

Unannounced Care Inspection Report 03 February 2017



Beragh Day Centre

Type of service: Day Care Service
Address: Corner Stone Centre, Beragh, BT9 7XE
Tel no: 028 8075 7058
Inspector: Priscilla Clayton

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced care inspection of Beragh Day Centre took place on 03 February 2017 from 9.30 to 15.45 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?

Service users and staff who spoke with the inspector gave positive feedback in regard to the provision of safe care. Records examined included staff induction records, associated policies/procedures, accident/incident notifications, staff training and inspection of the day care centre.

Areas identified for improvement within this domain related to:

- Address fire safety recommendations and recording the date of completion in the fire risk assessment
- Audit of staff training and development of a central staff training matrix
- Review and revision of the policy / procedure on adult safeguarding

Is care effective?

Evidence of the provision of effective care was gained from discussion with staff, service users, within care records examined, minutes of service users meetings, minutes of staff meetings, audits conducted and monthly monitoring reports.

Two recommendations made for improvement included:

- Provision of individual service user agreements that confirm the service is suitable and sets out their terms of their day care placement as reflected within standard 3.1 of the Day Care Settings Minimum Standards
- Review of service user care plans to ensure these are signed

Is care compassionate?

There was good supporting evidence that the care provided was compassionate from observation of staff interactions with service users, discussions with staff and service users who met with the inspector. Staff explained that there was a culture/ethos within the centre which supported core values as reflected within the service user guide and statement of purpose.

There was a range of policies and procedures in place which supported the delivery of compassionate care.

Is the service well led?

Evidence in regard to this domain was obtained from a number of sources including: complaints records, accident / incident records, staff meetings, monthly monitoring visits, audits

undertaken, staff supervision/appraisal and positive responses from staff and service users and complementary letters and cards received from service users/representatives.

One requirement and two recommendations made for improvement within this domain included:

- Retrospective notification to RQIA regarding the period of absence of the manager
- Provision of a central index for policies and procedures
- Development of action plans in respect of care record audits undertaken.

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	2	7

Details of the Quality Improvement Plan (QIP) within this report were discussed with Evelyn Young, registered 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.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent care inspection on 22/12/15.

2.0 Service details

Registered organization /registered person: Western Health and Social Care Trust Elaine Way CBE	Registered manager: Evelyn Young
Person in charge of the service at the time of inspection: Evelyn Young	Date manager registered: 21 October 2010

3.0 Methods/processes

Prior to inspection we analysed the following records:

- Previous care inspection report and Quality Improvement Plan (QIP)
- Notifications

During the inspection the inspector met with the registered manager, eleven service users and two care staff.

The following records were examined during the inspection:

- RQIA registration certificate
- Statement of purpose
- Service user guide
- Selection of policies and procedures including those in respect of, adult safeguarding, whistleblowing, restrictive practice, staff recruitment and selection, infection prevention and control
- Staff training
- Staff supervision and appraisal
- Service user meetings
- Audits/satisfaction surveys
- Monthly monitoring visits
- Staff duty roster
- Care records x 4
- Complaints
- Accidents/incident
- Fire risk assessment/equipment checks.

Fifteen questionnaires were given to the manager for distribution to staff (five), service users (five) and service user representatives (five). No questionnaires were returned to RQIA within the timescale.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 04/11/16

The most recent inspection of the day care centre was an announced premises inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 22/12/15

Last care inspection recommendations		Validation of compliance
<p>Recommendation 1</p> <p>Ref: Standard 18.1</p> <p>Stated: First time</p>	<p>The registered provider should ensure that the following policies and procedures, as detailed in Appendix 2 of the DHSSPS Day Care Settings Minimum Standards (2012) are developed or reviewed and made available in the day centre in respect of:</p> <ul style="list-style-type: none"> • Consent • Involvement of service users in the running of the day care setting • Listening and responding to service users' views • Service Users Meetings and Forums • Safe and Healthy Working Practices • Service users' involvement in activities and events • Communications with carers and representatives. • Quality Improvement. 	<p>Partially Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the manager on the action taken and review of the policies / procedures evidenced that three of the eight policies / procedures remains work in progress. Further development of one policy / procedure is recommended.</p> <p>Policies as listed had not been developed:</p> <ul style="list-style-type: none"> • Listening and responding to service user views • Service user meetings and forums • Communications with carers and representatives <p>The policy titled "Involvement of service users in the running of the day centre" requires further development. This recommendation was restated for a second time.</p>	

4.3 Is care safe?

Discussion with the manager confirmed that staff employed were sufficiently qualified, competent and experienced to meet the assessed needs of service users in attendance. The manager explained that staffing levels were based on the assessed needs of service users, dependency levels including the requirement of two staff for some personal care, layout of the premises and fire safety recommendations. The discussion on the shortfall in staffing levels referred to within minutes of staff meetings dated 28 June 2016, 23 September 2016 and 11 November 2016 were discussed with the manager who explained issues in this regard had been raised with the head of day care and it was agreed that there was sufficient staff on duty for the number and dependency levels of service users in attendance at that time. The manager demonstrated awareness of the necessity to ensure that the provision of care to service users is not compromised at any time and should staffing levels fall below that which is required to meet their needs additional staffing must be provided.

