

# Unannounced Premises/Care Inspection Report

## 28 September 2018 and 3 October 2018



## Keady Day Centre

**Type of Service: Residential Care Home**  
**Address: Annvale Road, Keady, BT60 2RP**  
**Tel No: 02837531224**

**Inspectors: Suzanne Cunningham and Raymond Sayers**

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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 that provides care and day time activities for older people over 65 years of age who may be living with memory loss, dementia or have a mental illness. The day care setting is open Monday, Tuesday, Wednesday and Thursday. The service is delivered by the Southern Health and Social Care Trust (SHSCT).

### 3.0 Service details

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

### 4.0 Inspection summary

An unannounced joint premises/care inspection took place on 29 September 2018 from 09.30 to 12.30. Raymond Sayers, Estate Inspector reviewed building services risk assessments and associated maintenance certificates, plus completing a physical inspection of the new day centre accommodation. On the day of the inspection the service users were not present and some areas identified for inspection could not be completed. A second visit to complete the care inspection was undertaken by the care inspector on 3 October 2018 from 10.30 to 12.30.

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

Evidence of good practice was found in relation to the environment; staffing; staff training; management of accidents/incidents; care records; audits; communication between service users; staff and other key stakeholders; the culture and ethos of the day care setting; listening to and valuing service users; taking account of the views of service users; staff supervision and appraisal, quality improvement and maintaining good working relationships.

Areas requiring improvement were identified in relation to care records (second time) and reviews.

Service users said: “staff are very good”; “staff are very good”; “very caring”; “dinners are lovey, I enjoy chicken or fish with vegetables”; Keady is “very homely”.

The findings of this report will provide the establishment 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	2

Details of the Quality Improvement Plan (QIP) were discussed with Martin Stevenson, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

## 4.2 Action/enforcement taken following the most recent care inspection dated 4 December 2017

Other than those actions detailed in the QIP no further actions were required to be take following the most recent inspection on 4 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:

- the registration details of the day centre
- information and correspondence received by RQIA since the last inspection including an application to change the site of the Day Care Setting
- incident notifications which highlighted that one incident had been notified to RQIA since the last care inspection
- Unannounced care inspection report and quality improvement plan from 4 December 2017

During the inspection the inspector met with the manager and three staff members. The inspector greeted and made introductions to all services users in the group setting and discussed with the group their views and experiences of the care in Keady Day Centre.

The following records were examined during the inspection:

- Four service users' care records.
- A sample of service users' daily records.
- Staff roster information for August and September 2018.
- Fire safety risk assessment plus associated control measures.
- Legionella risk assessment plus associated control measures.
- Building services maintenance certificates and building user inspection logs.
- A sample of minutes of service users' meetings during 2018.
- A sample of minutes of staff meetings from January 2018 to June 2018.
- The day centre's record of incidents and accidents since the last inspection.
- A sample of monthly quality monitoring reports from May 2018 to August 2018.
- The Statement of Purpose September 2017.

- Service User Guide 2017.
- The Annual Review of the Quality of Care.
- The Keady Newsletter produced by staff and service users.

At the request of the inspector, the manager was asked 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; no responses were received.

Ten service user and/or relatives' questionnaires were provided for distribution; five questionnaires were returned to RQIA within the timeframe for inclusion in this report.

The inspector requested that the manager place a 'Have we missed you' card in a prominent position in the day centre to allow service users, relatives and staff who were not present on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received. An RQIA information leaflet 'how can I raise a concern about an independent health and social care service' was also provided to be displayed in the day care setting.

The inspector thanks the registered manager, service users, and staff for their involvement in the inspection process.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met in two areas and partially met in one area.

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 4 December 2017**

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

The completed QIP was returned and approved by the care inspector.

## 6.2 Review of areas for improvement from the last care inspection dated 04 December 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 3.1 <b>Stated:</b> First time	The registered person shall ensure each service user is provided with an agreement that reflects all the elements of standard 3.1.  <b>Ref:</b> 6.5	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Four service users' individual records were inspected and the agreements had been improved.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 5.2 <b>Stated:</b> First time	The registered person shall confirm the care documentation has been reviewed and accurately reflects service users' physical, social, emotional, psychological and spiritual needs.  <b>Ref:</b> 6.5	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> Four service users' individual records were inspected. The care plans had been updated however the actions required to meet assessed needs were not clear. Advice was given and this will be inspected at the next care inspection.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 17.11 <b>Stated:</b> First time	The registered person shall ensure that the annual quality report is further developed and includes the information set out in the regulations.  <b>Ref:</b> 6.6	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The annual report was inspected and this showed the report content had been improved.	

