

Care Inspection Report 14 September 2016



Newtownstewart Day Centre

Type of service: Day Care Service

Address: ABB Parish Hall, Dublin Street, Newtownstewart, BT78 4AE

Tel no: 028 8166 3120

Inspector: Angela Graham

1.0 Summary

An unannounced inspection of Newtownstewart Day Centre took place on 14 September 2016 from 09.45 to 14.50 hours.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the Day Care Setting was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

On the day of the inspection Newtownstewart Day Centre was found to be delivering safe care. There was positive feedback from all service users and a service user's representative, spoken with, about the delivery of safe care in the day centre. Observations of care practices showed there was a culture of ensuring service users were safe and protected from harm. Staff were knowledgeable of their specific roles and responsibilities in relation to adult safeguarding. A requirement has been made that the registered person ensures that fire drills are undertaken at least annually in accordance with Regulation 26 (4) (f) of The Day Care Setting Regulations (Northern Ireland) 2007.

Is care effective?

On the day of the inspection Newtownstewart Day Centre was found to be delivering effective care. Observations of staff interactions with service users and discussions with a total of 11 service users and a service user's representative evidenced this. There were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. A recommendation has been made that the registered manager ensures that when no recordable events occur, there is an entry at least every five attendances for each service user to confirm that this is the case. A recommendation has also been made that the registered manager ensures that a record is kept of the matters raised by service users and the actions taken in response.

Is care compassionate?

On the day of the inspection Newtownstewart Day Centre was found to be delivering compassionate care. Observations of care delivery evidenced that service users were treated with dignity and respect. Staff were observed responding to service users' needs and requests promptly and professionally. Discussion with service users, a service user's representative and observation provided evidence that service users were listened to, valued and communicated with in an appropriate manner. A recommendation has been made that the registered manager ensures that a report is prepared that identifies the methods used to obtain the views and opinions of service users, which incorporates the comments made and issues raised by service users and any actions to be taken in response. A copy of this report should be made available to service users.

Is the service well led?

On the day of the inspection there was evidence of effective leadership and management in Newtownstewart Day Centre and a culture focused on the needs of service users. Staff confirmed that they were well supported in their roles and that good training is provided.

A recommendation has been made that the registered manager ensures that an expression of concern or dissatisfaction by a service user, or by another person, with regard to any aspect of the service, should be dealt with as a complaint and recorded appropriately.

This inspection was underpinned by The Day Care Setting Regulations (Northern Ireland) 2007, the Day Care Settings Minimum Standards 2012.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	4

Details of the Quality Improvement Plan (QIP) within this report were discussed with Pamela Hackett, Care Assistant, 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

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/registered person: Western Health and Social Care Trust	Registered manager: Evelyn Young
Person in charge of the service at the time of inspection: Pamela Hackett, Care Assistant	Date manager registered: 21 October 2010

3.0 Methods/processes

Prior to inspection the following records were analysed:

- The registration details of the day centre
- Written and verbal communication received since the previous care inspection
- The previous care inspection report.

Specific methods/processes used in this inspection include the following:

- Discussion with the registered manager (via telephone)
- Discussion with three care staff
- Discussion with 11 service users
- Discussion with a service user's representative
- Examination of records
- File audits
- Evaluation and feedback.

RQIA forwarded five questionnaires to be distributed to service users; five staff members and five service users' representatives for their completion. The questionnaires asked for service user, staff and service users' representatives' views regarding the service, and requesting their return to RQIA. Three staff, three service users and four service users' representatives' questionnaires were returned to RQIA. The content of the questionnaires is discussed in the main body of the report.

The following records were examined during the inspection:

- Complaints and compliments record
- Accident/untoward incident record
- Elements of three service users' care records
- Sample of policies and procedures
- Sample of quality assurance audits
- Fire risk assessment
- Minutes of service user meetings
- Three monthly monitoring reports.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 03/06/15

The most recent inspection of the day care setting was an unannounced care inspection. There were no requirements or recommendations made as a result of this inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 03/06/15

There were no requirements or recommendations made as a result of the last care inspection.

