

# Unannounced Care Inspection Report 5 September 2019



## Killadeas Day Centre

**Type of Service: Day Care Service**

**Address: Lackaboy Unit 1, Units 14 – 17, Enniskillen Business Centre,  
Tempo Road, Enniskillen, BT74 4RL**

**Tel No: 028 66 320031**

**Inspector: Angela Graham**

[www.rqia.org.uk](http://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

This is a day care setting that provides care and day time activities for up to 28 service users with a learning disability. The day care setting is open Monday to Friday and is managed by the Western Health and Social Care Trust (WHSCT).

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Western Health and Social Care Trust  <b>Responsible Individual:</b> Dr Anne Kilgallen	<b>Registered Manager:</b> Patricia Griffith
<b>Person in charge at the time of inspection:</b>  Senior Day Care Worker Patricia Griffith, Registered Manager	<b>Date manager registered:</b> 21 June 2013
<b>Number of registered places:</b> 28	

### 4.0 Inspection summary

An unannounced inspection took place on 5 September 2019 from 08.55 to 16.20.

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.

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

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of day care settings, we are committed to ensuring that the rights of people who receive services are protected. This means we will be seeking assurances from providers that they take all reasonable steps to promote people's rights. Users of day care settings have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. All day care settings should safeguard and promote service user choices and freedoms as they relate to the range of services being provided.

Evidence of good practice was found in relation to staff training, staff knowledge of adult safeguarding and risk management, care reviews and communication between service users and staff and other key stakeholder. Further areas of good practice were also noted in relation to the provision of compassionate care, governance arrangements, quality improvement and maintaining good working relationships.

One area requiring improvement was identified in regard to staff supervision.

Service users' comments included:

- "All is good here."

- “Great place. Staff are nice.”
- “I like coming to the centre and all is good.”

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	1

Details of the Quality Improvement Plan (QIP) were discussed with the senior day care worker and a support 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 inspection dated 30 November 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 30 November 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 centre
- information and correspondence received by RQIA since the last inspection
- incident notifications which highlighted that no incidents had been reported to RQIA since the care inspection on 30 November 2018
- unannounced care inspection report and QIP dated 30 November 2018.

During the inspection, the inspector met with the manager, senior day care worker, four support workers and a service user’s relative. Introductions were made to service users while walking around the setting with individual interaction with five service users.

Ten service user and/or relatives’ questionnaires were provided for distribution; seven service users/relatives’ were returned to RQIA. All respondents indicated that they were either satisfied or very satisfied that the care being provided to service users was safe, effective, compassionate and well led.

Questionnaire comments included:

“We appreciate the care supplied by Lackaboy Day Centre and are thankful for it and the dedicated staff. More space would be beneficial especially for wheelchair users and all round.”

At the request of the inspector, the senior day care worker 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; six responses were received. Of the six questionnaires received following the inspection, five respondents indicated that they were either satisfied or very satisfied that the care being provided to service users was safe, effective, compassionate and well led. One staff member indicated that they were very unsatisfied that the care being provided to service users was safe, effective, compassionate and well led, no additional comments were provided.

All questionnaire responses were shared with the manager following the inspection for further consideration and action, as appropriate.

The inspector requested that the senior day care worker 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 available 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.

A range of documents relating to the service were reviewed during the inspection and are referred to within the body of the report.

The inspector would like to thank the manager, service users, visiting relative and staff for their support and co-operation throughout the inspection process.

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 30 November 2018**

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 30 November 2018

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 22.2 <b>Stated:</b> First time	The registered person should ensure that staff have recorded individual, formal supervision sessions according to the day care setting's procedures and no less than every three months.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector reviewed four records of staff supervision. Two of the four records reviewed evidenced that supervision had not been undertaken quarterly. This area for improvement has been stated for a second time.	

## 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 inspector reviewed the day centre's systems in place to avoid and prevent harm to service users which included a review of staffing arrangements in place.

The senior day care worker described the staffing levels which have been assessed as necessary to provide a safe service in the setting. Assurances were provided to the inspector that sufficiently qualified, competent and experienced persons are working at all times to meet the assessed needs of the service users, taking into account the size and layout of the premises, the number of service users accommodated, fire safety requirements and the statement of purpose. A review of the staffing roster for weeks commencing 5 August 2019 until 5 September 2019 evidenced that the planned staffing levels were adhered to.

Discussions with staff and service users confirmed that they felt there were sufficient staffing levels to ensure the safety of service users in the day centre. Observation of the delivery of care at the time of inspection evidenced that service users' needs were effectively met by the number of staff on duty.