The manager explained that only experienced day care workers would be in charge when she was out of the centre and that a competency and capability assessments were completed. Review of two assessments evidenced that these were completed and signed by the manager.

Employment records of staff were held within the Western Health and Social Care Trust (WHSCT) human resource department. The manager confirmed that employment procedures were in keeping with the WHSCT policy/procedures and that the registered manager would be involved in the appointment of new staff and in the review of information required.

The manager confirmed that all care staff were registered with Northern Ireland Social Care Council (NISCC). A record of registration should be maintained for monitoring purposes.

Induction records of two staff employed were reviewed and discussed with the manager. Records reviewed contained a comprehensive account of the standard to be achieved. Induction programmes were noted to be signed and dated by the staff member and mentor on the achievement of each standard.

Mandatory staff training was discussed with the manager and staff. Training provided included adult safeguarding and whistleblowing. Staff confirmed that mandatory training was ongoing alongside other professional development opportunities. Records of staff attendance at training were held within each individual staff member's file. It was noted that staff training in fire safety had not been provided as required. The development of a staff training matrix for ease of access to monitor and audit staff attendance was recommended.

Recording of accidents/incidents were discussed with the manager who demonstrated knowledge of the reporting of notifications to RQIA in accordance with regulations and minimum standards. One accident notified to RQIA since the previous inspection was recorded and managed appropriately.

The manager confirmed that no safeguarding allegations were currently active and should any arise that the correct procedure would be followed in accordance with the WHSCT policy and procedure. The next scheduled staff training was set for May 2017. One recommendation made related to review and revision of the adult safeguarding policy/procedure to reflect the Department of Health (DOH) regional policy/procedure titled "Prevention and Protection in Partnership" (April 2015).

Necessary infection prevention and control measures were in place with a good standard of hygiene observed throughout the centre. “Seven step” hand hygiene notices were positioned at all wash hand basins; availability of disposable gloves and aprons; provision of staff training in infection, prevention and control and WHSCT policies/procedures on infection prevention and control was available to staff.

The centre’s fire risk assessment, dated 24 January 2015, was discussed with the manager as thirteen recommendations made by the trust fire safety officer were not signed as having been actioned. A fire safety audit conducted by the fire safety officer dated 27 January 2017 made reference to the testing of the weekly fire alarm as these had not been undertaken. In addition the monthly monitoring visit made on behalf of the registered provider dated December 2016 had made recommendation in this regard. One requirement was made in regard to the provision of fire safety training, addressing recommendations made in fire risk assessment dated 24 January 2015 and fire safety audit dated 27 January 2017. A record of the completion date should be recorded as indicated within the fire risk assessment.

The manager and staff confirmed that no restrictive practice is undertaken within the centre. The WHSCT policy/procedure on restrictive practice was available to staff.

An inspection of the centre was undertaken. All areas were observed to be clean, tidy, organised and appropriately heated. COSHH substances were noted to be securely stored.

Two care staff who spoke with the inspector gave positive feedback in regard to the provision of safe care and confirmed that staff training, supervision, appraisal and staff meetings were provided. Staff also explained that there was good multi-professional working in the planning and monitoring of care.

Service users who met with the inspector confirmed that the care provided was very good and that they enjoyed participating in the varied therapeutic activities and could not think of anything that could be improved.

Areas for improvement:

- Address fire safety recommendations and recording the date of completion in the fire risk assessment
- Audit of staff training and development of a central staff training matrix
- Review and revision of the policy / procedure on adult safeguarding

Number of requirements	1	Number of recommendations	2
-------------------------------	---	----------------------------------	---

4.4 Is care effective?

The day centre’s statement of purpose and service user guide reflected the requirement in accordance with The Day Care Setting regulations and minimum standards.

The provision of service user individual service user agreements was discussed with the manager, who agreed to ensure these were further developed in accordance with standard 3.1 of the Day Care Minimum Standards. (2012)

Three service users care records were provided for review by the inspector. Care records contained needs assessments which were complemented with risk assessments; person

centred care plans and regular records made on the health and wellbeing of service users. Records of reviews held reflected participation of the service user. There was recorded evidence of multi-professional collaboration in planned care. One of the three care plans examined and discussed was not signed by the service user or staff member. One recommendation made related to reviewing care plans to ensure that these are signed by the service user, staff member and manager. When the service user is unable or chooses not to sign, this should be recorded and the basis of his / her agreement to participate noted.