4.3 Is care safe?

The care assistant in charge confirmed the planned daily staffing levels for the day care centre, and that these levels were subject to regular review to ensure the assessed needs of the service users were met. A review of the staffing rota for weeks commencing 31 August until 14 September 2016 evidenced that the planned staffing levels were adhered to.

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

Discussion with the registered manager confirmed that staff were recruited in line with Regulation 21, Schedule 2 of The Day Care Setting Regulations (Northern Ireland) 2007 and that records were retained at the organisation's personnel department.

Discussion with the care assistant in charge and staff confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. The care assistant in charge confirmed that supervisions were completed for staff on a quarterly basis, or more frequently, and staff appraisals were completed annually. Discussion with staff confirmed that they had received supervision and appraisal accordingly.

The registered manager confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the centre for any period in the absence of the registered manager. The care assistant in charge confirmed that she had undertaken a competency and capability assessment.

Discussion with the registered manager and staff concluded staff had received mandatory and other training relevant to their roles and responsibilities since the previous inspection.

The care assistant in charge and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. The care assistant in charge stated that there were no current safeguarding concerns ongoing.

The inspector reviewed the fire drill records. The last recorded fire drill was 14 August 2013. A requirement has been made that the registered person ensures that fire drills are undertaken at least annually in accordance with Regulation 26 (4) (f) of The Day Care Setting Regulations (Northern Ireland) 2007.

Four service users' representatives returned questionnaires. Review of the questionnaires asking for an opinion on how safe the care is concluded the responses were positive. The service users' representatives stated their relative is safe and protected from harm, they could talk to staff, the environment is suitable to meet their relative's needs and they would report concerns to the manager.

Three service users returned questionnaires. Review of the questionnaires asking for opinions on how safe the care is concluded the responses were positive. The service users' stated they felt safe and protected from harm, they could talk to staff, the environment is suitable to meet their needs and they would report concerns to the registered manager.

Review of the completed staff questionnaires asking for opinions on how safe the care is, concluded all of the responses were positive.

A review of the service users' environment was undertaken. The day centre was found to be warm, fresh smelling and clean throughout. There was evidence that hand hygiene was promoted through notices, handwashing supplies and facilities. There were no obvious hazards to the health and safety of service users, visitors or staff. Fire exits and corridors were observed to be clear of clutter and obstruction.

Inspection of the internal and external environment identified that, on the day of inspection, the day care setting and grounds were kept tidy, safe, suitable for and accessible to service users, staff and visitors.

Areas for improvement

A requirement has been made that the registered person ensures that fire drills are undertaken at least annually in accordance with Regulation 26 (4) (f) of The Day Care Setting Regulations (Northern Ireland) 2007.

Number of requirements	1	Number of recommendations	0
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4.4 Is care effective?

Discussion with the care assistant in charge established that staff in the day care setting responded appropriately to and met the assessed needs of the service users.

Review of elements of three service users' care records reflected there are risk assessments and care plans in place. There was evidence that risk and other assessments informed the care planning process. There was also recorded evidence of multi-professional collaboration. Service users and/or their representatives were encouraged and enabled to be involved in the assessment and care planning and review process. In one for the three care records reviewed care recording for every five attendances was not being maintained. A recommendation has been made to address this issue.

Review of elements of three service users' care records confirmed annual reviews of the individual's day care placement had taken place in the previous year.

It was observed during this inspection that records were stored safely and securely in line with data protection.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users at appropriate intervals. Records were made available for inspection concerning audits of the environment, care records and infection prevention and control and evidenced that actions identified for improvement had been completed.

Evidence was provided to verify systems were in place to ensure effective communication with service users, their representatives and key stakeholders. These included pre-admission information, multi-professional reviews, service users and staff meetings.

Discussion with the care assistant in charge and staff confirmed that management operated an open door policy in regard to communication within the day care setting. Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff

also confirmed that if they had any concerns, they could raise these with the registered manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other health care professionals.

Discussion with the care assistant in charge confirmed that staff meetings were held on a quarterly basis, and records verified this. The last meeting was held on 24 August 2016 and the care assistant in charge confirmed that the minutes of the meeting were made available for staff to consult.