The manager confirmed that staff employment records were held within the WHSCT human resources department and that all staff appointments were made in compliance with relevant legislative requirements and trust policy and procedures.

The manager described the system in place to ensure all staff are registered with the Northern Ireland Social Care Council (NISCC) and the ongoing registration of staff is monitored.

The manager confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the day centre for any period of time in the absence of the manager.

The setting's training record demonstrated that there was an ongoing programme of mandatory training for staff, relevant to their roles and responsibilities, which will assure staff know how to keep service users safe. There was evidence that compliance with completing mandatory training was routinely monitored by the manager and any training now due for update was being followed up with the staff member by the manager. Review of a sample of staff training records concluded staff had received mandatory and other training relevant to their roles and responsibilities since the previous care inspection such as infection prevention and control, adult safeguarding, fire safety and training in regard to the implementation of new terminology for those who require a modified diet. It was positive to note that the day care setting provided training in regard to equality, diversity and human rights.

The day centre's governance arrangements in place for identifying, managing and where possible, eliminating unnecessary risk to service users' health, welfare and safety was assessed during the inspection. This indicated that an effective incident/accident reporting policy and system was in place. Staff are required to record any incidents and accidents in a centralised electronic record, which is then reviewed and audited by the manager and the WHSCT governance department. Discussion with the senior day care worker and review of sample of records since November 2018 evidenced that there is a robust and transparent system for recording, reporting and investigating any incidents and accidents in a timely manner. This includes consideration of any lessons learnt. Review of records evidenced that systems were in place to ensure that notifiable events were reported to RQIA or other relevant bodies appropriately.

Observation of and discussion with staff evidenced that they were very knowledgeable regarding each service user and the support they required in order to ensure their safety. In addition, discussions with staff and the manager evidenced that they had an understanding of the management of risk, and an ability to balance assessed risks with the wishes and human rights of individual service users.

Observation of the care arrangements in this setting provided assurance that staff were promoting and encouraging service users to be involved and act independently when it was safe.

The manager and staff further confirmed that there was an established pathway for staff to follow in regard to referring any safeguarding concerns to appropriate professionals. They were aware of their roles and responsibilities in relation to reporting adult safeguarding concerns and maintaining safeguarding records. The manager agreed to liaise with WHSCT senior management to ensure that arrangements were in place in relation to the service's annual adult safeguarding position report.

Observations of the environment concluded that it was warm, clean, had suitable lighting and furniture and no mal odour was noted. Discussion with staff and observation of the environment confirmed that furniture, aids and appliances were fit for purpose. Infection prevention and control measures were in place, which included seven step hand hygiene notices positioned at wash hand basins, supplies of liquid soap and hand towels mounted on the wall and foot pedal operated bins. Staff also had effective access to gloves and aprons as required.

The day centre’s fire safety precaution records were reviewed. It was noted the last full evacuation drill was undertaken on 25 February 2019. Discussion with staff confirmed they were aware of the evacuation procedure. An updated fire risk assessment was completed on 20 December 2018 and the manager confirmed that the significant finding was addressed. Fire exits were observed to be clear of clutter and obstruction. Records examined identified that a number of safety checks were undertaken including: fire safety drills to ensure service users can exit safely, fire extinguishers and weekly fire alarm tests.

Discussion with service users, a service user’s relative and staff evidenced that they felt the care was safe. The following is a sample of comments made:

**Service users’ comments:**

- “I am safe here; the staff are good to me and tell me things to keep me safe.”
- “Good place.”

**Relative’s comments:**

- “This is a great place for Xxxx to come. He is safe and very well cared for here.”
- “I can’t speak highly enough of the staff.”

**Staff comments:**

- “I had a half day induction at the South West Acute Hospital. I had a structured signed induction in the day centre.”
- “I am very aware of the adult safeguarding procedures and the importance of immediate reporting.”

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff training, infection prevention and control practices, staff knowledge of adult safeguarding and risk management.

**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



## 6.5 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 appropriately 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.

The inspector reviewed elements of three service users' care files. Review reflected there were assessments of needs, risk assessments, care plans and records of health and well-being of the service users were current and had been reviewed. Staff discussion confirmed they use these records to guide their practice and therefore recognised the importance of keeping records current and relevant.

Review of service users' care records evidenced that collaborative working arrangements were in place with service users' next of kin and the multi-disciplinary team. Staff highlighted the importance of ensuring liaisons were timely and effective which they believed contributed to the safety and wellbeing of service users in the day centre and in the community.

A record was kept of each service user's involvement and progress at the centre and entries were made in proportion to the frequency of attendance of the individual.

