

# Unannounced Care Inspection Report 21 January 2019



## Lisanally Resource Centre

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

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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 25 places, providing care and day time activities for people living with dementia and for other elderly people who have assessed care and support needs. 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><br>Southern HSC Trust<br><br><b>Responsible Individual:</b><br>Mr Shane Devlin | <b>Registered Manager:</b><br>Mr Martin Stevenson |
| <b>Person in charge at the time of inspection:</b><br>Gail O Rouke  | <b>Date manager registered:</b><br>7 October 2010 |
| <b>Number of registered places:</b><br>25   |   |

### 4.0 Inspection summary

An unannounced inspection took place on 21 January 2019 Year from 10.00 to 15.00 hours.

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 day care setting was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff training and support, provision of care, involvement of service users and their relatives, leadership and management, organisation, records, safety, governance and maintenance of the premises.

No areas requiring improvement were identified at this inspection.

Service users said;

- "I like coming here, staff are very kind."
- "I enjoyed my dinner."
- "I enjoy different things."

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> | 0           | 0         |

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Gail O Rouke, acting senior day care worker, as part of the inspection process and can be found in the main body of the report.

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

#### **4.2 Action enforcement taken following the most recent care inspection dated 12 December 2017**

No further actions were required to be taken following the most recent inspection on 12 December 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:

- record of notifications of significant events
- record of complaints
- the previous inspection report on 12 December 2017
- the RQIA log of contacts with, or regarding Lisanally Day Centre

During the inspection the inspector met with:

- eleven service users in group settings
- four care staff in individual discussions
- visiting tutor from SELB

Staff were provided with ten questionnaires to distribute to service users or their relatives for completion. The questionnaires asked for service users and/or their relatives views on the service and requested their return to RQIA. No questionnaires were returned within the timescales for inclusion in this report.

The person in charge was requested to display a poster within the day centre. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision.

A “have we missed you” card was left for display in the front entrance, to allow service users or relatives who were not available on the day to give feedback to RQIA regarding the quality of service. No responses were received. In addition a range of RQIA information leaflets were also left.

The following records were examined during the inspection:

- Care records for four service users, including assessments, care plans and review reports.
- Progress records for four service users.
- Monitoring reports for the months of October, November and December 2018.
- Random selection of records of three staff meetings.
- Minutes of Service Users’ Meetings for October 2018.

- Focus group meeting 19 July 2018 and 8 August 2018.
- Selected training records for staff, including staffs' qualifications.
- The Statement of Purpose.
- Service User Guide.
- Staff duty rotas.
- Safety records, including Fire Risk assessment.
- Record of notifications of significant events.
- Record of complaints.

There were no areas for improvement identified at the last care inspection dated 12 December 2018.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

### **6.1 Review of areas for improvement from the most recent inspection dated 12 December 2017**

The most recent inspection of the day care setting was an unannounced care inspection.

### **6.2 Review of areas for improvement from the last care inspection dated 12 December 2017**

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.**

On the day of inspection five care staff were on duty, along with a catering assistant and an office administrator. There was evidence that unplanned staffing shortfalls are addressed by the registered manager. Staff confirmed that the registered manager would either cover absences himself or arrange for support to be provided by senior day care workers.

The duty roster along with care records were examined and discussion with staff and service users established staff were sufficiently qualified, competent and experienced to meet the assessed needs of the service users.

Lisanally day centre is one of three day centres managed by Martin Stevenson for the Southern Health and Social Care Trust. The hours/days the registered manager is based in the centre was recorded, it was evident from the records that the registered manager was based in the centre at least two days a week. When the registered manager is not in the centre he is in daily contact with the person in charge, staff were fully aware of the arrangements and the registered manager's contact details.

The record for an identified staff member left in charge of the centre in the absence of the registered manager were examined and confirmed that a competency and capability assessment had been completed. The inspector spoke to the staff member in charge on the day of inspection and they confirmed they were willing and capable to act up in the registered manager's absence.

An induction programme is in place for all grades of staff within the centre appropriate to specific job roles. There have been no new staff employed since the last inspection, a comprehensive programme is in place and all new staff undertake the NISCC induction.

