



The Regulation and
Quality Improvement
Authority

Lisnamallard Industries
RQIA ID: 11258
5b Woodside Avenue
Omagh
BT79 7BP

Inspector: Dermott Knox
Inspection ID: IN023456

Tel: 02882252079
Email: marian.walsh@westerntrust.hscni.net

**Unannounced Care Inspection
of
Lisnamallard Industries**

10 August 2015

**The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk**

1. Summary of Inspection

An unannounced care inspection took place on 10 August 2015 from 10.30 to 15.30. Overall on the day of the inspection the Day Care Setting was found to be delivering safe, effective and compassionate care. Two areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Settings Regulations (Northern Ireland) 2007, The Day Care Settings Minimum Standards 2012.

1.1 Actions/ Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/ Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

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

The details of the QIP within this report were discussed with the manager, Mrs Marian Walsh as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/ Registered Person: Elaine Way CBE	Registered Manager: Marian Walsh
Person in Charge of the Day Care Setting at the Time of Inspection: Marian Walsh	Date Manager Registered: 22/10/2010
Number of Service Users Accommodated on Day of Inspection: 25	Number of Registered Places: 40

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

Standard 5: Care Plan - where appropriate service users receive individual continence promotion and support.

Standard 8: Service Users' Involvement - service users' views and comments shape the quality of services and facilities provided by the Day Care Setting

4. Methods/ Process

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

Prior to inspection the following records were analysed:

- The statement of purpose
- The service user guide
- Record of incidents
- Report of the previous inspection

During the inspection the inspector met with fifteen service users and three staff. No family members or visiting professionals were present during the inspection. Staff's interactions with service users were observed during several periods in the course of the inspection.

The following records were examined during the inspection:

- Five files of service users' records, including assessments and care plans
- Two records of staff training
- Two records of staff supervision
- Two records of staff meetings
- Two records of service user meetings
- Complaints record, which noted two complaints since the previous inspection
- The record of incidents
- Five Monthly Monitoring Reports
- The policy on safeguarding vulnerable adults
- The policy on COSHH
- The policy on confidentiality.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the service was an unannounced care inspection dated 3rd September 2014. The completed QIP was returned and approved by the specialist inspector.

Areas to follow up were:

- a. The statement of purpose content re arrangements for reviews
- b. Competence assessment of staff who take charge of the centre
- c. The content of progress records and access to them by service users
- d. Informing service users of their right of access to records
- e. Reporting of incidents to RQIA.

Compliance with these matters is identified in the table below.

5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: 29(1) (d) Ref:7.6	All reportable incidents to be sent to RQIA Action taken as confirmed during the inspection: The written records of incidents and accidents were up to date and the manager confirmed that all reportable incidents were being sent to RQIA.	Met
Requirement 2 Ref: Schedule 1, 15	The statement of purpose should include details or arrangements for reviews. Action taken as confirmed during the inspection: The statement of purpose contained the required information on arrangements for reviews.	Met

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 7.1	Staff meeting to be convened to discuss recording practises.	Met
	Action taken as confirmed during the inspection: The manager confirmed that recording practices were regularly discussed in staff meetings, since the previous inspection. In addition, staff hold a daily update meeting to ensure that all staff members are aware of planned events and new information.	
Recommendation 2 Ref: Standard 7.3	A record of access to records to be maintained in each service users' file.	Met
	Action taken as confirmed during the inspection: While access to records has been discussed with service users at quarterly meetings, there have not been any requests for access. The manager stated that a record of any such requests will be kept.	
Recommendation 3 Ref: Standard 7.3	Access to records to be discussed at a service users meeting.	Met
	Action taken as confirmed during the inspection: Access to records has been discussed with service users at quarterly meetings and this was reflected in the relevant minutes.	
Recommendation 4 Ref: Standard 23.3	A competency and capability assessment should be carried out on the staff member who acts in the manager's absence.	Met
	Action taken as confirmed during the inspection: There was evidence to confirm that the senior day care worker had undertaken a competence and capability assessment in response to this recommendation. This staff member had also successfully completed the QCF Level 5, an appropriate qualification for those in charge of a day care setting. This is commendable.	

5.3 Standard 5: Care Plan - Where appropriate service users receive individual continence promotion and support

Is Care Safe?

Staff members confirmed their confidence in following procedures accurately and in a respectful manner to service users. They also reported that they had ready access to experienced staff should they need to seek guidance. Service users' personal records provided evidence of the consideration of personal care needs where relevant, though no current service users had any identified continence care needs. Progress records for each service user showed that all relevant care matters had been addressed appropriately.

Facilities for service users were good and were found to be clean and well maintained. Staff confirmed in questionnaires that they were appropriately trained for personal care work and were supplied with adequate personal protection equipment. All twelve service users, who completed questionnaires, indicated that they were either satisfied or very satisfied that the service provided safe, effective and compassionate care. In discussions during the inspection, all six service users confirmed that they had ready access to the facilities that they needed and that staff were competent in providing support in all aspects of the care service.

Monitoring visits and reports were being completed regularly by peer managers from other Trust facilities. The monitoring officer always met with a number of service users and with staff to ascertain their satisfaction with service outcomes and the operation of the centre. A sample of records was examined on each visit. The evidence examined during this inspection indicated that safe care was being provided.

