

# Unannounced Care Inspection Report 12 February 2019



## Edenderry Dementia Day Care

**Type of Service: Day Care Service**  
**Address: 18 Gilford Road, Portadown, BT63 5ED**  
**Tel No: 02838398333**  
**Inspector: Maire Marley**

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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 dementia.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Southern HSC Trust  <b>Responsible Individual(s):</b> Mr Shane Devlin	<b>Registered Manager:</b> Mrs 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	

### 4.0 Inspection summary

An unannounced inspection took place on 12 February 2019 from 09.45 to 15.30.

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

The inspection determined if the day care setting was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staffing, training, provision of care, involvement of service users and their relatives, leadership and management, organisation, records, safety, governance and maintenance of the premises.

One area requiring improvement was identified and related to improving communication with people whose first language is not English.

#### Service users said;

- “I like it here, the food is good.”
- “We like the singing and chatting.”
- “This is a good place.”

The findings of this report will provide the day care setting 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 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.

#### **4.2 Action/enforcement taken following the most recent care inspection dated 5 December 2017**

No further actions were required to be taken following the most recent inspection on 5 December 2017.

### **5.0 How we inspect**

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

- record of notifications of significant events
- record of complaints
- the previous inspection report on 5 December 2017
- the RQIA log of contacts with, or regarding Edenderry Dementia Day Care setting

During the inspection the inspector met with:

- two service users individually
- six service users in a group setting
- the registered manager
- two professionals
- the senior day care worker
- four day workers

Staff were provided with ten questionnaires to distribute to service users or their relatives for completion. The questionnaires asked for service users and/or their relatives views on the service and requested their return to RQIA. No completed questionnaires were returned to the inspector within the timeframes for inclusion in this report.

The registered manager was requested to display a poster within the day centre. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision. No completed questionnaires were returned within the timescales for inclusion in this report.

A “have we missed you” card was left for display in the front entrance, to allow service users or relatives who were not available on the day to give feedback to RQIA regarding the quality of service. No responses were received. In addition a range of RQIA information leaflets were also left for information.

The following records were examined during the inspection:

- Care records for four service users, including assessments, care plans and review reports.
- Four service user's agreements.
- Progress records for four service users.
- Monitoring reports for the months of November and December 2018 and January 2019.
- Records of staff meetings held in November, December 2018 and January 2019
- Minutes of service users' meetings for October 2018 and January 2019.
- Selected training records for staff, including staffs' registration with NISCC.
- The Statement of Purpose.
- Service User Guide.
- Staff duty rotas for the November, December 2018 and January 2019.
- Safety records, including fire risk assessment.
- Record of notifications of significant events.
- Record of complaints.
- Audits completed.

There were no areas of improvement identified at the last care inspection 5 December 2017.

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 5 December 2017**

The most recent inspection of the day care setting was an unannounced care inspection.

### **6.2 Review of areas for improvement from the last care inspection dated 5 December 2017**

There were no areas for improvement made as a result of the last care inspection.

### 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.**

On the day of inspection it was observed a sufficient number of staff were on duty to meet the needs of the service users. The duty roster along with care records were examined and discussion with staff established they were sufficiently qualified, competent and experienced to meet the assessed needs of the service users.

Edenderry Dementia day care setting is managed by the registered manager who is assisted by a team consisting of a senior day care worker; five day care support workers; two guide helps; two facility support workers and a clerical officer. The registered manager is also responsible for a further two day centres within the Southern Trust area and time is allocated to each centre. The hours the registered manager spends in the Edenderry day care setting is recorded on the duty roster.

The records of identified staff left in charge of the centre in absence of the registered manager were examined and confirmed that a competency and capability assessment had been completed for three individual staff. The inspector spoke to two staff members who assume responsibility for the centre in the absence of the registered manager and they confirmed they were willing and capable to act up as and when required.

The SHSCT has corporate recruitment and selection policies and procedures, management confirmed that all records in regard to recruitment are maintained in the Trust's Human Resources department. Records of two newly employed staff were therefore not available however confirmation that all relevant recruitment information required by regulations had been received prior to the staff taking up employment.

An induction programme is in place for all grades of staff within the centre appropriate to specific job roles. Records pertaining to two staff members who commenced duty in September 2018 and January 2019 were examined and confirmed a comprehensive induction had been undertaken. These staff members reported on the induction provided and verified that the programme had been completed and assisted them to understand their roles and responsibilities. The records were found to be dated and signed by the relevant persons.

Discussions with staff confirmed that they had access to a mandatory training programme to support them in meeting the roles and responsibilities of their job. A review of the staff training records found that all staff had a training and development plan in place and these documents provided evidence that mandatory training was up to date. In addition training had been provided on a range of other topics including "Every conversation counts" Positive and proactive care" and The Virtual Dementia Bus." Staff spoke enthusiastically about the training opportunities provided and felt they were given a range of opportunities to learn and develop.

