

Unannounced Care Inspection Report

04 December 2017



Keady Day Centre

Type of Service: Day Care Setting
Address: Annvale Road, Keady, BT60 2RP
Tel No: 02837531224
Inspector: Maire Marley

www.rgia.org.uk

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 approved to provide care and day time activities for 25 people. The centre can accommodate people as specified in the setting's statement of purpose and includes those people living with dementia. The centre operates Monday to Thursday.

3.0 Service details

Organisation/Registered Provider: Southern HSC Trust Responsible Individual: Mr Francis Rice	Registered Manager: Mr Martin Stevenson
Person in charge at the time of inspection: Mr Martin Stevenston	Date manager registered: 07 October 2010
Number of registered places: 25	

4.0 Inspection summary

An unannounced inspection took place on 04 December 2017 from 10.00 to 15.30 hrs.

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, general files, environment, activities and communication between service users and staff and the culture and ethos of the service.

Areas requiring improvement were identified in regard to the further development of service user agreements, care plans and the annual quality review report.

Service users said they really enjoyed attending the centre and spoke very highly about the registered manager and the staff team.

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
Total number of areas for improvement	0	3

This inspection resulted in three areas for improvement being identified. Findings of the inspection were discussed with Martin Stevenson, registered manager, and Martin O'Neill 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.

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,
- written and verbal communication received since the previous care inspection
- the previous care inspection report and quality improvement plan (QIP)

During the inspection the inspector met with 16 service users, four staff and the registered manager. A total of 10 questionnaires were provided for distribution to service users and relatives/representatives for completion and return to RQIA. The staff members employed in the service were directed to complete questionnaires electronically. In total five questionnaires were returned to RQIA from service users, and one questionnaire from a relative/representative.

The following records were examined during the inspection:

- RQIA registration certificate
- staff duty rota
- induction programme for new staff
- staff supervision and annual appraisal schedules
- staff training schedule/records
- four service user care files
- minutes of recent staff meetings
- complaints and compliments records
- accident/incident/notifiable events register
- minutes of service users' meetings
- monthly monitoring reports
- fire safety risk assessment
- fire drill records
- maintenance of fire-fighting equipment,
- a sample of policies and procedures

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 21 July 2017

The most recent inspection of the establishment was an unannounced estates inspection. The completed QIP was returned and approved by the estates inspector.

6.2 Review of areas for improvement from the last care inspection dated 01 July 2016

Areas for improvement from the last care inspection		
Area for improvement 1 Ref: Standard 5.3 Stated: First time	The registered person should confirm that: (a) Identified care plans are updated to accurately reflect the side-effects of medication and detail associated risks. (b) Care plans detail the personal outcomes for each individual service user.	Met
	Action taken as confirmed during the inspection: The response in the returned quality improvement plan, review of three care plans and discussion with the registered manager and staff confirmed this area of improvement had been addressed.	
Area for improvement 2 Ref: Standard 15.3 Stated: First time	The registered person should review the arrangements for the formal review of service users' placements and inform RQIA of the outcome of that review.	Met
	Action taken as confirmed during the inspection: The response in the returned quality improvement plan and the review of four identified care records confirmed that service users' circumstances had been reviewed by the multi-disciplinary team. In addition arrangements had been implemented to highlight the dates when reviews were due.	

Area for improvement 3 Ref: Standard 9.2 Stated: First time	The registered manager should review the activities to ensure they are diverse, engaging, purposeful, and promote the best outcomes for persons with dementia.	Met
	Action taken as confirmed during the inspection: The response in the returned quality improvement plan, discussion with staff and service users confirmed that the programme of activities had been reviewed. The registered manager was intending to introduce "Brain Fit" a web resource and communication tool that will further enhance the range of activities available to service users.	

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.

Discussion with the registered manager, staff, service users and a review of the duty roster confirmed that sufficiently competent and experienced persons are working in the centre to meet the assessed needs of the service users. The registered manager was aware of the need to keep staffing numbers under review due to the changing needs of the people who attend the centre.

The duty roster detailed the day care staff working in the centre, the capacity in which they worked and who was in charge of the centre. The records for two staff who assume responsibility for the centre in the absence of the registered manager was examined and established that each person had a competency and capability assessment in place. It was good to note that these assessments had been reviewed by the registered manager in April and May 2017.

Discussion with the registered manager and staff confirmed that there was a planned induction programme in place for all grades of staff within the centre appropriate to specific job roles. A review of a completed induction record confirmed that these were undertaken over a three month period and were signed by the staff member and the registered manager. A member of staff who had previously worked with hotel services and moved to support/caring services confirmed she was undertaking an induction and spoke of the training and support she was receiving.

The registered manager confirmed that all personnel records relating to the employment process were retained by the organisation's human resources department. There was evidence that staff were recruited in accordance with the legislation and standards.

Discussion with staff confirmed that mandatory training and other professional development training was provided. A schedule for mandatory training was reviewed during the inspection and confirmed that staff had completed training in adult safeguarding and fire safety in 2017. It was evident from discussion with staff that they found training to be very helpful and supported them in the delivery of care that was safe, effective and compassionate. Training on other subjects had also been provided and it was good to note staff had received training on activities and stimulation for service users.

