

# Unannounced Care Inspection Report 05 December 2017



## Creggan Day Centre

**Type of Service: Day Care Setting**  
**Address: Fanad Drive, Derry, BT48 9QE**  
**Tel No: 02871269082**  
**Inspector: John McAuley**

[www.rgia.org.uk](http://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 35 service users per day as detailed in its Certificate of Registration.

The centre is open for service users five days a week from Monday to Friday.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Western Health and Social Care Trust  <b>Responsible Individual:</b> Dr Anne Kilgallen	<b>Registered Manager:</b> Rhona McGowan
<b>Person in charge at the time of inspection:</b> Rhona McGowan	<b>Date manager registered:</b> 16 June 2016
<b>Number of registered places:</b> 35 - DCS-DE, DCS-MP(E), DCS-MP	

### 4.0 Inspection summary

An unannounced inspection took place on 05 December 2017 from 10:30 to 13:00 hours.

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine 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, adult safeguarding, infection prevention and control and the environment. Good practice was also found in relation to care records, communication between service users, staff and relevant stakeholders and maintenance of good working relationships.

One area of improvement was restated in relation to notifying RQIA of actions being taken to optimise the management structure for the centre.

Feedback from service users was all positive with warm comments received regarding the provision of care, meals, activities and their relationship with staff.

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
<b>Total number of areas for improvement</b>	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Rhona McGowan, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

## 4.2 Action/enforcement taken following the most recent care inspection dated 27 September 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 27 September 2017.

## 5.0 How we inspect

Prior to inspection following records were analysed:

- previous care report and QIP
- notifications
- correspondence

During the inspection the inspector met with all service users, five members of staff and the registered manager

The following records were examined during the inspection:

- RQIA registration certificate.
- A selection of policies and procedures including those in respect of adult safeguarding, whistleblowing, staff recruitment, complaints and infection prevention and control.
- Staff training records.
- Record of staff meetings.
- Staff supervision and appraisal schedules.
- Service user meetings.
- Monthly monitoring visits.
- Quality assurance audits.
- Duty roster.
- Service users' care records.
- Complaints.
- Accidents/incidents reports.
- Fire safety risk assessment.
- Fire safety records.

Ten satisfaction questionnaires were given to the manager for distribution to service users and relatives. None were received in time for inclusion to this report.

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 27 September 2016

The most recent inspection of the establishment was an unannounced care inspection.

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

### 6.2 Review of areas for improvement from the last care inspection dated 27 September 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 19.4 <b>Stated:</b> First time	The registered provider should ensure that records, such as annual review summary sheets and minutes of team meetings are always signed and dated by the person making the record.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> An inspection of these records confirmed that these were signed and dated by the person making the record.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 17.1 <b>Stated:</b> First time	The registered person should inform RQIA of actions being taken to optimise the management structure for Creggan Day Centre, to provide the manager and staff with clear and unified lines of accountability.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector was informed that the management structure for the service is currently under review with the aligned Trust directorates.	

### 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.**

Discussions with the senior day care worker and the registered manager confirmed that staff employed were sufficiently qualified, competent and experienced to meet the assessed needs of service users in attendance. Staff who met with the inspector demonstrated good understanding of their roles and responsibilities in meeting the needs of service users and associated policies and procedures in the running of the centre.

Inspection of the duty rota found it to be accurately maintained.

The senior day care worker advised that a competency and capability assessment has been completed for any person in charge of the centre in the absence of the manager.

An induction programme is in place for all grades of staff within the centre appropriate to specific job roles. Discussion with a newly appointed member of staff confirmed that they had received this programme of induction.

Staff employment records were held within the Western Health and Social Care Trust's human resource department. The registered manager advised that all appointments made were in keeping with the trust policy/procedures and that required documentation was checked and in place before a new employee would commence work. Discussions with a recently appointed member of staff confirmed that appropriate recruitment procedures were in place.

Arrangements were in place to monitor the registration status of staff with their professional body. Staff spoken to, advised that they were registered with the Northern Ireland Social Care Council (NISCC).

Discussions with staff were all positive in respect to the provision of safe care, staff training, supervision, appraisal and managerial support.

The adult safeguarding policy and procedure in place was consistent with the current regional guidance and included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

Discussion with staff confirmed that they were aware of the regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the centre. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. An inspection of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager, inspection of accident and incidents notifications and complaints records confirmed that if there were any suspected, alleged or actual incidents of abuse these would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation.

The registered manager confirmed that no restrictive practices were undertaken within the day service and on the day of the inspection no obvious practices were observed.

The day service’s infection prevention and control (IPC) policy and procedure was in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels.

The day service was clean and tidy with a good standard of décor and furnishings being maintained. Seating was comfortable and there were spacious areas for service users to relax and engage in group activities. The catering facility was clean, tidy and well organised.

There were no obvious hazards to the health and safety of services users, visitors or staff.

The day service had an up to date fire risk assessment in place dated 08 September 2017. The two recommendations made from this were noted to be appropriately addressed.

Inspection of staff training records confirmed that staff completed fire safety training and fire safety drills twice annually. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked on a regular and up-to-date basis.

**Areas of good practice**

There were examples of good practice found throughout this inspection in relation to staff training and supervision, adult safeguarding, infection prevention and control and the environment.