Reviews of care were undertaken within the first four weeks of placement to ensure suitability of the placement with further annual reviews held and records retained.

Staff and service users confirmed that the modes of communication in use between the staff team, with service users/representatives and other stakeholders were effective and that these were enhanced through the “open door” policy operated by the manager.

There were systems in place to promote effective communication between service users, staff and other stakeholders. This was evidenced within a number of sources including: discussions with staff and service users, care records examined, minutes of service users’ meetings and minutes of staff meetings, information notices displayed on health and social care and photographs of various activities and social events.

Service users confirmed they were aware of whom to contact if they had any issues or concerns about the service.

Staff demonstrated knowledge on the importance of escalating concerns.

Areas for improvement

Two recommendations made for improvement included:

- Review and revision of individual service user agreements that sets out their terms of their day care placement in accordance with standard 3 of the Day Care Settings minimum standards.
- Review of service user care plans to ensure these are signed in accordance with standard 5 of Day Care Minimum Standards.

Number of requirements	0	Number of recommendations	2
-------------------------------	---	----------------------------------	---

4.5 Is care compassionate?

The manager confirmed that there was a culture/ethos within the centre that supported the values of dignity and respect; independence; rights; equality and diversity; choice and consent of service users. This was reflected within the statement of purpose (dated 16 February 2015), service user guide, care records and minutes of service user meetings examined.

There was a range of policies and procedures in place which supported the delivery of compassionate care.

Discussions with service users confirmed that consent was sought in relation to their care. Observation of staff practice and their interactions with service users demonstrated that they

were treated with dignity and respect. Staff confirmed their awareness of promoting service user rights, independence and dignity.

Discussions with staff, service users, review of care records and observation of staff practice and interactions confirmed that service users' needs were acknowledged and recorded.

There was evidence that service users were enabled and supported to engage and participate in a range of meaningful therapeutic activity.

The manager explained that the responses from the service users' in the satisfaction survey regarding the provision of care had been completed with positive responses received. A summary report had been completed reflecting the outcome which was shared with service users.

Service users who participated in individual and group discussions confirmed that they were consulted and felt very much involved about arrangements within their centre. All comments received were very positive. No issues or concerns were raised or indicated in this regard.

Areas for improvement

No areas for improvement were identified within this domain.

Number of requirements	0	Number of recommendations	0
-------------------------------	---	----------------------------------	---

4.6 Is the service well led?

Evelyn Young, who is employed full time, is the registered manager of Beragh day centre and two other day care centres within the WHSCT. The manager is supported in her role by a team of care staff. At management level support is provided by her line manager who provides monthly supervision and annual appraisal.

The manager was off duty for a period during 2016 and returned to manage the centre in January 2017. One requirement was made in regard to breach of regulation 30 (1) (3) in regard to the registered person's failure to notify RQIA of the manager's absent for a continuous period of 28 days or more and the arrangements for managing the day centre in her absence. As discussed the manager agreed to ensure this requirement was made known to her line manager and the request for retrospective notification to be submitted on behalf of the registered person.

The centre's current RQIA registration certificate was displayed within a prominent.

The manager confirmed that the centre operated in accordance with the regulatory framework and that the health and social care needs of service users were met in accordance with the centre's statement of purpose.

Quality audits undertaken included those of care records, transport, meals, staff training and fire safety. In addition a service user satisfaction was conducted during 2016. One recommendation made for improvement related to the development of an action plan to address issues arising from the audit of care records.

Policies and procedures to guide and inform staff were available within the centre. One recommendation was made in regard to the provision of an index to provide ease of access for staff to policies/procedures.

One recommendation was restated for a second time related to development of three policies and further development of one as stated within the QIP, page 5 of this report.

The manager and staff confirmed that supervision and annual appraisal was provided. Individual staff supervision is provided every three months for care staff. Records of supervision and appraisal were retained.

Staff meetings were held on a three monthly basis with minutes recorded which included names of staff in attendance and discussions held. Staff confirmed that there was very good working relationships within the team and that the manager was responsive to suggestions/comments raised.

Complaints records were reviewed and discussed with the manager. No complaints were received since the previous inspection. Information on how to complain was reflected within the centre's statement of purpose and service user guide. Corporate policy/procedures on complaints management were available and known by staff.

Records of accidents/incidents were discussed with the manager who was aware of procedure in regard to notification to RQIA. The manager explained that any issues arising from the investigation of accidents or incidents would be addressed, and where necessary risk assessments undertaken and recorded with measures in place to minimise the identified risk recorded within care plans.

