



The Regulation and
Quality Improvement
Authority

Lisanally Resource Centre
RQIA ID: 11242
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Armagh
BT61 7HF

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**Unannounced Care Inspection
of
Lisanally Resource Centre**

12 August 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 13 August 2015 from 10.00 to 14.25 hours. 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	0	1

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

2. Service Details

Registered Organisation/Registered Person: Paula Clarke	Registered Manager: Martin Stevenson
Person in Charge of the Day Care Setting at the Time of Inspection: Martin Stevenson	Date Manager Registered: 7 October 2010
Number of Service Users Accommodated on Day of Inspection: 24	Number of Registered Places: 25

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:

- the 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.

At the commencement of the inspection, a poster was displayed in the centre informing service users and their representatives that an inspection was taking place and inviting them to speak to the inspector and provide their views of the service.

The inspector met with 24 service users attending the centre in groups and three service users met the inspector individually.

The registered manager has management responsibility for more than one day centre, and was providing management cover in Lisanelly on the morning of inspection, and remained in the centre throughout the inspection period.

Four staff on duty met with the inspector individually and discussed the standards being inspected.

The following records were examined during the inspection:

- the statement of purpose
- the service user guide
- complaint records
- compliment records
- monthly monitoring reports
- selected policies and procedures relevant to standard 5 and 8
- minutes of meetings of the service user group
- file records for two service users
- staff duty rotas
- staff training records
- a sample of staff competency and capability assessments
- staff supervisory history.

Care delivery and care practices were observed during periods throughout the inspection and a review of the general environment of the day service was also undertaken.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the service was an announced estates inspection dated 9 July 2015. The completed QIP was not due for return until after this care inspection. This has subsequently been returned.

Four requirements were made. Discussion with the registered manager confirmed that following the estates inspection a new gas certificate had been requested. There had also been liaison with the Trust estates department in respect of other issues raised during the estates inspection. Confirmation was provided that these were continuing to be progressed at the time of this care inspection.

5.2 Review of Requirements and Recommendations from the last Care Inspection

The previous care inspection of the service was an announced care inspection undertaken on 14 May 2014. One requirement was made. The completed QIP was returned and approved by the care inspector.

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 29 (1) (d)	The registered manager must ensure the identified incident detailing a vulnerable adult must be reported to RQIA under this regulation.	Met
	Action taken as confirmed during the inspection: RQIA had received a notification report of the identified incident on the 13/05/14. The recorded incident was appropriately followed up in accordance with regional and trust safeguarding procedures.	

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

Is Care Safe?

An evidenced based continence policy which had recently been reviewed was presented during the inspection. In addition there was a range of associated guidance relevant to continence management. The policy promotes dignity of each individual and identifies individual assessment and care planning regarding continence is necessary. The guidance provides detailed information for managing toilet problems and incontinence.

The registered manager and staff consulted confirmed that a district nurse had recently provided an awareness training session to seven staff on continence issues. The content of the training programme was not available during the inspection, and was identified as an area

for improvement. Training information submitted to RQIA on 24 August 2015 (post inspection) was found to be satisfactory.

Discussion with staff confirmed that the majority of service users attending the centre use the toilet independently. A few service users have had a continence assessment and bring their own continence products to the centre. A small number of service users require staff assistance to assist them with their toileting needs and specific details of the assistance required was recorded in individual care and support plans.

Review of two service user individual records confirmed the needs assessment; risk assessments and care plans are kept under continual review, amended as changes occur and kept up to date to accurately reflect at all times the needs and preferences of the service user; and the needs assessment. The care plans had been appropriately signed; and care plans included information regarding continence. To ensure privacy and confidentiality of information for service users, unique identification should be recorded in care records. This was identified as an area for improvement.

Service users consulted confirmed that in all aspects of their care, they found staff to be approachable, supportive and respectful when providing assistance and there were no concerns raised.

Four staff consulted individually had a clear understanding of each service user's continence care needs. They were aware that each service user had their own individual plan for continence management which was detailed in their individual care record. Discussion with four staff and returned questionnaire responses verified staff satisfaction regarding access to personal protective equipment for infection control purposes such as gloves and aprons.

There was good evidence to confirm that generally continence care and promotion was safe.

Is Care Effective?

Two service users' care records were examined during this inspection with the main focus on the management of continence care.

Continence assessments and risk assessments were completed by staff, culminating in an individual goal based care plan being devised for each service user.

Assessments reviewed were effectively recorded. Care plans recorded for personal care included information on continence management which was specific and person centred. There was evidence to confirm that service users and or their representatives' work together with staff when planning care.

