

Unannounced Care Inspection Report 19 December 2016



Age NI, Ballyclare

Type of Service: Day Care Setting

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Age NI, Ballyclare took place on 19 December 2016 from 09.45 to 17.30 hours.

The inspection sought to assess progress with any issues raised during and since the previous 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?

On the day of the inspection the day care centre was found to be delivering safe care though improvements were needed regarding one identified service user's care documentation. Observations of care practices and discussions with four relatives provided evidence there was a culture of ensuring service users were safe and protected from harm. Discussions with the manager and staff provided evidence there were systems in place to avoid and prevent harm to service users. Staff were knowledgeable of their specific roles and responsibilities in relation to adult safeguarding. A general inspection of the day care setting confirmed that the premises and grounds were well maintained. There was one area for quality improvement relating to safe care identified during this inspection. This regards the review of three assessments of an identified service user and the updating of his/her care plan regarding the outcomes of these assessments.

Is care effective?

On the day of the inspection it was assessed that the care in Age NI was effective, however two areas for quality improvement were identified. Observations of staff interactions with service users; discussions with a total of five service users and four relatives evidenced the care was effective. There were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. Two recommendations were made as a result of this inspection. These matters concern the menu and a review of an identified service user's care plan so it fully reflects the outcomes of a specific assessment.

Is care compassionate?

On the day of the inspection the day care setting was found to be delivering compassionate care. Observations of care delivery evidenced that service users were treated with dignity and respect. Staff were observed responding to service users' needs and requests promptly and professionally. Discussions with service users and four relatives provided evidence they were listened to, valued and communicated with in an appropriate manner. There was one area identified for improvement as the result of this inspection. This regards the quality of information in service user's reports completed as a result of the annual review of their day care placement.

Is the service well led?

On the day of this inspection there was evidence that considerable improvements had been made in the previous year regarding effective leadership, management and governance arrangements in the day care setting. Review of a random sample of documentation provided evidence of this. There is a culture in Age NI Ballyclare day service focused on the needs of service users. There were two areas for quality improvement identified during this inspection.

These concern the need for more audits of service user's care files and the day service's annual quality review report.

This inspection was underpinned by The Day Care Setting Regulations (Northern Ireland) 2007, the Day Care Settings Minimum Standards 2012 previous inspection outcomes and any information we have received about the service since the previous inspection. This inspection was underpinned by The Day Care Settings Regulations (Northern Ireland) 2007, the Day Care Setting Minimum Standards 2012 and previous inspection outcomes and any information we have received about the service since the previous inspection.

1.1 Inspection outcome

| | Requirements | Recommendations |
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| Total number of requirements and recommendations made at this inspection | 1 | 5 |

Details of the Quality Improvement Plan (QIP) within this report were discussed with Shan Horan, 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 type e.g. care inspection

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

2.0 Service details

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| Registered organisation / registered provider: Age NI/Ms Linda Robinson | Registered manager: Ms Shan Horan |
| Person in charge of the day care setting at the time of inspection: Ms Shan Horan | Date manager registered: 20 August 2015 |
| Number of service users accommodated on day of inspection: 09 | Number of registered places: 10 |

3.0 Methods/processes

Prior to inspection the following records were analysed:

- The registration details of the day centre

- Written and verbal communication received since the previous care inspection
- Previous care inspection report
- Records of notifiable events received by RQIA from 05 May 2015 (one was received).

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

- Discussion with the registered manager
- Discussion with five service users
- Discussion with four relatives
- Discussion with two care staff
- Discussion with a volunteer
- Examination of records
- File audits
- Evaluation and feedback.

The registered manager was provided with twelve questionnaires to distribute to five randomly selected service users not attending the centre on the day of inspection; two staff members and five representatives for their completion.

The questionnaires asked for service user, staff and representative's views regarding the service, and requested their return to RQIA. Six questionnaires were returned; one service user; one staff and four relatives questionnaires were completed. The content of the questionnaires is discussed in the main body of the report.

