

# Unannounced Care Inspection Report 05 December 2017



## Edenderry Dementia Day Care

**Type of Service: Day Care Setting**  
**Address: 18 Gilford Road, Portadown, BT63 5ED**  
**Tel No: 028 3839 8333**  
**Inspector: Priscilla Clayton**

[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 with 20 places that provides care and day time activities for people living with varied degrees of dementia.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Southern HSC Trust  <b>Responsible Individual:</b> Mr Francis Rice	<b>Registered Manager:</b> Iona Henry
<b>Person in charge at the time of inspection:</b> Joy Walker	<b>Date manager registered:</b> 25 October 2010
<b>Number of registered places:</b> 20 - DCS-DE	

### 4.0 Inspection summary

An unannounced inspection took place on 05 December 2017 from 12.00 to 16.00 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 day care centre was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found throughout the inspection in relation to the culture and ethos of the day care setting, listening to and valuing service users and taking account of the views of service users and their representatives.

The governance systems and processes in place were found to be in line with good practice and in accordance with the regulatory frame work.

Evidence of good practice was found throughout the inspection in regard to staff training and professional development, staff supervision, appraisal and overall continuous quality improvements identified from audits undertaken and effective team working as described by staff.

Positive feedback from service users, relatives/representatives and staff was received. No issues or concerns were raised or indicated.

Overall a good outcome of this inspection was achieved with the care provided found to be safe, effective, compassionate and well led.

No areas were identified for improvement.

## 4.1 Inspection outcome

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

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Iona Henry, registered manager, and Joy Walker, senior day care Worker as part of the inspection process and can be found in the main body of the report.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- care Inspection report and QIP dated 31 January 2017
- notifications
- correspondence

The following records were examined during the inspection:

- Statement of Purpose
- Service User Guide
- RQIA registration certificate
- Staff induction
- Staff training
- Staff meetings
- Staff supervision
- Staff appraisal
- Care records X 3
- Service user meetings
- Individual service user agreement
- Accident/Incident/events
- Complaints
- Quality assurance annual report
- Audits
- Fire risk assessment/logs
- Policies and procedures relevant to this inspection

Ten service user/relative satisfaction questionnaires were provided for distribution, completion and return to RQIA. Two responses from relatives were received within the timescale.

A notice was provided to inform staff how to obtain RQIA satisfaction questionnaires by way of survey monkey or scanning the code displayed. No responses were received at RQIA within the timescale.

During the inspection the inspector met with all service users, two staff and one service user's relative.

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

The findings of the inspection were provided to the registered manager and senior day care worker at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 31 January 2017

The most recent inspection of the day care centre 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 31 January 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 17 (1) & Schedule 3  <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The annual quality report had been completed as recommended. A copy was available for 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 23.3  <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Competency and capability assessments had been completed, recorded and dated / signed.	

### 6.3 Inspection findings

#### 6.4 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

The senior day care worker in charge of the day care centre and staff who spoke with the inspector confirmed that all staff were sufficiently qualified, competent and experienced to meet the assessed needs of the service users, taking into account the size and layout of the premises, the number of service users accommodated, fire safety requirements and the Statement of Purpose.

Competency and capability assessments for staff in charge of the centre in the absence of the registered manager were available for inspection. Assessments were dated and signed.

A review of completed staff induction records and discussion with the senior day care worker evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with the senior day care worker 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 human resource department of the Southern Health and Social Care Trust (SHSCT).

The registered manager had arrangements in place to monitor the registration status of care staff with the Northern Ireland Social Care Council (NISCC).

Staff receives ongoing mandatory training and other appropriate training relevant to their roles and responsibilities. Training in dementia, visual awareness and care planning was recently provided for all staff. Records of staff training provided were retained.

Review of the printout of notifications forwarded to RQIA since the previous inspection was cross referenced with centre's records. Measures in place to minimise recurrence were in place and risks managed appropriately. The senior day care worker in charge explained that all accidents and incidents occurring were entered into the SHSCT electronic Datix system. These are subsequently forwarded and monitored by the registered manager, head of day care and residential care services and the SHSCT governance personnel.

The senior day care worker advised there were risk management procedures in place relating to the safety of individual service users. Discussion with the senior day care worker identified that the centre did not accommodate any individuals whose assessed needs could not be met. Review of three care records identified that individualised needs assessments and risk assessments were obtained prior to commencing attendance at the centre.

The senior day care worker confirmed that the only restrictive measure within the centre included the use of key pad entry systems on external doors and that these measures were necessary in regard to the health, safety and wellbeing of service users in attendance. Assessments had been undertaken, relatives consulted and the multi-professional team involved. No other form of restrictive practice was observed during the inspection.

