be report to the registered manager <p>Response by Registered Person(s) Detailing the Actions Taken: The Registered Manager has reiterated clearly with the Day Care Team that proper Protocols regarding lines of accountability and responsibility must always be adhered to and the Reporting structure in the Day Care Facility is to the Registered Manager who in turn is accountable to the Statutory body of RQIA. Ultimately the Responsibility for all decisions made rests with the Registered Manager.</p> <p>The Protocol for all applications for Annual Leave/Secondment is that:</p> <p>All such Applications are approved only by the Registered Manager:</p> <p>Approval is conditional on the needs of the service being Prioritised.</p> <p>The Registered Manager has developed a Reporting Proforma detailing all matters to be reported to the Registered Manager when Manager is not on site. The Proforma includes all accidents and incidents, all events, situations and circumstances which give rise for concern in relation to service users, carers, staff, Transport, all discussions and outcomes had with HOS, AD, Estates and facilities Personnel.</p> <p>.</p>
Requirement 2 Ref: Regulation 20 (1) (a) Stated: First time	<p>The responsible person must detail the arrangements to ensure the day centre is adequately staffed.</p> <p>The registered manager must ensure that the duty roster indicates the staff member who has responsibility for the centre in the absence of the registered manager.</p>

<p>To be Completed by: 31 August 2015</p>	<p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>Following the Inspection on 25/06/2015 one additional temporary/part time Day Care Support worker was commenced on 29/06/2015.,on 27 hours worked over 5 days.</p> <p>The Protocol for Annual Leave has been clearly outlined to the Day Care Team as follows: Staff have been reminded that Annual Leave must be requested on a forward planning basis i.e 12 months in advance as far as possible to help ensure that Individual requests can be accommodated. Staff to communicate with one another to facilitate maximum of 1 individual being on Annual Leave at any one time. One SDCW and one DCSW may be on A/L simultaneously if in that event, there are 5 staff, who are suitably Qualified, competent and experienced, available to provide appropriate Care to Service Users.</p> <p>Registered Manager will screen all Annual Leave Applications to ensure that the above Criteria are met.</p> <p>A revised Protocol for management of the Duty Rota has been implemented as follows:</p> <p>The Registered Manager will screen the Duty Rota one week in advance to ensure adequate staffing numbers at all times.</p> <p>The Duty Rota highlights clearly the SDCW who is in charge on a day to day basis in the absence of the Registered Manager.</p>
<p>Recommendations</p>	
<p>Recommendation 1</p> <p>Ref: Standard 5.2</p> <p>Stated: First time</p> <p>To be Completed by: 31 August 2015</p>	<p>The registered manager should ensure that care plans reflect individual service users' continence needs and detail the management of the identified needs.</p> <p>Service users preferences regarding their intimate care and continence promotion should also be reflected in their care plan.</p> <p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>Care plans are in the Process of being Reviewed to reflect individual continence needs and the management plan to meet their needs.</p> <p>Service Users personal preferences , in so far as staff can determine same, regarding intimate care. and continence promotion are also being detailed in their Care Plan</p> <p>The planned schedule aims to have all Care Plans reviewed and updated by 31 August 2015.</p> <p>The Registered Manager has listed Day Care Staff for Continence</p>

	awareness Training with the SHSCT Specialist continence Service which is planned to be delivered in September 2015
Recommendation 2 Ref: Standard 4.1 Stated: First time To be Completed by: 31 August 2015	The registered manager should obtain information regarding the continence assessment and recorded the information in the service user's care plan.
	<p>Response by Registered Person(s) Detailing the Actions Taken: Contact is currently happening with the relevant keyworkers to obtain relevant details of the continence assessment so that service user's individual personal care needs are supported adequately within day care. Liason with relevant HOS pertaining to all Referral Agents is planned to facilitate Communication pathways and seamless Multidisciplinary working to meet Standard 4.1.</p> <p>The Registered Manager is currently in the process of adapting the Day Care Initial Referral Form to include details of continence needs as appropriate to ensure that the Day Care Service meets Standard 4.1 from the outset..</p>

Recommendation 3 Ref: Standard 8.2 Stated: First time To be Completed by: 31 August 2015	The registered manager should ensure that service users meetings are held on a regular basis.		
	Response by Registered Person(s) Detailing the Actions Taken: Quarterly service user meetings have been scheduled for 12 months ahead as per Standard 8.2 .The Registered Manager has also implemented a supportive monitoring system to facilitate PPI commitments/meetings. Planned PPI meeting dates will be monitored closely with any necessary facilitating support put in situ to help ensure Standard 8.2 is met.		
Registered Manager Completing QIP	Iona Henry	Date Completed	14 August 2015
Registered Person Approving QIP	Mrs Angela McVeigh	Date Approved	14/8/2015
RQIA Inspector Assessing Response	Maire Marley	Date Approved	27/8/15

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

Please provide any additional comments or observations you may wish to make below:

In Reference to Section 2. Service Details it is recorded that the number of Registered places is 40. The number of Registered places is 40 on Monday, Wednesday, Friday. The number of Registered places on Tuesday and Thursday is 25. The number of Registered places on Day of the Inspection was 25.