

Care Inspection Report

03 February 2017



Lisanally Resource Centre

Type of service: Day Care Service
Address: 84 Lisanally Lane, Armagh, BT61 7HF
Tel no: 02837528800
Inspector: Dermott Knox

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Lisanally Day Care Centre took place on 03 February 2017 from 10.30 to 16.30.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the day care service was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

Lisanally Day Care Centre premises were in good condition with no obvious hazards for service users or staff. There are spacious areas available for group activities and for individual work with service users, when necessary. Staff rotas, daily records and discussions with staff and service users confirmed that staffing levels met the assessed needs of the service users. Safeguarding procedures were understood by all staff who were interviewed. Staff members confirmed their trust in the caring qualities of their colleagues and were confident that poor practice would not be tolerated. Risk assessments were carried out routinely in an effort to minimize risks and to manage them consistently. Many service users have identified risks recorded in relation to their mobility. Observation of the delivery of care, throughout the period of the inspection, provided evidence that service users' needs were being met safely by the staff on duty. No areas for improvement were identified at this inspection with regard to the provision of safe care.

Is care effective?

Detailed assessment information supported the delivery of effective care for service users whose records were examined at this inspection. Progress for service users was recorded in good detail in all of the examples that were examined. The positive value of the day care service was confirmed by all of the service users and staff members who met with the inspector. There was written evidence in review reports of service users, their representatives and a range of community based health and social care workers being satisfied with the outcomes of the day care service in terms of benefits for service users. Staff were deployed in a manner that made good use of their skills and experience. Three staff members spoke of supportive and positive working relationships within the team. The evidence indicates that Lisanally Day Care Centre is providing a level of effective care that the manager and staff continually seek to develop and improve.

Is care compassionate?

There was wide ranging evidence, from observation, verbal feedback and written records, to confirm that intimate personal care and confidential matters were dealt with by staff in a respectful and caring manner. Interactions between staff members and service users were seen and heard to be good humoured and compassionate. Eight service users contributed positive comments on their enjoyment of attending the centre and on its value to them in terms of their experiences and happiness. Questionnaire responses from one service user, one relative and two staff members were entirely positive on all aspects of the service including the provision of compassionate care. Service user meetings provided regular opportunities for views to be aired. The evidence indicated that compassionate care is provided consistently by Lisanally Day Care Centre.

Is the service well led?

Lisanally Day Care Centre has systems in place to ensure that staff are well-informed on the responsibilities of their various roles and the expected standards of practice. There is a well-planned programme of training and staff are supervised and well supported within the team. Evidence from discussions with staff indicates that the manager has positive working relationships with members of the staff team and that they have the confidence and support of their colleagues. Service users in the centre stated that the service was well run by very caring people. Records of service users' meetings and staff meetings were available for inspection. Monthly monitoring reports were clear and comprehensive, although there were a number of months across 2015 and 2016 for which no monitoring report was available. There was evidence of good leadership and management in almost all aspects of the service that were examined at this inspection.

This inspection was underpinned by The Day Care Setting Regulations (Northern Ireland) 2007, the Day Care Settings Minimum Standards 2012.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Martin Stevenson, Registered manager, 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.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 12 August 2015.

2.0 Service details

Registered organisation/registered person: Southern HSC Trust/Mr Francis Rice	Registered manager: Mr Martin Stevenson
Person in charge of the service at the time of inspection: Mr. Martin Stevenson	Date manager registered: 07 October 2010

3.0 Methods/processes

Prior to inspection we analysed the following records:

- Record of notifications of events
- Record of complaints
- Quality Improvement Plan from the previous inspection on 12 August 2015
- The log of contacts relating to the service, since the previous care inspection.

During the inspection the inspector met with:

- Eight service users in two separate groups
- Three care staff, in individual discussions
- The registered manager at the beginning and the conclusion of the inspection.

Questionnaires were left with the manager to be distributed to service users, staff and a number of relatives or carers of service users.

