

# Unannounced Care Inspection Report 8 July 2019



## Lisanally Resource Centre

**Type of Service: Day Care Service**  
**Address: 84 Lisanally Lane, Armagh, BT61 7HF**  
**Tel No: 02837528800**  
**Inspector: Maire Marley**

[www.rqia.org.uk](http://www.rqia.org.uk)

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

Lisanally Resource centre is a Day Care Setting with accommodation to provide 25 places for older people and persons with dementia. The service provides care and therapeutic activities, Monday to Friday each week. Closure takes place during statutory holidays. Further information on the day care service is reflected within the service user guide and statement of purpose.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Southern HSC Trust	<b>Registered Manager:</b> Mr Martin Stevenson
<b>Responsible Individual(s):</b> Mr Shane Devlin	
<b>Person in charge at the time of inspection:</b> Senior Day Care Worker	<b>Date manager registered:</b> 7 October 2010
<b>Number of registered places:</b> 25 DCS-DE, DCS-I	

### 4.0 Inspection summary

An unannounced inspection took place on 8 July from 9.00 to 14.30 hours.

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

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

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

During the inspection the inspector saw good evidence that the day care setting promoted service users' human rights particularly in relation to the areas of consent, autonomy, equality, decision making, privacy, dignity, confidentiality and service user involvement. Service users were observed moving freely around the centre and making independent choices in regard to activities and food provided.

Evidence of good practice was found throughout the inspection in relation to staff training, development and support, and communication between service users, day centre staff and other key stakeholders. The culture and ethos of the day care setting promoted treating the service users with dignity and respect and maximising their independence.

Service users said they felt safe in the centre and made positive comments relating to the effectiveness of care. Service users spoken with described the staff and manager as absolutely lovely and very kind people.

One area requiring improvement was identified during this inspection in regard to the review of the fire risk assessment.

The findings of this report will provide the day care setting with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	0

Details of the Quality Improvement Plan (QIP) were discussed with the person in charge as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

#### 4.2 Action/enforcement taken following the most recent care inspection dated 18 January 2019

No further actions were required to be taken following the most recent inspection on 18 January 2019.

#### 5.0 How we inspect

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

- the registration details of the day centre
- information and correspondence received by RQIA since the last inspection
- unannounced care inspection report dated 17 January 2019

During the inspection the inspector was introduced to all the service users, met with four service users individually and a further six in two groups. The inspector also met with three staff.

#### Service Users' comments during the inspection:

- "I enjoy coming here for the company, I live alone and it's good to be where people care."
- "I do like it here, the girls (staff) are lovely and the dinner is beautiful."

**Staff comments during inspection:**

- “Staffing levels meet the needs of the centre, attending training keeps us updated”.
- “Centre is well managed, good communication between us, morning briefs and we receive emails/alerts if there are changes to policies etc.”

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

Ten service user and/or relatives’ questionnaires were provided for distribution. Three questionnaires were returned to RQIA and all were responses were positive.

**6.0 The inspection****6.1 Review of areas for improvement from the most recent inspection dated 18 January 2019**

The most recent inspection of the establishment was an unannounced care inspection.

There were no areas for improvement made as a result of the last care inspection.

**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.**

A review of the day care setting’s systems in place to avoid and prevent harm to service users which included a review of staffing arrangements was undertaken during the inspection.

On the day of inspection the staffing arrangements were found to be satisfactory and sufficient to meet the needs of service users. This was also confirmed by the staff on duty. Duty records examined contained details of the number of staff on duty, hours worked, and information of the specific care duties allocated to staff.

Staff reported that effective arrangements are in place to support them and included induction, training, supervision and appraisals. There was evidence that any new staff receive a structured induction to ensure they are familiar with service users’ needs along with the settings routines and procedures. It was good to note that new staff were undertaking the Northern Ireland Social Care Council (NISCC) induction standards.

A review of staff training records found that all staff had up to date mandatory training and had accessed additional training and development relevant to the needs of service users. There was evidence that staff were appropriately registered with their professional bodies. It was good to note that staff had implemented changes to their practice following dementia training, this

included changing the colour of their uniforms and changing the colour of cups to colours more suitable for people with memory loss.

The day care setting had arrangements in place to identify, manage and where possible eliminate unnecessary health and safety risks. This included regular health and safety checks that ensured a safe environment was maintained. A fire risk assessment was in place and had been reviewed in 16 May 2017, the record stated it was due to be reviewed in May 2019 however there was no evidence that the risk assessment has been revisited and this has been stated as an area for improvement. A fire evacuation was undertaken in 5 June 2018 and a date had been organised in September for the next evacuation.

Arrangements had been implemented in regard to the recording and reporting of accidents and incidents. Notifications of such events were submitted to RQIA as required. A review of the accident records from January 2019 to 8 July 2019 confirmed there had been two accidents during that period and the events had been managed appropriately. It was noted that staff were recording effectively in accordance with the Trust procedures.

A review of policies confirmed there was a policy and procedure on restrictive practice in keeping with Department of Health (DoH) Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and Human Rights Act (1998). It also included Deprivation of Liberty Safeguards (DoLS).

Staff consulted during inspection demonstrated an awareness of the impact of human rights legislation and could discuss how they ensured service users were afforded a range of rights whilst ensuring that any service users behaviour did not harm themselves or others.

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

Safeguarding and whistleblowing policies and procedures were in place to help protect service users and help minimise the risks of abuse. Safeguarding procedures were understood by staff members who were spoken with during inspection, they confirmed that practice throughout the centre was of a high standard and that training had been provided for staff on 17 April 2019 and 21 June 2019. It was noted that the policies and procedures were in line with the regional guidance and the Trust had a named Adult Safeguarding Champion.

Observation of the environment was undertaken during a walk around the day care setting, this confirmed that the environment was warm, clean, fresh smelling and had suitable lighting. The standard of hygiene observed throughout the centre was found to be high and appropriate measures were in place for the prevention and control of infection. An environmental health officer completed a food hygiene inspection of the premises on 3 April 2019 and rated the centre as "5 star", the certificate was displayed at the front door.

### **Areas of good practice**

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

## Areas for improvement

On area of improvement were identified during the inspection of this domain and related to a review of the fire risk assessment.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	0

### 6.5 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

The centre's Statement of Purpose and Service User Guide were reviewed and revealed that the documents accurately reflected the elements set out in the regulations and standards. It was good to note that the Statement of Purpose contained reference to a commitment to promote the human rights of service users.

Prior to admission each person and or their representative visit the centre and are provided with a service user guide that informs them of their right to full involvement in all aspects of their care. Information on how to raise a concern or complaint regarding the quality of care is included. It was evident from records viewed and staff discussion that the centre organised and delivered services to meet individual needs and took account of individual preferences.

There was evidence that comprehensive risk assessments and care plans were completed inclusive of service users and when appropriate their representatives. A range of assessments were carried out and were specific to each person needs, for example moving and handling, falls risk, behaviour that may challenge, and transport. The assessments provided information to staff that assisted them to minimise risks and to keep service users safe and included a detailed care plan. Care records examined included the relevant information specified in the minimum standards.

A written review report was available in each file examined and included the views of the service user and/or their representative and was informed by the written progress notes. It was noted that the comments made by service users during their annual reviews were all very positive. Contact sheets recorded the involvement of families and professionals. Dates and signatures were present in all files examined. There was evidence of continuous improvement in the care planning and delivery process and regular audits of practices were completed.

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

Systems to promote effective communication between staff, service users and their representatives were reviewed during the inspection. There was evidence to indicate that communication supported the protection and promotion of individualised and person centred care for service users.



Discussion with staff revealed that they felt care provided to service users within the setting was effective, staff were knowledgeable regarding service users’ needs and care plans; they described how intervention with each service user was person centred depending on their individual needs.

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

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

**Service Users’ comments:**

- “I love coming here, it’s good to have company and some-one to listen to you.”
- The staff are very good.”
- “Lovely place and dinners are very good.”
- “Great place we are looked after well.”

**Staff comments:**

- “Everyone is treated equally.”
- “Wonderful centre, staff are great and the place is well managed.”
- “Staff ensures that the service users’ needs come first.”

Service users and staff consulted on the day expressed positive views on the quality of service provided; staff also expressed the confidence they had in the practice of their colleagues.

