

**Inspector: Dermott Knox**  
**Inspection ID: IN023770**

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**Unannounced Care Inspection  
Of  
Clogher Valley Day Centre  
29 September 2015**

## 1. Summary of Inspection

An unannounced care inspection took place on 29 September 2015 from 11.00 to 16.00. Overall on the day of the inspection the Day Care Setting was found to be delivering safe, effective and compassionate care. No areas for improvement were identified. 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
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Southern Health and Social Care Trust	<b>Registered Manager:</b> Mr Martin Stevenson
<b>Person in Charge of the Day Care Setting at the Time of Inspection:</b> Ms Beverley Thompson, Senior Day Care Worker	<b>Date Manager Registered:</b> 07 October 2010
<b>Number of Service Users Accommodated on Day of Inspection:</b> 20	<b>Number of Registered Places:</b> 22

## 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:

- Service user guide
- Record of notifications of events
- Quality Improvement Plan from previous inspection on 25 February 2015, including the provider's responses, approved by RQIA on 20 March 2015

During the inspection the inspector met with:

- Five service users, individually and with others in a group
- The registered manager
- Three care staff

The following records were examined during the inspection:

- File records for four service users, including care plans and review reports
- Progress notes for four service users
- Monthly monitoring reports for three months in 2015
- Record of complaints, containing three entries
- The statement of purpose

- Service user guide
- Minutes of service user meetings
- Annual service user survey
- Staff rotas
- Staff meetings minutes
- A sample of staff training records
- A sample of ten written policy and procedures documents

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the service was an unannounced care inspection dated 25 February 2015. The completed QIP was returned and approved by the specialist inspector.

### 5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Regulation 19 (2) Schedule 5(7)	<b><u>Staff duty roster</u></b>	<b>Met</b>
	The registered manager's actual hours spent within the day care centre to be recorded within the duty roster	
	It is recommended that an indicator is made in the duty roster showing the senior day care support worker who is in charge of the centre when the manager is not present.	
	<b>Action taken as confirmed during the inspection:</b> The duty roster contained the information stipulated in this requirement.	
Previous Inspection Recommendations		Validation of Compliance
Standard 21.4	<b><u>Training</u></b>	<b>Met</b>
	It is recommended that staff training in complaints management is provided with a record of this included within the competency and capability assessment.	
	<b>Action taken, as confirmed during the inspection:</b> Training in complaints management was recorded in the appropriate documents and was confirmed by the senior day care worker in charge.	

Standard 5.2	<p><b><u>Choking</u></b></p> <p>The registered manager must ensure all measures necessary to minimise the risk of further choking are recommended. If applicable any recommendations made by the Speech and Language Therapist or dietician following assessment are reflected within the care plan.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Assessments by speech and language therapists had been completed as necessary and recommendations were evident in the care plans of the relevant service users.</p>	
Standard 17.2	<p><b><u>Policy development</u></b></p> <p>The development of a policy on Choking is recommended.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Detailed procedures and guidelines for staff had been developed with regard to minimising the risks of choking and for managing choking incidents. These were well received by staff members.</p>	
Standard 17.10	<p><b><u>Monthly Monitoring Reports</u></b></p> <p>Monthly monitoring visits were being conducted as evidenced within records retained. Examination of the reports evidenced that the dates recorded were confusing as two dates were reflected within some reports. The manager agreed to discuss this with the monitoring staff member.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Monthly monitoring reports were found to be accurate, in compliance with this recommendation.</p>	

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

#### Is Care Safe?

Service users' personal records provided evidence of the objectives related to personal care needs, some of which included continence care needs. Staff members confirmed their confidence in following procedures for personal care provision and in respecting each service user's privacy and dignity. Review records for a sample of four service users showed that all

relevant care matters had been addressed appropriately and to the satisfaction of the service user, a relative or a relevant professional.

Facilities for service users were good and were found to be clean and well maintained. Two staff members, who met individually with the inspector, confirmed that they were appropriately trained for personal care work and were confident in their respective roles. All eight service users who completed questionnaires indicated that they were very satisfied that the service provided is safe, effective and compassionate. In individual discussions during the inspection, five service users confirmed that they had access to the facilities that they needed and that they were very confident in the staff who worked with them.

The evidence available during this inspection indicated that safe care was being provided consistently and to a high standard.

### **Is Care Effective? (Quality of Management)**

Day care staff confirmed that the centre has a written policy for continence promotion and the manager later confirmed that this had been reviewed and revised in April 2015. A number of service users had assessed needs with regard to continence promotion and there was evidence in care plans and from discussions with staff members to confirm that effective care was provided to meet these needs. Review records verified that service users' needs have been identified appropriately and have been regularly reviewed to ensure that care plan objectives remain relevant and accurate. Progress notes were found to be relevant, person centred and up to date.