Review of the previous three monthly monitoring visits made on behalf of the registered provider was undertaken. Reports were noted to be comprehensive and in keeping with regulation 28 of the Day Care Setting Regulations (Northern Ireland) 2007.

Areas for improvement

One requirement and three recommendations made included:

- Retrospective notification to RQIA regarding the period of absence of the manager
- One recommendation was restated from the previous care inspection related to the development of three policies and further development of one policy
- Provision of a central index for policies and procedures,
- Development of action plan in respect of audit of care records

Number of requirements	1	Number of recommendations	3
-------------------------------	---	----------------------------------	---

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Evelyn Young, registered manager, 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 centre. 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) (a)

Stated: First time

To be completed by:
31 March 2017

The registered provider shall ensure that action is taken to address the recommendations made in fire risk assessment dated 24 January 2015 and audit dated 27 January 2017.

A record of the completion date should be recorded as indicated within the fire risk assessment.

Staff training in fire safety is required with a record of staff in attendance retained.

Response by registered provider detailing the actions taken:

Action has been taken. This training has been completed on 7th February 2017.

Requirement 2

Ref: Regulation 30 (1) (b) (3)

Stated: First time

To be completed by:
28 February 2017

The registered provider shall give notification to RQIA when the registered manager is absent from the centre for a continuous period of 28 days or more, the registered provider shall give notice in writing of the absence.

When the absence arises as a result of an emergency, the registered provider shall give notice within one week of its occurrence.

Retrospective notification regarding this requirement is to be submitted to RQIA.

Response by registered provider detailing the actions taken:

Head of care and accomodation to address.

Recommendations

Recommendation 1

Ref: Standard 18.1

Stated: Second time

To be completed by:
30 April 2017

The registered provider should ensure that the following policies and procedures, as detailed in Appendix 2 of the DHSSPS Day Care Settings Minimum Standards (2012) are developed or reviewed and made available in the day centre in respect of:

- Listening and responding to service users' views
- Service Users Meetings and Forums
- Communications with carers and representatives

The policy titled "Involvement of service users in the running of the day centre" requires further development.

Response by registered provider detailing the actions taken:

Head of care and accomodation has arranged sub-group who are working in this and aim to have achieved by end of April 2017.

<p>Recommendation 2</p> <p>Ref: Standard 21.1</p> <p>Stated: First time</p> <p>To be completed by: 30 April 2017</p>	<p>The registered provider should ensure that a revised policy/procedure on adult safeguarding in keeping with DOH policy/procedure titled "Prevention, Protection in Partnership" (April 2015) is available to staff and that refresher training is provided in this regard.</p> <hr/> <p>Response by registered provider detailing the actions taken: Policy now in place.</p>
<p>Recommendation 3</p> <p>Ref: Standard 3.1</p> <p>Stated: First time</p> <p>To be completed by: 30 April 2017</p>	<p>The registered provider should ensure that the service user's agreement is reviewed and revised to reflect the criteria as stated within standard 3.1 of the day care settings minimum standards.</p> <hr/> <p>Response by registered provider detailing the actions taken: Head of care and accomodation has arranged sub-group who are working on this at present.</p>
<p>Recommendation 4</p> <p>Ref: Standard 18.3</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2017</p>	<p>The registered provider should ensure that policies and procedures are centrally indexed within the policy manual.</p> <hr/> <p>Response by registered provider detailing the actions taken: Indexes now in place.</p>
<p>Recommendation 5</p> <p>Ref: Standard 17.9</p> <p>Stated: First time</p> <p>To be completed by: 30 April 2017</p>	<p>The registered provider should ensure that an action plan is developed to address issues arising from the audit of care records.</p> <hr/> <p>Response by registered provider detailing the actions taken: Action plan has been developed to address issues arising from the audit of care records.</p>
<p>Recommendation 6</p> <p>Ref: Standard 5.3</p> <p>Stated: First time</p> <p>To be completed by: 30 April 2017</p>	<p>The registered person should review care plans to ensure that these are signed by the service user, staff member and manager. Where the service user is unable or chooses not to sign, this should be recorded and the basis of his/her agreement to participate noted.</p> <hr/> <p>Response by registered provider detailing the actions taken: Action taken to record clients agreement to this.</p>

<p>Recommendation 7</p> <p>Ref: Standard 21.3</p> <p>Stated: First time</p> <p>To be completed by: 30 April 2017</p>	<p>The registered person should ensure that an audit of staff attendance at mandatory training is undertaken. A central matrix of training is recommended to provide ease of access for monitoring purposes by the manager.</p> <hr/> <p>Response by registered provider detailing the actions taken: Matrix now in place.</p>
--	---

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



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews