

# Unannounced Care Inspection Report 27 September 2017



## Age NI, Ballyclare

**Type of Service: Day Care Setting**

**Address: Ballyclare Town Hall, The Square, Main Street, Ballyclare,  
BT39 9BB**

**Tel No: 02893354547**

**Inspector: Dermott Knox**

[www.rqia.org.uk](http://www.rqia.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 10 places that provides care and day time activities for people living with dementia.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Age NI  <b>Responsible Individual(s):</b> Ms Linda Robinson	<b>Registered Manager:</b> Mrs Sheena Bunting (Application not submitted)
<b>Person in charge at the time of inspection:</b> Mrs Sheena Bunting	<b>Date manager registered:</b> Commenced 'Acting Manager' post on 30 January 2017 (Application not submitted)
<b>Number of registered places:</b> 10 - DCS-DE	

### 4.0 Inspection summary

An unannounced inspection took place on 27 September from 10.30 to 15.00.

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 service was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to safety checks, the engagement and involvement of service users, provision of person-centred care, assessment, care planning, reviews, file audits, activities in the centre and outings to surrounding areas.

One area requiring improvement was identified with regard to the annual quality survey report.

#### Service users said:

- “We have great sing-alongs here. I love the music and the singing”.
- “I must say we are very well looked after”.
- “The lunch was very nice; we always have good lunches”.
- “I used to sit and watch TV all day and now I get to talk to people”.

The findings of this report will provide the establishment with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

## 4.1 Inspection outcome

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

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Sheena Bunting, 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 19 December 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 19 December 2016.

## 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 events
- Record of complaints
- Quality Improvement Plan from the previous inspection on 19 December 2016
- Records of contacts between the service and RQIA
- The Statement of Purpose.

During the inspection the inspector met with:

- Three service users in group settings
- One staff and one volunteer in individual discussions
- The registered manager at the conclusion of the inspection.

Questionnaires were distributed to service users (5) and staff (5) and five questionnaires were left with the manager to be distributed to relatives or carers of service users. Six completed questionnaires were returned to RQIA, three from service users, one from a relative and two from staff members.

The following records were examined during the inspection:

- File records for four service users, including care plans and review reports
- Progress records for four service users
- Monitoring reports for the months of July, August and September 2017
- Records of three staff meetings held between 28 September 2016 and present
- Staff induction pack
- Record of menus for two previous months

- Minutes of monthly Service User Meetings in July, August and September 2017
- Photographic records of activities and outings
- Selected training records for staff, including staffs' qualifications
- The registration certificate for the centre
- Records of fire safety checks, including an evacuation of premises in June 2017
- A fire safety risk assessment completed in February 2017 and Portable Appliance checks completed on 04 January 2017.

During the inspection the inspector met with 6 service users, the manager, one staff member, one volunteer and one visiting professional.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 19 December 2016

The most recent inspection of the day care service 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 19 December 2016.

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) <b>Stated:</b> Second time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A report of the 2016 survey presented findings from the questionnaires returned by service users and their carers and comments made by	

	them. The report set out the methods used to obtain peoples' views, and the actions to be taken by the provider in response.	
--	--	--

<b>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 5.6  <b>Stated:</b> First time	<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>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            The identified service user's care plan was examined and found to have been reviewed as necessary and signed appropriately.</p>	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 10  <b>Stated:</b> First time	<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>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            The day centre has an arrangement with a local café owner to supply the lunchtime meal for service users. On the day of this inspection the meal looked appetising and nutritious and was enjoyed by all of the service users. Menus are rotated over a three week cycle and are changed occasionally in response to service users' requests. There was evidence of one recent example of such a change. The manager confirmed that specific diets are catered for.</p>	

<b>Area for improvement 3</b> <b>Ref:</b> Standard 15.5 <b>Stated:</b> Second time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Three of the four care files examined contained review preparation reports and review meeting records for the current year. The fourth service user's review was due to be held in October 2017.	
<b>Area for improvement 4</b> <b>Ref:</b> Standard 17.9 <b>Stated:</b> First time	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).	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Evidence of audits was available. Three of the four care files examined contained a recent file audit, some of which were completed by the monitoring officer, during the monthly visit. The manager confirmed that an ongoing audit programme was in place.	

### 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 day centre premises were well maintained and in good decorative order, with no obvious hazards for service users or staff. Several service users travel by a community bus, contracted to AgeNI, while others are driven to and from the centre by relatives or other carers. All activities take place in one large room, which has a dining area, with tables also used throughout the day for art, crafts and quizzes. When necessary, individual withdrawal for a service user is successfully managed, either within the main area or, by using the office. The centre has a small kitchen which is normally used only by staff members and volunteers.

