

# Unannounced Care Inspection Report 1 July 2016



## Keady Day Centre

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

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

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Keady Day Centre took place on 1 July 2016 from 9.30 to 16.00 hours.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the day care setting was delivering safe, effective and compassionate care and if the service was well led.

### **Is care safe?**

On the day of this inspection this day care setting was found to be delivering safe care. In discussions with staff and service users it was established that staffing levels met the current assessed needs of service users, who all confirmed that they were safe and well cared for in the centre.

Observations of the delivery of care provided evidence that service users' needs were being met safely and in a responsive timely manner by the staff on duty. Arrangements are in place to prevent and protect service users from harm and staff were knowledgeable regarding their role and responsibilities in relation to adult safeguarding policies and procedures. A tour of the environment found the centre to be clean and well organised with no obvious hazards for service users or staff.

### **Is care effective?**

The records examined and discussions with service users and staff established that the day care setting was delivering effective care. Appropriate referral information, assessments and care plans, along with daily notes are maintained. In discussion with three relatives they spoke of the positive relationships they had with the management and staff team and confirmed that the care delivered was effective and promoted the best outcomes for their relative.

The majority of staff have worked in the centre for some years and they were well organised so that appropriate use of their skills and experience enabled the centre to operate effectively.

Two areas for improvement were identified in relation to risk assessments and care reviews.

### **Is care compassionate?**

Throughout this inspection evidence of compassionate care was observed. On arrival service users were warmly greeted by name and were provided with a cup of tea and a snack. It was evident that staff knew each service user well and were familiar with their interests and preference; conversations were respectful and appropriate. Care practices observed established that service users were treated with respect and were consulted regularly about their comfort and involvement in activities. Assistance when required was undertaken in a discreet manner and there were good examples of staff using diversion techniques when needed. Systems were in place to ensure that service users and their representatives were involved and communicated with about the issues that affect them.

All of the service users consulted commented very positively on the quality of care and their enjoyment of attending the centre.

## Is the service well led?

There were examples of good practice found throughout this inspection in relation to governance arrangements, ongoing quality assurance programmes, and good working relationships within the team. Staff confirmed that they were well supported in their roles and that suitable training was provided. Care staff reported they had completed CQF accredited modules in assessment and care planning, activities and dementia and provided examples of how this informed and supported their practice. A monitoring officer who is not directly involved in the day to day operations of the centre visited monthly and provided a report of the visits.

This inspection was underpinned by The Day Care Setting Regulations (Northern Ireland) 2007, the Day Care Settings Minimum Standards 2012, previous inspection outcomes and any information we have received about the service since the previous inspection.

### 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Martin O'Neill and Oonagh McCreesh, senior day care workers, 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

### 1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 2.0 Service details

<b>Registered organization/registered provider:</b> Southern HSC Trust/Francis Rice (Registration pending)	<b>Registered manager:</b> Martin Stevenson
<b>Person in charge of the day care setting at the time of inspection:</b> Martin O Neill	<b>Date manager registered:</b> 7 October 2010
<b>Number of service users accommodated on day of Inspection:</b> 14	<b>Number of registered places:</b> 25

### 3.0 Methods/processes

Prior to inspection the following records were analysed:

- Registration status of the setting
- Review of previous inspection report/QIP dated 19 August 2015
- Review of two accident notifications submitted to RQIA since previous inspection
- Written and verbal communication received since the previous care inspection did not reveal any concerns.

During the inspection the inspector greeted and spoke with 14 service users and three service users' carers; and spoke with the registered manager, two senior day care workers, and four care staff. No professionals visited the centre during the inspection.

The registered manager was provided with questionnaires to distribute randomly to five service users; five staff members and five service users' representatives for completion. The questionnaires asked for the views of service users, staff and service users' representatives regarding the service, and requested their return to RQIA. No completed questionnaires were returned to RQIA in time for inclusion in this report.

The following records were examined during the inspection:

- Supervision policy and procedure
- Five service users' care records
- Complaint records
- Accident/incident records
- Fire risk assessment
- Service user meetings
- Staff meetings
- Staff training records
- Record of dates of Supervision/appraisal
- Record of staff registration with NISCC
- Monthly visits made on behalf of the registered provider
- Audits
- Activities programme

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the last care inspection dated 19 August 2015

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 7 <b>Stated:</b> First time	The registered persons should implement a system of unique identification to ensure privacy and confidentiality of service users' personal information.  <b>Ref 5.3</b>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The records examined established that each service user had been provided with a unique identification.	