Discussion with the care assistant in charge and review of records evidenced that service user meetings were held at least quarterly. The last meeting was held on 15 June 2016 and minutes were available. The inspector reviewed the minutes of the meeting. Review identified a number of matters raised by service users however evidence was not available of the action taken in response to these matters. A recommendation has been made to address this issue.

Service users spoken with and observation of practices evidenced that staff were able to communicate effectively with service users.

Review of the returned service users' representatives' questionnaire asking for an opinion on how effective the care is, concluded the responses were positive. The service users' representatives agreed the service user got the right care, at the right time, with the best outcome for them. The service users' representatives also confirmed they are satisfied with communication with staff, staff's awareness of their relative's needs, their relative's preferences and choices are incorporated into the care they receive and their involvement in their relative's annual review.

Review of the returned service users' questionnaires asking for opinions on how effective the care is, concluded the responses were positive. The service users agreed they got the right care, at the right time, with the best outcome for them. The service users also confirmed they are satisfied with communication with staff, staffs awareness of their needs, their preferences and choices are incorporated into the care they receive and their involvement in their annual review.

Review of the completed staff questionnaires asking for opinions on how effective the care is, concluded all of the responses were positive. These staff confirmed service users are involved in the development of their care plan and service users are responded to in a timely manner.

Areas for improvement

A recommendation has been made that the registered manager ensures that when no recordable events occur, there is an entry at least every five attendances for each service user to confirm that this is the case.

A recommendation has also been made that the registered manager ensures that a record is kept of the matters raised by service users and the actions taken in response.

Number of requirements	0	Number of recommendations	2
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4.5 Is care compassionate?

Discussion with 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.

An observation of the lunch time meal confirmed that service users were given a choice in regards to where they preferred to dine, food and fluid choices and the level of help and support requested. Staff treated service users with dignity and respect affording adequate time for service users to make decisions and choices and offered reassurance and assistance appropriately. Staff interactions with service users were observed to be compassionate, caring and timely.

Staff were aware of each service user's individual communication needs and were observed responding positively and warmly which had the outcome of empowering service users to communicate. During discussion staff presented as knowledgeable and informed regarding each service user's needs.

Discussions with service users along with observations of practice during this inspection confirmed that service users were enabled and supported to engage and participate in meaningful activities.

The care assistant in charge confirmed that service users were listened to, valued and communicated with, in an appropriate manner. Observation of practice confirmed that service users' needs were recognised and responded to in a prompt, courteous and supportive manner by staff.

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.

Service users are consulted in an informal daily basis via discussions with staff. Service users are consulted on a formal basis via service users' meetings; the annual review of their day care placement and they receive an annual quality assurance survey about the quality of the day service in Newtown Stewart Day Centre. The findings from the annual survey had not been collated into an evaluation/summary report. A recommendation has been made that the registered manager ensures that a report is prepared that identifies the methods used to obtain the views and opinions of service users, which incorporates the comments made and issues raised by service users and any actions to be taken in response. A copy of this report should be made available to service users.

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:

"I have been coming to the day centre many years. Staff are very good to me and are always there to help."

"I feel listened to. I brought an issue to the manager's attention in January and she sorted it out."

"I enjoy the dinner. When you come in the morning you get to choose what you want for dinner."

"I have had my care review with my social worker and the manager."

"Great place. The bus driver that brings me to the centre has always a smile and he could not do enough for you."

The inspector met with a service user’s representative. The service user’s representative 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:

- “The staff are very kind and helpful.”
- “In my opinion this is an excellent service.”
- “My husband receives very good care here in the day centre.”

Review of the completed service users’ representatives’ questionnaire asking for an opinion on how compassionate the care is, concluded the responses were positive.

Review of the completed service users’ questionnaires asking for opinions on how compassionate the care is, concluded the responses were positive. Service users confirmed they are treated with dignity and respect and are involved in decisions affecting their care. Review of the completed staff questionnaires asking for opinions on how compassionate the care is, concluded all of the responses were positive.

Review of the completed staff questionnaires asking for opinions on how compassionate the care is, concluded all of the responses were positive.

Areas for improvement

A recommendation has been made that the registered manager ensures that a report is prepared that identifies the methods used to obtain the views and opinions of service users, which incorporates the comments made and issues raised by service users and any actions to be taken in response. A copy of this report should be made available to service users.