**Areas for improvement**

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

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.5 Is care effective?**

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

Discussion with staff and the registered manager established the day service had responded appropriately to and met the assessed needs of the service users.

A sample of four service users’ care files was inspected. There were photographs of each service user in their respective care file. All four service user’s care files contained general assessments and risk assessments. There was evidence that risk and other assessments informed the care planning process and were integrated into the four care plans.

Inspection of four service user’s care records confirmed annual reviews of the individual’s day care placement had taken place in the previous year.

Discussions with staff confirmed that service users were encouraged and enabled to be involved in the assessment, care planning and review process. Service users confirmed that staff were approachable and always willing to help and provided assistance when required.

Care records were stored safely and securely in line with data protection.

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, regular service users and staff meetings.

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

Discussion with care staff confirmed management operated an open door policy in regard to communication within the day service.

There was information displayed on notice boards for service users in relation to advocacy services.

**Areas of good practice**

There were examples of good practice found throughout this inspection in relation to care records and communication between service users, staff and relevant stakeholders.

**Areas for improvement**

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

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

**6.6 Is care compassionate?**

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

The inspector met with all 12 service users in a group setting in the day service at the time of this inspection. In accordance with their capabilities all confirmed/indicated that they were very happy with their relationship with staff, the provision of activities and meals and the general atmosphere in the centre. Some of the comments made included statements such as;



- “I love it here”.
- “I have good friends here and I love coming to it”.
- “It’s great here. There plenty to do and good fun”.

A range of policies and procedures were in place which supported the delivery of compassionate care.

Discussion with service users and staff along with observation of care practice and social interactions demonstrated that service users were treated with dignity and respect. Staff confirmed their awareness of promoting service users’ rights, independence and dignity and were able to demonstrate how service users’ confidentiality was protected. Staff interactions with service users were found to be polite, friendly, warm and supportive.

Staff confirmed that service users were listened to, valued and communicated with in an appropriate manner. Service users confirmed that their views and opinions were taken into account in all matters affecting them. This was further evidenced from inspection of associated records such as service users’ meetings and suggestion records.

Discussion with staff and observation of practice confirmed that service users’ needs were recognised and responded to in a prompt and courteous 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. These included care review meetings, monitoring visits and day to day contact with management.

Service users are consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for service users and other interested parties to read, with an action plan as appropriate. This action plan was inspected and gave good evidence of quality improvement such as review of activities.

Discussion with service users, staff and observation of practice confirmed that service users were enabled and supported to engage and participate in meaningful activities. At the time of this inspection the service users were thoroughly enjoying the planned singing entertainment. The event was engaging, fun and fulfilling. Added to this staff interacted with service users in an inclusive interactive manner with positive engagement.

A programme of planned activities and events was displayed. There were also photos displayed of previous activities and events as well as a display of crafts and artwork undertaken.

### **Areas of good practice**

There were examples of good practice found throughout this inspection in relation to feedback from service users and general observations of care practices and atmosphere in the day service.

### **Areas for improvement**

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

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 registered manager confirmed that the needs of service users were met in accordance with the day service's Statement of Purpose and the categories of care for which the service was registered with RQIA.

Due to the diversity of services provided by the centre, lines of reporting are unusual, in that the registered manager reports to two separate directorates, regarding the operations of different parts of the service. The registered manager stated that senior managers were aware of this situation and that possibilities for improved arrangements are being reviewed.

A range of policies and procedures was in place to guide and inform staff.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DOH) guidance on complaints handling. Service users and/or their representatives were made aware of how to make a complaint by way of the Service Users' Guide and information on same displayed. Discussion with the registered manager and the senior day care worker confirmed that they were knowledgeable about how to receive and deal with complaints.

Inspection of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, 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. Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints was used to identify trends and to enhance service provision.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. An inspection of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction surveys.

A monthly monitoring visit was undertaken as required and a report was produced and made available for service users, their representatives, staff, trust representatives and RQIA to read. The reports of September, October and November 2017 were inspected and found to be maintained in informative detail.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents. .

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability.

Inspection of the service confirmed that the RQIA certificate of registration was displayed.

The day service had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The registered manager confirmed that staff could also access line management to raise concerns.

Discussion with staff confirmed that there were good working relationships within the service and that management were responsive to suggestions and/or concerns raised.

### Areas of good practice

There were examples of good practice found throughout this inspection in relation to the governance arrangements and maintenance of good working relationships.

### Areas for improvement

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

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Rhona McGowan, 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 via Web Portal for assessment by the inspector.

## Quality Improvement Plan

### Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 17.1</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 05 June 2018</p>	<p>The registered person should inform RQIA of actions being taken to optimise the management structure for Creggan Day Centre, to provide the manager and staff with clear and unified lines of accountability.</p> <p>Ref: 6.7</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The management structure as highlighted during the inspection continues to be at the point of review. The first meeting was held on 19<sup>th</sup> January 2018 with a further meeting taking place on 9<sup>th</sup> April 2018 to discuss all elements for the separation of programmes of care within the centre . This meeting involved all senior staff and interested parties. Any actions being taken will be forwarded onto RQIA as requested by Registered Manager. It is anticipated that the management structure review will be completed by 1<sup>st</sup> September 2018 and having done so we will advise RQIA of the outcome.</p>



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