

# Unannounced Day Care Setting Inspection Report 31 January 2017



## Edenderry Dementia Day Care

Type of service: Day Care Service  
Address: 18 Gilford Road, Portadown, BT63 5ED  
Tel no: 02838398333  
Inspector: Suzanne Cunningham

## 1.0 Summary

An unannounced inspection of Edenderry Dementia Day Care took place on 31 January 2017 from 10.30 to 15.30 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?

The inspection of staff records such as duty rotas, supervision and training; observations of the setting; discussions with service users and staff; and observations of care evidenced the care delivered was focussed on avoiding and preventing harm to the service users in the setting.

Overall the inspection of “is care safe” concluded the minimum standards inspected were met. One area for improvement was identified to review the competency assessment for the senior day care worker.

### Is care effective?

The inspection of service users’ individual 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. We found individual care needs had been assessed and plans were in place to meet assessed needs.

Overall the inspection of “is care effective” concluded the minimum standards inspected were met.

### Is care compassionate?

The inspection of records, observations of practice and discussions with staff and service users revealed that service users were being treated with dignity and respect and they were encouraged by staff to be involved in decisions affecting their care and support.

Overall the inspection of “is care compassionate” concluded the minimum standards inspected were met.

### Is the service well led?

The discussion with staff and service users regarding the management arrangements were in place and their effectiveness revealed there were clear arrangements regarding staff roles and responsibilities and management arrangements. Documents and records such as incident recording, complaints recording, team meetings minutes, and evidence of staff support demonstrated there was arrangements in place to promote quality improvement throughout the setting.

Overall the inspection of “Is the service well led” concluded the inspection of the minimum standards was met. One area of improvement was to complete the annual report for 2015/2016 and annually thereafter.

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	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Iona Henry, 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 06 October 2015.

### 2.0 Service details

<b>Registered organisation/registered person:</b> Southern HSC Trust/Mr Francis Rice	<b>Registered manager:</b> Mrs Iona Henry
<b>Person in charge of the service at the time of inspection:</b>	<b>Date manager registered:</b> 25 October 2010

### 3.0 Methods/processes

Prior to inspection following records were analysed:

- The registration details of the day centre
- Information and correspondence received from the registered manager and Southern Trust
- Incident notifications record in RQIA which revealed no incidents had been notified since October 2015
- Unannounced care inspection report 6 October 2015.

During the inspection the inspector met with:

- The registered manager
- Two care staff
- Thirteen service users.

Questionnaires were given to the staff on duty to distribute between service users, representatives and staff. Five were returned by service users, one by staff and two by relatives.

The following records were examined during the inspection:

- Two service users' individual care files
- A sample of service users' daily records
- The complaints/issue of dissatisfaction record which revealed no issues or complaints had been recorded from April 2015 to January 2017
- The incidents and accidents record for 2016 & 2017
- The staff rota for November & December 2016 and January 2017
- Two individual staff records
- The minutes of three service user meetings (August & September 2016 and January 2017)
- Staff meetings held between September to November 2016
- Staff supervision dates for 2016
- Monthly monitoring reports from November 2016 to January 2017
- Staff training information for 2016 and 2017
- A sample of policies and procedures relevant to safe, effective, compassionate and well led care
- Statement of Purpose
- The Service User Guide.

## **4.0 The inspection**

### **4.1 Review of requirements and recommendations from the most recent inspection dated 6 October 2015**

The most recent inspection of the service was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. This QIP will be validated by the care inspector at the next inspection.

### **4.2 Review of requirements and recommendations from the last care inspection dated 06 October 2015**

There were no requirements or recommendations made as a result of the last care inspection.

### **4.3 Is care safe?**

A sample of the staff rotas were reviewed for November & December 2016 and January 2017. The record was in two parts, one detailing hours worked, the other detailing roles and responsibilities. The records detailed each part of the setting was staffed, who was in charge of the setting in the registered manager's absence and the registered manager's whereabouts. Observation of the care, discussion with staff and service users and the review of the staff rota provided evidence there was sufficiently qualified, competent and experienced persons working

in the centre to meet the assessed needs of service users on the day of the inspection. The distribution of staff across this setting took into account the size and layout of the premises, the number of service users and their support needs.