The following records were examined during the inspection:

- Complaints record (three were randomly sampled)
- Compliments record (five were randomly sampled)
- Accident/untoward incident record (two recorded since 05 May 2015)
- One competency and capability assessment
- Elements of three service users care files
- Review of five identified policies and procedures (stated in main body of report)
- Minutes of three staff meetings
- Minutes of three service users' meetings
- Staff training information
- Three monthly monitoring reports
- A random sample of the record of food provided to service users.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 18 May 2015

The most recent inspection of the day service was an announced estates inspection. The completed QIP was returned and approved by the estates inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 05 May 2015

| Last care inspection statutory requirements | | Validation of compliance |
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| Requirement 1 Ref: Regulation 26(4)(b) Stated: First time | The registered persons must ensure fire doors are never wedged open. The completed returned QIP must state the arrangements in place to prevent a reoccurrence of this and how this will be monitored. | Met |
| | Action taken as confirmed during the inspection: The registered manager had recorded in the previous care inspection's QIP: "all the wedges have been removed from the Age NI premises in Ballyclare...staff understand fire doors are never wedged open and have signed they will adhere to this". A tour of the premises during this care inspection confirmed there were no fire doors wedged open. | |
| Requirement 2 Ref: Regulation 20(2) Stated: Second time | The registered persons must ensure persons working in the day care setting are formally supervised and records are retained of same. The returned completed quality improvement plan must state the systems in place to ensure this systematically occurs on at least a three monthly basis and how the completion of this is monitored by the organisation. | Met |
| | Action taken as confirmed during the inspection: The registered manager confirmed in the returned completed QIP from the previous care inspection that supervision will be completed every three months. The dates which formal supervision occurred for care staff were randomly reviewed during this care inspection and verify this. | |
| Requirement 3 Ref: Regulation 20(1)(c)(i) Stated: Second time | The registered persons must ensure persons employed to work in the day care setting receive annual appraisal and records are retained of same. The returned completed improvement plan must state when this is scheduled to take place and how the ongoing completion of this will be monitored by the organisation. | Met |
| | Action taken as confirmed during the inspection: The registered manager had returned the completed QIP from the previous care inspection | |

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| | stating she had received annual appraisal training. The inspector confirmed care staff have had an annual appraisal and records were retained of same in their respective file. | |
| Requirement 4 Ref: Regulation 20(1)(c)(i) Stated: First time | <p>The registered persons must ensure all persons employed to work in the day care setting receive mandatory training and other training appropriate to the work they are to perform. All identified mandatory training must be provided and records retained of same in accordance with standard 21.8. The returned completed quality improvement plan must contain a schedule of training dates and details of how this will be monitored by the organisation.</p> <p>Action taken as confirmed during the inspection: Inspector confirmed all outstanding mandatory and other relevant training has been provided to staff in Age NI Ballyclare day service. Records confirming this were made available and randomly sampled during this care inspection.</p> | Met |
| Requirement 5 Ref: Regulation 17(1) Stated: First time | <p>The registered persons must ensure an annual review of the service's quality of care report is completed on a yearly basis for the Age NI Ballyclare day service. The report must contain information as per schedule 3 and be made available for inspection purposes.</p> <p>Action taken as confirmed during the inspection: The previous care inspection's completed QIP stated this "will be completed before 31 March 2016. During this inspection, the registered manager provided RQIA with an evaluation report derived from the service users' annual survey regarding Minimum Standards 8.4 and 8.5 of the DHSSPS Day Care Settings Minimum Standards (January 2012) but this report does not comply with Regulation 17(1). The inspector explained the annual review report must provide information on all of the matters specified in Schedule 3 of The Day Care Setting Regulations (Northern Ireland) 2007. This requirement will be restated for a second time in the QIP of this report.</p> | Not Met |