All new staff and volunteers undertake an induction programme which was described by one relatively recently appointed volunteer, as being very helpful. The manager, one staff member and one volunteer, 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 and that safety for service users is always at the forefront of their work, given the frailty of a number of those who attend. All expressed the view that practice throughout the centre was of a high quality and that team members worked well together. The volunteer, who has relevant experience in both day care and residential care work, confirmed that background checks had been carried out by AgeNI before she commenced working in the centre.

Risk assessments with regard to transport, moving and handling, nutrition and falls, or other areas, such as choking, specific to an individual, were present where relevant and each one had been signed as agreed, either by the service user or a representative. Staff members were observed interacting sensitively with service users and being attentive to each person's needs. Observation of the delivery of care, throughout the period of the inspection, provided evidence that service users' needs were being met safely by the staff on duty.

There were systems in place to ensure that risks to service users were assessed regularly and managed appropriately and this included inputs by community based professionals, service users and, where appropriate, a carer. A Fire Safety Risk assessment was completed by a competent assessor in February 2017 and in June 2017 a full evacuation of the premises was completed in two minutes. Fire alarm systems checks were carried out and recorded on a weekly basis and fire exits were seen to be unobstructed. Fire safety training has been provided for all staff members on an annual basis.

Two service users spoke positively of their enjoyment of attending the centre and confirmed that they felt safe and well cared for in the premises and in the transport vehicle. Staff presented as being well informed of the needs of service users and of methods of helping to meet these needs safely. 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 guidance on making a complaint had been provided for service users and their carers to ensure they understood the procedures for making their views known to the organisation. The monitoring officer includes safety checks and audits in each monthly visit, reports of three of which were examined.

The evidence presented supports the conclusion that safe care is provided in AgeNI, Ballyclare Day Centre.

### **Areas of good practice**

Examples of good practice found throughout the inspection included, staff training, communication with service users, adult safeguarding, infection prevention and control, fire risk assessment and safety checks, transport for service users and management of the environment.

### **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



## 6.5 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 the Service User's Guide provide the information required by regulations and minimum standards. Two service users provided information on the activities in the centre and their feelings about attending. The feedback was entirely positive, including that on the food and refreshments provided. The service users indicated that the day care service helped them and said that they were always keen to attend.

Four service users' files were examined during this inspection and each was found to contain a written agreement on the terms of the individual's attendance, consents regarding photos and access to records, detailed referral and assessment information on the service user including a range of risk assessments. It was good to note that assessments included the document, 'Helping us get to know you', which identified both needs and abilities of the person. Additionally, there was an eleven section 'Functional Rating' in each person's file. Detailed records of assessed risk and vulnerability provided clear guidance for staff involved in the work with that person.

Care plans set out the service user's needs in good detail, along with objectives for each person's care and the actions required to meet those objectives. Care plans were person centred and accurately reflected the needs identified through assessments. Progress notes for each service user were written daily and provided a clear record of the person's experiences in the day care service.

Records of annual reviews for each person demonstrated that an evaluation of the overall suitability of the placement had been discussed in detail and agreed. Each review report reflected the views of the service user, expressed in the pre-review report, and were further informed by written progress records. Dates and signatures were present in all of the care records examined.

There is a spacious hall for group activities and this has been divided using furniture to define several separate areas, with soft seating facing a wall-mounted television, dining/activity tables and upright chairs, and an open space that can be adapted to various uses. Adjoining the hall are a kitchen, office and toilets.

Good use is made of the available space for the day care service. Six service users presented as being comfortable and relaxed in the centre and there was written evidence of their involvement in activities such as crafts and board games, floor skittles, quizzes and various community-based activities including walking, shopping and scenic drives. Two people said they enjoyed the company of other service users and the staff. In the annual quality survey 2016/17, 100% of respondents agreed that the service benefits the service user.

Evidence from discussions with service users, from written records and from observations of interactions between service users and staff, confirmed that service users viewed the centre as an enjoyable place in which to spend their time. The manager and staff worked purposefully to involve service users in a variety of experiences, making good use of the available facilities. Two staff members returned completed questionnaires to RQIA, following the inspection visit, both indicating that they were either 'satisfied' or 'very satisfied' with the quality of the service, its safety, effectiveness, compassion and with the leadership of the team.

The evidence indicates that the care provided is effective in actively pursuing the objectives of each service user's care plan and in promoting service users' wellbeing, enjoyment and fulfilment.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to assessments, care plans, reviews, communication between service users, staff and other key stakeholders, the organisation and operation of care/activity programmes, involvement and motivation of service users to well.