During the inspection the staff were observed communicating with each other to ensure service users' needs were met as the needs were identified. For example staff responded to service users need to pace, their need to orientate to their surroundings and other personal care needs. Service users walked between rooms and activities; this was observed by staff who moved to accompany the service users and ensure they were safely moving around the building. When one staff member left their area they sought other staff to observe and support the remaining service users.

Discussion with staff provided evidence they were familiar with the needs, interests and preferences of the service users in their group. The staff identified the individual behaviours of each service user and talked about how they supported each individual to ensure they were comfortable and felt secure. The staff described the roles and responsibilities of the staff in the setting, they identified they could seek support from senior staff and management if they had a concern or practice issue. When the manager was not on site the staff confirmed a day care worker in charge had been identified. The consultation with staff provided assurance that staff were planning to deliver care safely and could seek support or advice as required.

Two staff members' individual records were inspected. The records had detailed that staff had been recruited and vetted using safe procedures, as described in standard 20.2. Trust policy and procedure described the recruitment of staff was managed by recruitment staff not the day centre manager therefore the complete recruitment record was held by the recruitment team; staff records stored within the day care setting had correspondence on file confirming the appropriate checks and vetting had been completed satisfactorily.

The staff induction programme was discussed with staff and the current induction records were reviewed. The induction used was a general checklist of duties and orientation of the centres procedures and processes. Any new staff who are recruited will also complete an assessment of competency as described in standard 21. Discussion with staff revealed there had been open communication between the staff and they had informed each other daily regarding service users' needs and plans to ensure care is current and responsive to needs. The senior day care worker who had taken charge of the setting in the manager's absence had undertaken a competency assessment in 2014 with the registered manager. This evidenced she had the skills, knowledge and training to take responsibility for the day to day management of the setting in the manager's absence. This did not reveal any areas for development however, since this had been written there was no evidence the competency of this staff member had been reviewed. To ensure care is safe and effective the management arrangements should be reviewed regularly to ensure there are clear and effective lines of accountability, roles and responsibilities are specified and staff have the right knowledge, skills and resources available to them to deliver safe care. Therefore a recommendation is made for the competency assessment to be reviewed to ensure the assessment is still current and competency continues to be evidenced.

There was a range of systems in place to ensure that unnecessary risks to the health, welfare and safety of service users were identified, managed and where possible eliminated. For example the centre had been kept clean and tidy; hand hygiene was promoted using notices and resources. The front door was managed by staff; if service users wanted to leave the setting they asked staff. Visitors calling to the setting used the bell to gain entrance. This restriction was in place to meet the identified needs of the service users who had been

assessed as having memory loss because there was a risk they may have left the setting and become disorientated. If service users wanted to go outside; the setting secure outside space they could independently access from the day care setting. Overall the inspection of these arrangements concluded the restriction in place was the least restrictive measure available to meet identified service user's needs.

A tour of the day care setting, discussions with staff and the registered manager identified the building and grounds were kept tidy and were in a good state of repair. On the same day of the as this inspection an RQIA premises inspection was also undertaken and this will be reported on separately.

Discussion with service users identified they felt safe with staff. One service user said staff were "very good" and "couldn't get better". The group said they had enjoyed coming to the day care setting.

Five service users returned questionnaires to RQIA regarding this inspection. They stated they were satisfied with the safe care in the day centre. They felt safe in the setting; they could talk to staff if they were unhappy, the setting was comfortable, they could tell someone if they were worried about someone being treated badly and they knew what to do or would follow staff if the fire alarm sounded.

Two relatives returned questionnaires, they identified they were very satisfied with the safe care in the setting. They stated their relative was safe and protected from harm, they could talk to staff, the environment was suitable to meet their relative's needs and they would report concerns to the manager.

One staff member returned a questionnaire to RQIA post inspection. They stated they were very satisfied care was safe in the setting. They identified the care was safe because they had received training to care for service users safely, there are risk assessments and care plans in place for service users, they would report bad practice and they receive support to fulfil their roles and responsibilities.

### Areas for improvement

One area for improvement was identified during the inspection to review the competency assessment for the senior day care worker to ensure the assessment remains current and competency is evidenced.