Referral systems to multi-disciplinary team were made to the behaviour support teams, and where necessary behaviour management plans were in place and reviewed on a regular basis. Review of staff training records evidenced that staff received training in managing aggression and potential aggression (MAPPA) on an annual basis. Staff who spoke with the inspector demonstrated good knowledge and understanding on how to diffuse a potential difficult situation or altercation between service users without having to use any form of restraint. Details of this nature were reflected within care plans.

The senior day care worker confirmed that there were no allegations or suspicions of adult safeguarding since the previous care inspection. Review of training records and discussions with staff evidenced that training had been provided and that staff were aware of the procedures to follow. The senior day care worker explained that the revised policy and procedures on adult safeguarding based on the new Department of Health (DOH) regional policy was a work in progress.

The day centre's infection prevention and control (IPC) policy and procedures were in keeping with regional guidelines. Staff training records evidenced that all staff has received training in IPC in keeping with their roles and responsibilities. Discussions with staff established they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the day centre confirmed that there were an adequate number of wash hand basins, supplies of liquid soap, disposable hand towels and pedal operated bins. Disposable aprons and gloves were in good supply. Notices promoting good hand washing were displayed in both written and pictorial formats.

All areas within the day centre were observed to be exceptionally clean, tidy, fresh smelling and organised. Many improvements had been made following the dementia environmental audit conducted during 2016. Action was taken to ensure the environment was safe and dementia friendly. The day centre staff are to be congratulated on their efforts to ensure continuous quality improvements in this regard.

Control of substances hazardous to health (COSHH) was appropriately stored within a secure area.



The day centre’s fire risk assessment was last undertaken on 18 October 2017. One recommendation recorded for action had been addressed, dated and signed.

All fire doors were observed to be closed and fire exits clear of obstruction. Staff training in fire safety/drill had been provided as required with records retained.

Service users who were able to respond indicated they were very well cared for and that there was always staff around if they needed anything. No issues or concerns were expressed or indicated.

Two relative satisfaction questionnaires were completed and returned to RQIA within the timescale. Respondents indicated they were very satisfied that the care provided was safe.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff induction, training, adult safeguarding, infection prevention and control, risk management and the day centre’s internal and secure external environment.

**Areas for improvement**

No areas for improvement were identified 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.**

Three service user’s care files were reviewed and discussed with the senior day care worker in charge of the day care centre. Records contained individual needs assessments which were complemented with risk assessments. Life histories, titled “This is me”, reflected service users likes, dislikes and preferences. Care plans reflected actual and potential needs. Other records included progress notes and reports on regular care reviews. Each service user had an individual written agreement, which, having regard to the assessment of need, confirmed the day service was suitable and appropriate to meet their needs. In addition the terms and conditions of the placement were reflected.

Care records also reflected the multi- professional collaboration into the health and social care needs of service users which were found to be updated regularly to reflect the changing needs of the individual service user. There was evidence that service users or their representative were encouraged and enabled to be involved in the needs assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident or their representative. Discussion with staff confirmed that a person centred approach underpinned practice. For example; care plans and care review records reflected service users’ views and preferences in regard to their planned care, menu and therapeutic activities.



Service users and one relative who met with the inspector were aware of who to contact if they wanted advice or have any concerns.

The registered manager and senior day care worker confirmed that systems were in place to ensure effective communication with service users, their representatives and other stakeholders. These included pre- admission needs assessments, multi-professional care reviews, service users' meetings, staff meetings and daily staff team briefings. There was also a wide range of information leaflets available on health matters for service users and visitors to the day centre. Pictorial signage was displayed to enable service users to navigate around the day centre. The registered manager and staff confirmed that management operated an "open door" policy to everyone in regard to communication.

Service users and one relative spoken with and observation of practice evidenced that staff were able to communicate effectively with service users, their representatives and other key stakeholders. The senior day care worker explained that they had commissioned the involvement of an interrupter for one non English speaking service user and also provided magazines, DVD's and signage in the service user's spoken language. Pictorial hand cards were also used daily by staff as an effective mode of communicating which worked very well.

A review of accident and incident reports and discussion with the senior day care worker, confirmed that referral to other health professionals was timely and responsive to the needs of service users. The registered manager confirmed that arrangements were in place to support and advocate for residents.

Two relatives' satisfaction questionnaires were completed and returned to RQIA. Respondents indicated they were very satisfied that the care was effective. One relative who spoke with the inspector was also very satisfied with the care provided and explained that staff were very good and kept the family well informed. No issues or concerns were raised or indicated.

Due to the level of memory loss the inspector was only able to engage with service users in the low level of capacity. Service users indicated that the care and staff was very good and that they looked forward to attending the day centre. No issues or concerns were raised or indicated.

### **Areas of good practice**

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

### **Areas for improvement**

No areas for improvement were identified 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 registered manager confirmed that staff promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of service users.