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| <p>Requirement 6</p> <p>Ref: Regulation 26(2)(b)</p> <p>Stated: Second time</p> | <p>The registered persons must ensure:</p> <p>(a) the area of uneven floor at the inside entrance of the main room used by service users is made even and good;</p> <p>(b) the flooring is replaced in the main group room.</p> | <p>Met</p> |
| <p>Action taken as confirmed during the inspection:</p> <p>Inspector confirmed both (a) and (b) above have been completed. New carpet was fitted in the main group room.</p> | | |
| <p>Requirement 7</p> <p>Ref: Regulation 36</p> <p>Stated: First time</p> | <p>The registered person must return the Age NI Ballyclare service's quality improvement plan from the authorised email address or signed copies regarding the announced inspection of the service on 30 September 2014. This must be signed by both the manager and the registered person.</p> | <p>Met</p> |
| <p>Action taken as confirmed during the inspection:</p> <p>Inspector confirmed RQIA had received the completed QIP from Age NI Ballyclare day service.</p> | | |
| <p>Requirement 8</p> <p>Ref: Regulation 28(4)</p> <p>Stated: First time</p> | <p>The registered person must ensure more robust monthly monitoring visits and reports are completed in the Age NI Ballyclare service. This is to monitor and confirm all of the requirements and recommendations stated in the quality improvement plan have been effectively actioned.</p> | <p>Partially Met</p> |
| <p>Action taken as confirmed during the inspection:</p> <p>The inspector confirmed during this inspection that more robust monthly monitoring visits and their reports have taken place. Review of a random sample of three monthly monitoring reports showed that sixteen of the eighteen requirements and recommendations had been monitored and were fully actioned.</p> | | |
| <p>There was no evidence provided during this inspection to show compliance with requirement 5 and recommendation 6. These matters concerned the annual quality review report and three randomly sampled service user's annual review reports did not contain all of the relevant matters specified in Minimum Standard 15.5 of the DHSSPS Day Care Settings Minimum Standards (January 2012).</p> | | |

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| | These matters will be restated in the QIP from this care inspection. | |
| Last care inspection recommendations | | Validation of compliance |
| Recommendation 1 Ref: Standard 21.4 Stated: First time | <p>The registered manager should make appropriate arrangements to improve staff awareness, competence and confidence regarding continence care and promotion, specifically intimate care and continence promotion. The returned quality improvement plan must detail arrangements in place to address this improvement.</p> | Met |
| | <p>Action taken as confirmed during the inspection: Continence Promotion training was provided to care staff on 25 October 2016. Discussions with care staff confirmed this recommendation has been achieved.</p> | |
| Recommendation 2 Ref: Standard 5.2 Stated: First time | <p>The registered manager must ensure service user's care plans contain sufficient accurate information about the individual's continence needs. This must detail how staff support, assist and enable the service user to be as independent as possible and which adheres to the core values of privacy, dignity, respect etc.</p> | Met |
| | <p>Action taken as confirmed during the inspection: A random review of three identified service user's care plans during this inspection confirmed this.</p> | |
| Recommendation 3 Ref: Standard 5.3 Stated: First time | <p>The registered manager:</p> | Met |
| | <p>(a) must ensure service user care plans are signed and dated by the service user, the member of staff responsible for completing it and the registered manager. Where the service user is unable or chooses not to sign any document, this should be recorded and the basis of his or her agreement to participate noted.</p> | |
| | <p>(b) The care plan format is reviewed to ensure the headings lend more to a social than a nursing environment.</p> | |
| | <p>Action taken as confirmed during the inspection: Review of three identified service user's care plans during this inspection confirmed (a) and (b) have</p> | |

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| | been met. | |
| Recommendation 4 Ref: Standard 8.5 Stated: First time | <p>With regards to the service users and their representatives annual quality assurance process, the registered persons should ensure:</p> <p>(a) the 2015 evaluation report completed contains a summary of the action taken by the organisation as a result of the April 2014 quality assurance;</p> <p>(b) The 2015 evaluation report should contain an action plan with time scales from the April 2015 questionnaires;</p> <p>(c) The next service users' quality assurance questionnaires should cover all areas of day care provision and include the quality of lunch/meals and quality of the environment.</p> <p>Action taken as confirmed during the inspection: Confirmation of compliance for all three matters was obtained during this inspection.</p> | Met |
| Recommendation 5 Ref: Standard 1.2 Stated: Second time | <p>The registered manager must ensure the Service Users' Guide fully meets all of the identified matters stated in minimum standard 1.2. A copy of this must be forwarded to RQIA with the completed QIP.</p> <p>Action taken as confirmed during the inspection: Confirmation was obtained that all of the matters specified in Minimum Standard 1.2 are contained in the Age NI Service User's Guide. The Guide had been reviewed in April 2016.</p> | Met |
| Recommendation 6 Ref: Standard 15.5 Stated: First time | <p>The registered manager must ensure service user's annual quality review reports concerning the review of their day care placement contain all of the information (where appropriate) specified in minimum standard 15.5.</p> <p>Action taken as confirmed during the inspection: The registered manager had stated in the returned previous QIP "all reviews are up to date" and informed the inspector a new annual review recording template is now being used in the day service. The annual review reports of three service users were randomly sampled during this</p> | Not Met |