### 4.2 Is care safe?

The registered manager for the service was available for the initial part of the inspection, however had to leave to undertake management duties in another centre he is responsible for; in total the registered manager holds responsibility for three day care settings.

In the absence of the registered manager one of the senior day care workers takes responsibility for the day care setting. Records examined established that competency and capability assessments had been undertaken for the named staff. The person in charge of the centre was detailed on the duty roster and staff and service users consulted were fully aware of who was in charge on the day of inspection.

The planned daily staffing levels for the day care centre were outlined by the registered manager and staff and they confirmed that these levels were subject to regular review to ensure the assessed needs of the service users were met. A review of the staffing roster for the months of May and June 2016 evidenced that planned staffing levels were maintained.

Staff who were consulted confirmed that staffing levels met the assessed needs of the service users. Observation of the delivery of care provided evidence that service users' needs were met by the staff on duty.

The SHSCT had a robust staff recruitment policy and procedure. The registered manager confirmed the arrangements in place to ensure information pertaining to all of the matters specified in Schedules 2 and 5 of The Day Care Setting Regulations (Northern Ireland) 2007 were reviewed.

Recruitment records were retained at the organisation's personnel department.

Review of three staff files and discussion with care staff confirmed that: staff had received mandatory training, including safeguarding vulnerable adults training which was undertaken in April 2016; and fire training which was undertaken on 4 June 2015. It was good to note that copies of the new regional guidance Adult Safeguarding: Prevention and Protection in Partnership, were displayed in the centre and that management recognised there was a need to enhance staff awareness regarding the new procedures.

Staff who were interviewed clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. Management reported that there were no current safeguarding concerns ongoing. On the day of the inspection no restrictive practices were observed.

Discussion with staff and a review of returned staff satisfaction questionnaires confirmed that mandatory training and other professional development training was provided. Staff felt they were well supported in their role and responsibilities by the provision of individual staff supervision, annual appraisal and easy access to the management team. Care staff reported they had completed CQF accredited modules in assessment and care planning, activities and dementia and provided examples of how this informed and supported their practice.

A review of the service users' environment was undertaken and was found to be welcoming, fresh smelling and clean throughout. Fire exits and corridors were observed to be clear of clutter and obstruction.

### Areas for improvement

No areas for improvement were identified during this inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 4.3 Is care effective?

Discussion with the registered manager, staff and service users established that the service responded appropriately to and met the assessed needs of the service users.

There was evidence that introductions to the day care service for service users and their representatives are planned. On the day of inspection a relative was consulted and confirmed that he had been provided with relevant information about the centre and visits had been facilitated to enable the service user to become familiar with the setting and the staff. He spoke highly of the way staff had assisted his relative to settle in the centre and praised the standard of information provided to him about his relative's day. Relevant documentation relating to the service user's assessment had been obtained by staff and there was evidence of appropriate consultation regarding the assessment with the service user representative.

A review of five care records confirmed that these were generally maintained in line with the legislation and standards. They included assessment of needs, life history, risk assessments, care plans and regular statement of health and well-being of the service user.

Care records were updated regularly to reflect changing needs. However, it was noted in three care records that risks relating to the side effects of medication required to be reviewed. The management team must ensure risk assessments are reflective of presenting risks. Identified improvements were discussed with the two senior day care workers.

Service users and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Assessments and care plans were signed by the service user or their representative and the relevant member of staff. The care records reflected multi-professional input where appropriate into the service users' health and social care needs. Discussion with staff and a review of care records confirmed that a person centred approach underpinned practice.

It was noted in some records that annual care reviews were not undertaken by community key workers and there was an obvious difference between the programmes of care responsible for the placement of services users. An example of the inconsistency was found when four service users placed by the mental health teams had reviews completed. In contrast, four service users placed by the older programme of care had no evidence of any reviews being undertaken. Suitable consistent arrangements with the community care teams that are responsible for the service user's overall care should be in place. The registered person should review the arrangements for the review of placements and inform RQIA of the outcome of that review.

Staff stated that there was effective teamwork and those who were interviewed or observed during the inspection clearly demonstrated the knowledge, skill and experience necessary to fulfil their roles and responsibilities. Staff also confirmed that if they had any concerns, they would raise these with their line manager, or the registered manager if necessary.

Service users are consulted formally during the annual quality monitoring survey, monitoring visits and quarterly service users' meetings. "Measuring the impact of personal and public involvement" provided management with an opportunity to consult on changes to the existing day care arrangements to facilitate a dementia designated day.