Staff demonstrated that they were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. Those staff spoken with confirmed they had no concerns regarding the practice of their colleagues; they were able to detail the relevant senior staff and safeguarding champion whom they could contact if they had any such concerns. All staff reported that the registered manager was very supportive and confirmed service users are encouraged to express their views, opinions and preferences.

A review of accident and incidents notifications, care records and complaints records confirmed that whilst there were no current safeguarding investigations within the day centre, any suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation. The registered manager was fully aware of his responsibility to ensure that appropriate written records were maintained.

An inspection of the environment found it to be clean, appropriately heated with suitable lighting. Fire doors were observed to be free from obstructions and suitable arrangements were in place to ensure the maintenance of firefighting equipment. Fire training for staff had been completed in June 2017; a fire drill was carried out on 30 May 2017. The fire risk assessment had been reviewed on 22 June 2017 and a recommendation regarding updating PAT tests had been actioned by 25 July 2017.

During the inspection staff were observed implementing infection prevention measures and there was displayed notices outlining the seven stages of hand washing. Inspection of the internal and external environment identified that the day centre and surrounding grounds were kept tidy, safe, suitable for and accessible to service users, staff and visitors. There were no obvious hazards to the health and safety of service users, visitors or staff.

Five completed service users' questionnaires and one questionnaire from a relative were returned to RQIA in time for inclusion in this report; respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

A comment made in the questionnaire under this domain stated:

- "very safe."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the settings environment.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

The statement of purpose and service users guide for the centre was in place and accurately reflected the regulations and standards.

Care records were observed to be stored safely and securely in line with data protection. A review of four service user's care files established that individual assessments and care plans were in place for each service user. Discussion focused on the content of the information in care documentation and advice was provided by the inspector. The register manager reported that he was currently reviewing the care documentation and was considering changing the format so that it accurately reflected service users' physical, social, emotional, psychological and spiritual needs. It was agreed that the manager would forward confirmation to RQIA when this work was completed.

A review of four care records revealed only one contained an agreement, this agreement did not fully reflect the services provided within the centre. The registered manager should ensure each service user has an agreement that reflects all the elements of standard 3.1.

Care records examined provided evidence of the multi-professional input into service users' health and social care needs, it was good to note the improvement regarding the review of the service user's placement within the centre and the input of service users and/or their representative. Audits of care records are regularly completed.

In discussion with staff it was identified that they were knowledgeable regarding their role and responsibility to safeguard service users in their care. They confirmed that if they had concerns they would report them to the manager or senior day care staff and record their concerns without delay. Staff described the communication methods that supported their work and professional development; these included daily meetings, staff meetings, supervision, training and informal discussions. The discussions confirmed that staff could confidently express their views and knowledge regarding safe and effective care and staff at all levels were being encouraged, supported and guided to do this by the registered manager.

One relative spoken with during the inspection spoke highly of the staff team and was complimentary regarding their professionalism and commitment to delivering an effective service, the following comment supported her satisfaction,

"The team are excellent at communicating with me or other family members about my mother, we have seen a great improvement and staff are so good at getting her to do things that she wouldn't do for us, as a family we are internally grateful for all the work they do, they go beyond the call of duty."

Service users described the benefits of attending the centre and it was very evident they had established a good rapport with the staff; everyone who spoke with the inspector confirmed that their needs were met within the centre and could name the person they would go to if they had any concerns.

Arrangements were in place to support effective communication with service users, their representatives and other stakeholders. This included pre-admission information, care reviews, service user meetings and staff meetings.

Five completed questionnaires were returned to RQIA from service users and one completed questionnaire was returned by a relative. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied. A comment in the relative questionnaire was as follows;

“To receive more feed-back on mums progress would be great but we realise she is now at the last length of her illness so no longer mobile.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to audits and care reviews and communication between service users, staff and other key stakeholders.

Areas for improvement

Two areas for improvement were identified during the inspection and relate to care plans and service users agreements.

	Regulations	Standards
Total number of areas for improvement	0	2

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.

Discussions with the registered manager, staff and service users during the inspection indicated that the promotion of values such as choice, dignity and respect were embedded in the culture and ethos of the organisation. The review of training records established that staff had received training in human rights and restrictive practices and staff who met with the inspector demonstrated their commitment to ensuring that the rights of the people within the centre are upheld.

Staff confirmed they had reviewed the activities provided since the last inspection and these were found to be more tailored to the needs of the service users, during the inspection service users participated in a quiz, a baking activity and several were observed knitting. Those involved in the knitting informed the inspector they were knitting blankets for the local school who take them to orphanages in Romania.

The registered manager outlined the benefits of a web resource and communication tool known as "Brain Fit." This resource is geared at involving service users with memory loss to engage and participate in a range of activities of their choice. The system had worked successfully in another centre the registered manager is responsible for and he stated he was keen to pilot it Keady.

Service users confirmed their views and opinions were taken into consideration in all matters that affected them and also advised that they participated in regular service user meetings.