The following records were examined during the inspection:

- File records for five service users, including assessments and care plans
- Progress records for five service users
- Monitoring reports for the months of May, June, August and September 2016 and for January 2017
- Record of complaints
- Records for three staff meetings, held in April, August and October 2016
- Staff work schedules
- Fire safety records
- Quality survey report for 2016
- Care Plan Audits (two per month being completed in good detail)
- Policies and/or Procedures on Continence Promotion; Assessment, Care Planning and Review; Records Management; Recruitment and Selection; Staff Induction.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 12 August 2015

The most recent inspection of the establishment was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. This QIP will be validated by the inspector at the current inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 12 August 2015

Last care inspection statutory requirements		Validation of compliance
Recommendation 1 Ref: Standard 7 Stated: First time	The registered persons should implement a system of unique identification to ensure privacy and confidentiality of service users' personal information. Ref 5.3	Met
	Action taken as confirmed during the inspection: The use of this system was evident in the records of notifications of accidents and incidents.	

4.3 Is care safe?

The day centre premises were in good condition with no obvious hazards for service users or staff. An Environmental Cleanliness Audit had been completed on 15 November 2016, with positive findings. There are several spacious rooms available for group activities and for individual work with service users, when necessary. The manager and three staff members, who met with the inspector, confirmed that they have confidence in the practice of all members of the staff team in their work with service users. All three staff members had worked in other care settings prior to their employment in the centre and expressed strong commitment to their work with service users, which, they confirmed, is enjoyable and satisfying. The manager stated that approval had been given for the recruitment of two new part-time staff members and he was pleased that the new staffing complement will enable the team to expand further on the range of creative working methods. All new staff undertake a detailed induction programme.

Safeguarding procedures were understood by the staff who were interviewed. There were systems in place to ensure that risks to service users were assessed regularly and managed appropriately and this included inputs by community based professionals, service users and, where appropriate, a carer. Risk assessments with regard to transport, mobility and moving and handling, were present where relevant and each one had been signed as agreed, either by the service user or a representative. Observation of the delivery of care, throughout the period of the inspection, provided evidence that service users' needs were being met safely and carefully by the staff on duty.

Staff members were observed interacting calmly and sensitively with service users and being attentive to each person's needs throughout their time in the centre. Fire alarm systems checks were carried out and recorded on a weekly basis and fire exits were seen to be unobstructed. A fire alarm drill was carried out during the inspection period. The daily register of service users and staff provides an accurate checklist for fire safety purposes. The Trust has an up to date procedure for the management of service users' lunch monies, which includes balance checks being carried out by the manager and a senior member of the care staff.

During the inspection visit, eight service users spoke very positively of the quality of care provided at the centre and confirmed that they felt safe in the centre and in the transport bus.

Staff presented as being well informed of the needs of service users and of methods of helping to meet these needs safely. Service users' rights and feelings, and the methods available to them of raising a concern or making a complaint were set out in the service user guide.

The evidence presented supports the conclusion that safe care is provided consistently in Lisanally Day Care Centre.

Areas for improvement

Number of requirements	0	Number of recommendations	0
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4.4 Is care effective?

The centre's Statement of Purpose and the Service User's Guide provide all of the information required by the regulations and the minimum standards. The Service User's Guide has several pages of dense text, which is likely to be inaccessible to many of the service users. It is recommended that a more inviting and colourful version should be developed.

Five service users' files were examined and each was found to contain detailed referral and assessment information on the individual and on his or her functioning along with a written agreement on the terms of the individual's attendance. Care plans addressed identified needs accurately where there were very specific matters, e.g. mobility needs, to be taken into consideration. In some other areas of identified need, care plans might contribute to more effective outcomes if these were stated clearly in goal related, measurable outcome terms.

Each of the files examined contained risk assessments appropriate to the individual service user, making the risks clear for staff involved in specific aspects of the work with that person. A record was kept of each service user's involvement and progress at the centre and entries were in proportion to the frequency of attendance of the individual. Dates and signatures were present in all of the care records examined and attention to detail in assessments and reviews records was of a high standard.