Informally, staff consult service users daily; during the inspection it was noted there was an open door policy for families and representatives to drop in during the day. Discussion with service users and staff and a review of records provided evidence of service user advocacy meetings being held and records examined were recorded in good detail.

A record of all complaints was maintained. The last recorded complaint was dated 9 December 2013. The record included the relevant details. Service users and their carers consulted were aware of how to raise any issues or concerns and named the staff they would talk to in these circumstances.

### Areas for improvement

Two areas for improvement were identified in relation to risk assessments and care reviews.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>2</b>
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#### 4.4 Is care compassionate?

Service users confirmed management and staff listen to them, offer them choices and involve them in decision making during their time in the day care setting.

On arrival service users were warmly greeted by name and were provided with a cup of tea and a snack. It was evident that staff knew each service user well and were familiar with their interests and preference; conversations were respectful and appropriate.

Care practices observed established that service users were treated with respect and were consulted regularly about their comfort and involvement in activities. Assistance when required was undertaken in a discreet manner and there were good examples of staff using diversion techniques when needed. Staff were noted distracting a service user who was becoming restless and the service user relaxed and became involved in the conversation with the staff member. On another occasion a staff member quickly recognised that a service user wanted to leave an activity and responded appropriately.

Discussions with service users and observation of practice confirmed that service users' needs were recognised and responded to in a prompt, courteous and supportive manner by staff.

Systems were in place to ensure that service users and their representatives were involved and communicated with about the issues that affect them. Three relatives consulted spoke of the different ways they were involved and how they benefited from the effective communication with staff. One relative said, "----- is unable to tell me about her day and without the staff keeping me informed we would have nothing to talk about." Another relative said, "Staff are so in tune with my mother, they know if she is not well or her usual self and will let us know, but more importantly they tell us what she enjoys."

There was a relaxed ambience throughout the day and service users were observed chatting amongst themselves, and it was evident they had developed good relationships and enjoyed each other's company. All of the service users consulted commented very positively on the quality of care and their enjoyment of attending the centre. Service users expressed:

- "It is really good to come here; life in rural areas has changed and if it wasn't for this place I would never see anyone."
- "The centre gives you a focus and gets you out and mixing; it stops you from feeling isolated."
- "We are a great group and we all know each other well."

Discussions with service users along with observations of practice during this inspection confirmed that service users were supported to engage and participate in different activities; however, staff must ensure that the types of activities offered are diverse and varied and promote the best outcomes for all service users, particularly those with dementia.

The registered manager confirmed that service users were listened to, valued and communicated with, in an appropriate manner and this was evident through the periods of observations.

There were systems in place to ensure that the views and opinions of service users were sought and taken into account in all matters affecting them.



The views of service users are sought during the monthly quality monitoring visits and these were viewed in the monthly reports for April 2016, May 2016 and June 2016.

Informally service users are consulted on a daily basis in discussions with staff and the management team. Formally they are consulted during service users' meetings; and the annual quality assurance survey issued to gain views on the quality of the day service in Keady Day Centre. The findings from the annual survey had been collated into the annual quality review report.

Service users spoken with during the inspection commented positively in regard to the care they received. Examples of some of the comments made by service users are listed below:

- "The staff are brilliant here."
- "Staff help with so many things."
- "The people here listen to you."

The inspector met with three service users' representatives. All of them spoke positively of the service, care delivered and the staff team. Examples of some of the comments made by the service user's representative are listed below:

- "My family really appreciate everything the staff do. We have noticed a great change in our mother; she really enjoys coming to the day centre and has become more settled."
- "I could only describe this service as excellent. Staff are just brilliant and that includes everyone from management right down."

### Areas for improvement

One area for improvement was identified during this inspection and concerned the further development of activities.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
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### 4.5 Is the service well led?

The registered manager confirmed that there were management and governance systems in place to meet the needs of service users.

A range of policies and procedures were in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Staff confirmed that they had access to the day centre's policies and procedures.

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the day care setting. Staff were able to describe their roles and responsibilities and were fully aware of the organisational structure within the day care setting and the trust, and with their lines of professional accountability. Staff were aware of their individual responsibility in relation to raising concerns about any aspect of practice.

In discussion service users were aware of the roles of the staff in the day care setting and whom they should speak to if they had a concern. Service users confirmed that they were confident that staff/management would manage any concern raised by them appropriately.

The certificate of registration issued by RQIA was displayed in a prominent position in the entrance to the day care setting.

A regular audit of accidents and incidents was undertaken and this was available for inspection, and is used to identify trends and to enhance service provision. Learning from accidents and incidents was disseminated to all relevant parties, and action plans developed to improve practice.

