

Unannounced Care Inspection Report 5 September 2019



Keady Day Centre

Type of Service: Day Care Service
Address: Annavale Road Keady BT60 2RP
Tel No: 028 3753 1224
Inspector: Heather Sleator

www.rqia.org.uk

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

Keady Day Centre is a day care setting with 25 places that is registered to provide 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

Organisation/Registered Provider: Southern HSC Trust Responsible Individual: Shane Devlin	Registered Manager: Martin Stevenson
Person in charge at the time of inspection: Oonagh McCreesh	Date manager registered: 7 October 2010
Number of registered places: 25	

4.0 Inspection summary

An unannounced inspection took place on 5 September 2019 from 10.20 to 16.00 hours.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

As a public-sector body RQIA have a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. During inspections of day care services, RQIA are committed to ensuring that the rights of people who receive services are protected. This means RQIA will be seeking assurances from providers that they take all reasonable steps to promote people's rights. Users of day care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted.

The inspection assessed progress with any areas for improvement identified during and since the last care and premises inspection and to determine if the day centre was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the culture and ethos of the service, listening to and valuing service users, taking into account their views, choice and preferences. Good practice was demonstrated regarding the provision of therapeutic activities and recreational opportunities. Overall there was evidence of good governance arrangements; staff training, professional development opportunities, supervision and appraisal, management of accidents/incidents and complaints, continuous quality improvement and effective team working.

Areas for improvement were identified regarding; the cessation of using door wedging on a designated fire door and the control of substances hazardous to health.

Service users said that they enjoyed the centre, liked coming to see their friends (staff included) and were spontaneous in their interactions with other service users and staff.

A service user said:

“Changed my whole life since I’ve come here.”

The findings of this report will provide the day centre 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	1	1

Details of the Quality Improvement Plan (QIP) were discussed with Oonagh McCreesh, Senior Day Care Worker, 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 and premises inspection dated 28 September 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 28 September 2018.

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 care centre
- incident notifications submitted to RQIA since the last care inspection
- unannounced care inspection report and QIP of 28 September 2018
- information and correspondence received by RQIA since the last inspection.

During the inspection the inspector met with:

- the person in charge, Oonagh McCreesh
- four staff
- ten service users on an individual basis
- two service users representatives

Questionnaires were given to the staff on duty to distribute between service users and relatives. There was one questionnaire completed and returned from a service user and two from service users’ representatives. The person in charge was provided with a poster to be displayed in the service advising of how staff could complete electronic questionnaires and submit these to RQIA. There was one questionnaire completed and returned to RQIA by staff within the specified timescale.

The following records were examined during the inspection:

- three service users' care records
- a sample of daily staff room rota
- two completed staff competency and capability assessments
- the complaints and compliments records
- incidents and accidents records
- the minutes of service user self-advocacy group meetings
- the minutes of staff meetings
- supervision and annual appraisal planner
- three monthly quality monitoring reports
- a staff training matrix
- quality audits/governance arrangements for the centre
- the annual fire safety risk assessment dated April 2018
- records of fire drills undertaken during 2019
- the Statement of Purpose and Service User Guide
- the annual quality report of 2018/2019

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 28 September 2018

The most recent inspection of the day centre was an unannounced care and premises inspection.

6.2 Review of areas for improvement from the last care/premises inspection dated 28 September 2018

Areas for improvement from the last care and premises inspection		
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Standard 5.2</p> <p>Stated: Second time</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>Met</p>

	<p>Action taken as confirmed during the inspection: The review of three service users care records evidenced that the assessments of need and care plans were reflective of a holistic approach and were regularly reviewed.</p>	
<p>Area for improvement 2 Ref: Standard 15 Stated: First time</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>Met</p>
	<p>Action taken as confirmed during the inspection: Evidence was present in three service users review reports that their opinion on the service provides was taken and that any change/s to their service provision were detailed.</p>	

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.

