

Unannounced Care Inspection Report 15 August 2017



Drumhaw Day Centre

Type of Service: Day Care Setting
Address: Drumhaw Park, Lisnaskea, BT92 0FT
Tel No: 02867721588
Inspector: Angela Graham

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 sixteen service users. The day care setting is open Monday to Friday.

3.0 Service details

Organisation/Registered Provider: Western Health and Social Care Trust Responsible Individual(s): Elaine Way CBE	Registered Manager: Amanda Robinson
Person in charge at the time of inspection: Amanda Robinson, Registered Manager	Date manager registered: 11 October 2011
Number of registered places: 16 DCS-MP, DCS-I, DCS-DE	

4.0 Inspection summary

An unannounced inspection took place on 15 August 2017 from 09.40 to 15.20 hours.

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

The inspection sought to assess 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, supervision and appraisal, knowledge regarding adult safeguarding, infection prevention and control and risk management that promoted safe care. Regarding effective practice, examples of good practice were found in relation to care records, audits and reviews and communication between service users, staff and other key stakeholders. Good practice was found regarding compassionate care in relation to the culture and ethos of the day care setting, dignity and privacy, listening to and valuing service users and taking account of the views of service users. Finally, good practice was found in relation to governance arrangements, quality improvement and maintaining good working relationships supporting well led care in the setting.

Areas requiring improvement were identified regarding the environment and policies and procedures.

Service users were asked to provide their views regarding the day care setting. Examples of some of the comments made by service users are “I have been coming to the centre for a long time and I wouldn’t miss a day”, “the staff treat me with kindness and respect”, “the food is lovely and we get a choice of dinner” and “the centre is always warm and clean”.

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	1	1

Details of the Quality Improvement Plan (QIP) were discussed with Amanda Robinson, 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.

4.2 Action/enforcement taken following the most recent care inspection 22 September 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 22 September 2016.

5.0 How we inspect

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 and quality improvement plan (QIP).

During the inspection, the inspector met with the registered manager, three care staff, an ancillary staff member and twelve service users. The registered manager was provided with five questionnaires to distribute to service users; five staff members and five relatives for their completion. The questionnaires asked for service user, staff and relatives views regarding the service, and requesting their return to RQIA. One staff member, three relatives and four service users' 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 records
- Accident/untoward incident records
- Staff roster
- RQIA registration certificate
- Staff supervision and appraisal records
- Elements of three service users' care records
- Sample of policies and procedures
- Sample of quality assurance audits
- Staff training information
- Minutes of three staff meetings
- Minutes of three service user meetings
- Three monthly monitoring reports.

Two areas for improvement were identified at the last care inspection. These were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 02 February 2017

The most recent inspection of the day care setting was an announced premises inspection.

The completed QIP was returned and approved by the estates inspector.

6.2 Review of areas for improvement from the last care inspection dated 22 September 2016

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 4 (1) Stated: First time	The registered provider must submit a revised Statement of Purpose that includes all relevant information as specified in Schedule 1 of The Day Care Setting Regulations (Northern Ireland) 2007, along with a variation application for consideration.	Met
	Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the registered manager confirmed that this area for improvement had been addressed.	
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard E7 Stated: First time	The registered provider should undertake an environmental audit in relation to dementia care.	Met
	Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the registered manager confirmed that this area for improvement had been addressed. An environmental audit had	

	been undertaken on 29 November 2016. The registered manager confirmed that the recommendations highlighted within the audit had been satisfactorily addressed.	
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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 registered manager 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 roster for weeks commencing 17 July 2017 until 15 August 2017 evidenced that the planned staffing levels were adhered to. Staff who were consulted confirmed that staffing levels met the assessed needs of the service users. Discussion with service users evidenced that there were no concerns regarding staffing levels.

Observation of the delivery of care at the time of inspection evidenced that service users' needs were met by the number of staff on duty.

The registered manager and staff 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. Records of competency and capability assessments were retained and examined during the inspection.

Discussion with staff and review of returned staff questionnaires 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 infection prevention and control, dementia awareness, first aid and adult safeguarding training.

Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of care staff was appropriately managed in accordance with the Northern Ireland Social Care Council (NISCC).

Review of a sample of records pertaining to accidents, incidents and notifications forwarded to RQIA confirmed that these were appropriately managed. Discussion with staff confirmed the importance of keeping service users safe in the setting and staff were aware of potential risks for each individual. Staff asserted that they had the right knowledge and information to prevent harm to the service users attending the setting.

The registered manager confirmed that no restrictive practices were undertaken within the day care setting and on the day of the inspection none were observed.

The staff on duty on the day of inspection discussed the needs of the service users they were looking after. They gave a clear description of their needs and how those needs will be met. The staff stated their aim was for service users to enjoy their time in the day service by undertaking stimulating activities and for service users to feel comfortable and safe in the group environment. The staff confirmed that if they had any concerns regarding safe practice they would discuss this with their colleagues and/or the management team who they described as accessible and supportive. Staff confirmed service users are encouraged to give their views, opinions and preferences. In summary, the discussion with staff confirmed they were proactively promoting safe care for service users in this setting.