Records examined established there were weekly audits and checks undertaken of the environment, food hygiene, care plans and fire safety.

Monthly monitoring visits were undertaken as required under Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007; reports were produced and made available for service users, their representatives and RQIA.

Each month the managers from the older programme of care meet to discuss operational and governance issues; records showed that learning from these meetings was cascaded to the staff team to enhance their knowledge of relevant topics.

It was evident from observations and discussions with staff that there were good working relationships and that management were responsive to any suggestions or concerns raised.

The trust had recently introduced a financial policy and accompanying procedures to guide practices and safeguard services users' monies in the day care setting. This is commended.

This day care setting is dated and there are plans to move into larger premises adjoining the current centre. It was good to note that redecorating, replacement of some flooring and other minor repairs of the new premises was ongoing. The registered manager reported that it was anticipated that the new premises would be ready for occupation in September 2016. RQIA had been informed of the proposed changes to the registration status of the centre.

There was evidence of good leadership, robust and effective management and governance systems in Keady Day Centre which were focused on the needs of service users. Based on the findings of this care inspection RQIA concluded the day care service was well led.

### Areas for improvement

There were no areas for improvement identified during this inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Martin O Neill and Oonagh McCreesh, senior day care workers, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences.

It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

### 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on the Day Care Setting Regulations (Northern Ireland) 2007.

### 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Day Care Settings Minimum Standards, 2012. They promote current good practice and if adopted by the registered provider may enhance service, quality and delivery.

### 5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to [day.care@rqia.org.uk](mailto:day.care@rqia.org.uk) and assessed by the inspector.

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 registered person/manager from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Recommendations

#### Recommendation 1

**Ref:** Standard 5.3

**Stated:** First time

**To be completed by:**  
31 August 2016

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.

**Response by registered person detailing the actions taken:**

( A)The registered manager sought clarity on this recommendation from the Trust medicines management Specialist lead. The medicine management lead has a subsequent discussion with the inspector, The agreed guidance issued is that day care staff are to have an awareness of the effects of taking warfarin or aspirin or other generic. This has now been up dated in relation to signs and symtoms of bleeding and causes of bleeding as the result of an incident or accident this is now clarified and actions taken 23/09/16

( B)The registered manager has reviewed current risk management outcomes for service users identified as warfarin/Asprin users.The registered manager has up dated the service user care plans in relation to personal outcomes/side effects of taking this medication this has been completed in all files concerned 23/09/16

#### Recommendation 2

**Ref:** Standard 15.3

**Stated:** First time

**To be completed by:**  
31 August 2016

The registered person should review the arrangements for the formal review of service users' placements and inform RQIA of the outcome of that review.

**Response by registered person detailing the actions taken:**

The inspector during the inspection identified community keyworkers not attending annual reviews which were stood down by their team leader due to their staffing needs, reviews were held by day care staff, and reports forwarded to community keyworker with any issues discussed highlighted in the reports which were signed of by all revelant parties involved. The issue in relation to community keyworkers not attending was beyond the registered managers control and was an issue for the ICT team and day care staff were endeavouring to work within regulation guidelines. I have addressed this with the current ICT manager who has responded to me in a formal review of arrangement and a formal working arrangement protocol has been agreed Worker/team representative (SCW) will continue to participate in the initial review at 4-6 weeks. The day centre will forward the KW with a pre review form, to enable the ICT to contribute to the annual review process within the day centre. The form can be completed and returned or the team can send a repretative to attend if there are issues/concerns that need addressed with the participation of service users, Carers and day centre staff. Update this has been recently been discussed with the inspector

	<p>on the 22/09/16 and they are satisfied with the new arrangement in place. Head of Service for day care &amp; ICT head of service have established arrangements to keep this under review at quarterly meetings which have been planned to review interface issues.</p>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 9.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 August 2016</p>	<p>The registered manager should review the activities to ensure they are diverse, engaging, purposeful, and promote the best outcomes for persons with dementia.</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>There has been a review of the centres activity programme for memory service users as this was a new memory day (specific on tuesdays) The registered manager and staff have been discussing activities that were more individualised, ie life story work, reminiscence, word games, quizzes, poetry, This will be an agenda item at our next team meeting.</p> <p>The registered manager has reviewed activity resources, and resourced more craft and sensory activity materials, for group and individual work. The emphasis on promoting independence and therapeutic intervention it was noted by the inspector the good practice already in place in relation to activities within the centre</p>

*\*Please ensure this document is completed in full and returned to [day.care@rqia.org.uk](mailto:day.care@rqia.org.uk) from the authorised email address\**

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