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| | inspection. The service user's annual reviews had occurred in February, May and June 2016. They had been completed on the same recording template examined during the care inspection of 5 May 2015. None of these annual review reports contained all of the relevant information specified in Minimum Standard 15.5. This recommendation will be restated in the QIP. | |
| Recommendation 7 Ref: Standard 18 Stated: First time | <p>The registered person will:</p> <p>(a) make appropriate arrangements for the two policies regarding 'Service Users Views' and 'Involvement of Service Users' to be improved as identified during this inspection. They need to specifically reflect service users' involvement in activities and events. The documents should also reflect current minimum standards and good practice.</p> <p>(b) Ensure the following policies dated November 2011 are systematically reviewed and ratified by the registered person:</p> <ul style="list-style-type: none"> • Contenance Promotion • Personal Protective Equipment (PPE) • Recording and Reporting Care • Communication with Carers and Representatives. <p>Review and update the Contenance Promotion policy in line with current practice. The document must contain a clear focus on continence promotion.</p> <p>Action taken as confirmed during the inspection: Confirmation was obtained during this inspection to verify compliance of all three of the above matters. The above policies and procedures had been reviewed and ratified by the registered person in April 2016.</p> | Met |
| Recommendation 8 Ref: Standard 10.2 Stated: First time | <p>The registered manager will ensure:</p> <p>(a) where meals are provided in the day service, the menu offers a choice of meal to service users, including those on therapeutic or specific diets. This includes dessert. Full account is taken of relevant guidance documents or guidance provided by dieticians and other professionals and</p> | Partially Met |

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| | <p>disciplines;</p> <p>(b) Fresh drinking water is available to service users on the group table.</p> <p>The returned quality improvement plan must state the action taken regarding these matters.</p> | |
| | <p>Action taken as confirmed during the inspection:</p> <p>The returned and completed QIP from the previous care inspection stated “a choice of menu is now offered daily. This has been organised after a meeting with our food provider. The choices are kept in a folder”. Confirmation was obtained during the inspection that fresh drinking water is available on the table and service users are encouraged to drink throughout their time in the centre. Discussions with the registered manager and care staff concluded choice of lunch and/or dessert is not consistently offered to service users. The manager said she has to remind the current contractor of this. On the day of this inspection, the centre’s menu board showed there was choice of Christmas dinner or roast beef with potatoes and vegetables. Dessert was fruit gateaux or yoghurt. Discussions and a random sample of the record of food provided to service users concluded desserts are usually yoghurt, rice or custard or crème caramel. A further recommendation regarding meals will be made in the QIP of this inspection.</p> | |
| <p>Recommendation 9</p> <p>Ref: Standard 8.2 and 8.3</p> <p>Stated: First time</p> | <p>The registered manager must ensure regular service user meetings occur. Minutes/records must be retained of these; the actions to be taken as a response to issues raised and include details of who is responsible. Subsequent minutes must reflect a summary of the follow up action taken from the previous meeting.</p> | <p>Partially Met</p> |
| | <p>Action taken as confirmed during the inspection:</p> <p>Evidence was provided to verify there are regular service users’ meetings in Age NI, Ballyclare service. There were no service users’ meeting from April – July 2016 inclusive. The registered manager said meetings are now held every other month as this frequency best suits the needs of current service users. Age NI has issued new recording templates for service users’ meetings which are to be used from December 2016.</p> | |

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| Recommendation 10 Ref: Standard 17 Stated: Second time | The registered manager must retain a central folder containing a summary of all accidents and incidents occurring with service users. | Met |
| | Action taken as confirmed during the inspection: Confirmation of this was obtained during this inspection. Copies of the accident/incident are retained in the respective service user's care file. | |

4.3 Is care safe?

With regards to the safety of service users, identified policies and procedures were in place in Age NI. Policies and procedures were indexed, dated and ratified by the registered person. Confirmation was obtained from discussions with two care staff that these are accessible in the day care setting. The following five Age NI policies and procedures were randomly reviewed during this inspection:

- Service User Views and Involvement of Service Users
- Continence Promotion
- Infection Prevention and Control (incorporates Personal Protective Equipment)
- Recording and Reporting Care
- Communication with Carers and Representatives.

