

Unannounced Care Inspection Report 27 March 2019



The Resource Centre Derry

Type of Service: Day Care Service
**Address: Carnhill, Racecourse Road,
Derry. BT48 8DA.**
Tel No: 02871352832
Inspector: Angela Graham

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 is registered to provide care and day time activities for up to 20 service users for older people over the age of 65, who may also be frail and/or, have dementia. The day care setting is open Monday to Friday and is managed by The Resource Centre Derry.

3.0 Service details

Organisation/Registered Provider: The Resource Centre Derry Responsible Individual: Paddy McCarron	Registered Manager: Ellen Doherty (Acting)
Person in charge at the time of inspection: Ellen Doherty, Manager	Date manager registered: 11 September 2017
Number of registered places: 20	

4.0 Inspection summary

An unannounced inspection took place on 27 March 2019 from 10.00 to 15.40 hours.

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and determined if the establishment was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff training, adult safeguarding, risk management and the internal environment. Further areas of good practice were also noted in regard to audits and care reviews; communication between service users, staff and other key stakeholders; and the culture and ethos of the day care setting.

Areas requiring improvement were identified regarding staff supervision and the need for confirmation regarding best practice for control of Legionella bacteria.

Service users were asked to provide their views regarding the day care setting. Examples of some of the comments made by service users are “the centre is wonderful, I have been coming here a very long time and look forward to the days I’m here”; “I really enjoy the music and dancing” and “the meals you get in the centre are lovely and all the food is homemade”.

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
Total number of areas for improvement	0	2

Details of the Quality Improvement Plan (QIP) were discussed with Paddy McCarron, Registered Provider and Ellen Doherty, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent care inspection dated 14 March 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 14 March 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 notified to RQIA since the last care inspection on 14 March 2018
- Unannounced care inspection report and QIP from 14 March 2018

During the inspection, the inspector met with a visiting relative, the registered provider, the manager and three care staff. Introductions were made to service users during the course of a walk around the setting; with individual interaction with ten service users.

The following records were examined during the inspection:

- Three service users' care records.
- A sample of service users' daily records.
- A sample of staff supervision and appraisal records.
- A sample of competency and capability assessments.
- Staff training information.
- The day centre's complaints/compliments record since the last inspection.
- Staff roster information for February and March 2019.
- A sample of minutes of service users' meetings since the last inspection.
- A sample of minutes of staff meetings since the last inspection.
- The day centre's record of incidents and accidents since the last inspection.
- A sample of monthly quality monitoring reports since the last inspection.
- RQIA registration certificate.
- Fire Safety Information.

At the request of the inspector, the manager was asked to display a poster within the day centre. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; no responses were received.

Ten service user and/or relatives' questionnaires were provided for distribution; no questionnaires were returned to RQIA within the timeframe for inclusion in this report.

The inspector requested that the manager place a 'Have we missed you' card in a prominent position in the day centre to allow service users, relatives and staff who were not 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.

The findings of the inspection were provided to Paddy McCarron, Registered Provider and Ellen Doherty, Manager, at the conclusion of the inspection.

The inspector would like to thank the registered provider, manager, service users, a 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 14 March 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 14 March 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 16 (1) Stated: Second time To be completed by: 30 June 2018	The registered person, where appropriate, shall ensure that a written care plan is prepared in consultation with the service user or the service user's representative as to how the service user's needs in respect of his day care are to be met.	Met
	Action taken as confirmed during the inspection: The inspector reviewed elements of three care records. A new care plan format had been introduced. The inspector discussed the importance of ensuring the objectives were fully detailed in the care plan. The manager agreed to address this issue.	

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 care setting's systems in place to avoid and prevent harm to service users which included a review of staffing arrangements in place within the day centre.

The manager described the staffing levels which have been assessed as necessary to provide a safe service in the setting. Assurances were provided to the inspector by the manager 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. Discussions with the manager and observations during the inspection verified that there were sufficient numbers of staff to meet the needs of service users. Discussions with the staff, a relative and service users further verified that staffing levels were sufficient to meet the assessed needs of service users.