Records of annual reviews for each person demonstrated that an evaluation of the overall suitability of the placement had been discussed in detail and agreed. Well written review records were available in each of the files examined and these included the service user's views and were informed by the written progress records. A number of service users' records included reports of a Trust mental health review, which provided useful additional evidence of the effectiveness of the service.

The premises are spacious and with a layout which may help to avoid disorientation on the part of any service user. A number of constructive measures, including the use of colour, have been taken to make the premises more conducive to service users' understanding of the locations of the various rooms. Service users confirmed that meals were always of a good standard and were suitable for each individual's needs. Four service users spoke about their experiences of participating in the centre's activities and all presented positive views of the enjoyment and support that they gained from these. On the morning of the inspection a volunteer led a guitar and singing session with songs selected appropriately from the times when most of the service users might have been involved in dancing and learning the lyrics. Service users were heard making requests for particular songs and the volunteer appeared to know them all.

Work with some service users includes the use of 'Brain Fit', an online, extensive programme of enquiry, exploration, memory testing and fun activities, which have been researched and developed by Fingerprint Productions. Staff demonstrated some examples of the programme in operation, but this was severely hampered by the poor quality of the internet connection and speed in the centre. It is important that forward thinking developments in day care practice are supported by the necessary infrastructure and the Trust should ensure that high speed broadband services and Wi-Fi are made available in Lisanally Resource Centre at the earliest possible time. Evidence from discussions with service users, from written records and from observations of interactions between service users and staff, confirmed that service users viewed the centre as a supportive place in which to spend their time. The manager and staff worked creatively to involve service users in a variety of experiences, making full use of the available rooms and local activity facilitators.

The evidence indicates that the care provided is effective in terms of promoting each service user's involvement, enjoyment and wellbeing.

Areas for improvement

It is recommended that a more inviting and colourful version of the Service User's Guide should be developed.

The Trust should ensure that high speed broadband services with Wi-Fi are made available in Lisanally Resource Centre at the earliest possible time, to facilitate the use of programmes such as 'Brain Fit' and the continuing learning and development of staff.

Number of requirements	0	Number of recommendations	2
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4.5 Is care compassionate?

Observations of activities throughout the centre provided evidence of positive and purposeful relationships between service users and staff members, who presented as being committed to providing service users with a supportive and enjoyable experience at the centre. In all of the interactions observed, service users were engaged with warmth, respect and encouragement.

During the inspection visit, eight service users chatted with the inspector, providing accounts of their engagement with the centre's activity programmes and their own specific care plans. Activities included the use of rhythm instruments, music and singing, colouring pictures, table-top craft activities, cooking, beauty therapy, cultural and sightseeing outings. Themed days are planned occasionally, the most recent, in December 2016, having been a 'Georgian' day, supported by staff from the local Regional College. Staff wore Georgian style dress, the Armagh Rhymers and pupils of two primary schools took part and service users were treated to horse-drawn carriage rides around the grounds. Observation of events throughout this inspection confirmed that service users were afforded choice and were seen to be encouraged in constructive activities by staff. There was evidence within the centre of a supportive balance between encouragement of independence for individuals in choice and involvement, and the safety management controls by staff that were necessary to ensure the comfort of all group members.

There are systems in place to ensure that the views and opinions of service users and carers are sought regularly and taken into account. The 'Assessment, Care Planning & Review Procedures for Day Care Services' state, "The Care Plan ---- will also seek to state the personal

preferences and choices of the service user and maintain and where possible improve the person's abilities and level of independence". There was evidence to confirm that care plans included the statement of service users' preferences, that staff were knowledgeable of these and that they made significant efforts to ensure the choices were respected.

The 2016 annual quality survey of service users and their carers was carried out between the 01 and the 31 May 2016, with forty completed questionnaires returned out of the sixty-five that were sent out. The survey included a question on staff attitudes and behaviours, which is pertinent to the provision of compassionate care and was rated "Excellent" by 100% of respondents. In response to a question on the provision of social activities, 73% rated them "Excellent" and 27% rated them "Good". The evidence presented confirms that compassionate care is provided consistently by Lisanally Day Care service.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

Lisanally Resource Centre was well organised and had clear, good quality records in almost all areas of operations. These included the clarity of duty rotas, roles and responsibilities, minutes of staff meetings, service users' files, activity schedules and a range of audits of various operational functions. Record keeping by staff in the centre was of a high standard.