The above policies and procedures had been reviewed in April 2016 and were compliant with identified regulations and minimum standards.

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. The registered manager stated that there were no current or ongoing safeguarding concerns. Discussion with staff confirmed that they had attended safeguarding vulnerable adults training.

On the day of the inspection no restrictive care practices were observed.

The registered manager confirmed the planned daily staffing levels for the day centre, and that these levels were subject to regular review to ensure the assessed needs of the service users were met. A review of staffing levels during the inspection showed there were sufficient numbers and availability of staff to deliver care in the day care setting. There is a registered manager and a care assistant employed on a daily basis in Age NI. If the manager is absent from the day service, consistent bank staff are deployed to assist the care assistant in Age NI.

The registered manager confirmed that competency and capability assessments were completed for staff who have responsibility of being in charge of the centre for any period in the absence of the registered manager. One competency and capability assessment was examined during the inspection.

Review of the staff training record concluded staff had received mandatory and all other training relevant to their roles and responsibilities.

Staff on duty on the day of inspection discussed the needs of the service users they were looking after. They gave a clear description of their needs and how those needs are met. They knew who may need additional time to manage and support their behaviour; and gave examples of how they respond in a safe way to calm and redirect service users. Overall the staff described their aim was for service users to enjoy their time in the centre. They support service users to undertake stimulating activities and aim for them to feel comfortable and safe in the group environment.

A review of Age NI's accidents and untoward incident records showed there had been two recorded since the previous unannounced care inspection on 05 May 2015. RQIA had been notified of identified accidents and incidents in accordance with Regulation 29. The registered manager stated she is aware of her responsibilities in accordance with Regulation 29 of The Day Care Setting Regulations (Northern Ireland) 2007 and Standard 17.14 of the Day Care Settings Minimum Standards (January 2012).

Fire exits and corridors were clear of clutter and obstruction.

Inspection of the internal and external environment identified that the day care setting was warm and the grounds were kept tidy, safe, clean and suitable for and accessible to service users, staff and visitors. There were no other obvious hazards to the health and safety of service users, visitors or staff. Several stains were observed around the main entrance area of the group room, this was discussed with the registered manager who explained the carpet will be cleaned when the centre is closed during the Christmas holidays.

Concerns were expressed by RQIA with the registered manager following observations of an identified service user's posture and positioning over the lunch time period. Staff were respectfully supporting and assisting the service user in a timely manner and allowing the individual time to rest over the meal when he/she appeared tired. The registered manager explained the service user has been unwell and his/her condition has also deteriorated. The registered manager had shared her concerns with the service user's relatives; the individual's named worker and members of the multi-disciplinary team. The registered manager had completed a referral to the Occupational Therapist (OT) for a seating assessment.

RQIA reviewed elements of the identified service user's care file which included the individual's Speech and Language Therapist's assessment (SALT). This was dated 24 June 2014 and does not accurately reflect the service user's current health and support / assistance needed during the lunch meal. This SALT assessment needs to be reviewed by the appropriate specialist. The transport assessment also needs to be updated regarding the individual's posture and seating and the stated collection and drop off times are inaccurate. As a result a recommendation is made in the QIP for a review of the identified assessments and for the outcomes of these to be incorporated into the service user's care plan so that it fully and accurately reflects his/her needs.

Observations and discussions with five service users provided evidence to RQIA that they felt safe in Age NI, discussions with four relatives also confirmed this.

Review of six completed RQIA questionnaires verified that everyone was either very satisfied or satisfied that the care provision in Age NI, Ballyclare service is safe.

Areas for improvement

One area for improvement was identified during the inspection and concerns the review of an identified service user's SALT, seating and transport assessments and the updating of his/her care plan so it fully reflects the outcomes of the assessments and how staff currently support and assist the individual.

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| Number of requirements | 0 | Number of recommendations: | 1 |
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4.4 Is care effective?