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

The inspection of two service users individual care records provided evidence that the day care setting had effectively planned to meet the assessed needs of the service users. Observation of care provided evidence the care plans were being put into place by staff in a gentle, encouraging way that was personal to each individual service user. Staff were observed engaging with the groups in activities and supporting individual service users. The care plans inspected clearly described the service users' needs and how they should be met in the service. These had been signed to show the service user and/ or the relatives agreement to the arrangements.

The care records inspected had been maintained in line with the legislation and best practice guidance. There was evidence care records had been updated and reviewed by service users and keyworkers in a timely manner such as the individual's annual review of their day care placement. There was also evidence of file audits being undertaken by the day care worker in charge.

The care records inspected included evidence of multi-professional input into the service users' health and social care needs assessment. For example, speech and language professionals and other medical professionals had contributed to assessing needs and formulating the care plan. Care plans contained information that identified they were written with the service user or relative. The care records included risk assessment information and planning documents that detailed how the health and well-being needs of the service users should be met, staff confirmed they had read these documents and were aware of their responsibility to keep them up to date and inform other staff of any changes.

Discussion with service users about day care and the activities they were taking part in revealed they were accepting of what was provided for them by staff. This was a challenge for staff because they needed to make sure activities were stimulating, responsive to the service user's preferences and improving outcomes. Staff were observed providing one to one care and group care to the service users including encouraging individuals and the groups involvement, whilst seeking their choices and feedback. If one service users attention was lost or they looked confused staff used a variety of techniques to encourage them to engage with the activity and group. Overall the service users in the groups responded well and it was noted their individual needs were met. This was a clear example of how effective compassionate care was being provided for the service users.

Staff discussed the arrangements in place to ensure care was effective, for example training was identified as a key element of knowing what was effective for this group of service users as was; good communication; and knowing service users' including their needs and care plan. One staff member described it was important to hear what service users are saying, they described this was more than listening and involved really knowing the individual service user, their behaviour, ways they communicate and body language. This was a good example of the effective care such as communication skills and the caring approach of the staff that should improve outcomes for service users attending this setting.

This inspection specifically inspected the implementation of an action plan put in place following an incident that had occurred in December 2013 in the setting. This had been raised with RQIA by an anonymous source. The discussion with staff revealed they were familiar with the action plan and records showed the learning had been put into action. No concerns were identified regarding the implementation of this action plan by the trust or staff in this setting.

Five service users' questionnaires stated they were satisfied regarding the effective care in this setting. They identified they were getting the right care at the right time, staff communicated well with them, their choices were listened to, they chose the activities they took part in and three service users identified they had been involved in the annual review of their day centre placement.

The two relatives questionnaires identified they were very satisfied with the effective care in the setting. Their relative received the right care, at the right time, in the right place. They also identified they were satisfied with communication with staff, their awareness of their relative's needs, preferences and choices and that these were incorporated into the care they received and that they were involved in their relative's annual review. One relative stated "my mother is



unable to take decisions. (Staff name) and her team offer a first class service. This centre provides a wonderful bench mark for others to aspire to”.

The staff questionnaire identified they were very satisfied with the care in the setting. They stated service users were involved in their care plan, care plans informed the care provided, monitoring of quality was in place and that staff responded to service users in a timely manner.

### 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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### 4.5 Is care compassionate?

This centre provides care for service users over 65 years of age who have memory loss. During the inspection service users were observed taking part in activities with staff support in groups. The support level and the group activity was suited to the needs and interests of the group. For example a small group sat together with one staff member completing simple tasks identified for each individual as calming; whilst the day care worker talked to them about a range of subjects that encouraged them to use their knowledge and memory. The length of the activity was determined by the service users’ level of concentration and physical needs.

The staff identified their role in the setting was to facilitate activities and ensure each individual takes part in the social aspect of attending the centre as well as the activity. They identified service users had been encouraged to give their preferences and choices when attending the setting regarding food and what they do in the setting. During the inspection staff were observed communicating warmly with the service users to promote involvement, choice and find out their preferences. The service user meetings were also identified as a chance for staff to encourage service users to give their preferences. At the last inspection the staff, following consultation with service users, had introduced porridge in the morning for when service users arrived in the centre. This was a suggestion from the service users and a response to staff noticing service users becoming tired as the morning progressed. Porridge had continued to be on offer for service users and staff revealed the service users who choose porridge were observed to be more alert and their concentration was better in the day care setting, this in turn enabled improved engagement in day care activities. This is an example of staff promoting service users independence, choice and involvement to achieve a positive outcome.