The records viewed were signed, as appropriate, by the service users and/or their representative, evidencing consultation and agreement with arrangements in place.

There was evidence in care records reviewed that service users rights were recognised; for example, the inspector noted a number of consent forms signed by service users with regard to staff taking photographs and video material, access to care records and consultation/ involvement in care planning and risk assessments.

The manager advised that service users typically had access to a care review on an annual basis or more frequently if required; involving their HSCT representatives and records viewed verified this. It was positive to note that service users' previous objectives were reviewed and new objective's set and agreed at the care reviews. The care review records reviewed provided positive feedback from service users and their representatives with regards to the day care service.

Review of arrangements concerning the storage of confidential records confirmed that service users' records were stored safely and securely in compliance with legislative requirements.

Staff who spoke with the inspector clearly demonstrated the knowledge, skills and experience necessary to fulfil their roles and responsibilities. They were knowledgeable about the centre's philosophy of care, promotion of human rights and risk management. Staff described how they observe service users, noting any change in dependency or mood and proactively take appropriate measures to promote/ensure the safety and wellbeing of the service user. They

also demonstrated knowledge of service users’ preferences regarding activities and at lunch time.

Discussions with service users and observation of their interactions with staff evidenced that service users were empowered to express their views routinely on a day to day basis. Service users indicated that they had open lines of communication with staff and the manager and were confident that the staff would respond appropriately to any issues raised.

Discussion with service users, a service user’s relative and staff evidenced that they felt the care was effective. The following is a sample of comments made:

**Service users’ comments:**

- “I am going to the gym this morning; I like the gym.”
- “Staff help me do things in the centre. I am happy coming here.”

**Relative’s comments:**

- “Staff know Xxxx well and recently they let me know they noted changes in Xxxx. He was seen by a GP and needed an antibiotic.”
- “Excellent care.”

**Staff comments:**

- “Service users’ rights are respected at all times and we encourage everyone to make decisions about their day.”
- “I feel care is effective. Service users are referred to other professionals such as behaviour support and speech and language.”

**Areas of good practice**

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

**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

## 6.6 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

Discussions with the manager and staff indicated that values such as choice, dignity and respect were embedded into the culture of the day care setting.

Staff were observed informing service users that the inspection was taking place and they encouraged service users to talk to the inspector. Service users were keen to share with the inspector how much they enjoyed attending the day centre and the positive relationships they have with staff.

Discussion with staff revealed ways they had responded to service users' needs, which promoted choice, dignity and independence and demonstrated a culture of mutual respect. Observations of practice on the day of inspection provided examples of this. Staff knew the structure and routine that each service user preferred. They recognised the importance of discreet supervision and adapting activity plans to the needs and wishes of the service users.

It was noted that interactions between service users and staff were relaxed and spontaneous. Discussions with staff also established that they were aware of their responsibilities and requirements to ensure service users' confidentiality and consent. They recognised that giving and obtaining consent is an ongoing process rather than a one off event. They described the value they place on ensuring that service users are supported in an individualised manner in which their preferences and wishes are taken into account.

Staff also discussed how they support and encourage service users to remain active and independent in the setting by ensuring they are able to access activities that they can engage in and the space they use facilitates their independence.

Service users confirmed they were asked their opinion regarding what they would like to do in the day centre and their preferences were sought before any plans were made. Service users were enabled and supported by staff to engage and participate in meaningful activities. They discussed the range of activities they could take part in which included: skittles, games, bowling, arts and crafts, movement to music and outings to local restaurants and shops. A programme of planned activities and events were displayed within the day centre. The activity programme was noted as developing social and education opportunities for service users as well as their hobbies and interests.

Service users described good relationships with staff, which enabled them to be able to speak to staff if they had any concerns. They confirmed that they felt their views and opinions were taken into account in all matters affecting them. This approach to communication supports the protection and promotion of individualised and person centred care and support for service users.

Service users are advised of what they can do if they are not happy with the service within the Statement of Purpose and Service User Guide. The Service User Guide also provides information regarding what service users should expect from the service, which promotes a rights based approach that empowers service users.

In addition to daily informal discussions, the settings had in place robust systems that aimed to promote effective communications between service users and staff such as monthly service user meetings, individual care review meetings and an annual service user's quality assurance survey.

The senior day care worker confirmed that service user meetings are generally held monthly. A review of minutes of meetings since the last inspection verified this. A review of a sample of minutes for meetings in June, July and August 2019 evidenced service user feedback being sought in regards to transport, meals, activities and outings. It was positive to note service users were also involved in discussions regarding access to care records and that easy read minutes were available to service users.