The day care setting's governance arrangements in place that identify and manage risk were inspected; there had been six reportable incidents recorded in the period since the previous care inspection. A review of the records confirmed that all accidents and incidents reportable

and not required to be reported had been managed in a timely appropriate manner. Medical assistance was sought as and when required and relatives were notified of all events.

A review of settings policies confirmed there was a policy and procedure on restrictive practice in keeping with DOH Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberty Safeguards (DoLS). Edenderry dementia day care centre is a secured facility, it has two restrictive exit doors that require the assistance of staff to exit. Details of these arrangements are documented in the Statement of Purpose and Service user Guide.

Service users were observed on their arrival to the centre, during lunch, and other periods throughout the day, it was noted that staff intervened in a timely manner and responded to everyone in a quiet, respectful manner. Assistance during lunch was very discreet and it was evident that staff knew when to offer assistance that promoted independence yet ensured individual service users were able to eat their meal.

The registered manager confirmed there were no current adult safeguarding investigations within the day care setting and was clear about their role and responsibility in the event of such an incident. Records showed that previous incidents reported to staff in the centre had been responded to appropriately, reported and followed up by the relevant safeguarding team.

Safeguarding procedures were understood by staff members who were interviewed, they confirmed that practice throughout the centre was of a high standard and that they were trained to respond professionally in all situations. Safeguarding training had been provided for all staff in May 2018 and January 2019. Service users' rights and feelings, and the methods available to them of raising a concern or making a complaint were set out in the Service User Guide and in the centre's Statement of Purpose. There had been no complaints in the service since the last inspection. A range of compliments and thank you cards had been received reinforcing the high standard of care provided in the setting.

The registered manager and other staff members, who met with the inspector, confirmed that they have confidence in the practice of all members of the staff team in their work with service users. They expressed their determination to promote safe practice and, if necessary, to report unacceptable practice. All staff members expressed strong commitment to their work and confirmed that the work is enjoyable and rewarding. There was evidence that all staff had been trained appropriately for their specific areas of responsibility.

Observation of the environment was undertaken during a walk around the day care setting, this confirmed that the environment was warm, clean, fresh smelling and had suitable lighting. Fire exits and walk ways were clear and free from any obstructions. Infection prevention and control measures were in place with a good standard of hygiene observed throughout the centre. Measures included the availability of hand sanitisers around the setting, "seven step" hand hygiene notices positioned at wash hand basins and supplies of liquid soap and hand towels mounted on the wall. Staff had access to gloves and aprons as required.

It was noted that staff adhered to safe fire practices and records examined identified that a number of regular safety checks on firefighting equipment had been undertaken. The last recorded fire evacuation was undertaken in October 2018. A fire risk assessment was completed on 18 October 2017 with a review date for October 2019; no significant issues had



been identified. Details of the nominated First Aider and Fire Officer for the centre was displayed in a prominent area.

Discussion with staff and two professionals to the day care setting with regards to the provision of safe care revealed the following comments:

#### **Staff comments:**

- “The team work effortlessly to ensure safe care.”
- “A range of practices leads to safe care, such as training, good teamwork and ensuring service users are to the fore of everything we do.”

#### **Professional’s comments:**

- “Edenderry day centre is an excellent place; I always get very positive feed-back from families regarding the care provided.”
- “I can speak both as a professional and from a carer’s perspective, this is an essential service not only to my family but also to my clients, staff communicated so effectively on all aspects of care provided, they are often the first to recognise when something is wrong and report it effectively.”

Ten satisfaction questionnaires were given to the staff for distribution to service users and relatives/representatives. There were no questionnaires returned within the timeframes for inclusion in this report.

#### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to care documentation, risk assessment and management, fire safety, the physical environment, staff training, adult safeguarding and service user involvement.

#### **Areas for improvement**

No areas for improvement were identified in 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.**

The centre’s Statement of Purpose and Service User’s Guide was reviewed and revealed the documents accurately reflected the elements set out in the regulations and standards. A copy of the statement of purpose was submitted to RQIA following the inspection. The document was reviewed in September 2018 and was found to contain the details specified in Regulation 4 (1).



A review of four service users' individual care records confirmed that these were maintained in line with legislation and standards. The records included referral information, a service user agreement, an up to date assessment of needs, including a range of risks assessments and a detailed care plan.

Progress records were maintained of each service user and entries were made in response to the significance of events and were in keeping with the frequency specified by the minimum standards. Records of annual care reviews for each service user demonstrated that an evaluation of the overall suitability of the placement had been discussed in detail and agreed. A written review report was available in each file examined and included the views of the service user and/or their carer and was informed by the written progress notes. A record of the contact and involvement of families and professionals was maintained. Records examined were signed and dated. There was evidence that a regular audit of care documentation was undertaken.