The review of the staffing arrangements evidenced that the planned staffing levels were adhered to. The duty rotas reflected the staff on duty and the capacity in which they worked. Staff and service users attended specific activities of their choice; the staffing arrangements promoted continuity of care and support and enhanced the relationship between the service users and staff. There was one completed satisfaction questionnaire returned to RQIA from a service user and no issues regarding the staffing arrangements were raised. The service user had provided an additional comment, which was, "there's nothing more the staff could do for me." We met with service users during the inspection who expressed their satisfaction with the staff and staffing arrangements. One service user commented; "All I can say about here is that the girls (staff) are great." No issues were raised by staff in respect of the staffing arrangements. There was one completed staff questionnaire returned to RQIA and the respondent did not raise any issue/s regarding the staffing arrangements. We met with the relatives of two service users who again were very complimentary about the staff team and commented, "They're (staff) so good down here (centre)."

Competency and capability assessments had been completed for any person in charge of the centre in the absence of the registered manager; records of assessments retained and samples reviewed were found to be satisfactory.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff were provided. A schedule for mandatory training, annual appraisal and staff supervision was maintained and was reviewed during the inspection. Staff who supervise others had completed training in supervision and appraisal.

The person in charge explained that all staff recruitment records were retained at the Southern Health and Social Care Trust (SHSCT) human resource department. It was confirmed that electronic confirmation of compliance with employment legislation as set within The Day Care Setting Regulations (Northern Ireland) 2007 and Department of Health (DoH) Day Care Settings Minimum Care Standards (2012) were provided prior to new staff commencing duty.

Arrangements were in place to monitor the registration status of care staff with their professional Body, the Northern Ireland Social Care Council (NISCC) and monitoring records were retained. The registration status of staff is also monitored at supervision.

The inspector was advised that the use of restrictive practices was very limited for example service users who are wheelchair users may use lap belts (their own choice and decision) and one to one staffing arrangements for service users where there is assessed need. The inspector reviewed a service users care records regarding the use of a potentially restrictive practice. The review of care documentation regarding such restrictions confirmed these were appropriately assessed, minimised and reviewed with the involvement of the multi-professional team, as required.

Discussion with staff and inspection of records confirmed that staff had a good understanding of adult safeguarding principles and their obligation in relation to raising awareness concerns about poor practice and whistleblowing. A review of staff training records evidenced that mandatory training in adult safeguarding had been provided for all staff. The review of records evidenced that there had been a safeguarding referral made from the previous inspection in September 2018 and that the issue was investigated by the Trust. The registered manager was the safeguarding champion for the centre and had completed the required training.

The person in charge, service users and staff, who met with the inspector, confirmed that they have confidence in the practice of all members of the staff team in their work with service users. Staff members had generally been employed in the centre for lengthy periods and expressed strong commitment to their work with service users, which they confirmed is enjoyable and rewarding.

The premises were well maintained and in good decorative order. There are several rooms, of varying sizes, available for group activities and for individual work with service users, when necessary. There was a small garden area to the side of the centre which service users have use of and this is a popular place in the better weather. There were notice boards throughout the centre providing service users, relatives and staff with information regarding activities, photographs of activities and events and information leaflets.

Fire safety precautions were inspected and it was noted that fire exits were unobstructed. The most recent report from the fire risk assessor was viewed and dated April 2018; it was unclear from the review of the report if the recommendations made had been addressed. This was discussed with the person in charge who stated that they had been and that the report hadn't been signed off to reflect the date of action. The person in charge agreed to ensure that this evidence was present in future. However, it was observed that the registered manager's office door was wedged open. The door was a designated fire door. This was discussed with the person in charge who stated that when the door was closed it created a barrier to service users if they wished to speak with her. The person in charge stated that it was important that she was readily available for service users. The wedging open of a designated fire door is prohibited. We acknowledged the need for service users to have ready access to the office and maintain an 'open door' policy. Alternative arrangements need to be put in place regarding the identified door by the Trust. This was identified as an area for improvement. The fire safety records evidenced that there had been a number of fire drills and staffs

attendance was recorded to evidence the required number of fire safety training events per year had been complied with. Service users also participated in fire evacuation drills and records indicated that the last evacuation drill was in July 2019.

The inspector observed that the designated ‘cleaning’ store was unlocked and cleaning agents were visible. Cleaning agents should be stored securely at all times and not be accessible to service users. The cleaning store should be locked at all times or cleaning agents stored securely in a locked cupboard. This has been identified as an area for improvement.