The manager advised that arrangements are in place to distribute service user/relatives and staff satisfaction surveys in September 2019. The manager further confirmed that the outcome of this consultation process will be reviewed and an action plan developed. These arrangements demonstrated that service users are valued as individuals and listened to by staff, who then agree with them what should be considered important. This was verified by the service users spoken with during the inspection. Service users who engaged with the inspector spoke positively about the staff.

Discussion with service users, a service user's relative and staff evidenced that they felt the care was compassionate. The following is a sample of comments made:

**Service users' comments:**

- "Staff are kind and you can talk to them at any time."
- "I am happy here. Staff help me when I am playing games."

**Relative's views:**

- "Staff go over and above their duty to make sure Xxxx and all the ladies and gentlemen that come here are well looked after."
- "All staff including the bus staff are so pleasant and respectful."

**Staff comments:**

- "I feel the care here is compassionate. Staff here are very caring and understanding of everyone's needs."
- "I have had human rights training and it is important that we promote the service users' human rights and ensure they are listened to."

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement 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 inspector sought to assess the day centre's leadership, management and governance arrangements to meet the assessed needs of service users.

There was a clear organisational structure and this information was outlined in the day care settings Statement of Purpose. Staff demonstrated awareness of their roles, responsibilities and accountability.

The registration certificate was up to date and displayed appropriately.

Discussions with the manager and staff on the day of inspection described positive working relationships in which issues and concerns could be freely discussed; staff reported they were confident that they would be listened to. In addition, staff confirmed that they felt supported by management. Staff demonstrated that they had knowledge of their role, function and responsibilities and they had no concerns regarding the practice of any of their colleagues.

Discussions with the manager and staff confirmed that there were systems in place to monitor staff performance and ensure that staff received appropriate support and guidance. Staff spoken with during the inspection confirmed the availability of continuous update training alongside supervision and appraisal processes and an open door policy for discussions with the manager. Review of a sample of appraisal records verified that staff had an annual appraisal. Review of four staff supervision records evidenced that two of the four staff did not have supervision undertaken on a quarterly basis. This has been identified as an area for improvement under the standards.

Discussion with the senior day care worker confirmed that staff meetings were held generally monthly, and records verified this. The last meeting was held on 16 August 2019 and minutes were available. Previous staff meetings had been undertaken on 19 June, 17 May and 12 April 2019. The senior day care worker confirmed that the minutes of staff meetings were made available for staff to consult.

Staff confirmed they had access to a range of policies and procedures which they used to guide and inform their practice. Staff spoken with also confirmed that the manager would advise them of any updates to the relevant policies and procedures.

The inspector discussed the monitoring arrangements in compliance with Regulation 28 of The Day Care Settings Regulations (Northern Ireland) 2007. The Regulation 28 quality monitoring visits had been undertaken bimonthly by a senior manager within the organisation, who demonstrated a good understanding of the setting. A sample of reports viewed for April 2019 to August 2019 provided evidence that the visits included engagement with service users,

professionals and staff; a review on the conduct of the day care setting and development of action points and review of previous action points.

A complaints and compliments record was maintained in the day centre. There had been no complaints recorded since the previous inspection. The manager confidently described effective management of complaints in line with the WHSCT's complaint procedure.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The manager confirmed that this was addressed with staff through their induction, training, supervision and appraisal process.

The inspector noted that the day care setting collects equality information in relation to service users, during the referral and assessment process. The manager confirmed that this data is used for the purpose of providing person centred care. Some of the areas of equality awareness identified during the inspection include:

- effective communication
- service user involvement
- advocacy
- equity of care and support
- individualised person centred care
- disability awareness

Discussion with service users, a service user's relative and staff evidenced that they felt the service was well led. The following is a sample of comments made:

**Service users' comments:**

- "I know all the staff and they are always about if you need them."
- "Good centre and staff are good to me."

**Relative's comments:**

- "I have no complaints about the service only praise."
- "Good communication."

**Staff comments:**

- "I feel this is a well-managed service and the seniors are very supportive."
- "I have access to all the policies and procedures. We have monthly team meetings and the minutes are always available to staff."

**Areas of good practice**

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

## Areas for improvement

One area for improvement was identified in regard to staff supervision.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with the senior day care worker and a support 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.



<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 22.2</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 31 October 2019</p>	<p>The registered person should ensure that staff have recorded individual, formal supervision sessions according to the day care setting's procedures and no less than every three months.</p> <p>Ref: 6.7</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>I, as the registered person, will complete outstanding supervisions and work with Senior and Day Care Worker to develop a schedule to ensure that staff have recorded individual formal supervision sessions no less than every 3 months.</p>

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



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