

# Unannounced Care Inspection Report 01 December 2016



## Lisnamallard Industries

Type of service: Day Care Service  
Address: 5b Woodside Avenue, Omagh, BT79 7BP  
Tel no: 028 8225 2079  
Inspector: Angela Graham

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

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Lisnamallard Industries took place on 01 December 2016 from 09.30 to 16.35 hours.

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

### Is care safe?

On the day of the inspection Lisnamallard Industries was found to be delivering safe care. There was positive feedback from all service users spoken with, about the delivery of safe care in the day centre. Observations of care practices showed there was a culture of ensuring service users were safe and protected from harm. Staff were knowledgeable of their specific roles and responsibilities in relation to adult safeguarding.

The staff in Lisnamallard Industries were observed caring for a range of service users' needs. The staffing levels were responsive to service user's needs, welfare and safety.

A requirement has been stated for the second time in regard to addressing the poor condition of the high level, exterior paintwork.

### Is care effective?

On the day of the inspection it was established that the care in Lisnamallard Industries was effective. Observations of staff interactions with service users and discussions with a total of 15 service users evidenced this. There were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users.

The inspection of elements of three service users care records; incident recording; complaints recording; discussion with the service users and staff concluded care was being delivered at the right time, in the right place, and with the best outcome.

A recommendation has been made to ensure that care reviews take place as specified in Standard 15.3.

### Is care compassionate?

On the day of the inspection Lisnamallard Industries was found to be delivering compassionate care. Observations of care delivery evidenced that service users were treated with dignity and respect. Staff were observed responding to service users' needs and requests promptly and professionally. Discussion with service users and observation provided evidence that service users were listened to, valued and communicated with in an appropriate manner.

No areas for quality improvement relating to compassionate care were identified during this inspection.

## Is the service well led?

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

A recommendation has been stated for the second time in regard to the provision of an up to date, written policy on continence promotion.

A recommendation has been made that the responsible person should improve the monitoring visit report to include the number of the service users interviewed and a sample/summary of the service users' views.

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
<b>Total number of requirements and recommendations made at this inspection</b>	1	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Marian Walsh, 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 inspection on 10/08/15.

### 2.0 Service details

<b>Registered organisation/registered person:</b> Western HSC Trust/Mrs Elaine Way CBE	<b>Registered manager:</b> Marian Walsh
<b>Person in charge of the service at the time of inspection:</b> Marian Walsh	<b>Date manager registered:</b> 22/10/2010

### 3.0 Methods/processes

Prior to inspection the following records were analysed:

- The registration details of the day centre
- Written and verbal communication received since the previous care inspection
- The previous care inspection report and quality improvement plan (QIP).

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

- Discussion with the registered manager
- Discussion with three care staff
- Discussion with an ancillary staff member
- Discussion with 15 service users
- Examination of records
- File audits
- Evaluation and feedback.

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. Two service users and two staff questionnaires were returned to RQIA. The content of the questionnaires is discussed in the main body of the report.

The following records were examined during the inspection:

- Complaints and compliments record
- Accident/untoward incident record
- 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 staff meetings
- Minutes of service user meetings
- Three monthly monitoring reports.

### 4.0 The inspection

#### 4.1 Review of requirements and recommendations from the most recent inspection dated 10/08/15

The most recent inspection of the day care setting was an unannounced care 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 10/08/15

Last care inspection statutory requirements		Validation of compliance
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 26 (2) (d)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 30 September 2015</p>	<p>Some of the high level, exterior paintwork was in poor condition. The registered person must ensure that all parts of the day care setting are kept reasonably decorated.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The registered manager informed the inspector that this requirement has been raised with relevant senior personnel within the Western HSC Trust. This work has not been undertaken.</p> <p>This requirement has not been addressed and has been stated for a second time in this report.</p>	<b>Not Met</b>
<p><b>Last care inspection recommendations</b></p>		
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 18.1</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 30 September 2015</p>	<p>The registered person should ensure that an up to date, written policy on continence promotion is available in the centre and that it reflects the views of service users and staff members.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The registered manager informed the inspector that this recommendation has been raised with relevant senior personnel within the Western HSC Trust. To date a policy on continence promotion has not been devised. The registered manager has sourced continence promotion leaflets for staff to refer to.</p> <p>This recommendation has not been fully addressed and has been stated for a second time in this report.</p>	<b>Partially Met</b>
<p><b>Last care inspection recommendations</b></p>		

#### 4.3 Is care safe?

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 rota for weeks commencing 07 November until 01 December 2016 evidenced that the planned staffing levels were adhered to.

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

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

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.

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 inspection.

Review of a sample of records pertaining to accidents, incidents and notifications forwarded to RQIA confirmed that these were appropriately managed.

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. The registered manager confirmed there had been no safeguarding vulnerable adult referrals made since the previous care inspection, nor had restrictive practices been used within the day care setting. On the day of the inspection no obvious restrictive practices were observed to be in use.

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.

A requirement made in the report of the previous care inspection in regard to addressing the poor condition of the high level, exterior paintwork has not been addressed and has been stated for the second time in this report.

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

Two staff members returned questionnaires. Staff confirmed the care was safe, they had received training in safeguarding vulnerable adults, 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 for improvement**

A requirement made in the report of the previous care inspection in regard to addressing the poor condition of the high level, exterior paintwork has not been addressed and has been stated for the second time in this report.

<b>Number of requirements</b>	1	<b>Number of recommendations</b>	0
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#### 4.4 Is care effective?

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.

Review of elements of three service users' care records reflected there are risk assessments and care plans in place. There was evidence that risk and other assessments informed the care planning process. There was also recorded evidence of multi-professional collaboration.

Service users and/or their representatives were encouraged and enabled to be involved in the assessment and care planning and review process. Care recording for every five attendances was being maintained.