Discussion with the registered manager and two care staff established the day care setting responded appropriately to and met the assessed needs of the service users. Discussions with the relatives of four service users concluded the relative's needs were being met in the day service.

Elements of three service user's care files were reviewed during this inspection. One of the three service user's care files contained current general assessments, risk assessments and care plans. These met the DHSSPS Minimum Day Care Settings Standards 4 and 5. There was evidence that risk and other assessments informed the care planning process. However two identified service user's assessments and care plans need to be reviewed and updated and these are areas for improvement. The current SALT assessment of an identified service user was given to the registered manager by a relative who visited the centre during this inspection. The registered manager agreed to review and update this service user's care plan to ensure it incorporated the outcomes of the SALT assessment.

Review of three service user's care records confirmed annual reviews of the individual's day care placement had taken place in the previous year, however the three annual review reports were not compliant with Minimum Standard 15.5 of The Day Care Settings Minimum Standards because some information was missing. This was discussed with the registered manager and is an identified area for improvement.

Service users (where appropriate) and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process. Discussions with staff and four relatives confirmed this.

It was observed during this inspection that 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, monthly service users meetings and regular staff meetings. Discussion with the registered manager confirmed that management operated an open door policy in regard to communication within the day care setting.

Discussion with two care staff confirmed that staff meetings are held every two or three months in Age NI and a random sample of the minutes of three staff meetings (20 June, 28 September and 19 October 2016) verified this. Action points were included in the minutes. Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with

the registered manager. Staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

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

During this inspection the day service’s three week menu cycle was requested by RQIA (Minimum Standard 10.7). The registered manager said the centre does not have a three week menu plan. This is an identified area for quality improvement. RQIA asked for the centre’s record of food provided to service users as this would provide evidence that choice is always provided to service users, including those on therapeutic or specific diets (Minimum Standard 10.2). A random review of the record of food provided and discussions with the registered manager and staff concluded choices for the main meal and dessert are not always offered and provided to service users. This is another identified area for improvement.

Discussions with five service users, four relatives, two care staff and a volunteer concluded the care in Age NI was effective, however improvements were needed in two identified areas. Six RQIA questionnaires were returned and provided evidence that everyone was very satisfied that the care provision in Age NI, Ballyclare service is effective.

Areas for improvement

Two areas for quality improvement were identified during the inspection regarding this domain. These matters concern:

1. The registered provider should ensure menus are in place. Menus should be rotated over a three-week cycle and are revised at least six monthly, taking into account seasonal availability of foods and service users’ views. A clear choice of meal and dessert should be specified on the menu, including those on therapeutic or specific diets.
2. The updating and review of an identified service user’s care plan.

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| Number of requirements | 0 | Number of recommendations: | 2 |
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4.5 Is care compassionate?

Discussions with five service users able to convey their views and opinions confirmed they were treated with compassion, kindness and respect. Discussions with four relatives and a volunteer said management and staff listen to the service users, offer them choices of activities and involve them in decision making during their time in the centre.

Staff interactions with service users were observed to be compassionate, caring and timely. Service users were afforded choice, privacy, dignity and respect.

Staff demonstrated a detailed knowledge of service users’ wishes, preferences and assessed needs as identified within their care plan. Relationships between staff and service users were observed to be relaxed and friendly.

Observations of care practices and discussions with five service users during this inspection confirmed that service users were listened to, valued and communicated with in an appropriate

manner. Service users' needs were recognised and responded to in a prompt, courteous and supportive manner by care staff.

There were systems in place to ensure that the views and opinions of service users, and/or their carers/representatives, were sought and taken into account in all matters affecting them.

Service users are also consulted in an informal daily basis via discussions and chats with care staff. They are also consulted on a formal basis via regular service users' meetings; the annual review of their day care placement and an annual survey about the standard and quality of care and day service. The most recent service users annual quality assurance survey was distributed by Age NI's Head Office in April 2016. An evaluation report was made available and reviewed during this inspection.

RQIA had individual discussions with a total of five service users. Due to the nature of identified service user's level of dementia and as such their limited capacity to understand, specific discussions regarding each of the four domains was deemed inappropriate during this inspection. The inspector assessed through observation and general discussions that the service users were content and happy with the quality of care provision in Age NI, Ballyclare service. Examples of some of the comments made by service users were:

- "I love coming here and look forward to it."
- "I like it here, it gets me out of the house."
- "It's great here."
- "They are all good to us."
- "I love to sing here."