Discussions with staff confirmed that they had access to a mandatory training programme to support them in meeting the roles and responsibilities of their job. A review of the staff training records provided evidence that all training was up to date.

The day care setting's governance arrangements in place that identify and manage risk were inspected; one accident had been recorded in the period since the previous care inspection, the accident was managed, recorded and reported appropriately.

Lisanally House provides care for a range of people with memory loss and to ensure their safety and well-being staff use programmed fobs to open exit doors, this level of restriction and safekeeping is discussed and agreed from the onset of the service level agreement. Service users were observed on their arrival to the centre and throughout the day, it was noted that service users moved freely around the centre and no further restrictions were observed.

A review of settings policies confirmed there was a policy and procedure on restrictive practice in keeping with DOH Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The person in charge confirmed there were no current adult safeguarding investigations within the day care setting and were clear about their role and responsibility in the event of such an incident.

Safeguarding procedures were understood by staff members who were interviewed, they confirmed that practice throughout the centre was of a high standard and that they were trained to respond professionally in all situations. Safeguarding training had been provided for all staff in the training programme for 2017-2018. 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 and in the centre's Statement of Purpose, additional information in regard to complaints were displayed throughout the centre. There had been no complaints in the service since the last inspection. Several compliments had been recorded and confirmed service users satisfaction with the service provided

The person in charge and other 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 and expressed their determination to promote safe practice and, if necessary, to report unacceptable practice. All staff members expressed strong commitment to their work and confirmed that the work is enjoyable and rewarding. There was evidence that all staff had been trained appropriately for their specific areas of responsibility.

The arrangements for the management of monies that service users' contribute for their lunch within the day care setting was reviewed. Appropriate records and receipts for all financial transactions were in place.

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. Fire exits and walk ways were clear and free from any obstructions. Infection prevention and control measures were in place with a good standard of hygiene observed throughout the centre. Measures included the availability of hand sanitisers around the setting, “seven step” hand hygiene notices positioned at wash hand basins and supplies of liquid soap and hand towels mounted on the wall. Staff confirmed they had access to gloves and aprons as required.

It was noted that staff adhered to safe fire practices and records examined identified that a number of safety checks had been undertaken including fire safety drills to ensure service users could exit safely and regular checks on firefighting equipment. A fire risk assessment was completed on 16 May 2017 with a review date for May 2019, the record showed the action taken in regard to the recommendations made and confirmed that they had been addressed.

Discussion with staff and a visiting tutor with regards to the provision of safe care revealed the following comments:

#### **Staff and Tutor comments:**

- “We maintain safe care by following the care and support plans, supervision of service users and understanding our policies and procedures.”
- “We are an excellent team who get on really well, and the daily hand-overs keep us up to date.”
- “My training has assisted me here along with the support from management and the team.”
- “This is a lovely place, staff are so kind and considerate, I am confined to a wheelchair and have great experience of the suitability of access, staff are very vigilant to hazards I, couldn’t compliment the staff highly enough”, A lovely place to come to work.”

Ten satisfaction questionnaires were given to the staff for distribution to service users and relatives/representatives. No questionnaires were returned within the timescales for inclusion in this report.

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

There were examples of good practice found throughout the inspection in relation to risk assessment and management, fire safety, the physical environment, staff training, staff supervision, adult safeguarding and service user involvement.

#### **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                |



## 6.5 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's guide was reviewed and revealed the documents accurately reflected the elements set out in the regulations and standards.

A review of four service users' individual care records confirmed that these were maintained in line with legislation and standards. They included a service user agreement, an up to date assessment of needs, including a range of risks assessments relevant to individual abilities, disability or condition. Care plans set out the service user's needs in detail, along with objectives for each person's care and the actions required to meet the agreed outcomes. Written records were kept of each service user involvement and progress at the centre. Entries were made in response to the significance of events and were in keeping with the frequency specified by the minimum standards.

Records of six weekly and annual care reviews for each service user demonstrated that an evaluation of the overall suitability of the placement had been discussed in detail and agreed. A written review report was available in each file examined and included the views of the service user or carer and was informed by the written progress notes. 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.

Discussion with staff revealed that they felt care provided to service users within the setting was effective. They 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. Staff also confirmed systems were in place to ensure any updates or changes in service users' needs were discussed and shared as necessary.