Observation and discussion with staff on duty on the of the inspection provided evidence that they were sufficiently experienced and trained to meet the assessed needs of the service users present, and were meeting those needs using the care plans and assessments to guide their approach. A review of the staffing roster for weeks commencing 25 February 2019 until 27 March 2019 evidenced that the planned staffing levels were adhered to.

The day centre has a human resources (HR) department which oversee the recruitment process, including the completion of appropriate pre-employment checks. The manager described the procedure for ensuring that staff are not provided for work until all necessary checks have been completed and confirmed that the outcome of these checks are retained by the HR department.

The manager confirmed that there has been a consistent staff team working in the day centre and that no new staff have been employed since the previous care inspection. In addition, discussions with the manager confirmed that there was also an appropriate induction process in place for any new staff who may be employed. The manager further confirmed that if she was not on duty in the day centre the registered provider would be the delegated person in charge.

Observation of and discussion with staff on duty evidenced that staff were sufficiently trained, competent and experienced to meet the assessed needs of the service users present. Staff demonstrated a clear understanding of service users' needs and how those needs should be met. Discussion with staff confirmed that mandatory training and other professional development training was provided. 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 fire safety, dementia awareness, COSHH and GDPR. Staff who were spoken with stated that their training provided them with the skills and knowledge to fulfil their roles and responsibilities and that it was of a good standard.

Review of governance records confirmed that an effective incident/accident reporting system was in place. The records inspected showed no accidents or incidents had occurred since the previous care inspection. Discussion with the manager evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Observation of and discussion with the manager and staff evidenced that staff were very knowledgeable regarding each service user and the support they required in order to ensure their safety. In addition, discussions 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. The manager described a transparent learning culture within the setting in which staff are supported and encouraged to engage in reflective practice; the manager stated that this approach allows staff to consider any lessons learnt and review how to improve the day care experience for service users.

Discussions with the manager and staff also confirmed that they were aware of their obligations in relation to raising concerns with respect to service users' wellbeing and poor practice, and were confident of an appropriate management response. The manager and staff were aware of the organisation's whistleblowing policy if they could not resolve their concerns locally but indicated that they would be unlikely to need this due to the transparent working relationships that existed within the team.

There were no recent or current adult safeguarding referrals or investigation records to examine. The manager confirmed that the organisation's safeguarding practices are directed by the regional Adult Safeguarding Prevention and Protection in Partnership, July 2015 and its associated Operational Procedures, September 2016. Staff had received adult safeguarding training. Discussion with the manager and staff further established that they were aware of their roles and responsibilities in relation to reporting adult safeguarding concerns, maintaining factual records and there was a clear pathway for staff to follow in relation to referring safeguarding concerns to appropriate professionals.

An inspection of the environment was undertaken and confirmed that it was appropriately warm, had suitable lighting and furniture and no mal odour was noted. Discussion with the manager and observation of the environment confirmed that furniture, aids and appliances were fit for purpose for the needs of the service users. Infection prevention and control measures were in place, which included the availability of supplies of liquid soap and hand towels mounted on the walls, foot pedal operated bins and seven step hand hygiene notices which were positioned at wash hand basins. Staff also had effective access to gloves and aprons as required. No obvious health and safety hazards were identified and fire exits were clear and free from obstruction.

During a tour of the centre it came to the inspector's attention that what was previously a hairdressing room now accommodated a staff office. This issue was discussed with the premises inspector for the service post inspection. The premises inspector recommended that the registered provider provides confirmation that alteration to the buildings plumbing system has been carried out in accordance with best practice for the control of Legionella bacteria in the water system. This has been identified for an area for improvement.

The day centre's fire safety precaution records were reviewed. It was noted the last full evacuation drill was undertaken on 27 September 2018. Discussion with staff confirmed they were aware of the evacuation procedure.

There were arrangements in place to ensure that staff are registered with the Northern Ireland Social Care Council (NISCC). Information regarding registration details and renewal dates were maintained.

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

Service users’ comments:

- “The day centre is part of my life; I am safe and well cared for here.”
- “Great place to come and all is good.”

Relative’s comments:

- “Xxxx is very safe when she is in the centre and staff are very attentive to her.”
- “No concerns what so ever when Xxxx is at the centre.”

Staff comments:

- “We aim to ensure the service users are safe at all times here in the centre and when out on trips.”
- “The training provided is very good and gives us the knowledge to ensure things are done safely.”