## 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 manager, staff and the service users confirmed that competent and experienced persons were working in the centre to meet the assessed needs of service users. A review of the staffing roster for August and September 2018 showed that the planned staffing levels were adhered to.

The manager is responsible for a number of day care settings therefore the day care workers were rostered to act up as the person in charge in the manager's absence. The roster showed the number of staff working each day, the capacity in which they worked and clearly reflected who was in charge of the day centre each day.

A competency and capability assessment had been completed for the two day care workers who were in charge of the day centre in the absence of the manager. The documents showed the manager had discussed the acting role and responsibilities with the staff and this had been reviewed in March 2018. The documentation verified they were willing to assume responsibility as the person in charge of the setting in the manager's absence, that they had sufficient experience and were knowledgeable regarding relevant day care setting regulations and standards.

One new staff member discussed their induction into the setting, they said they were given time to familiarise them self with service users' needs prior to being included on the rota, they had received mandatory training and had been supported by the band five staff daily to ensure they were able to fulfil their role and responsibilities.

Observation and discussion with staff on duty on the day of inspection provided evidence that they were sufficiently experienced to meet the assessed needs of the service users present. Staff discussion and observation of care demonstrated they had a clear understanding of service users' needs and how those needs should be met.

The manager had a staff training records in place which evidenced that staff had received mandatory training including additional training relevant to their roles and responsibilities. The review of a sample of staff training records confirmed this. Discussion with three staff on the day of inspection confirmed that they had received training they felt was necessary to enable them to fulfil the duties and responsibilities of their role.

Review of governance records confirmed that an effective incident/accident reporting policy and system was in place. These records evidenced that four accidents that occurred in the setting since the last inspection had been managed appropriately.

Discussion with the manager confirmed that no restrictive practices were required for service users. It was observed that there was a reception area next to the entrance to the day centre to monitor visitors and service user's whereabouts. Furthermore staff were always available in the setting to ensure that service users were supported if they wished to leave the activity room or building.

Discussion with staff established that they were aware of their role and responsibilities in relation to reporting adult safeguarding concerns and maintaining factual records. It was positive to note that all staff had attended adult safeguarding training in the last 18 months.

This inspection incorporated a premises focus because the setting had moved within the same building to a different set of rooms. An inspection of the environment was undertaken by the care inspector which confirmed the setting was appropriately warm, fresh smelling and had suitable lighting for service users on the day care was being delivered. There was one main room for the service users to partake in activities which was spacious and could be adapted for various uses. Furniture was arranged to provide a relaxing area for group activities. There was also defined separate space for individuals to undertake personal interest activities. The kitchen, dining space, office and toilets were further down a corridor however all were easily accessible. During the inspection the care inspector observed fire exits were clear and free from obstruction.

The accommodation and building services records associated with variation VA010409 was inspected by Raymond Sayers, RQIA Estate Inspector on 28 September 2018 from 09.35 to 11.45.

The building services and accommodation reviewed during the inspection were compliant with the required registration conditions specified in DHSSPSS Day Care Settings Minimum Standards, January 2012.

The fire risk assessment and legionella risk assessment documents plus the records of the respective control measures implemented were reviewed and recorded as compliant.

The electrical installation periodic testing and electrical appliances Portable Appliance Testing (PAT) records were noted as satisfactory.

The interior building fabric had been refurbished; floor, wall and ceiling finishes were in a good physical condition.

There were no premises related defects/issues listed as a result of this inspection, and therefore no Quality Improvement Plan (QIP) requirements/recommendations.

Discussion with service users, and staff evidenced that they felt the care provided was safe. The comments made were:

**Service users' comments:**

"The setting is lovely"; "we have more room here"; "if we need support staff help us"; "we get what we need and are asked what we want to do"; "fire practice is outside and we all know where to go"; "the furniture is good"; "staff are trained so they do it right".



**Staff comments:**

Staff discussed they ensure care is safe by having morning meetings to plan the day including any updates to service users plans. Plans are reviewed throughout the day to any ensure changes are communicated to the team.

Five service users and/or relatives returned questionnaires to RQIA. All responses indicated that they were satisfied that the care provided to service users was safe. One response included: “more staff would be appreciated as otherwise the care is wonderful”. The comment did not expand what levels of staffing would be preferred therefore this comment has been passed to the manager for their consideration.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the environment, staffing, staff training and management of accidents/incidents.

**Areas for improvement**

No areas for improvement were identified during the inspection.

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

**6.5 Is care effective?**

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

The inspector reviewed the day care setting’s arrangements for responding to and meeting the needs of people who use the service. Information relating to the nature and range of services provided was outlined in the Statement of Purpose. Observations throughout the inspection confirmed that the day care setting was providing care in accordance with their Statement of Purpose.