Review of elements of three service users' care records confirmed one of the three service user's had received an annual review of their day care placement in the previous year. A recommendation has been made to ensure that care reviews take place as specified in Standard 15.3.

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 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, multi-professional 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; 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 28 October 2016 and minutes were available.

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

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

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

Two staff questionnaire confirmed 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 for improvement

A recommendation has been made to ensure that care reviews take place as specified in Standard 15.3.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	1
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#### 4.5 Is care compassionate?

Discussion with service users confirmed management and staff listen to them, offer them choices and involve them in decision making during their time in the day care setting.

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

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

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

There were systems in place to ensure that the views and opinions of service users were sought and taken into account in all matters affecting them.

Service users are consulted in an informal daily basis via discussions with staff. Service users are consulted on a formal basis via service users' meetings; the annual review of their day care placement and they receive an annual quality assurance survey about the quality of the day service in Lisnamallard Industries. The registered manager confirmed the findings from the annual survey had been collated into an evaluation/summary report.

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 here are great. They support me and I would have no hesitation in raising any issues with them."
- "I am looking forward to our Christmas lunch. We are going to a local hotel. We will also have a Christmas party in the centre."
- "I went out bowling this morning. I really enjoy bowling."
- "I would describe staff as helpful, kind and at all times considerate."
- "We have meetings in the centre on a regular basis to talk about the running of the place and our views are always listened to."
- "I feel safe here. Staff will always listen if I need to talk about anything that is bothering me."
- "We do lots of activities here. I enjoy the yoga."



- “I really benefit from coming here. I get excellent support from the staff.”
- “I have had several care reviews in the centre. My views are recorded in the report.”

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.

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

**Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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**4.6 Is the service well led?**

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. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Staff confirmed that they had access to the day centre’s policies and procedures.

A recommendation made in the report of the previous care inspection in regard to the provision of an up to date, written policy on continence promotion has not been addressed and has been stated for the second time in this report.

In discussion service users were aware of the roles of the staff in the day care setting and whom they should speak to if they had a concern. Service users confirmed that they were confident that staff/management would manage any concern raised by them appropriately.

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

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

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 schedule for annual staff appraisals and staff supervision was maintained and was available for inspection.

A review of the schedule 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 at least quarterly, and records verified this. The last meeting was held on 29 September 2016 and minutes were available. Previous staff meetings had been undertaken on 08 September 2016 and 12 August 2016. The registered manager confirmed that the minutes of staff meetings were made available for staff to consult.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from service users, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. The registered manager confirmed arrangements were in place to share information about complaints and compliments with staff.

The monthly monitoring reports were reviewed from September to November 2016. The reports evidenced visits had taken place on 30 September, 25 October and 29 November 2016. The monitoring report of 29 November did not include the number of service users interviewed or a sample of service users' views. A recommendation has been made to address these issues.

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

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

Based on the findings of this care inspection RQIA concluded the day care service was well led. There was evidence of good leadership, robust and effective management and governance systems in Lisnamallard Industries which were focused on the needs of service users.

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

Two staff questionnaires confirmed the service is managed well, the service is monitored, and communication between the staff and management is effective.

### **Areas for improvement**

A recommendation made in the report of the previous care inspection in regard to the provision of an up to date, written policy on continence promotion has not been addressed and has been stated for the second time in this report.

A recommendation has been made that the responsible person should improve the monitoring visit report to include the number of the service users interviewed and a sample/summary of the service users' views.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	2
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## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Marian Walsh, 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 setting. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Day Care Setting Regulations (Northern Ireland) 2007.

## 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Day Care Settings Minimum Standards 2012. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

## 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to [day.care@rqia.org.uk](mailto: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 (2) (d)

**Stated:** Second time

**To be completed by:**  
28 February 2017

Some of the high level, exterior paintwork was in poor condition. The registered person must ensure that all parts of the day care setting are kept reasonably decorated.

**Response by registered provider detailing the actions taken:**  
Request for painting on outside of building made to Estates following our Inspection in December 2016. Also, a request will be made to the Minor Capital Works Dept within the Trust to get painting work done asap.

### Recommendations

#### Recommendation 1

**Ref:** Standard 18.1

**Stated:** Second time

**To be completed by:**  
28 February 2017

The registered person should ensure that an up to date, written policy on continence promotion is available in the centre and that it reflects the views of service users and staff members.

**Response by registered provider detailing the actions taken:**  
The WHSCT has already an Incontinence Policy in place, available on the Trust Internet. Personnel in the Centre have been made aware of this. The policy has also now been printed off as a hard copy and is available on site.

#### Recommendation 2

**Ref:** Standard 15.3

**Stated:** First time

**To be completed by:**  
31 March 2017

The registered provider should ensure that the initial care review takes place within four weeks of the commencement of the placement; thereafter reviews should take place at the times or intervals specified in the care plan, or in response to changing circumstances, or at the request of service users or other persons, including carers, or agencies involved in their care. As a minimum, a formal review should take place once a year.

**Response by registered provider detailing the actions taken:**  
Staff will ensure initial Care Review will be completed within four weeks from date of starting and reviewed thereafter as necessary, or minimum of once a year.

#### Recommendation 3

**Ref:** Standard 17.10

**Stated:** First time

**To be completed by:**  
31 January 2017

The responsible person should improve the monitoring visit report to include the number of the service users interviewed and a sample/summary of the service users' views.

**Response by registered provider detailing the actions taken:**  
This has been raised at Day Care Managers meeting and persons with responsibility for completing monitoring visits have been made aware of Inspection recommendation.

*\*Please ensure this document is completed in full and returned to [day.care@rqia.org.uk](mailto:day.care@rqia.org.uk) from the authorised email address\**





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