There was a robust system in place to promote effective communication between service users, staff and other key stakeholders. Service users were encouraged and supported to actively participate in the annual reviews of their care. An annual service users' quality assurance survey was also completed. The findings from the consultation were collated into a summary report which was made available for service users and other interested parties to read. It is recommended that the report is further developed as the information contained in the document was limited and did not adequately report on the matters set out in the regulations.

The trust had used the 10,000 Voices generic survey as a tool to ascertain the value of their day care services. The findings of the survey were summarised in a report along with identified actions. This report was available for service users, their representatives and staff. The registered manager reported that it had been a very insightful exercise and had resulted in service improvement. This initiative is commended.

Service users spoken with during the inspection made the following comments:

- "This is a great place. Staff are brilliant and are always friendly and helpful."
- "This is the only place that I come out to, it is really important to me because without it I would rarely see anyone "
- "The staff treat everyone the same, they encourage us to get involved but equally they respect when you don't want to do anything
- "The staff know what I like, and they always make sure I get it."
- "I love meeting up with my friends, I have got to know people that I had lost touch with."
- "I have absolutely no complaints about the service here, no-one could complain but if I had I know the staff would deal with it well."
- "I am very happy here. The staff are good and always treat me well."
- "This is the best place, plenty of craic, a bit of fun and a lovely dinner."

Five completed questionnaires were returned to RQIA from service users and one completed questionnaire was returned by a relative. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied. Comments included in the questionnaires are as follows:

- "I think we are very lucky to have a place to come to, meeting people and having our dinner"
- "When our locality manager realised there was a need for more recliner chairs we got two new ones, this was a delight for us all.
- "When my ---- died, I had sympathy from all staff, this included the area managers...."

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.

Areas for improvement

One area for improvement was identified during the inspection and refers to the annual quality review report.

	Regulations	Standards
Total number of areas for improvement	0	1

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 registered manager outlined the management arrangements and governance systems in place within the day care setting. These were found to be in line with good practice. The needs of service users were met in accordance with the statement of purpose for the day centre. The registration certificate was up to date and displayed appropriately.

The registered manager and staff advised that there was a range of policies and procedures in place to guide and inform staff. Policies were centrally indexed, retained in a manner which is easily accessible by staff and were reviewed every three years or more frequently if changes occurred.

Staff had recorded individual, formal supervision and a recorded annual appraisal. The registered manager advised that staff supervision was provided quarterly in order to ensure that staff were fully supported to meet the individual needs of service users.

There are monthly staff meetings with minutes and attendance recorded. A review of the minutes of staff team meetings evidenced that agreed actions, responsibilities and time frames were noted. The minutes also evidenced that person centred practice was promoted.

Staff advised that they were provided with mandatory training and additional training opportunities relevant to any specific needs of service users, this was confirmed in the review of training records.

The trust has a corporate complaints policy and procedure in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Service users were made aware of how to make a complaint by way of the Service Users Guide and displayed information.

The registered manager reported that no complaints had been received since the last care inspection. There were systems in place to ensure that any complaint is recorded, responded to, investigated and outcome recorded regarding the satisfaction of complainant. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

There were systems in place for the routine audit of staff training, staff supervision, annual appraisal, care records and falls. The registered manager was confident that any trends or patterns would be quickly identified and the information used to enhance service provision.

Monthly monitoring visits are undertaken as required under Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2005; the report of the monitoring visits reflected the qualitative views and opinions of service users and staff. Reports are available for service users, their representatives, staff, and other relevant stakeholders.

As previously stated in 6.6, the review of the last annual quality review report for 2016/17 resulted in a recommendation to ensure that all matters set out in regulations are addressed in the report.

Five completed questionnaires were returned to RQIA from service users and one was returned from a relative. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 Martin Stevenson, registered manager and Martin O'Neill senior day care worker, 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 Settings Minimum Standards, 2012	
Area for improvement 1 Ref: Standard 3.1 Stated: First time To be completed by: 31 January 2018	<p>The registered person shall ensure each service user is provided with an agreement that reflects all the elements of standard 3.1.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: All service user agreements will be reviewed annually with the service user and any amended changes if required discussed with them signed and dated by the manager and the service user.</p>
Area for improvement 2 Ref: Standard 5.2 Stated: First time To be completed by: 31 March 2018	<p>The registered person shall confirm the care documentation has been reviewed and accurately reflects service users' physical, social, emotional, psychological and spiritual needs.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: The issue regarding care plans being up dated and reflective of the changes of service users has been addressed with care staff. The registered manager has reviewed the process for implementing the care plan process to improve the collaboration of information and reviewing of the information with a new process and form format to be piloted for 3 months at the end of January 2018 with 3 monthly review. Those files identified in the inspection have been up dated.</p>
Area for improvement 3 Ref: Standard 17.11 Stated: First time To be completed by: 31 January 2018	<p>The registered person shall ensure that the annual quality report is further developed and includes the information set out in the regulations.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: The registered manager has taken on board the inspectors comments that Annual reports should reflect evidence of improvement outcomes implemented and review numbers of participants completed and new activities if any highlighted within the report this will be demonstrated in the 2018 Annual report.</p>

Please ensure this document is completed in full and returned via Web Portal



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