Four service users’ individual files were inspected. They contained referral information; service user agreements, day care setting assessments; individualised care plans with activity plans; where required handling and falls risk assessments; nutritional risk assessments, continence and transport assessments and multi- disciplinary assessment information, such as Speech and Language Therapy (SALT) assessments. Care plans were noted to be comprehensive, and they concisely described service users’ needs. However the inspection identified the description of how staff should meet those needs could be improved to include clear guidelines when necessary. The inspection also identified the review documentation could be improved to ensure who attended the review is clearly identified, detail service users views and changes in the care provided. The inspector advised the manager the care plans and review documentation should be further developed in this regard and two improvements are made.

It was positive to note that the day care setting use a document “this is me” with service users which encourages service users to provide information relating to their family history, special memories, interests and hobbies and likes/dislikes. The document is a good way of getting to know a service user without having to keep asking questions, helpful in developing activity plans

for service users and assisting with reminiscence activities. The use of this person centred document is commended.

There were systems in place to review service users' placements within the setting to ensure it was appropriate to meet their health and social care needs at required intervals, the manager was reminded evidence that service users had been supported to be involved in the annual review process should be recorded.

Daily care recording had been maintained in the four care records inspected. Staff discussed the importance of knowing the content of individual service user's assessments and care plans which they use to inform and guide their practice. Service users were also cognisant of the need to keep staff informed regarding any changes in their needs or care. Service users confirmed they had seen their care plans, had attended their review meeting and this ensured the staff had the right information.

Overall service user care records were noted to be well organised and stored safely and securely in line with data protection requirements.

Discussion with staff provided evidence they were knowledgeable regarding service users' individual needs. Through discussion staff raised the importance of finding out as much as they could about each individual, they find out "what they love" and make sure they enjoy the company/ activities and routine. The most recent staff member said he found the arrangements in relation to recording and key working enabled staff to keep records up to date, current and relevant. Overall the staff revealed processes that were person centred, promoted effective communication and social engagement.

Observations of staff practice on the day of inspection evidenced that they were confident and effective in their communication with service users and adapted their communication methods as necessary, with individual service users depending on their assessed needs and emotional state. Staff were observed to be vigilant in responding to nonverbal cues as well as verbal communications. The inspector observed interventions that were proactive and timely.

Discussion with service users, and staff evidenced that they felt the care provided was effective. The service users talked about what effective care meant to them, they said: "look forward to coming here", the day centre "gives me a lift", "if my needs change I can speak to my social worker or staff", "staff help us to get hold of other professionals".

Five service users and/or relatives returned questionnaires to RQIA. All responses indicated that they were very satisfied that the care provided was effective. One such response from a relative included: "At present I feel xxxx is well looked after at the day centre. I am very happy."

### **Areas of good practice**

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

### **Areas for improvement**

Two areas for improvement were identified in this domain in relation to care records (second time) and reviews.

	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.**

Observations of staff interactions with service users were observed to be compassionate, caring and timely. The room had service user's activities on display and was set out to encourage social interaction between service users. Service users were observed being afforded choice, dignity and respect during the inspection process by staff who for example asked them what they wanted to do, were they comfortable, what choices they wanted to make etc.

The staff were observed communicating with the group and individuals, the care provided reflected the ethos of the day care setting by promoting inclusion, safe practices, empowerment and independence where possible. Service users had access to a friendly, caring and stimulating atmosphere which aimed to support and encourage service users to remain active and independent.

Service users discussed the "Keady Newsletter" which had been introduced by a new staff member. This was a monthly publication which gave general information such as safety advice, information in relation to community services and general information and suggestions. The service users were reviewing the publication on the day of the inspection and were engaged in the information in it which they expressed as useful to them.

Service users said they were satisfied they could be involved in any decisions about them or the day care setting, they could speak to their key worker or any staff if they were unhappy and they were confident any problem would be resolved.

The inspector observed service users approaching staff freely, communicating their needs and making requests; staff responses were noted to be cheerful and appropriate.

Discussions with staff revealed they had brought in new ideas which had been welcomed by the staff team and the service users. They were producing the newsletter monthly, had started this is your life memory folders for service users who were experiencing memory loss. Staff were cognisant of the importance of keeping service users brains active as well as ensuring they had fun, promote independence and encourage participation. Staff described informal arrangements in place that ensured service users were consulted and their views and opinions were sought on a daily basis.

Consultation with service users and when appropriate, their relatives was evidenced in the records of the review process, questionnaires/consultation and service user meetings. Samples of minutes from service user meetings were reviewed for March 2018 and other PPI consultations that had occurred since the last inspections. The records showed service users had been consulted about activities and the new building and mostly positive feedback was recorded. One issue raised by service users was the dining room which was considered difficult to move around for those who had mobility aids. Staff reported they moved furniture around to ensure this did not continue to be an issue. Discussion with service users regarding this issue

found they were still getting used to the new spaces and staff had improved the dining room space.