During discussions staff revealed that care provided to service users within the setting was effective. They were knowledgeable regarding service users' needs and care plans; they described how intervention with each service user was person centred depending on their individual needs. Staff discussed the systems in place to ensure any updates or changes in service users' needs were discussed and shared as necessary.

The discussions with staff and review of service user care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the day care setting. There was evidence that day care staff consulted with the multi-disciplinary team, in a proactive, timely and appropriate manner.

The Statement of Purpose and Service User Guide provided information on how to make a complaint and the importance of ensuring service users' opinions and feedback is heard and appropriate action taken.

The interactions observed between staff and service users throughout the inspection confirmed that staff were suitably skilled and effective in communicating with all service users. There was good evidence of person centred interventions that assured service users were involved and communication opportunities were maximised.

Discussion with staff, and service users with regards to the provision of effective care included the following comments:

#### **Staff comments:**

- "Knowledge of each person's past interests helps us to plan activities that are suitable and ensures service users enjoy and participate in activities."
- "I feel we do a good job here, we are a good team and also willing to help each other out, I love coming in to work."

#### **Service User comments:**

- "It's good here, I enjoy it , always something to do."
- "Girls (staff) are lovely."
- "That was a lovely dinner I really enjoyed it."

**Professional comments:**

- “The care in Edenderry is excellent; it would be great if we had more centres like it.”

During the inspection four members of staff in total were interviewed and all expressed very positive views on the quality of service provided.

Ten satisfaction questionnaires were given to the registered manager for distribution to service users and relatives/representatives. No questionnaires were returned within the timescales for inclusion in this report.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to referral information, risk assessments, care plans and care review, audits of records, communication between service users, staff and other key stakeholders.

**Areas for improvement**

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

<b>Total number of areas for improvement</b>	0	0
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**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 inspection sought to assess the day care setting's ability to treat service users with dignity, equality and respect, and to fully involve service users in decisions affecting their care and support.

Discussions with service users and staff and observation of care during the inspection showed that the promotion of values such as choice, dignity and respect were embedded in the culture and ethos of the day centre. Staff interactions with service users were observed to be cheerful, compassionate, caring and timely, with staff providing clear information, using appropriate language and demonstrating active listening skills.

Staff were observed on numerous occasions offering service users choice regarding activities, their lunch and hot and cold drinks, staff were observed assisting service users as and when necessary or directing and guiding them to where they wanted to go. It was apparent that service users were familiar with staff as they appeared relaxed and comfortable in their surroundings and interactions. There was genuine warmth in the engagement by staff with service users and staff spoke knowledgeably about service users likes, dislikes and individual preferences.

The inspector confirmed that service users were enabled and supported to engage and participate in meaningful activities, which had been assessed as appropriate for each service user based on their needs and goals. In discussions with several service users, they were able to identify the activities they enjoyed and throughout the day staff were observed to stimulate

and encourage service users to participate in a range of activities that promoted positive outcomes for their health and well-being.

Staff described the informal arrangements in place that ensured service users are consulted on a daily basis and their views and opinions sought. More formal arrangements to promote effective communication with service users and/or their representatives were facilitated through initial and annual care reviews and quarterly service user meetings. A sample of the minutes of these meetings were reviewed and provided evidence of service user involvement in the decision making process.

Evidence of additional opportunities for service users and their carers to express their views was contained in the annual satisfaction survey undertaken in 2017/2018; following the inspection the registered manager submitted a copy the Annual Quality Report for the period 31 March 2017 to 01 April 2018. The report addressed the elements as specified in Regulation 17 and it was good to note the action plan contained the timescales for completion of the identified improvements. A carer's coffee morning had been arranged in the centre and was an opportunity to enable carers to mix and gain support from each other, staff related the friendships that had developed for carers as a result of similar events.

A review of the records of the monthly monitoring visits found that the views of service users were sought and were reflected in the report of the visit. The records were maintained in accordance with Regulation 28.

There were measures in place that confirmed all service users, irrespective of their needs were supported and encouraged to have equal opportunity for access to meaningful activities and engagement with others. It was encouraging to note the range of information available to service users and their cares. On the day of inspection, leaflets on various topics were displayed throughout the centre. Discussion was held on the methods staff use to communicate with service users whose first language is not English, whilst staff are commended on their efforts to obtain quiz and puzzle books for service user's in their chosen language, this is an area identified for further improvement. Every service user should have access to information in a language and format that is suitable for them as specified in Standard 1.2 of the Day Care Settings Minimum Standards.

Discussion with service users with regards to the provision of compassionate care included the following comments:

- "I do like it here it's good."
- "Yes they (staff) look after me."

In discussion service users confirmed they enjoyed their meals and during observation of the lunch period staff were noted to supervise and assist service users in a sensitive discreet manner.