Service users spoken with during the inspection gave positive feedback in regard to the safe care provided. No issues or concerns were raised or indicated. A service user commented:

“You couldn’t get better staff in Northern Ireland.”

Areas of good practice

Examples of good practice found throughout the inspection included: staff work rotas, staff induction, staff training, adult safeguarding, fire safety records, risk assessment and service user and staff engagement.

Areas for improvement

Areas for improvement were identified regarding ensuring that doors are not wedged open and the control of substances hazardous to health.

	Regulations	Standards
Total number of areas for improvement	1	1

6.5 Is care effective?

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

A review of three service users’ records confirmed that these were maintained in line with the legislation and standards. They included an assessment of need, life history, risk assessments, care plans and regular statement of health and well-being of the service user. Care needs assessment and risk assessments, including falls, moving and handling were reviewed and updated on a regular basis or as changes occurred.

The records also reflected the multi-professional input into the service users’ health and social care needs and were found to be updated regularly to reflect the changing needs of the individual service users. Service users and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the service user and/or their representative. Individual agreements setting out the terms of placement were in place and appropriately signed. Records were stored safely and securely. Discussion with staff confirmed that a person centred approach underpinned practice and staff demonstrated their knowledge of individual service users throughout the inspection. Audits of care records were conducted with random selection reviewed at staff supervision and monthly monitoring visits.

The inspector confirmed that systems were in place to ensure effective communication with service users, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, service users’ meetings and staff meetings. The staff and a service user’s representative confirmed that management operated an “open door” policy in regard to communication within the day centre.

Service users spoken with and observation of practice during a morning and afternoon activity evidenced that staff were able to communicate and engage effectively with service users. Minutes of service users’ meetings were viewed during the inspection. A service user commented: “We have a suggestion box in the dining room and meetings to decide what we would like to do.”

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the service users. The person in charge confirmed that arrangements were in place, in line with the legislation, to support and advocate for service users.

Staff and a service user’s representative spoken to commented:

- “It’s like a big family.” (Staff)
- “My (relative) is always eager to go to the centre.” (Service user’s representative)

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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.

On the day of this inspection, the atmosphere in centre was welcoming and purposeful and service users, arriving at the centre, were greeted warmly by their friends and by staff members. Observations of interactions throughout the day provided evidence of service users relating positively to staff and to each other. Service users were engaged by staff with respect and encouragement at all times. While service users were assigned to specific groups and activities in both morning and afternoon sessions, staff respected the wishes of any person who did not wish to participate.

Activities, such as art, music, quizzes, crafts and board games were part of the weekly programme. Service users' spiritual needs are also met with local clergy visiting. Service users spoke very positively in respect of the range of activities available and were confirmed that staff frequently ask if there are other activities the service users would like introduced. Service users confirmed that staff listen to them and encourage them to take a full part in developing their plans for day care through the members meetings, monthly newsletter and the approachability of staff. Therefore, activity programmes are organised with each individual's agreement and service users contributed positive comments on its value to them. Staff members were observed interacting sensitively with service users and being attentive to each person's needs.

The systems in place to ensure that the views and opinions of service users were sought and taken into account included regular service user meetings, an annual quality survey of service users and their carers or relatives, the monthly quality monitoring visits and daily discussions with service users in groups or individually. The minutes of the service users meetings provided evidence of a strong focus on involving and empowering service users to contribute to decisions about the way in which the day care service is run. Preparation for each person's annual review included a meeting with the key worker to discuss the value of attending the centre and appropriateness of the existing programme of activities.

During each monthly monitoring visit the views of a sample of service users were sought and their views were reflected in good detail in all four of the monthly monitoring reports that were reviewed. Each person's file contained progress notes relating to that person's involvement and wellbeing and these reflected the caring nature of the relationships and interactions observed during the inspection. Staff members' comments and actions, along with the views expressed by service users, and confirmed that compassionate care was being provided consistently in Keady Day Centre.

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

- "The girls (staff) are great."
- "They (staff) couldn't do enough for you."
"The outings here are great and staff are great."
- "The day goes so quickly, just love it here."
- "It's good to meet up with your friends."
- "Staff are just wonderful."
- "Staff can't help you enough."
- "The things we do here are fantastic."