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. The registered manager reported there were no suspected, alleged or actual incidents of abuse identified and reported since the last inspection.

A review of the day centre's environment was undertaken and the day centre was found to be generally clean, fresh smelling and appropriately heated. The review identified a number of environmental issues: the reception area carpet presented with evidence of wear and was stained, the kitchen floor covering presented with evidence of wear and was torn at the edges, a door reveal paintwork was blistered and chipped. This was identified as an area for improvement.

The environment was observed during the inspection and there was evidence of infection prevention and control measures in place such as personal protection equipment which was available for staff, there was evidence that hand hygiene was promoted through notices, hand washing 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. The review of fire drill records confirmed that a fire drill had been undertaken on 08 April 2017. Discussion with staff confirmed they were aware of the evacuation procedure.

Four service users completed questionnaires for this inspection. These service users confirmed that they felt safe in the setting. These service users also confirmed that they could talk to staff if they were unhappy or had any issues or concerns and they could tell someone if they were worried about someone being treated badly. The service users reported the setting was comfortable and they knew what to do if the fire alarm sounded.

Three relatives returned questionnaires to RQIA post-inspection. The relatives identified that they were very satisfied with the safe care in Drumhew Day Centre. They stated that their relative is safe and protected from harm, they could talk to staff, the environment is suitable to meet their relative's needs and that they would report concerns to the manager.

One staff member returned a questionnaire to RQIA post-inspection. The staff member confirmed that the care was safe, they had received training in adult safeguarding, there are risk assessments and care plans in place for service users, they would report poor practice and they receive support to fulfil their roles and responsibilities.

Areas of good practice

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

Areas for improvement

One area for improvement was identified in relation to the environment.

	Regulations	Standards
Total number of areas for improvement	1	0

6.5 Is care effective?

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

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

The inspector reviewed elements of three service users’ care files. Care records examined contained an up to date assessment of needs, risk assessments and associated care plans. Care records also reflected the multi-professional input into the service users’ health and social care needs and were found to be updated regularly to reflect the changing needs of the service user. Care recording for every five attendances was being maintained in the three care records inspected. The review confirmed that service users and/or their representatives were encouraged and enabled to be involved in the review process, where appropriate. Discussion with staff confirmed that a person centred approach underpinned practice.

Discussion with staff regarding implementation of the care plans provided assurance they knew each individual’s needs. Discussion with service users about what they were doing in the centre provided assurances they knew what activity they were going to take part in, who would help them and they were happy that their choices and needs were being met in Drumhaw Day Centre.

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, staff training, supervision and appraisal and care records 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, care reviews, service users and staff meetings.

Discussion with the registered manager 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 and 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 registered manager and review of records evidenced that service user meetings were generally held quarterly. The last meeting was held on 18 May 2017 and minutes were made available.

There was information available to staff, service users and representatives in relation to advocacy arrangements.

Observation of practices evidenced that staff were able to communicate effectively with service users.

Service users spoken with expressed their confidence in raising concerns with the day centre's staff/management. Service users knew the registered manager.

Four service users' completed questionnaires. These service users confirmed that they were getting the right care at the right time and staff were communicating well with them. They also confirmed that their choices are listened to and they choose the activities they take part in. The service users reported that they had been involved in the annual review of their day centre placement.

Three relatives returned questionnaires to RQIA post-inspection. The relatives confirmed that they were very satisfied with the effective care. They stated that their relative receives the right care, at the right time, in the right place.

One staff member returned a questionnaire to RQIA post-inspection. The staff member confirmed that service users are involved in their care plan, care plans inform the care provided, monitoring of quality is in place and that staff respond to service users in a timely manner.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in

The registered manager confirmed that staff in the day care setting promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of the service users.

Discussions with staff regarding the activities they were delivering confirmed the activities were tailored to meet the needs of the service users, as well as promoting their strengths and providing choice.

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 e.g. bowls, reading group and games. Observations of service users taking part in activities showed participation was good.

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. 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. During discussion staff presented as knowledgeable and informed regarding each service user's dietary needs and preferences. All service users spoken with confirmed that they were satisfied with the choice of meals served and that individual preferences were catered for if requested.

During the observation and discussions staff were observed checking service users were comfortable, that their needs and preferences were being met. If the staff identified someone needed additional support they sensitively and discretely got their attention and accompanied the service user to where they could get more individualised care and privacy. Overall staff were observed supporting service users in a compassionate way, encouraging service users to be involved in their care and promoting their independence.

Staff were aware of each service user's individual needs and were observed to respond positively and warmly. During discussion, staff presented as knowledgeable and informed regarding each service user's needs.