**Areas of good practice**

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

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.6 Is care compassionate?**

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

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



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

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

Staff described the informal arrangements in place that ensured service users are consulted on a daily basis and their views and opinions sought. This included daily ongoing discussions with service users and checking out before the commencement of each activity that people were willing to participate. More formal arrangements to promote effective communication with service users and/or their representatives were facilitated through annual care reviews and service user meetings. A sample of the minutes of service meetings found evidence of service user involvement in the decision making process and also evidenced how each person's preferences was taken into consideration.

Evidence of additional opportunities for service users and their carers to express their views was contained in the annual satisfaction survey undertaken and reported on in the Annual Quality Report 2017-2018. Staff confirmed that the report was available to them and service users and their representatives.

### **Areas of good practice:**

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the day care setting, listening to and valuing service users and taking account of the views of service users and their carer's.

### **Areas for improvement**

No areas for improvement were identified during the inspection of this domain.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	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 manager, Martin Stevenson has responsibility for two additional day services and is based mainly in Lisanally Resource Centre. In the absence of the manager a senior day care worker assumes responsibility for the day to day running of the centre. Records are maintained detailing the hours the manager is in the centre.

This inspection was facilitated by the senior day care worker who was the person in charge and who demonstrated a very good understanding of The Day Care Setting Regulations, minimum standards and the systems and processes in place for the daily management of the setting.

During the inspection the setting's leadership, management and governance arrangements were assessed and found them to be in line with the regulatory framework. Inspection of the premises confirmed that the current RQIA certificate of registration was up to date and displayed within a prominent position.

There was a clear organisational structure and staff consulted demonstrated knowledge of their roles, responsibility and accountability. A competency and capability assessment was in place for the person left in charge of the centre in the absence of the manager.

A range of policies and procedures were in place to guide and inform staff. During the inspection staff discussed their knowledge of policies in regard to whistleblowing, safeguarding and complaints, it was evident they were fully familiar with the action required to be taken by them in the event of any concern.

In discussions with staff it was evident they enjoyed working in the day care setting and enjoyed good working relationships with their colleagues and the management team, they gave very positive feedback in respect of leadership and good team working. Staff stated "The team are really good and there is great support from the management team, issues are always listened to and responded to effectively".

There are arrangements in place to ensure staff are registered with the relevant regulatory bodies such as the Northern Ireland Social Care Council (NISCC). Information regarding staff registration details and renewal dates were maintained.

Review of staff records established that supervision and appraisal were in keeping with the minimum standards. Staff reported that they found supervision supportive and provided opportunities to discuss their responsibilities.

Examination of the complaints record found the centre had no complaints since the last inspection. Discussion with staff confirmed that they knew how to receive and deal with complaints and of their responsibility to ensure that management were made aware of any complaints. Information on the complaints procedure was displayed in areas throughout the day centre.

Records examined provided evidence that regular staff meetings were held and records of the meetings maintained. The record included the names of staff in attendance and agenda items. Relevant information was discussed regarding the needs of service users, forward planning and the arrangements to ensure the delivery of safe and effective care.

The inspector can confirm there was evidence of arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. A range of audits are undertaken weekly and monthly and included health and safety audits, audits on care records, cleanliness audits, staff training, supervision, fire prevention and checks on professional registration.

The Regulation 28 monthly quality monitoring visit reports for the months of March, April and May, were reviewed and found to be in keeping with regulation and standards. The report for June was forwarded to RQIA following the inspection, no issues were identified.

The inspector noted that the day care setting collects equality information in relation to service users, during the referral and assessment process. The data is used effectively and with individual service user involvement when a person centred care plan is developed. Records showed that equality information included communication methods, adult safeguarding and risk assessments where a risk was identified.

Discussion with service users and staff evidenced that they felt the care provided was well led. They described the service as well planned and they confirmed the manager operates an open door policy and their views and opinions are sought on a regular basis.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to management of accidents/incidents, quality improvement and maintaining good working relationships.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with the person in charge, 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><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 26 (2) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 September 2019</p>	<p>The registered person shall ensure the fire risk assessment is reviewed within the stated timeframes. The date of the review should be detailed in the returned QIP.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> The registered manager has contacted the fire safety dept 22-07-19. The care inspection report has been brought to their attention the fire risk assessment update has been included in the fire officers work schedules. lisanally fire risk assessment will be reviewed in the next few weeks by the fire safety dept.</p>
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