Audit processes for the management of care records were in place and outcomes are discussed with staff during supervision. In addition the nominated monitoring officer representing the responsible individual for the service samples and monitors care records during monthly visits to the centre.

Overall the two care records sampled were well recorded and review care plans examined verified that they were regularly reviewed to ensure care plan objectives remain relevant and accurate.

Discussion with four staff individually and a review of staff training records confirmed that seven staff had received training on continence management in May and June 2015.

Staff consulted discussed the continence needs of specific individual service users, including the use of products for management of continence, skin care, the promotion of infection prevention and control, and promoting service user dignity when assisting and supporting service users during continence care.

An inspection of the environment confirmed that clean, suitably maintained odour free toilet facilities were available. Personal Protective Equipment (PPE) was also available for staff use.

Service users with memory problems attend the day centre on designated days. As a prompt in assisting service users to identify where the toilet is, visible signage was observed on toilet door(s).

Overall there was evidence to confirm that an effective service was delivered.

Is Care Compassionate?

Staffs' interaction with service users presented evidence of a high level of compassionate care being delivered throughout the inspection period. Discreet observations of care practices confirmed that service users' were treated respectfully and their right to privacy supported.

Service users who discussed their experience of attending the centre confirmed they were very satisfied with all aspects of the service.

Comments made by service users included:

- "I find this centre to be excellent and look forward to coming"
- "I enjoy the gardening and knitting projects"
- "the manager and staff are very friendly and do everything they can to ensure we are involved"
- "I enjoy the meals"

Areas for Improvement

Two areas for improvement were identified. One was in regard to the availability of a staff training programme for continence training being available in the centre.

Information submitted retrospectively to RQIA confirmed that an awareness training session which had been provided to staff covered the urinary system; how to keep the bladder healthy, types of urinary incontinence, symptoms of urinary tract infections and managing specific incontinence problems. A recommendation was not made on this occasion.

Care records should include unique identification to ensure privacy and confidentiality of information for service users. A recommendation was made.

Number of Requirements:	0	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 good evidence that the service promotes service user involvement and empowerment. A range of effective trust corporate policies and procedures were in place.

Examples include arrangements for consultation with service users encouraging them to have a say in the operation of Lisanally Resource Centre.

The culture in the centre also supports the wellbeing of service users, enabling them to feel valued and promoting and supporting their engagement and participation in the running of the service. Some of the service users who took part in group discussions confirmed that they were involved in discussions about what took place in the centre. All comments received from service users were very positive and no negative comments were received during this inspection.

There was evidence from discussions held with service users, the staff team and in records examined that the registered manager and staff team presented as being committed to ensuring that safe, effective and compassionate care is always delivered.

As part of an ongoing research project commissioned by the Public Health Agency, the registered manager and some service users who attend Lisanally have participated in a focus group on the impact of public participation and involvement. The registered manager confirmed that service users who had taken part had indicated that they had enjoyed taking part in this process.

In accordance with the trust public participation and involvement strategy, an appointed officer from the trust had carried out an independent review with service users on the quality of services provided in the centre. The outcome indicated that service users were positive in their comments about the services provided by the centre.

A survey was also conducted within Lisanally from 1 to 31 May 2015 demonstrating good evidence of service user consultation. Fifty two service users registered to use the service were issued with questionnaires. Forty eight questionnaires were returned providing a response rate of 69%. The survey covered areas such as, quality and efficiency of transport, the quality of the venue, the quality and choice of food and beverages including choice, amount, quality, temperature, meeting dietary needs and availability of drinks, choice of activities and staff attitude. The results reviewed ranged from excellent to good with 100% of service users indicating they felt listened too, were treated as an individual and were kept informed.

A robust system to record complaints was in place and records were maintained of any complaints or expressions of dissatisfaction received together with details of the actions taken.

Whistleblowing policies were also available and training records examined confirmed that these were included in corporate induction training provided to staff.

The registered manager covers more than one day centre service within the Trust and was in Lisanally on the day of inspection remaining in the centre throughout the duration of the

inspection period. Details of the manager's location on a day to day basis are maintained in the centre.

In the absence of the registered manager the centre is managed by band 5 staff both of whom were on duty on the day of inspection.

Staff consulted confirmed that the registered manager visited the centre frequently and advised that good support was provided.

Is Care Effective

Examples of opportunities which encourage service users' involvement include:

- participation in day care events
- participation in service user groups
- service user participation in questionnaires
- service user meetings.

Records indicated that service users enjoyed fulfilling and rewarding activities, both within the centre and during social events which were arranged.