Discussions with four relatives during this inspection provided evidence that the care in Age NI Ballyclare day service is compassionate. A sample of their qualitative comments were:

- "I'm very very happy with the centre. The care is excellent, my husband is very well looked after. The manager and staff are kind, he enjoys it and his lunch. I feel his needs are met very well."
- "I am very happy with the service. My husband looks forward to coming and I know he is safe here and content. The staff are very good and kind."
- "My wife was initially quite anxious about coming to the centre. But, she's made friends and really enjoys it and looks forward to it. It means I get a break from caring and I appreciate it and all the help I get."
- "My dad is happy here and is well taken care of. It gives my mum a break and peace of mind knowing that he is safe and content."
- Six RQIA questionnaires were received, they all stated everyone was very satisfied that the care provision in Age NI, Ballyclare service is compassionate. The following qualitative comments were recorded:
- "Shan is a very kind, compassionate manager who listens and is unjudgemental in our discussions on occasions when I have shared information. She has provided me with useful information regarding Dementia and I have attended training for carers recently through the Alzheimers Society which she signposted me to. I found it very helpful."
- "The manager and staff are friendly and helpful – they treat my mum with respect and go the extra mile. On days mum can initially refuse to go but with gentle persuasion, distracting and re-directing she usually comes around to go and enjoys it when there. They ring and let me know if they have any concerns."

- “The day centre is an excellent facility for the members who attend. I have called in on a number of occasions over the year to speak with the manager re. mum’s health and admission to hospital once this year – the members are all content in the room, the dinners served are nutritious and singing is a much loved activity. Outings and special guests are provided and I attended a family day where we made hand paintings which were framed and hang pride of place in mum’s home. I cannot thank Age NI and the day centre staff enough for the excellent work they do.”

All six completed RQIA questionnaires stated everyone was very satisfied with that the care in Age NI, Ballyclare day service is compassionate.

Areas for improvement

One area for improvement was identified during the inspection in this domain and regards the service user’s report from the annual review of their day care placement. This report needs to capture all of the relevant matters specified in Minimum Standard 15.5.

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| Number of requirements | 0 | Number of recommendations: | 1 |
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4.6 Is the service well led?

Discussion with two care staff and a volunteer identified they have understanding of their role and responsibilities under the legislation and Minimum Standards. Staff had a clear understanding of the organisational structure. Staff were able to describe their roles and responsibilities and were aware of their individual responsibility in relation to raising concerns. Completed staff RQIA questionnaires also verified this.

RQIA’s registration certificate of the day care setting was displayed on a wall in the reception area of the centre.

Discussion with care staff and a volunteer and observations of practices during this inspection evidenced that the centre was operating within its registration.

The day care setting’s complaints record was reviewed during this inspection. This showed three complaints had been recorded since the centre’s previous care inspection on 05 May 2015. These were investigated, managed and responded to in accordance with minimum Standard 14 of the Day Care Settings Minimum Standards (January 2012). A random review of five compliments concluded positive comments about the quality of care provision in Age NI, Ballyclare service. Arrangements were in place to share information about complaints and compliments with staff.

Monthly monitoring visits were undertaken as required under Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007; these reports were produced and made available for service users, their representatives, staff, respective HSC Trust representatives and RQIA. Three monthly monitoring reports were randomly sampled during this inspection. These were compliant with Regulation 28 and Minimum Standard 17.10.

With regards to Standard 17 of the Day Care Settings Minimum Standards (January 2012) concerning the management and control of operations which support and promote the delivery of quality care services; discussions took place with the registered manager about her management responsibilities to undertake regular systematic audits of service user’s care files;

formal staff supervision and annual appraisal etc. Quality improvements are needed in this area and future monthly monitoring visits and their reports should provide information on the progress made by the registered manager regarding the audits of service user's care files. Records were made available for inspection concerning audits of the environment, service user satisfaction surveys and care records and evidenced that any actions identified for improvement had been completed. These quality assurance systems assist in the process of driving quality improvement. Further evidence of audits were contained within three of the monthly monitoring reports reviewed during this inspection, these were qualitative and comprehensive.