The manager provided evidence of service user consultations for example, the service user meeting records for August and September 2016 and January 2017. These recorded service users’ views, opinions and preferences regarding food, activities, transport and encouraged suggestions for improvement. This record and the service users individual review meetings minutes provided evidence that staff were involving service users in their care and support to improve outcomes for them.

Five service users questionnaires identified they were satisfied with the compassionate care in this day care setting. Specifically they were treated with dignity and respect, all of the staff were kind and caring, their privacy was respected, they had choice regarding activities and were included in decisions about the support they receive.



Two relatives responded in their questionnaire they were very satisfied with the compassionate care. They stated their relative was treated with dignity and respect and involved in decisions affecting their care. Their relative was treated well and they were consulted regarding decisions.

The staff questionnaire identified they were very satisfied with the compassionate care in the setting. The service users were treated with dignity and respect; encouraged to be independent; their views were 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 inspection found evidence that some effective leadership and management arrangements were in place. For example, the statement of purpose described how the setting delivers day care safely, and there was a set of policies and procedures available for staff reference that detailed how day care should be delivered. The staff had been made familiar with legislation and best practice guidance when attending training, team meetings and they advised they had read the policies and procedures.

The complaints record revealed there have been no complaints recorded from March 2015 to the date of the inspection.

Discussion with staff and management revealed they had experienced positive working relationships between staff and management. One staff member identified the needs of this service user group were intense and required patience, skill and a compassionate response from all staff. They identified whilst training gave them knowledge of how to do their job, the team's communication, the support from the manager and mutually supportive staff group had helped them to consistently meet the service users' needs and improve outcomes where possible. The review of the minutes of staff meetings and an analysis of the staff questionnaire confirmed staff were being supported to provide safe, effective and compassionate care by the manager and trust.

The staff discussed there was arrangements in place for staff to access their line manager such as open door access to management when required and regular discussions between staff to ensure they were all informed and up to date regarding service users' needs and care plans.

This day care setting does not have a manager on site however; the registered manager had visited the setting weekly. When they were not there, the designated day care worker in charge was described as available and supportive by staff.

The inspection of auditing arrangements in the setting revealed the regulation 28 monitoring reporting and training records were up to date. Other audits for example of accidents and incidents, supervision, infection prevention and control and the environment were being improved following an inspection of another centre managed by the same manager. There was no annual report completed by this service and a requirement is made for this to be completed for 2015/2016.

Five service users' questionnaires identified they were satisfied the care was well led in this setting. The service was managed well; three of them knew who the manager was and could talk to them if they had any concerns. They stated staff responded well to them and they were asked what they would like to do in the setting.

Two relative questionnaires identified they were very satisfied that the service was managed well; staff and the manager were approachable, professional and caring. They were informed about the complaints process and they had a copy of the service user's guide.

One staff questionnaires identified they were very satisfied the service was well led. The service was monitored, and communication between the staff and management was effective.

### Areas for improvement

One area for improvement was identified during the inspection. This was to complete the annual report for 2015/2016 and annually thereafter.

<b>Number of requirements</b>	1	<b>Number of recommendations</b>	0
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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 Iona Henry, 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 17 (1) & Schedule 3

**Stated:** First time

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

The registered provider must make arrangements for the completion of the annual report for this service for 2015/2016. This should be submitted to RQIA with the returned QIP.

**Response by registered provider detailing the actions taken:**

The Registered Provider has completed the Annual Report for 2015/16(Copy attached).

### Recommendations

#### Recommendation 1

**Ref:** Standard 23.3

**Stated:** First time

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

The registered provider should put appropriate arrangements in place to review the competency of staff acting up in the manager's absence. This review should evidence there is a competent and capable person in charge of the day care setting at all times.

**Response by registered provider detailing the actions taken:**

The Competency of SDCW who acts up in Managers absence has been Reviewed on 10/04/2017 and Competency Framework has been completed. Copy Attached.

***\*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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