Discussion with service users who were able to respond and one relative, staff and observation of interactions demonstrated that service users are treated with dignity and respect while promoting and maintaining their independence.

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

Service users are enabled and supported to participate, in as far as is possible due to the degree of individual memory loss, to engage in meaningful activities, social events, hobbies and interests.

The registered manager and service users who were able to comprehend confirmed that consent was sought in relation to their care and therapeutic activity provided. Discussions with service users, one relative, staff and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting service users' rights, independence and dignity. There were systems in place to ensure that the views and opinions of service users or their representatives were sought and taken into account in all matters affecting them. For example; daily consultations, informal service user/representative consultation meetings and care reviews.

Discussion with staff, service users who were able to comprehend, and one relative confirmed that service users were listened to, valued and communicated with in an appropriate manner.

The registered manager explained that the last satisfaction survey took place during 2015 / 2016 and that plans were in place to undertake a further survey during a planned coffee morning for service users and their representatives. The registered manager explained that the development of a questionnaire for this survey was currently a work in progress. The outcome of this survey will be reviewed by RQIA at the next inspection of the centre.

Two relatives' questionnaires were completed and returned to RQIA. Both respondents indicated they were very satisfied that care provided was compassionate. No issues or concerns were recorded.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the day care setting, listening to and valuing service users and taking account of the views of service users.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<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.**

Iona Henry, the day centre's registered manager, is a qualified social worker with many years of experience working within the community and day care services. The registered manager is also registered with RQIA to manage two other day care centres within the SHSCT. The registered manager is in regular attendance at Edenderry Dementia Day Care centre to ensure the day care centre delivers services effectively on a day to day basis in accordance with legislative requirements, DOH Minimum Standards and other standards set by professional bodies.

On the day of inspection the senior day care worker was in charge of the day centre. The registered manager came to the day centre during the inspection and met with the inspector.

The registered manager explained that she is supported in her role at operational level by a team of care and ancillary staff. At senior management level support is provided by the head of day care / residential care who provides regular supervision and appraisal of the registered manager.

The registered manager outlined the management arrangements and governance systems and processes in place within the day centre. These were found to be in line with good practice and in accordance with the regulatory frame work.

Review of the governance arrangements within the centre and evidence provided within the returned QIP confirmed that the registered provider responds to regulatory matters in a timely manner.

The RQIA registration certificate was current and displayed in a prominent position in the day centre.

The centre had a range of policies and procedures which were held in hard copy and electronic format. The senior day care worker advised that hard copies held were systematically cross referenced with those held electronically to ensure these were current. Policies and procedures were centrally indexed and retained in a manner which was easily accessible by staff.

The centre had a Whistle Blowing policy which was known by staff who met with the inspector. The registered manager explained that the policy on adult safeguarding was a work in progress and that the adult safeguarding champion had been identified. Staff training in the current DOH adult safeguarding procedures had been provided for the majority of staff. Additional training dates were scheduled for staff unable to attend previously held training. Staff spoken with established that they were knowledgeable in regard to whistle blowing and adult safeguarding.

A record is kept of all training including induction, and professional development activities undertaken by staff. Mandatory training was being provided with staff attendances recorded. The senior day care worker explained that the content of recent staff training programmes was being sourced and would be retained on file in keeping with Minimum Day Care Settings Standards.

There was a complaints policy and procedure which was in accordance with the legislation and DOH guidance on complaints handling. Service users and their representatives were made aware of how to complain by way of the Service User Guide. The senior day care worker advised that no complaints had been received since the previous inspection.

Staff who spoke with the inspector confirmed they had recorded individual, formal supervision at least every three months and annual appraisal. Records were retained within the day care centre by the registered manager.

Staff meetings were being held monthly with minutes recorded. Review of minutes evidenced staff in attendance, items discussed and actions agreed.

There were quality assurance systems in place to drive continuous quality improvement which included regular audits and forth coming plans to carry out a service user/representative satisfaction survey. Audits undertaken included for example; care records, medication, fire safety, dementia design (environment), and supervision/appraisals. The registered manager explained that actions identified for improvement from audits undertaken were implemented into practice.

The day care centre's annual quality report for 2016 outlined commentary in identified areas in accordance with Regulation 17 of The Day Care Setting Regulations (2007).

A suggestion box was positioned at the entrance door where any person entering or leaving the centre can post any comments or suggested areas for improvement.

Monthly monitoring visits were being undertaken as required under Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007; a report was produced and made available within the day care centre for service users', their representatives, staff trust representatives and RQIA to read.

Discussions with staff confirmed that there were good working relationships within the day centre and that management was responsive to suggestions and/or concerns raised.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

**Areas for improvement**

No areas for improvement were identified during the inspection.

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

**7.0 Quality improvement plan**

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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