Number of requirements	0	Number of recommendations	1
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4.6 Is the service well led?

The care assistant in charge 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 staff confirmed they were familiar with organisational and management structure and with their lines of professional accountability. Staff were able to describe their roles and responsibilities and were aware of their individual responsibility in relation to raising concerns.

Discussions with staff also confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

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

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

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. Review of the monthly monitoring visit dated 28 August 2016 identified a service user complaint however the details of the complaint were not recorded in the complaints register. A recommendation has been made to address this shortfall.

Review of the completed service users' representatives' questionnaire asking for an opinion in regard to the management of the service concluded the responses were positive. The service users' representatives confirmed the service is managed well and the manager is approachable, friendly, professional and caring.

Review of the completed service users' questionnaires asking for opinions in regard to the management of the service concluded the responses were positive. The service users' confirmed the service is managed well.

Review of the completed staff questionnaires asking for opinions in regard to the management of the service concluded all of the responses were positive. Staff confirmed that the service is managed well, the service is monitored, there are staff meetings and communication between the staff and management is effective.

Areas for improvement

A recommendation has been made that the registered manager ensures that an expression of concern or dissatisfaction by a service user, or by another person, with regard to any aspect of the service, should be dealt with as a complaint and recorded appropriately.

Number of requirements	0	Number of recommendations	1
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with, Pamela Hackett, Care Assistant, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 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.

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 Day Care Settings Minimum Standards 2012. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to day.care@rqia.org.uk for assessment 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 provider 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 provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

Requirement 1

Ref: Regulation 26 (4) (f)

Stated: First time

To be completed by:
31 October 2016

The registered person shall ensure, by means of fire drills and practices at suitable intervals, that the persons employed in the day care setting and, so far as practicable, service users, are aware of the procedure to be followed in case of fire, including the procedure for saving life.

Response by registered provider detailing the actions taken:

The registered manager will ensure going forward that all fire evacuations are carried out twice yearly and will record outcome in fire evacuation sheet in file.

Recommendations

Recommendation 1

Ref: Standard 7.5

Stated: First time

To be completed by:
30 September 2016

The registered manager should ensure that when no recordable events occur, there is an entry at least every five attendances for each service user to confirm that this is the case.

Response by registered provider detailing the actions taken:

The manager will ensure that all keyworkers will ensure to record any key event or attendances on client file at least every five attendances and manager will check to see if this is being recorded.

Recommendation 2

Ref: Standard 8.5

Stated: First time

To be completed by:
30 November 2016

The registered manager should ensure that a report is prepared that identifies the methods used to obtain the views and opinions of service users, which incorporates the comments made and issues raised by service users and any actions to be taken in response. A copy of this report is made available to service users.

Response by registered provider detailing the actions taken:

Client surveys have been issued to service users and or relatives within this facility. Once returned the manager will correlate all responses and information and ensure that report is completed to incorporate and identify the view and opinions of service users this will be made available for viewing by RQIA inspectors.

Recommendation 3

Ref: Standard 8.3

Stated: First time

To be completed by:
30 November 2016

The registered manager should ensure that a record is kept of the matters raised by service users and actions taken in response.

Response by registered provider detailing the actions taken:

Service user meetings will happen three monthly or more frequent in this day centre if required. Minutes will be kept of matters raised and actions taken for inspection by RQIA inspectors.

Quality Improvement Plan

Recommendations

Recommendation 4

Ref: Standard 14

Stated: First time

To be completed by:
30 September 2016

The registered manager should ensure that the centre's complaints procedure is implemented effectively, in keeping with Standard 14 of The Day Care Settings Minimum Standards (January 2012).

Response by registered provider detailing the actions taken:
Complaints training has been arranged for all staff for 15th November to ensure that staff are aware of proper procedures of how to deal efficiently and effectively with any complaints from service users and or relatives. The policy is readily available for staff who have read and understood same. A complaints book will be updated and completed of every complaint and actions taken resolved by day centre manager.

Please ensure this document is completed in full and returned to day.care@rqia.org.uk from the authorised email address



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