The day care setting's most recent annual quality report (Regulation 17(1), Schedule 3) was requested by RQIA but not made available during this inspection. This had been an identified area for improvement specified on the QIP from the day service's previous care inspection. This matter will be stated for the second time.

Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

With regards to 'Is the Service Well Led' domain in the six returned RQIA questionnaires; everyone stated 'very satisfied' on the completed forms.

Based on the findings of this care inspection RQIA there was some evidence of effective leadership and governance arrangements to support and promote the delivery of quality care services in Age NI however improvements are needed by the registered manager concerning the systematic audits of service user's care files to ensure compliance with Minimum Standards 4, 5, 7 and 15.

Areas for improvement

Two areas for improvement were identified during the inspection in this domain, one of these is stated in the QIP for the second time. These matters concern:

1. Annual quality review report must be completed in accordance with Regulation 17(1) of The Day Care Setting Regulations (Northern Ireland) 2007 and contain the information specified in Schedule 3 (stated for the second time).
2. Evidence of audits are made available for inspection purposes for example audits of service user's care files (which includes risk and general assessments; care plans; annual reviews; progress care notes etc).

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| Number of requirements | 1 | Number of recommendations: | 1 |
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Shan Horan, 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 (Insert Service Type). 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 Settings Regulations (Northern Ireland) 2007.

5.2 Recommendations

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

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to day.care@rqia.org.uk 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

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| <p>Requirement 1</p> <p>Ref: Regulation 17(1)</p> <p>Stated: Second time</p> | <p>The registered persons must ensure an annual review of the service's quality of care report is completed on a yearly basis for the Age NI Ballyclare day service. The report must contain information as per Schedule 3 of The Day Care Setting Regulations (Northern Ireland) 2007 and be made available for inspection purposes.</p> |
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| <p>To be completed by: 20 March 2017</p> | <p>Response by registered provider detailing the actions taken: Annual quality review is completed yearly and has been amended as per schedule 3</p> |
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Recommendations

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| <p>Recommendation 1</p> <p>Ref: Standard 5.6</p> <p>Stated: First time</p> | <p>The registered provider should ensure the identified service user's care plan is reviewed so that it fully and accurately reflects the outcome of the most recent SALT (Speech and Language Therapy assessment). Where changes are made to the care plan, the service user (where appropriate), member of staff making the changes and the registered manager sign and date the revised care plan.</p> |
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| <p>To be completed by: 10 January 2017</p> | <p>Response by registered provider detailing the actions taken: Service user care plan has been reviewed and revised to include all up to date assessments.</p> |
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| <p>Recommendation 2</p> <p>Ref: Standard 10</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2017 for both</p> | <p>The registered provider should ensure:</p> <p>(a) Menus are in place which are rotated over a three-week cycle and are revised at least six monthly, taking into account seasonal availability of foods and service users' views (Standard 10.7)</p> <p>(b) A clear choice of meal and dessert should be specified on the menu, including those on therapeutic or specific diets (Standard 10.2).</p> |
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| <p>Response by registered provider detailing the actions taken: Due to meals being provided by a local restaurant, the owner contacts centre on a daily basis and offers choice for that day, this is then displayed on board within centre.</p> |
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| <p>Recommendation 3</p> <p>Ref: Standard 15.5</p> <p>Stated: Second time</p> | <p>The registered provider should ensure service user's annual quality review reports concerning the review of their day care placement contain all of the information (where appropriate) specified in minimum standard 15.5.</p> |
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| <p>To be completed by: 20 December 2016 and ongoing</p> | <p>Response by registered provider detailing the actions taken: All service user reviews will be carried out in line with standard 15.5</p> |
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| <p>Recommendation 4</p> <p>Ref: Standard 17.9</p> <p>Stated: First time</p> | <p>The registered provider should ensure evidence of audits are made available for inspection purposes for example audits of service user's care files (which includes risk and general assessments; care plans; annual reviews; progress care notes etc).</p> |
| <p>To be completed by: 31 January 2017 and ongoing</p> | <p>Response by registered provider detailing the actions taken: A audit record has been compiled which looks at all aspects of service user records, this will be held in the front of each service user file.</p> |

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



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