Monitoring reports, as required by Regulation 28, were comprehensive and well-detailed, showing evidence of thoroughness in the completion of this task. However, only nine monitoring visits were carried out in the previous twelve month period. While it is understood that the peer manager monitoring arrangements in the Southern Health and Social Care Trust place significant pressures on facility managers who fulfil the monitoring role, the registered person must ensure that monitoring visits are carried out on a monthly basis.

The SHSC Trust has clear management information set out in the centre's statement of purpose, updated in April 2016, and in the service user guide, so that stakeholders know the leadership and decision making structure regarding social care services, including day centres. There was evidence from discussions with the manager and staff members to show that staff were appropriately qualified for their designated roles. A system is in place for the identification of staffs' training needs and for meeting these, including planned training days for the provision of mandatory training. Other specific training needs were met throughout the year on an individual basis. The day care workers, who take charge in the manager's absence, had each completed a competence assessment for this role.

There was reported evidence from staff of positive working relationships between the registered manager and the staff team members and amongst the whole team. Systems were in place for the provision of staff supervision and support and staff who met with the inspector confirmed

that formal supervision was supportive and regular. The Trust's written policy on Recruitment and Selection and the policy on Staff Induction were clear and comprehensive. The written procedures on Assessment, Care Planning and Review had been reviewed on 11 April 2016 and were clear and helpful to staff members seeking guidance in this area of their work.

Minutes of staff meetings were well presented and detailed, ensuring that those who might be unable to attend a meeting could easily access the relevant information. Each record had an Action Sheet at the end to clarify what would be done and by whom, in respect of the decisions taken in the meeting. Staff meetings were being held approximately quarterly and the manager was reminded of the minimum standard (23.8) in this regard.

Overall, there was evidence to confirm that Lisnally Resource Centre is well led and provides a good quality service to those who attend.

Areas for improvement

Monitoring visits and reports must be completed on a monthly basis.

Number of requirements	1	Number of recommendations	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the 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 provider/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 provider 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 the Day Care Service. 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Day Care Setting Regulations (Northern Ireland) 2007.

5.2 Recommendations

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

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have

been completed and return the completed QIP to day.care@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Statutory requirements	
Requirement 1 Ref: Regulation 28 Stated: First time To be completed by: 28 February 2017	<p>The registered provider must ensure that monitoring visits are carried out on a monthly basis in accordance with this regulation.</p> <p>Response by registered provider detailing the actions taken: A protocol has been developed and shared with Registered Managers to further improve compliance to ensure monitoring visits are carried out on a monthly basis in accordance with Requirement 1 Regulation 28.</p>
Recommendations	
Recommendation 1 Ref: Standard 1.2 Stated: First time To be completed by: 05 May 2017	<p>It is recommended that a more inviting and colourful version of the Service User's Guide should be developed, in a format better suited to the needs of service users.</p> <p>Response by registered provider detailing the actions taken: The registered manager will undertake a review of the current service user guide. In keeping with the above recommendation this will include improving the format of the current guide by developing this in an easy read format. The manager will ensure this piece of work is undertaken alongside service users and carers and include best practice and research from other areas. The new service user guide will be produced in compliance with the stated time frames.</p>
Recommendation 2 Ref: Standard 9.5 Stated: First time To be completed by: 14 April 2017	<p>The registered provider should ensure that high speed broadband services with Wi-Fi connections are made available in Lisanally Resource Centre at the earliest possible time, to facilitate the use of programmes such as 'Brain Fit' and to encourage staff to access internet resources for continuous learning and improvement.</p> <p>Response by registered provider detailing the actions taken: The registered manager will request Trust IT assistance to boost the WI-Fi connection within the resource centre to ensure full access to the Brain - Fit programme. This will be undertaken in compliance with the agreed time frames.</p>

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