Ten satisfaction questionnaires were given to the registered manager for distribution to service users and relatives/representatives. No questionnaires were returned within the timescales for inclusion in this report.

## 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, facilitating service users' involvement in activities and the maintenance of records.

## Areas for improvement

One area for improvement was identified during the inspection of this domain and related to ensuring information is in a language and format suitable for all service users.

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

### 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 inspector assessed the setting's leadership, management and governance arrangements to ensure they were meeting the needs of service users. The day centre is managed by the registered manager who also has management responsibility for a further two day care centres within the SHSCT. In the absence of the registered manager a senior day care worker assumes management responsibility and is supported by a team of support staff. There was a clear organisational structure and the management arrangements were outlined in the setting's Statement of Purpose. The duty roster detailed the hours the registered manager allocated to Edenderry Dementia care centre and indicated the person in charge in her absence.

During discussions with staff they demonstrated awareness of their roles, responsibilities and accountability. Positive feedback was provided by care staff in respect of leadership they received from the registered manager and senior management team. Staff also spoke of good working relationships within the team. Staff confirmed that if they had any concerns or suggestions they could raise these with the management team. Staff discussed their knowledge of the whistleblowing policy and the action they would take if they could not resolve their concerns locally, however they stated this would be unlikely due to the transparent working relationships that existed within the team. From the discussions with staff it was evident they enjoyed working in the day care setting and with their colleagues.

Discussion with the registered manager and day care workers confirmed that they had a good understanding of their role and responsibilities under the legislation. The registration certificate was up to date and displayed appropriately.

The day care setting had a range of policies and procedures in place to guide and inform staff, these are also available to staff electronically. A sample of policies and procedures examined on the day of inspection revealed that they had been reviewed within the timescales outlined in the minimum standards.

A review of staff supervision records identified that staff were in receipt of formal supervision on a quarterly basis and annual appraisals had been completed. Staff consulted on the day confirmed that supervision was supportive and expressed that “it keeps you up to date with what is happening not only in the centre but in the wider trust area.”

The complaint records maintained by the day care setting evidenced that there had been no complaints since the previous inspection in December 2017. Discussion with staff confirmed that they knew how to receive and respond to complaints sensitively and were aware of their responsibility to report all complaints to the registered manager.

There was evidence that regular staff meetings were held and records of the meetings were maintained. The record included the names of staff in attendance and agenda items. Relevant information was discussed regarding the needs of service users, forward planning and the arrangements to ensure the delivery of safe and effective care.

The inspector discussed the measures in place in relation to promoting equality of opportunity for service users and the importance of staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The registered manager discussed the ways in which staff development and training enabled them to engage with a diverse range of service users. It was confirmed that no issues regarding equality had been raised by service users to date.

Some of the areas of equality awareness identified during the inspection included:

- effective communication
- service user involvement
- equal care and support
- individual person centred care
- individual risk assessment

The day centre had collected equality data on service users such as; age, gender, race, disability, marital status via their referral information.

There are arrangements in place to ensure staff are registered with the relevant regulatory bodies such as the Northern Ireland Social Care Council (NISCC). Information regarding registration details and renewal dates were maintained. It was confirmed that staff were aware that a lapse in their registration would result in the staff member being unable to work within the centre until their registration was suitably updated.

The inspector confirmed there was evidence of the arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. A range of audits are undertaken weekly and monthly and were available for inspection. These included health and safety audits, audits on care records, staff training, supervision, NISCC registration. The Trust had undertaken an unannounced environmental hygiene audit in January 2019.

The Regulation 28 monthly quality monitoring visit reports were available for inspection; these were mainly unannounced visits. Three quality monitoring reports were sampled for November, December 2018 and January 2019, two visits were completed in January due to Christmas activities and closures. The reports were found to be satisfactory and adhered to the elements specified in Regulation 28.

Ten satisfaction questionnaires were given to the registered manager for distribution to service users and relatives/representatives. No questionnaires were returned within the timescales for inclusion in this report.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, staff support systems, staff supervision and appraisal, annual satisfaction surveys, quality improvement and maintaining good working relationships.

### Areas for improvement

No areas for improvement were identified in 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 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 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

<b>Area for improvement 1</b>  <b>Ref:</b> Standard 1.2  <b>Stated:</b> First time	The registered person shall ensure information is available in a language and format suitable for all service users.  Ref: 6.6
<b>To be completed by:</b> 31 March 2019	<b>Response by registered person detailing the actions taken:</b> The Registered Manager is committed to ensuring that all service user have equal access to information , advice , support and service provision . Any barrieris which may prevent a service user from accessing what they need will be identified and removed. To ensure that equality and diversity are at the center of service delivery the Registered Manager has progressed this area of improvement and ensured that information is available in language and format suitable for all service users

*\*Please ensure this document is completed in full and returned via Web Portal\**





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