### Areas for improvement

No areas for improvement were identified during the inspection.

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

#### 6.6 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.**

Observations of activities throughout the centre provided evidence of service users relating positively to staff and to each other. Service users sat around tables on arrival at the centre and enjoyed tea or coffee. Several people chatted in a relaxed way with the inspector about the activities they liked to do at the centre and some of the places they had visited on bus runs. Staff demonstrated a good knowledge of each service user's assessed needs and worked to engage each person in activities of their choice. There was evidence to show that the centre's staff successfully motivate service users to participate in a range of programmes that have positive outcomes for health and wellbeing. In all of the practice observed, interactions between staff and service users were warm, respectful and encouraging. Staff were observed being attentive to each person's needs. Service users confirmed that staff involve them in deciding what they want to do during their time in the day centre, so that, for example, an event like a 'tea dance' will be held fairly regularly.

There were measures in place to ensure that the views and opinions of service users were sought formally and taken into account in all matters affecting them. These included an annual survey and a report of the findings, for 2016/17. Results of the survey of service users' and carers' satisfaction were entirely positive. Service users confirmed that the activities were good and that staff members were excellent and there was a high level of satisfaction with the service. One relative wrote, "It is a warm, caring environment; staff monitor for any change in health or behaviour. M comes to life in the day centre".

During each monthly monitoring visit, the views of a sample of service users were sought and their views were reflected in all three of the monitoring reports that were reviewed at this inspection. Three service users and one relative returned completed questionnaires to RQIA indicating that they were either 'Very Satisfied' (81%) or 'Satisfied' (19%) with the quality of the service across all four domains, Is care safe?, Is care effective?, Is care compassionate? and,

Is the service well led? One relative commented, “---my family and I are 100% satisfied with the love and care so gently and graciously administered to a much loved husband and father.”

The monitoring officer recorded which service users were interviewed at each visit, so that a wide range of views would be sought over the period of each year. Records of service users’ meetings, in July, August and September 2017, provided evidence of a wide range of topics being discussed. Staff encouraged service users to express their views on the various topics.

The evidence indicates that AgeNI, Ballyclare Day Centre provides compassionate care to its service users.

**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, taking account of the views of service users and planning activities for active involvement.

**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.**

Discussions with the manager, one staff member and one volunteer, and an examination of a range of records, including minutes of staff meetings and monthly monitoring reports, provided evidence that effective leadership arrangements are in place in AgeNI, Ballyclare Day Centre. The current manager will be leaving the centre at the end of October 2017 and AgeNI stated that the post has been advertised. In the interim, suitable arrangements have been made for temporary management cover.

Staff training records confirmed that staff had received mandatory training and training specific to the needs of the service users in this setting. Discussion with staff and examination of minutes confirmed that staff meetings had been held quarterly. The manager had provided information to staff on developments in the service and opportunities for staff members to contribute ideas for the centre’s continuing development. There was evidence from discussions with staff to confirm that working relationships within the staff team were supportive and positive. Staff commented that the manager was supportive and that, within the very small team, everyone worked well together.

The staff member on duty viewed supervision as an opportunity for focussed discussion with the manager on matters of service users’ needs and care plans, programmes of activities and for her own individual development. She also emphasised that the manager’s ready availability

meant that matters arising on a day to day basis could be brought to her for discussion whenever necessary. The manager has a social work qualification and many years' experience in a variety of community based posts, prior to her appointment in the day centre. The staff member had gained QCF Level 2 during her previous roles.

Three monthly monitoring reports were examined and were found to address many of the matters required by regulation. A sample of service users' records was checked at each monitoring visit and any necessary improvements were set out in an action plan at the conclusion of the report. All three reports contained well-detailed feedback from discussions with service users and staff members and a number of the centre's records were audited on each visit.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to management of day to day provision for service users, management of complaints and incidents, supervision of staff and volunteers, keeping service users safe and comfortable, communicating with relatives and carers.

### Areas for improvement

One area for improvement was identified, with regard to the system for monitoring the quality of the service. Not all of the matters identified in Schedule 3 of the Day Care Setting Regulations(Northern Ireland) 2007, had been addressed in the annual quality monitoring report, or in the monthly monitoring reports that were examined.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	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 Mrs. Sheena Bunting, 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 Setting Regulations (Northern Ireland) 2007

<p><b>Area for improvement 1</b></p> <p>Ref: Regulation 17(1)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 31 December 2017</p>	<p>The registered person shall establish and maintain a system for monitoring the matters set out in Schedule 3, not less than annually.</p> <p>Ref: 6.7</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> this has now been addressed</p>
--	---

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



The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

**Tel** 028 9051 7500  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care