Service users' confirmed their views and opinions were taken into account in matters affecting them. They identified that attending the setting helps them avoid loneliness, gives them structure to their week and is a place where they are encouraged to be independent.

The staff described they consult with service users informally when they are in the day care setting regarding their needs, preferences and choices. Service users are consulted on a formal basis via service users' meetings and the annual review of their day care placement.

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:

- "Staff are always there to help when you need help."
- "The day centre is an important part of my life. I meet up with my friends and enjoy all the activities."
- "I have a review every year with staff and the social worker."
- "The dinner is always hot and tasty. I get plenty to eat and you are offered a second helping if you want more."
- "I would describe the staff as caring and helpful."
- "We get the local papers delivered to the centre and I can catch up on all the news. There is always something to do when you are here such as bowls and board games."
- "I am safe here and well looked after by the staff."

During the inspection the inspector met with three care staff and an ancillary staff member. Some comments received are listed below:

- “Staff work well together to ensure the clients’ needs are met.”
- “I have attended all my mandatory training and also have attended additional training such as dementia awareness.”
- “We have staff meeting every few months. I have supervision about every three months.”
- “I think the clients get very good care.”

Consultation with service users regarding compassionate care and service users’ questionnaires identified they were treated with respect and are involved in decisions affecting them, the staff are kind and caring, their privacy is respected, they have choices and are involved in decisions.

Three relatives returned questionnaires to RQIA post-inspection. The relatives confirmed that they were very satisfied their relative was treated with dignity and respect and involved in decisions affecting their care.

One staff questionnaire confirmed service users are treated with dignity and respect, encouraged to be independent and their views are sought and acted upon.

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, dignity and privacy, listening to and valuing service users and taking account of the views of service users.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

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

The registered manager 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. The inspector reviewed a sample of policies and procedures. The review identified not all policies and procedures were in place in line with Standard 18 of the Day Care Settings Minimum Standards January 2012, Appendix 2. The review also identified that a number of these policies and procedures were not dated when issued nor were they ratified by the registered person. This

was identified as an area for improvement. Staff confirmed that they had access to the day centre's policies and procedures.

Discussion with staff confirmed that they knew how to respond to a range of situations such as responding to issues of dissatisfaction or an adult safeguarding concern. The staff confirmed that there is good communication across the team and clear working together practices. They described the management team as supportive and they knew they could speak to them for guidance or advice. All grades of staff were clear who they report to and what to do if they had a concern about a staff member or service user. Discussions with staff also confirmed that management were responsive to any suggestions or concerns raised.

Discussion with the registered manager and staff confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. A review of supervision records 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.

Discussion with the registered manager confirmed that staff meetings were held generally quarterly, and records verified this. The last meeting was held on 26 April 2017 and minutes were available. The previous staff meeting had been undertaken on 23 January 2017. The registered manager confirmed that the minutes of staff meetings were made available for staff to consult.

No complaints had been recorded since the previous care inspection on 22 September 2016; however a complaints record was maintained and made available for inspection. Compliments records were recorded and maintained by staff.

The inspector discussed the monitoring arrangements under Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. A monitoring visit had been undertaken on 05 July 2017. Three monitoring reports were reviewed from May to July 2017. The monitoring officer reported on the conduct of 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.

Four service users' questionnaires confirmed that the service was managed well. The service users also confirmed that staff had responded well to them and they are asked what they would like to do in the setting. The service users stated that they knew the manager and could talk to the manager if they had any concerns.

The returned relatives' questionnaires confirmed that they were very satisfied that the service was managed well and the staff and the manager are approachable, professional and caring.

One staff questionnaire confirmed that the service is managed well, the service is monitored, and communication between the staff and management is effective.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, quality improvement and maintaining good working relationships supporting well led care in the setting.

Areas for improvement

One area for improvement was identified in relation to policies and procedures.

	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 Amanda Robinson, Registered 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 to Day.Care@rqia.org.uk to RQIA office for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan	
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007	
<p>Area for improvement 1</p> <p>Ref: Regulation 26 (2) (d)</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2017</p>	<p>The registered person shall, having regard to the number and needs of the service users, ensure that all parts of the day care setting are kept clean and reasonably decorated. The following maintenance issues must be addressed:</p> <ul style="list-style-type: none"> • Replace the kitchen floor covering • Replace the reception area carpet • Make good the identified decorative door reveal surface. <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Requisitions for work to be carried out have been forwarded to the Estates maintenance department to address the above named issues.</p>
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012	
<p>Area for improvement 1</p> <p>Ref: Standard 18</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2017</p>	<p>The registered provider should ensure that the full range of policies required by the Day Care Settings Minimum Standards, January 2012, Appendix 2 are in place. These policies and procedures should be dated when issued, reviewed or revised and ratified by the registered person following revision to or the introduction of new policies and procedures.</p> <p>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken: The necessary policies and procedures will be put in place and will be taken forward to the Trust Governance Committee for approval and ratification.</p>

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