

Unannounced Care Inspection Report 21 December 2017



Meadows Rehabilitation Centre

Type of Service: Day Care Setting
Address: 293 Bridge Street, Portadown, BT63 5AR
Tel No: 02838338145
Inspector: Suzanne Cunningham

www.rgia.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 with a maximum of 40 service users. A programme of day care and day time activities is delivered Monday to Friday. Day care and day time activities are provided for adults living with one or more of the following needs: who are over 65; have a diagnosis of dementia; and may have needs arising from a mental health diagnosis.

3.0 Service details

Organisation/Registered Provider: Southern HSC Trust Responsible Individual(s): Mr Francis Rice	Registered Manager: Iona Henry
Person in charge at the time of inspection: Barbara Roberts, Senior Day Care Worker	Date manager registered: 06 October 2010
Number of registered places: 40 - DCS-DE, DCS-I, DCS-MP(E)	

4.0 Inspection summary

An unannounced inspection took place on 21 December 2017 from 10.30 to 14.30.

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 knowledge and competency in regard to safe care and risk management; the day care setting environment; providing the right care, in the right place, in the right time; activities; ethos of the day care setting, listening to and involving service users in their care; governance arrangements, and maintaining good working relationships.

One area for improvement was identified in relation to the annual report.

Service users were asked to describe what the day care setting meant to them, they said: "it brings me back to me"; "I don't have to worry, not a worry in the world when I come here"; "I love it, I watched a film"; "everything's great"; "girls couldn't do enough for you"; "we appreciate what staff do for us"; "I enjoy coming here, enjoy meeting each other"; "we enjoy what we do"; "great couldn't be better".

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	1	0

Details of the Quality Improvement Plan (QIP) were discussed with Barbara Roberts, Senior Day Care Worker, 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 5 January 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 05 January 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
- information and correspondence received from the registered manager and Southern Health and Social Care Trust
- incident notifications which revealed three incident had been notified to RQIA since the last care inspection in January 2017
- unannounced care inspection report 05 January 2017

During the inspection the inspector met with:

- the senior day care worker
- ten service users
- two care staff

Questionnaires were given to the staff on duty to distribute between service users, representatives and staff. Four were returned by service users, three staff and none by relatives.

The following records were examined during the inspection:

- three individual staff supervision records
- four service users' individual care files
- a sample of service users' daily records
- the complaints/issue of dissatisfaction record from April 2016 to December 2017
- a sample of incidents and accidents records from January 2017 to December 2017
- the staff rota arrangements during October, November and December 2017
- the minutes of service user committee meetings held in February, April, May and October 2017
- monthly monitoring reports from May to December 2017
- the staff training information for 2016 and 2017
- the settings statement of purpose

Seven areas for improvement identified at the last care inspection were reviewed and assessment of compliance was recorded as met for six and partially met for one.

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 5 January 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 05 January 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 17 (1) & Schedule 3 Stated: First time	The registered provider must make arrangements for the completion of the annual report for this service for 2015/2016. This should be submitted to RQIA with the returned QIP.	Partially met
	Action taken as confirmed during the inspection: Inspector confirmed the annual report for 2015/2016 was available and up to date at the time of inspection. This had been submitted with the last QIP however the same report for 2016/2017 had not been completed. The regulation states this should be completed "not less than annually". Another improvement is stated in this regard in the QIP for this inspection.	

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 provider should improve the staff records that evidence the pre-employment checks have been completed. The record of satisfactory completion should be stored in the setting for inspection.	Met
	Action taken as confirmed during the inspection: The records had been improved to state the outcome of the pre-employment checks and when new staff are ready to commence employment.	
Area for improvement 2 Ref: Standard 21 Stated: First time	The registered provider should improve the induction process for new staff to include a competency assessment as described in standard 21.	Met
	Action taken as confirmed during the inspection: Induction records had been improved to include a competency document; this was being completed by new staff. One staff member was completing this as part of their induction at the time of the inspection.	
Area for improvement 3 Ref: Standard 11 Stated: First time	The registered provider should review and improve the procedures for handling service users' monies in compliance with standard 11. Particular attention should be given to evidencing transactions and providing receipts (standard 11.5); and enabling service users with memory loss to manage money safely whilst promoting their independence where possible.	Met
	Action taken as confirmed during the inspection: The procedures in place had been improved and no concerns were observed during the inspection.	

Area for improvement 4 Ref: Standard 8.5 Stated: First time	The registered provider should improve the report of the service users annual survey completed in 2016 by completing an action plan. The plan should address any themes or potential improvements.	Met
	Action taken as confirmed during the inspection: The service user survey outcomes had been actioned since the last inspection.	
Area for improvement 5 Ref: Standard 22.2 Stated: First time	The registered provider should improve the frequency of staff supervision in compliance with the quarterly frequency stated in standard 22.2.	Met
	Action taken as confirmed during the inspection: The supervision records were available, up to date and had been improved at the time of inspection.	
Area for improvement 6 Ref: Standard 17.9 & 27.3 Stated: First time	The registered provider should improve the auditing arrangements and records in this setting for working practices (standard 17.9), and safe and healthy working practices health (standard 27.3).	Met
	Action taken as confirmed during the inspection: Audit records were available and up to date at the time of inspection, review of sample provided evidenced this improvement had been made.	

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 settings daily staff arrangements and records were inspected for October, November and December 2017. They provided evidence that daily staff numbers did not significantly vary day to day in Meadows. The record had been updated regarding unplanned staff absences, showed in what capacity the staff were working, and identified who was in charge of the day

care setting. The arrangements recorded presented as adequate to meet the needs of the service users, the size of the setting and the services described in the statement of purpose.

The manager was absent on the day of the inspection, the senior day care worker was in charge and she described she had completed a competency and capability assessment regarding acting up in the manager's absence and confirmed she was willing to undertake management tasks, understood and had the knowledge to fulfil the role and responsibility in the absence of the manager. Observation of the senior day care worker during the inspection and discussions regarding safe, effective, compassionate and well led care revealed she was confident regarding her role and responsibilities in this setting.

Service users' needs were varied in this setting, some service users were observed independently moving around the setting, communicating confidently and were selecting their own activity, other service users needed more staff support to get involved and move around the setting. Observation of these arrangements showed staff were promoting and encouraging service users to be independent when it was safe and activities focussed on developing social skills, their concentration and developing creative skills.

The settings training record demonstrated that staff had received mandatory training and training relevant to their roles and responsibilities since the last inspection. Examples of training staff received in 2017 were manual handling, infection prevention and control, safeguarding, COSHH, food hygiene, medicines management and competency, information governance, personal safety awareness, fraud awareness, and first aid.

The examination of the settings incidents, accidents and notifications forwarded to RQIA found safety issues and risks had been identified, recorded and managed. Assessments and care plans had been reviewed and updated as necessary to ensure practice was safe and effective. The sample of records inspected indicated one incident/notifiable event was not reported to RQIA and other relevant organisations; in accordance with the legislation and procedures. This was completed promptly by the senior day care worker post inspection, the detail reported confirmed the staff responded adequately to the service user's safety and their dignity during the incident and discussion regarding the non-reporting revealed this was an oversight not lack of knowledge.

The inspection of Meadows including the observations of the environment and inspection of records concluded the environment presented as clean and tidy, furniture, aids and appliances presented as fit for purpose. Fire safety precautions were inspected and it was noted fire exits were unobstructed, that the fire drill had been carried out in April 2017 and the staff received fire training in June 2017.

The service users were asked if they felt safe in Meadows and they said they felt safe in this day care setting, comments made were: "I'm safe when I'm here, the girls (staff) are very attentive, we just indicate if we want help and their over"; "very good girls (staff), they see we don't fall, they watch out for us and keep us safe"; "staff speak to us if they think we are not safe". Overall the service users described staff were attentive and whilst they could do what they wanted they were assured staff were on hand when they needed them.

Staff were asked is care safe in this setting, they said care is 100% safe because they have good mandatory training that support their role and responsibilities, they attend team briefs in the mornings, read the note regarding the discussions and decisions made and attend staff meetings. They acknowledged they do not all start at the same time so if they have not been able to attend the briefings and staff meetings, they read the minute to ensure they are up to date for example regarding service user's needs and changes in the setting routine. This means the team are receiving the same information and are mindful of any extra needs or changes. The staff identified they know the service users well because they spend time with service users, service users get to know the staff and what staff can help them with. Staff spoken to confirmed they attended safeguarding training and knew when and how to report a safeguarding concern.

Three staff returned questionnaires to RQIA post inspection, they identified they were "very satisfied" to "satisfied" regarding questions on "is care safe" in this setting. They were satisfied that service users were safe and protected from harm; staff were employed in sufficient number to meet the needs of the service users; staff had been inducted and had received mandatory training; staff had received safeguarding training; all staff were aware of their responsibility to report any concerning or unsafe practice.

Four service users returned questionnaires to RQIA post inspection. They identified they were "very satisfied" regarding the questions "is care safe" in this setting. By this they meant there were enough staff to help them, they felt protected and free from harm, they could talk to staff if they had concerns, and the environment was safe and clean.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff knowledge and competency in regard to safe care, risk management and the day care setting environment.

Areas for improvement

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 contained information required by Regulations and Standards and the content was consistent with the settings registration with RQIA.

Four service users' care files were inspected; they contained the service user's individual assessments and care plans which reflected their physical, social and emotional needs. There was evidence in staff supervision records that files had been audited to improve the quality and timeliness of recording in the service user's individual records. In particular it was noted that records, including the care plans clearly identified service users concerns and detailed the

support staff were providing in the setting. There was a new care plan format in this setting that used pictures which staff said was more accessible for service users, the content also focussed on goal setting and outcomes rather than describing problems or what was wrong. This was easy to read and a positive reflection of what support and care service users needed to achieve their goals and outcomes in the setting.

Inspection revealed records were stored safely and securely in line with data protection. Staff discussion confirmed they use these records to guide their practice and they acknowledged the importance of keeping records current and relevant. Overall the inspection found the settings management of service user records enabled staff to recognise service users' needs and respond to them effectively.

Discussion with service users revealed they were generally happy with the support they received in Meadows however if they had any concerns or complaints they said they could go to any staff in the setting; and were confident they would resolve this for them. Service users discussed they had taken part in a number of activities and staff organise a programme of activities for them to choose from daily. They described staff watch how they are, how they act, check they are happy and ask them what they want to do. One service user confirmed staff helped them with their care needs when they need it. Another service user described they can get around easily and get to know people easily.

Discussion with staff found they felt the centre was providing a good standard of care, one staff member said the care was "definitely effective, the service users love coming and ask for additional days". Staff described the service users are listened to, they confirmed they were knowledgeable regarding service users' needs and plans; they worked well as a team and work together to ensure each individual service user got the most from their time in the setting. Overall staff described their communication and procedures had ensured they provided safe and effective care, they knew what each service user needed and how best to meet their needs. Staff confidently expressed their views and knowledge regarding safe and effective care.

Three staff returned questionnaires to RQIA post inspection, they identified they were "very satisfied" regarding questions on "is care effective" in this setting. They believed that all services users had been assessed and were in the right place for their needs to be met, staff were kept informed of changes to service user care plans, referrals/treatment to/from other agencies and professionals were dealt with promptly and the service had good working relationships with other professionals/agencies.

Four service users returned questionnaires to RQIA post inspection. They identified they were "very satisfied" regarding questions on "is care effective" in this setting. By this they mean they had got the right care, at the right time in the right place; staff knew their care needs, they were aware of their care plan and the care met their expectations.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to providing the right care, in the right place, in the right time and activities.

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.

Discussion with service users, staff and observation of activities and communication revealed examples of service users being treated with dignity and respect while promoting and maintaining their independence. Service users confirmed they were asked their opinion regarding what they like to do in day care and their ideas and preferences were sought for the activity plan.

Observation of care during the morning routine found staff were greeting each service user individually when they arrived, they helped them settle in a seat in the dining room and provided them with morning refreshments. Staff asked each service user how they were and if the service user needed support in addition to their plan, this was provided.

The service users had met with staff in February, April, May, June and October 2017 and the annual questionnaire had been completed with service users and relatives. The questions for service users focussed on "what do you think of" questions and records showed the feedback received had influenced activity planning, the signage in the setting, the menu and the daily routine.

Service users were asked if care in the setting was compassionate, fulfilled their expectations and encouraged them to be involved. They said they liked the company of other service users and the activities the staff had organised such as dominoes and crafts. They mentioned the food which was described as "very, very good"; "we get plenty here, good selection and piping hot"; "staff always respond to us, the word no is never said"; "staff are well versed about what to do, no exception". Finally service users said if they did not want to take part in activities they can opt out and watch television, play games with other service users or sit and observe. They said it was up to them what they wanted to do.