The discussions with staff and review of service user care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the day care setting. There was evidence that day care staff consulted with the multi-disciplinary team, in a proactive, timely and appropriate manner.

The Statement of Purpose and Service User Guide provided information on how to make a complaint and the importance of ensuring service users' opinions and feedback is heard and appropriate action taken.

Discussion with staff regarding how they communicate/respond with service users who present with specific communication needs confirmed they were knowledgeable regarding person centred interventions that assured service users were involved and communication opportunities were maximised.

Discussion with staff and a visiting tutor with regards to the provision of effective care included the following comments:

- "Staff know each service users' needs and can respond appropriately."
- "We communicate amongst each other really well, everyone knows when there is a change to someone's planned care."
- "I know the care is effective because I see staff on a weekly basis delivering it."



During the inspection five members of staff were interviewed individually and all expressed very positive views on the quality of service provided and on the confidence they had in the practice of their colleagues.

Ten satisfaction questionnaires were given to the person in charge for distribution to service users and relatives/representatives. No questionnaires were returned within the timescales for inclusion in this report.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to referral information, risk assessments , care plans and care review audits, communication between residents, 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.**

The 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.

Discussions with service users and staff and observation of care during the inspection showed that the promotion of values such as choice, dignity and respect were embedded in the culture and ethos of the day centre. Staff interactions with service users were observed to be cheerful, compassionate, caring and timely, with staff providing clear information, using appropriate language and demonstrating active listening skills.

Staff were observed on numerous occasions, offering service users’ choice regarding the activity they wished to do, where they wished to go or what they wanted to eat or drink. It was apparent that service users were familiar with staff as they appeared relaxed and comfortable in their surroundings and interactions. There was genuine warmth in the engagement by staff with service users and staff spoken with were knowledgeable regarding service users likes, dislikes and individual preferences.

The inspector confirmed that service users were enabled and supported to engage and participate in meaningful activities, which had been assessed as appropriate for each service user based on their needs and goals. On the morning of inspection service users were involved in an art and craft session and it was obvious that great enjoyment was had by the production of cards, lively discussion were taking place throughout the session and everyone was involved. In the afternoon staff provided arm chair exercises and service users were encouraged to sing along, staff were also observed providing individual hand massages, nail painting or chatting to

service users. There was evidence from the observations that staff motivated service users to participate in a range of activities that had positive outcomes for health and well-being.

Staff described daily informal arrangements in place that ensured service users are consulted and their views and opinions sought. More formal arrangements to promote effective communication with service users and/or their representatives were facilitated through initial and annual care reviews and the quarterly service user meetings. A sample of the minutes of these meetings were reviewed and it was good to note that service users were able to make decisions regarding how they wished to celebrate occasions and social events, activities and menus were also discussed.

Focus groups had been established and these sessions were facilitated by the SHSCT User Involvement officer with meetings held in July and August 2018.

Evidence of additional opportunities for service users and their carers to express their views was contained in the annual satisfaction survey and a report of the findings dated July 2018. The Annual Quality Review report for 2017-2018 was submitted following the inspection and found to be comprehensive and informative.

During the monthly monitoring visits the views of service users are also sought and reflected in the report of the visit. This was evidenced in the sample of monitoring reports examined.

There were measures in place that confirmed all service users, irrespective of their needs were supported and encouraged to have equal opportunity for access to meaningful activities and engagement with others. It was encouraging to note the range of information available to service users and their carers. On the day of inspection, leaflets on various topics, such as flu information, choking information, falls prevention, how to access services and how to complain was displayed throughout the centre.

Discussion with service users with regards to the provision of compassionate care included the following comments:

- “I enjoy it here.”
- The food is lovely.”
- “I enjoy it here”.”

In discussion at lunch time five service users confirmed they enjoyed their meals, and staff were noted to assist service users in a sensitive discreet manner.

Ten satisfaction questionnaires were given to the person in charge for distribution to service users and relatives/representatives. No questionnaires were returned within the timescales for inclusion in this report.

### **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, facilitating service users' involvement in activities and record keeping.