On arrival to the centre, service users are offered a beverage and snack and during the morning period, some service users were observed attending the hairdressing who was in attendance. The majority of service users attended a religious service being held in the centre. It was evident from the discussions held with service users they enjoyed these services which are held regularly in the centre.

During the afternoon some service users took part in a quiz whilst others enjoyed watching music videos, reminiscing and knitting.

A social enterprise project operates in the centre where service users have been growing vegetables. Monies generated are to be used to fund the purchase of a greenhouse. Several service users were observed purchasing vegetables such as potatoes on the day of inspection.

Records reviewed indicated that service user group meetings are generally held three monthly. An agenda is prepared and minutes of meetings reflect the list of attendees and details of the issues discussed and actions agreed.

The service users consulted spoke positively about the service, the facilities and their opportunities for involvement and their ability to exercise choice.

Comments made by service users included:

- "I really enjoy attending the centre and always look forward to coming, I really miss it when I am unable to attend"
- "the staff are wonderful, there is not one of them you could complain about"
- "we have good fun and banter with each other"
- "I feel listened too when I am here".

The two care records reviewed reflected that annual multidisciplinary reviews are held which service users, carers and representatives are invited to attend.

A copy of the annual quality review report for 2014-2015 was in the process of being compiled at the time of inspection. The registered provider annual monitoring report was completed by the day care services manager for the period April 2014 to March 2015 and submitted to RQIA on 3 September 2015. The reviewed report was completed in accordance with The Day Care Setting Regulations (Northern Ireland) 2007.

The centre demonstrated robust and effective processes in ensuring that there is regular and consistent engagement with service users.

Is Care Compassionate?

Staff interaction with service users was discreetly observed throughout the inspection period. Examples of supportive appropriate language and encouraging tones of voice were observed, as well as good examples of service users being treated with dignity and respect.

Written records reviewed also provided good evidence of the provision of services in a professional and compassionate manner.

Discussions with 24 service users who were attending the centre on the day of inspection concluded that they are treated well and with respect by the registered manager and staff.

Fifteen service users returned completed questionnaires confirming they were fully satisfied with all aspects of the service.

Comments such as:

- “very satisfied with staffing levels”
- “everything is 100%, I am very happy to be coming here”
- “so good to come don’t need any improvement”
- “very helpful”.

One comment recorded in a questionnaire by an unnamed service user indicated they “would like transport to bring them home earlier” This information was shared with the registered manager post inspection.

There were no other issues or concerns raised by service users during this inspection.

Assurances were provided that the quality of care provision in Lisanally Resource Centre is compassionate.

Areas for Improvement

There were no areas for improvement identified in respect of this standard.

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

5.5.1 Accidents and Incidents

A review of records of accident and incident which had occurred at the centre had been completed appropriately. Discussions were held regarding notifications received by RQIA since the previous care inspection. Assurances were provided that all had been effectively addressed.

Accidents and incidents which occur in the centre were also reviewed during monthly monitoring visits by the monitoring officer representing the responsible individual.

5.5.2 Complaints

A review of the complaints records indicated that the service had a low level of complaints, and those that were received had been dealt with appropriately with records indicating complainants were fully satisfied with the outcome.

5.5.3 Staff Views

Four staff were consulted during the inspection. Discussions focused on the quality of care provision, continence promotion and support and service user involvement. A summary of these discussions is included in the standards inspected. Staff spoke positively about their roles and duties, staff morale, teamwork and managerial support. Staff informed the inspector they felt a good quality of day service is provided to service users. No concerns were expressed during these discussions.

Four staff also completed and returned questionnaires. The responses concluded staff were very satisfied that the quality of care provision in Lisanally Resource Centre was safe, effective and compassionate. There were no further comments recorded.

6. Quality Improvement Plan

The issue identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Martin Stevenson, 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

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 7</p> <p>Stated: First time</p> <p>To be Completed by: 30 September 2015</p>	<p>The registered persons should implement a system of unique identification to ensure privacy and confidentiality of service users' personal information.</p> <p>Ref 5.3</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>To ensure privacy, and confidentiality, internal day centre service user information, a unique identification will be allocated to each individual service user who attends the day centre. And used in communication recording, within the centre records.</p>

Registered Manager Completing QIP	Mr Martin Stevenson	Date Completed	28/09/2015
Registered Person Approving QIP	Mrs Angela Mc Veigh Director OPPC	Date Approved	28/09/2015
RQIA Inspector Assessing Response	Lorraine Wilson	Date Approved	06/10/2015

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