Areas of good practice

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

Areas for improvement

One area for improvement was identified in this domain in relation to the need for confirmation regarding best practice for the control of Legionella bacteria.

Total number of areas for improvement	0	1
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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. The inspection of the care records found they were maintained in line with the legislation, the assessments of need, 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. Overall the inspection found the settings management of service user records enabled staff to recognise service users' needs and respond to them effectively.

Care records also reflected the multi-professional input into the service users' health and social care needs. 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. Dates and signatures were present in all of the files examined.

Discussion with the manager and review of arrangements concerning the storage of confidential records confirmed that service users' records were stored safely and securely in compliance with legislative. Staff recognised the importance of maintaining accurate and contemporaneous records to guide their practice and ensure that care provided was safe, effective and timely.

Discussion with the manager and review of records confirmed there were systems in place to review service user's placements within the centre and ensure that they are appropriate to meet their health and social care needs. There was evidence of annual care reviews in partnership with service users and/or their relatives and community keyworkers; these provided positive feedback from service users and their representatives with regards to the day care service.

Discussion with staff provided evidence that they were knowledgeable regarding service users' individual needs. Discussion with staff during a walk around the setting evidenced awareness of the need for person centred interventions which facilitate engagement with service users and promote effective communication. They also identified service users whose independence and opportunities in the setting needed to be promoted and supported. Observations of care showed staff were vigilant in responding to nonverbal cues as well as verbal communications and interventions were proactive and timely.

Discussions with the manager and staff described effective communication between service users, their relatives and the multi-disciplinary team. This was verified during discussions on the day of inspection with a service user's relative who provided highly positive feedback regarding communication from staff with respect to the health and wellbeing of the service user.

The 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, staff training, fire safety and care records and evidenced that actions identified for improvement had been completed.

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

Service users' comments:

- "The care is very good here; I want for nothing."
- "Staff are very kind, respectful and cheery."

Relative's comments:

- "I feel the care here is very good and staff communication is excellent."
- "Xxxx needs are met in the centre and staff are warm and caring towards her."

Staff comments:

- “We ensure the service users have a good day in the centre and we are all familiar with the service users’ needs.”
- “Care plans and risk assessments are kept up to date and all staff have access to the care records.”

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 other key stakeholders.

Areas for improvement

No areas for improvement were identified in this domain 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.

The inspection sought to assess the day care setting’s ability to treat service users with dignity, equality and respect and to fully involve service users in decisions affecting their care and support. Service users were informed regarding the RQIA inspector visiting the day care setting and staff encouraged them to engage with the inspector.

There was evidence that service users were enabled and supported to engage and participate in a range of meaningful activities. The day centre provides a range of activities including: games, boccia, creative crafts, armchair exercises, bingo, music sessions and reminiscence.

Discussion with staff found they were informed regarding the ethos of the day care setting which promoted choice and ensured service users had access to a friendly, caring and stimulating atmosphere. 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.

Staff described there was also informal arrangements in place that ensured service users were consulted and their views and opinions were sought on a daily basis. Consultation with service users and when appropriate their relatives was recorded in service users individual records and were used to inform the assessment, care planning and review process.

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. Condiments were available for service users’ use if required. 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. The food appeared nutritious and appetising. Staff wore appropriate aprons when serving the lunch

time meal. Staff interactions with service users were observed to be compassionate, caring and timely. Staff also ensured the SALT recommendations for service users were adhered by allocating staff to support service users.

Staff approaches and responses to services users was noted to be caring, cheerful and compassionate. Discussions with the manager established that they were aware of their responsibilities and requirements to ensure service users’ confidentiality and consent. It was observed staff discreetly responding to service users who required such assistance.

The manager confirmed that service user meetings are held at least quarterly. A review of minutes of meetings since the last inspection verified this. A review of a sample of minutes for meetings in September and November 2018 and February 2019 evidenced service user feedback being sought in regards to transport, colour choice of paints for the dining room, meals and activities.

Discussions with service users confirmed that their views and opinions are taken into account in all matters affecting them. Service users advised they were consulted at service user meetings, care reviews and informally through daily discussions with staff.