Is Care Effective? (Quality of Management)

The manager stated that the centre did not have a written policy for continence promotion, and that there was currently no service user to whom that policy would be relevant. The policy is listed in Appendix 2 of the Minimum Standards for Day Care Settings, as necessary for each day care facility to hold and the WHSCT should ensure that a satisfactory policy is made available. Each service user's placement is reviewed at least annually, usually in a multi-disciplinary group, and a sample of review records provided evidence of the consideration of individual needs and the effectiveness of the service delivery. The manager confirmed that training on continence promotion had been provided and was confident that all staff were appropriately knowledgeable in this aspect of the work.

Is Care Compassionate? (Quality of Care)

Observations of staff's interactions with service users, throughout the inspection period, provided evidence of good quality, compassionate care being delivered. Care for service users is provided by staff who confirmed that they had been trained in all mandatory aspects of the centre's operations. Staff members, who were interviewed, emphasised the importance of understanding each person's individual needs and preferences with regard to day care and confirmed their confidence in the compassionate care practices of each of their colleagues.

Areas for Improvement

Number of Requirements:	0	Number of Recommendations:	1
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5.4 Standard 8: Service Users' Involvement - Service users' views and comments shape the quality of services and facilities provided by the Day Care setting

Is Care Safe?

Lisnamallard Industries Day Centre operates in large, purpose-built, bright and well-equipped premises. There were sufficient numbers of staff on duty throughout the day of the unannounced inspection, to ensure that all service users were supported and cared for satisfactorily and there were frequent discussions throughout the day about the activities being planned and arranged. Most of the service users usually meet in one large room, although this has been divided with room dividers, to provide appropriate spaces for different activities. This arrangement provides good social interaction for those who wish it, along with space for more solitary, individual activities for those who prefer that form of involvement.

There was a feeling of relaxed, caring relationships within the centre and service users spoke highly of the support that staff provided and of their positive relationships with others. Several service users confirmed that they felt safe when travelling to and attending the centre. The centre was judged to be providing safe care.

Is Care Effective

The centre has a written policy on care planning, which addresses the identification of the service user's needs and the procedures to be followed to ensure that these are met. There was good evidence of service users being involved in discussions about their care plans and four people, separately, commented on the service being very supportive, encouraging and welcoming for them. All of the service users' files examined contained evidence of this constructive involvement.

There was clear written evidence of the identified needs of service users being addressed and review reports, including a service user review form, presented excellent accounts of the progress that service users made in working toward objectives. While the centre has not had its full staffing complement for some weeks, the remaining staff members have clearly worked constructively together to ensure that effective care is provided.

Is Care Compassionate?

In the course of the inspection, discussions were held with six service users, who were engaged in activities such as woodwork and crafts, knitting and word puzzles. In the afternoon, a visiting yoga teacher led a session in which most of the service users participated. These six service users were unanimous in their praise of the quality of care and support that staff provide. There was good evidence of compassionate care being delivered in the practice setting, including sensitive attention to the needs and preferences of each person.

Areas for Improvement

It is clear that, in the longer term, staffing needs to be improved and the manager stated that the current WH&SCT review of day care services has recognised this. Plans were already in place for additional staff members to join the team in Lisnamallard Industries.

Number of Requirements:	0	Number of Recommendations:	0
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5.5 Additional Areas Examined

- i.5.1 On a tour of the premises, it was evident that much work had been put into maintaining the building and, in particular, the garden areas, which were furnished with good quality, "homemade" outdoor furniture and raised planting beds. One aspect of the building that requires attention is the high level paintwork, which is peeling and flaking. The registered person must ensure that all parts of the day care setting are kept in good decorative order.
- i.5.2 Completed questionnaires were returned by twelve service users at the end of the inspection, all of which provided entirely positive feedback on the quality of care and support that people experienced. There were also positive scores for the feeling of being safe and secure in the setting and the degree to which service users were involved in decision making.
- i.5.3 Two complaints had been recorded since the previous inspection. The records showed that each was made by a service user and that each one was fully resolved.

Areas for Improvement

Number of Requirements:	1	Number of Recommendations:	0
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6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Marian Walsh, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/ 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 person/ manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Day Care Settings Regulations (Northern Ireland) 2007.

6.2 Recommendations

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

6.3 Actions Taken by the Registered Manager/ Registered Person

The QIP should be completed by the registered person/ registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to day.care@rqia.org.uk/ RQIA's office (non- paperlite) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory Requirements	
Requirement 1 Ref: Regulation 26(2)(d) Stated: First time To be Completed by: 30 th September 2015	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 Person(s) Detailing the Actions Taken: Request has been made to Estates Dept on 21/8/15 for outside highlevel exterior painting to be undertaken.

Recommendations	
Recommendation 1 Ref: Standard 18.1 Stated: First time To be Completed by: 30 th September 2015	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 Person(s) Detailing the Actions Taken: Contact has been made with the Trust Continence Advisory Service regarding the recommendation by RQIA to have available a written policy on continence promotion. This contact will be followed up in due course.

Registered Manager Completing QIP	Marian Walsh	Date Completed	9/9/2015
Registered Person Approving QIP	<i>Eileen Way</i>	Date Approved	25.9.15
RQIA Inspector Assessing Response	<i>John Kelly</i>	Date Approved	13/11/15 <i>Both matters are to be followed-up.</i>

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

Please provide any additional comments or observations you may wish to make below:

Please complete in full and returned to day.care@rqia.org.uk from the authorised email address