There was one completed questionnaire returned to RQIA from a service user. The respondent indicated that they were very satisfied that care was safe, effective, and compassionate and that the service was well led. Additional comments included; "there's nothing more the staff could do for me."

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

- "They're so good down here."
- "We've never had any complaints."
- "The manager is dead on."
- "There's plenty for them to do here."
- "They give back to the community with the things they make."
- "Always eager to go to the centre."
- "Very friendly girls (staff)."

There were two completed questionnaires returned to RQIA from service users’ representatives. The respondents indicated that they were very satisfied that care was safe, effective, and compassionate and that the service was well led. Additional comments made included:

- “The care and attention which the staff in Annvale provide is exemplary, my (relative) has flourished under the care.....as a family we are indebted to all the staff there.”

We spoke to staff during the inspection and comments included:

- “We had training in the deprivation of liberty, it really made you think.”
- “We try and ensure service users’ opinions are sought on a daily basis through activities, choice and independence.”

There was one completed questionnaire returned to RQIA from staff. The respondent was very satisfied that service users were safe and protected from harm, were treated with compassion, the delivery of care was effective and that the service was well led.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the centre, listening to and valuing service users and taking account of their views.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 centre’s statement of purpose and service users guide fully and accurately reflected the regulations and care standards. The registered manager, Martin Stevenson, has responsibility for three day centres within the Trust. Oonagh McCreesh, Senior Day Care Worker facilitated the inspection and demonstrated a very good understanding of the regulations, minimum standards and the systems and process in place for the daily management of the day centre. A wide range of documentary evidence to inform the inspection’s findings, including minutes of staff meetings, service users meetings, monitoring reports, audit records, work rotas, service users’ files, staffing information and written policies and procedures were made available. We discussed a range of the centre’s current strengths and the aspects that require further development, as identified in 6.4

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DOH) guidance on complaints handling. Service users and/or their representatives were made aware of how to make a complaint by way of meetings, service user’s guide and trust information leaflets displayed. The review of records evidenced

that complaints received had been fully investigated and resolved to the complainant's satisfaction.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process.

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. The centre and the Southern Health and Social Care Trust have systems in place to ensure that staff were well-informed on the responsibilities of their roles and the expected standards of practice. Staff confirmed that there were good working relationships within the day centre and that the registered manager was always responsive to suggestions and/or concerns raised.

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.

A monthly monitoring visit was undertaken in accordance with Regulation 28 of The Day Care Settings Regulations (Northern Ireland) 2007. Records of the past three months were reviewed, the reports showed the visits were both announced and unannounced, provided a view regarding the conduct of the setting, included outcomes/action plans and qualitatively reflected service users and staff views and opinions.

One staff member commented:

"I could go to (manager) about anything."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of accidents/incidents, ongoing 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 Oonagh McCreesh, 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 Setting Regulations (Northern Ireland) 2007

<p>Area for improvement 1</p> <p>Ref: Regulation 26 (2) (n)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action</p>	<p>The registered person shall ensure that all staff are aware of and adhere to the guidelines regarding the control of substances hazardous to health.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: All Staff have completed their e-learning training COSHH awareness training this is recorded in their training records 3 yearly. Discussed at team meeting the importance in ensuring the cupboard where the chemicals are stored for cleaning is locked at all times. Also signage has been implemented to remind staff to lock the door after using the cupboard. Facility support staff have also been spoken with in relation to locking of Coshh storage area implemented confirmed 01-10-19.</p>

Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012

<p>Area for improvement 1</p> <p>Ref: Standard 28.2</p> <p>Stated: First time</p> <p>To be completed by: 1 November 2019</p>	<p>The registered person shall improve the fire safety precautions in the centre. The fire door wedged open, (registered managers office door) should have an automatic door closure or similar fitted as recommended by the fire safety officer who inspects the centre. This will enable the registered manager to maintain an 'open door' policy. The actions and timescale for completion should be reported on the returned QIP.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: A request has been forwarded to the fire dept and estates dept to review the feasibility of automatic fire door closures to be fitted to certain rooms in the day centre. Staff also attended their mandatory fire safety training on the 10-09-19 where the importance of not wedging fire doors open was discussed at length by the fire officer also there was a video demo in relation to the effectiveness of fire door closed during a fire.</p>

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



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

Twitter @RQIANews