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

Service users’ comments:

- “Staff always offer me choice on what I want to do in the day centre and I also get choice of dinner; the food is fabulous here.”
- “Staff are always really kind and helpful; they’re like a friend to me.”

Relative’s comments:

- “Xxxx appears very happy coming here.”
- “Staff treat Xxxx as an individual and with respect.”

Staff comments:

- “Service users have very regular meetings and we always ask their views regarding all aspects of day care.”
- “The care here is effective and compassionate.”

Areas of good practice

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

Areas for improvement

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

	Regulations	Standards
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 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. Discussion with the day care worker confirmed that they had a good understanding of their role and responsibilities under the legislation.

The registration certificate was up to date and displayed appropriately.

The Statement of Purpose for the day care service was reviewed and updated by the manager in October 2018. The document describes the nature and range of the service to be provided and addresses all of the matters required by Regulation 4(1) of The Day Care Setting Regulations (Northern Ireland) 2007. Evidence gathered at this inspection indicates that the service is currently operating in keeping with its Statement of Purpose.

The manager and staff advised there were a range of policies and procedures in place to guide and inform staff. Policies and procedures are easily accessible to all staff.

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. In addition, the manager confirmed that the day care setting had not received any complaints with respect to equality issues from service users and/or their representatives.

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 developing person centred care plans and risk assessments.

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
- individualised risk assessment
- disability awareness

Discussions with the manager confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. This included the availability of continuous update training alongside supervision/appraisal processes, an open door policy for discussions with the management team and observation of staff practice. A review of the supervision schedule for three care staff identified that supervision had not been

undertaken on a quarterly basis in line with Standard 22.2 of the Day Care Settings Minimum Standards January 2012 for one care staff member. This has been identified for an area for improvement. Review confirmed that annual appraisal is undertaken. Staff members viewed supervision as a useful part of their accountability feedback system and of their individual development.

A review of staff meetings since the last inspection evidenced that they were held generally quarterly. The meetings held in November and August 2018 identified a focus on care records, service users' activities, staff arrangements and staff access to staff training opportunities. The manager confirmed that a further staff meeting was scheduled to take place on 29 March 2019.

A complaints and compliments record was maintained in the day centre. The complaints record was reviewed and evidenced that no complaints had been received since the last inspection. Discussion with staff confirmed that they knew how to receive and deal with complaints and ensure that the manager was made aware of any complaints. The complaints procedure was displayed in areas throughout the day centre. Samples of compliments were available for review and evidenced a high level of satisfaction with the service provided.

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 monthly by the registered provider. A sample of reports viewed from January 2019 to March 2019 provided evidence that the format of the reports adhered to RQIA guidelines, evidenced engagement with service users, staff and relatives, with positive feedback recorded.

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

Service users' comments:

- "This place is well run and I don't have any complaints about the centre."
- "All is good here and you can talk to the staff at any time if something is bothering you."

Relative's comments:

- "I feel the centre is well managed and there is always plenty of staff around when I visit."
- "I have no complaints or suggestions to improve the centre."

Staff comments:

- "I have regular supervision and the policies and procedures are available in the staff office if you need to check something out."
- "We are a small team but work very well together and the management are always available to talk over issues."

Areas of good practice

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

Areas for improvement

One area for improvement was identified in this domain in relation to staff supervision.

	Regulations	Standards
Total number of areas for improvement	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 Paddy McCarron, Registered Provider and Ellen Doherty, Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the day care setting. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012	
Area for improvement 1 Ref: Standard 25.8 Stated: First time To be completed by: 31 May 2019	<p>The registered person shall provide written confirmation that alteration to the buildings plumbing system has been carried out in accordance with best practice for the control of Legionella bacteria in the water system.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: All plumbing work was carried out by a professional tradesman/plumber in accordance with all building regulations. A Legionella risk assessment was carried out within the RCD building and all areas to actioned was completed. We also have a Legionella risk checklist in place, this is carried out by a Health & Safety officer within RCD.</p>
Area for improvement 2 Ref: Standard 22.2 Stated: First time To be completed by: 30 April 2019	<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>Response by registered person detailing the actions taken: A rita of supervision has now been implemented. All staff have been notified and supervision meetings have now been scheduled.</p>



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