### **Areas for improvement**

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

|  | Regulations | Standards |
|--|-------------|-----------|
| <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 inspector assessed the setting's leadership, management and governance arrangements in place to assure they are meeting the needs of service users. The day centre is managed on a day to day basis by a senior day care worker supported by the registered manager who has responsibility for three centres within the trust area. There was a clear organisational structure and this information was outlined in the setting's Statement of Purpose.

During discussions with staff they demonstrated awareness of their roles, responsibilities and accountability. Positive feedback was provided by staff in respect of leadership they received from the registered manager and senior day care workers and from effective team working. Staff confirmed that if they had any concerns or suggestions they could raise these with the management team. Staff discussed their knowledge of the whistleblowing policy and the action they would take if they could not resolve their concerns locally, however they stated this would be unlikely due to the transparent working relationships that existed within the team. From the discussions with staff it was evident they enjoyed working in the day care setting and with their colleagues.

Discussion with the acting senior day care worker confirmed that they had a good understanding of their role and responsibilities under the legislation. The registration certificate was up to date and displayed appropriately.

The day care setting had a range of policies and procedures in place to guide and inform staff, these are also available to staff electronically. A sample of policies and procedures reviewed on the day of inspection revealed that they had been reviewed within the timescales outlined in the minimum standards.

A review of staff supervision records identified that staff were in receipt of formal supervision on a quarterly basis and annual appraisals had been completed. Staff consulted on the day confirmed that supervision was supportive and held regularly.

The complaints records maintained by the day care setting evidenced that there had been no complaints since the last inspection. Several compliments were recorded and indicated service user's satisfaction with the service provided. Discussion with staff confirmed that they knew how to receive and respond to complaints sensitively and were aware of their responsibility to report all complaints to the registered manager.

There was evidence that staff meetings were held on a quarterly basis and records were maintained. The records included who was in attendance and agenda items. Relevant information was discussed regarding the needs of service users and the arrangements to ensure delivery of safe and effective care. In addition the staff team meet every morning for a daily brief, the inspector joined the team and heard the discussions on service user's progress, information from Occupational Therapist's assessment and updates regarding people that were absent due to illness.

The inspector discussed arrangements in place in relation to the equality of opportunity for service users and the importance of staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The acting day care worker discussed the ways in which staff development and training enabled them to engage with a diverse range of service users. They confirmed that no issues regarding equality had been raised by service users to date.

Some of the areas of equality awareness identified during the inspection included:

- effective communication
- service user involvement
- equal care and support
- individual person centred care
- individual risk assessment

The day centre had collected equality data on service users such as; age, gender, race, disability, marital status via their referral information. A range of policies and guidance was in place to direct and guide staff.

There were arrangements in place to ensure that staff were registered with the relevant regulatory bodies of the Northern Ireland Social Care Council (NISCC). Information regarding registration details and renewal dates were maintained. It was confirmed that staff were aware that a lapse in their registration would result in the staff member being unable to work within the day centre until their registration was suitably updated.

The inspector confirmed there were arrangements and evidence in place to monitor, audit and review the effectiveness and quality of care delivered to service users at appropriate intervals. The result of the annual service users' satisfaction survey and subsequent report undertaken in 2018 was examined and it was good to note responses were positive, the report included an action plan and improvement opportunities.

The Regulation 28 monthly quality monitoring visit reports were available for inspection; these were mainly unannounced visits. Three quality monitoring reports were sampled for October, November and December 2018 and found to be satisfactory. The reports adhered to RQIA guidelines and evidenced engagement with service users, staff and professionals, with positive feedback recorded. Issues and actions were brought forward from previous monthly quality monitoring reports. It was suggested that a report on the action taken in relation to identified improvements/actions made in the previous visit would be beneficial. The person in charge agreed to pass this suggestion to the registered manager for attention.

Ten satisfaction questionnaires were given to the person in charge for distribution to service users and relatives/representatives. No questionnaires were returned within the timescales for inclusion in this report.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to governance arrangements, staff support systems, annual satisfaction surveys, quality improvement and maintaining good working relationships.

### **Areas of Improvement**

No areas for improvement were identified during the inspection.

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

**7.0 Quality improvement plan**

There were no areas for improvement identified during this inspection, and a QIP is not required or included.



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