Discussion with service users and staff found they felt the care provided was compassionate.

Five service users and/or relatives returned questionnaires to RQIA. All responses indicated that they were very satisfied that the care provided was compassionate.

**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**

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

	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 service users and staff were very familiar with the day care setting registered manager. Staff described him as supportive and part of the team.

The Statement of Purpose for the day care service was reviewed and updated by the provider in April 2018. A copy was forwarded to RQIA and was found to be satisfactory. The document clearly described the nature and range of the service to be provided and addressed all of the matters required by Regulation 4(1) of The Day Care Setting Regulations (NI) 2007.

The registration certificate was up to date and displayed appropriately.

Staff demonstrated awareness of their roles, responsibilities and accountability. Discussion with the manager/staff confirmed that they had a good understanding of their role and responsibilities under the legislation.

Discussion with staff confirmed that there were systems in place to ensure they received support and guidance from the manager and day care workers as needed. Staff gave positive feedback in respect of leadership and good team working. Staff stated they had been encouraged to be innovative and bring new ideas to the team. They said there was effective communication and an open door approach provided by the manager.

There was evidence that staff meetings were held and records were maintained. The records included the date of the meeting, names of those in attendance, updates from the previous meeting, a record of discussion and any agreed actions. The minutes were comprehensive and showed they were discussing the environment; policies; service users; staffing; activities; care plans and inspections with a quality improvement focus.

The inspector discussed the monitoring arrangements in compliance with regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. Monthly and annual quality monitoring reports were completed by the service and were available for inspection. These records demonstrated that the effectiveness and quality of care delivery was monitored, audited and reviewed in order to identify and act upon any improvements required. The frequency of the monthly quality monitoring reports since the previous inspection was not monthly although a missed visit was rescheduled. The manager was reminded the visits should be monthly. Samples of reports were reviewed for June 2018, July 2018 and August 2018. The reports adhered to RQIA guidelines and evidenced engagement with service users, staff and professionals, with positive feedback recorded.

The manager and staff advised there were a range of policies and procedures in place to guide and inform staff and staff were aware of where they were kept and when they should access them.

The manager provided evidence he was auditing matters in relation to day care at different intervals to ensure the setting was compliant with the minimum standards. Audits were weekly, monthly, quarterly and annually as required in relation to staff supervision; monies collected; the daily register; hygiene audits; food served; menus; fridge temperatures; fire log checks; falls and transcribing. The audits showed standards were maintained and improvements were identified and implemented when necessary.

The inspector noted that the day care setting was collecting equality information in relation to service users, during the referral and assessment process. The data was used effectively and with individual service user involvement to develop a person centred care plan.

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

- Effective communication
- Service user involvement
- Adult Safeguarding
- Advocacy
- Individualised person centred care
- Individualised risk assessment
- Disability awareness

Discussion with service users and staff evidenced that they felt the care provided was well led. Service users said they knew who the manager was and they were familiar with the monitoring officer who introduces herself to the service users when she visits. They described the setting was always improving and recently the Newsletter, bingo and quizzes had been introduced which they were all enjoying. They said there was a suggestion box to put comments in anonymously or they could talk to staff.

Five service users and/or relatives returned questionnaires to RQIA. All responses indicated that they were very satisfied that the care provided was well led.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff supervision and appraisal, 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 Martin Stevenson, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that 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

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 5.2</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 28 November 2018</p>	<p>The registered person shall confirm the care documentation has been reviewed and accurately reflects service users' physical, social, emotional, psychological and spiritual needs. The care documentation should describe how those needs will be met.</p> <p>Ref: 6.5</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The Care plan documentation has been reviewed and encompasses all aspects of person centred planning, i have discussed with the staff designated in the completion of care plans, the importance of outcomes and explaining the process of an outcome. Good practice guidance and samples have been provided to staff, and they also have received training in care planning as part of their QCF development. New care plan implemented 3-10- 2018.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 15</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 28 November 2018</p>	<p>The registered person shall improve the review record to ensure who attended is clearly identified, the service users views and changes in the care provided is recorded.</p> <p>Ref: 6.5</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The review assessment form has been reviewed and improved on were required in areas such as service improvements, identified with service users and review outcomes which will clearly identify a pathway from the Annual assessment or when required this has been discussed with the staff designated in completing the assessment the form will be rolled out in the other facilites were the manager is registered and shared with colleagues as a good practice learning resource. Amended review assessment implemented on the 3-10-18.</p>



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