Monthly monitoring visits and reports were being completed regularly, either by a service manager or by a peer manager from another Trust facility. The monitoring officer met with a number of service users and with staff to ascertain their satisfaction with service outcomes and with the operation of the centre. A sample of the centre's records was examined on each visit. In questionnaire responses, eight service users confirmed that the day care service was of great benefit and importance to them.

### **Is Care Compassionate?**

Staff members, who were interviewed, emphasised the importance of understanding each person's individual needs and preferences with regard to day care and confirmed their confidence in the compassionate care practices of each of their colleagues. Observations of staff's interactions with service users, throughout the inspection period, presented evidence of good quality compassionate care being delivered. Service users' views on the quality of the care provided were entirely positive and complimentary.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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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 written evidence to show that staff members were appropriately qualified and well experienced in their designated roles. The manager and the two senior day care workers have

many years' experience in social care roles. Each of the staff, who met with the inspector, confirmed that they were confident in the practice of other members of the staff team. There were good systems in place to ensure that risks to service users were assessed continually and managed appropriately.

Evidence from discussions and in written records indicated a high level of consultation with members and their representatives regarding their care plans and the programmes in which they participate. Several service users travel to and from the centre with a relative or with a volunteer driver and the regular contacts between these people and staff members contributes positively to the good understanding of service users' needs and wishes, particularly when a service user requires help with communication of needs, wishes and feelings.

A number of service users were keen to engage in the inspection process and spoke of their enjoyment in having friends at the centre and of taking part in a range of activities. The evidence confirmed that the service provided is safe, effective and compassionate with regard to this standard.

### **Is Care Effective? (Quality of Management)**

The centre and the SHSCT have robust quality assurance systems in place, through which policies and procedures are reviewed and updated, the centre's operations are monitored and staff's practice and performance is evaluated. Annual reviews evaluate the suitability of each service user's placement and staff presented as being knowledgeable about the needs of each person who attends the centre. The manager and the senior day care workers were well informed on all aspects of the work in progress and with the training and development needs of each staff member. Feedback from service users was very positive and included comments such as: "The staff are excellent and it is nice to have the company of people my age." and, "The staff are so kind and good, we could not be looked after any better".

Four service users' files were examined and found to be well organised and to contain all of the required information. A record was kept of each service user's involvement and progress. Records were regularly audited by the manager and were sampled by the monitoring officer during monthly visits. Three monitoring reports were examined and were found to address the required range of issues in good detail. The manager confirmed that training on currently relevant aspects of care work was provided, in addition to the mandatory training for each year. Staff are commended for maintaining good quality records for the service users who attend the centre.

Evidence from discussions with service users and from written records confirmed that service users enjoyed fulfilling and rewarding activities, both within the centre and on occasional social outings. Within the centre there was well organised and supported involvement in a range of gentle activities. Overall, there was evidence to indicate that the care provided is effective in terms of promoting each service user's involvement and wellbeing and in encouraging the sharing of their observations and opinions.

### **Is Care Compassionate? (Quality of Care)**

There was a positive atmosphere amongst service users and staff members, who presented as being very committed to ensuring the best possible outcomes from their work. In all of the interactions observed, service users were engaged with warmth, respect and encouragement.

The 2015 survey of service users and their families resulted in twenty-three completed questionnaires being returned for analysis, providing a very positive overall view of people's levels of satisfaction.

Thanks are due to members who welcomed the inspector to the centre and to the manager and staff for their open and constructive approach throughout the inspection process. Overall there was evidence to confirm that the centre provides a good quality service to those who attend. The management and staff are commended for their continuing commitment to these positive outcomes.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## 5.5 Additional Areas Examined

Comments on all of the areas examined at this inspection have been included in the previous sections of this report.



**No requirements or recommendations resulted from this inspection.**

<b>I agree with the content of the report.</b>			
<b>Registered Manager</b>	qMr Martin Stevenson	<b>Date Completed</b>	14/12/2015
<b>Registered Person</b>	Mrs Angela McVeigh Director OPPC	<b>Date Approved</b>	14/12/2015
<b>RQIA Inspector Assessing Response</b>	Dermott Knox	<b>Date Approved</b>	18/12/2015

Please provide any additional comments or observations you may wish to make below:

An excellent outcome, no recommendations and no requirements have been issued following this inspection well done to all the Team for their consistent response to the needs of all service users.

Tierna Armstrong Head of Service 14/12/2015

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