Discussion with the staff revealed they have developed plans or routines to suit service users' needs in different areas of the setting. They stated service users were well listened to in service users meeting, daily consultation and discussions. Staff described they take on service users views and suggestions for example they built a greenhouse in which they grew vegetables and salad during the summer and they went out for a Christmas meal. Staff said "I love working here, we are all caring people" "There is not a big turnover of staff we work well together, a good team". Another staff member described the staff had reflected on the impact their closures had on service users. This year they stayed open between the bank holidays at Christmas and New Year, when they had previously been closed. The service users were relieved and appreciated the opportunity to attend the setting, staff are reflecting on how they can communicate with service users to in the best way so service users do not respond with what they think staff want to hear.

The inspection of this domain confirmed there were robust systems in place to promote effective communication between service users, staff and other professionals.

Three staff returned questionnaires to RQIA post inspection, they identified they were “very satisfied” regarding questions on “is care compassionate” in this setting. They identified all staff treated services users with kindness, dignity and respect, all staff engaged with service users with warmth and consideration, care was delivered in a person centred individual manner and not routinely, staff communicated with service users about their care and treatment in a manner which was understood, there was a culture of reporting any concerning practice and confidence that these concerns will be dealt with.

Four service users returned questionnaires to RQIA post inspection. They identified they were “very satisfied” regarding questions on “is care compassionate” in this setting. They identified they were treated with dignity and respect, staff were kind and caring, their privacy was respected, they could choose activities and they were included in decisions and the staff support them to make decisions about the care they received in the setting.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the ethos of the day care setting, listening to and involving service users in their care.

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 registration certificate was up to date. Staff confirmed they had access to a range of policies and procedures in place that they used to guide and inform their practice.

Supervision records detailed the staff had received recorded individual, formal supervision at least every three months. Staff meetings had been held monthly and records were sampled for meetings held in May, November and December 2017 and the daily team briefing. The records showed staff noted their discussions and outcomes agreed, actions were followed up at the next meeting to ensure improvements were made where identified.

The complaints record was inspected and this showed no complaints had been recorded since 01 April 2016 to December 2017.

The senior day care worker provided audit records of complaints; training; supervision; care records; the environment; staff meetings and medications. The records reflected that measures were in place that monitored the safety, effectiveness and quality of care delivered to service users in this setting. Nevertheless the annual report had not been written for 2016/2017, this was the second year this had not been written in a timely manner. Therefore

and improvement is written in the QIP for this inspection to improve the timeliness of writing this report.

The Regulation 28 monthly quality monitoring visits had been undertaken monthly by the independent monitoring officer. The reports showed the visits included unannounced visits and qualitatively reflected service users and staff views and opinions, the reports commented on the conduct of the setting and did not reveal any concerns that were outstanding.

The service users confirmed they knew Iona was the manager and in charge of the setting. When Iona wasn't in the setting they said Barbara was in charge, one service user commented Barbara was a "lovely girl, born for the job, very caring and calm".

The staff were asked what their opinion was regarding leadership in the setting, they said they work well together as a team, they said everyone had a valuable role and the seniors keep the setting running smooth. Staff confirmed they can ask for guidance or help. They confirmed Iona was not always in the setting but seniors were always in the setting and offer support.

Three staff returned questionnaires to RQIA post inspection, they identified they were "very satisfied" regarding questions on "is care well led" in this setting. There was a culture of staff empowerment and involvement in the running of the service, there was a culture of learning and upskilling, there was a culture of continuous quality improvement and all staff were encouraged to bring forward new ideas and innovations, managers/leaders are approachable and open to whistleblowing or raising concerns

Four service users returned questionnaires to RQIA post inspection. They were "very satisfied" regarding questions on "is care well led" in this setting. They identified they knew who was in charge of the setting at any time, the service was well managed, their views are sought about their care and quality of service and they know how to make a complaint.

Areas of good practice

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

Areas for improvement

One area for improvement was identified during the inspection regarding the annual report.

	Regulations	Standards
Total number of areas for improvement	1	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 Barbara Roberts, 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 Setting Regulations (Northern Ireland) 2007

<p>Area for improvement 1</p> <p>Ref: Regulation 17 (1) & Schedule 3</p> <p>Stated: First time</p> <p>To be completed by: 15 February 2018</p>	<p>The registered provider must make arrangements for the annual report to be completed not less than annually and this report should contribute to improving the quality of care in this day care setting.</p> <p>The 2016/2017 report should be submitted to RQIA with the returned QIP and after this should be submitted annually.</p> <p>Ref: 6.2 & 6.7</p> <p>Response by registered person detailing the actions taken:</p> <p>“this action has been completed and the Annual Monitoring report is returned with QIP</p>
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Please ensure this document is completed in full and returned via Web Portal



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