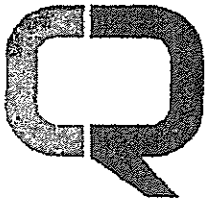
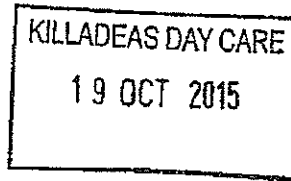


uploaded 7/12/15



The Regulation and  
Quality Improvement  
Authority



Killadeas Day Centre  
RQIA ID: 11271  
Drumwhinney Road  
Rosculban  
Kesh  
BT93 1TN

Inspector: Dermott Knox  
Inspection ID: IN023459

Tel: 028 686 32364  
Email: [patricia.griffith@westerntrust.hscni.net](mailto:patricia.griffith@westerntrust.hscni.net)

**Unannounced Care Inspection  
of  
Killadeas Day Centre, Kesh**

**08 October 2015**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of Inspection

An unannounced care inspection took place on 08 October 2015 from 10.40 to 16.00. Overall on the day of the inspection the Day Care Setting was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Settings Regulations (Northern Ireland) 2007, The Day Care Settings Minimum Standards 2012.

### 1.1 Actions/Enforcement Taken Following the Last Inspection

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

### 1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

### 1.3 Inspection Outcome

|   | Requirements | Recommendations |
|---|--------------|-----------------|
| <b>Total number of requirements and recommendations made at this inspection</b> | 0            | 0               |

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

## 2. Service Details

|   |  |
|---|--|
| <b>Registered Organisation/Registered Person:</b><br>Western Health and Social Care Trust   | <b>Registered Manager:</b><br>Ms Patricia Griffith |
| <b>Person in Charge of the Day Care Setting at the Time of Inspection:</b><br>Mrs Mary Maguire, Senior Day care Worker. (later joined by Patricia Griffith, Registered Manager) | <b>Date Manager Registered:</b><br>21 June 2013    |
| <b>Number of Service Users Accommodated on Day of Inspection:</b><br>26   | <b>Number of Registered Places:</b><br>30          |

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

**Standard 5: Care Plan - where appropriate service users receive individual continence promotion and support.**

**Standard 8: Service Users' Involvement - service users' views and comments shape the quality of services and facilities provided by the Day Care Setting**

#### **4. Methods/Process**

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

Prior to inspection the following records were analysed:

- Service user guide
- Record of notifications of events
- Quality Improvement Plan from previous inspection on 05 June 2014, including the provider's responses, approved by RQIA on 11 August 2014.

During the inspection the inspector met with:

- Nine service users, three individually and six in their activity groups
- The registered manager,
- The senior day care worker
- Two care staff
- A visiting craft tutor.

The following records were examined during the inspection:

- File records for four service users, including care plans and review reports
- Progress notes for four service users
- Monthly monitoring reports for four months in 2015
- Record of complaints, containing one entry
- The statement of purpose
- Minutes of two members' council meetings
- Minutes of three staff meetings
- A sample of staff training records
- A sample of staff supervision records
- A sample of two written policy and procedures documents
- The centre's 'Inspection Preparation Document'.

#### **5. The Inspection**

##### **5.1 Review of Requirements and Recommendations from Previous Inspection**

The previous inspection of the service was an announced care inspection dated 05 June 2014. The completed QIP was returned and approved by the specialist inspector.

Areas to follow up/be addressed were:

- a. Staffing arrangements during the lunchtime period.

## 5.2 Review of Requirements and Recommendations from the last Care Inspection

| Previous Inspection Statutory Requirements | Validation of Compliance |
|--|--------------------------|
|--|--------------------------|

No Requirements.

| Previous Inspection Recommendations      |  | Validation of Compliance |
|--|--|--------------------------|
| <b>Recommendation 1</b><br><br>Ref: 23.1 | The staffing arrangement should be reviewed to ensure safety of all service users over the lunch time period.<br><br><b>Action taken as confirmed during the inspection:</b><br>Staff confirmed that a review of lunch-time staffing arrangements had been completed following the last inspection and that there was now a clear expectation and understanding of the staffing required. Speech and Language Therapist's assessments had been updated for those service users who had known risks related to swallowing or choking. | <b>Met</b>               |

## 5.3 Standard 5: Care Plan - Where appropriate service users receive individual continence promotion and support

### Is Care Safe?

Staff members had been provided with training on Continence Promotion in June 2015 and confirmed their confidence in following procedures for personal care provision and in respecting each service user's privacy and dignity. The manager had drawn up "Continence Support Guidelines for Killadeas Day Care Staff", and these were clear and comprehensive. Review records for a sample of four service users showed that, where relevant, continence care and continence promotion had been addressed appropriately and to the satisfaction of the service user, a relative or a relevant professional. Service users' personal records provided evidence of the objectives related to personal care needs, some of which included continence care needs.

Five staff members completed questionnaires, with most responses showing that they were either satisfied or very satisfied with the majority of aspects of the service provided, as they relate to the focus of this inspection. One respondent indicated dissatisfaction regarding "timely provision of equipment" and with "the environment, in terms of its suitability for meeting service users' care, health and welfare needs". Three other staff scored these as "satisfactory". One staff member, who met individually with the inspector, confirmed that staff were appropriately trained for personal care work and were confident in their roles. Continence promotion guidelines and the use of continence supplies and equipment are included in the induction programmes for all new care staff.

All ten service users, who completed questionnaires, indicated that they were either satisfied or very satisfied that the service provided is safe, effective and compassionate. In individual discussions during the inspection, six service users confirmed that they had all the facilities that they needed and that they really liked the staff who worked with them.

The evidence available, during this inspection, indicated that safe care was being provided, in respect of this standard.

#### **Is Care Effective? (Quality of Management)**

The centre has well detailed continence support guidelines, which were produced in June 2015. A number of service users had assessed needs with regard to continence promotion and there was evidence in care plans and from discussions with staff members to confirm that effective care was provided to meet these needs. Review records verified that service users' needs have been identified appropriately and have been regularly reviewed to ensure that care plan objectives remain relevant and accurate. Progress notes were found to be relevant, person centred and up to date.

Monthly monitoring visits and reports of these were being completed regularly, either by a service manager or by a peer manager from another Trust facility. The monitoring officer usually met with a number of service users and with staff to ascertain their satisfaction with service outcomes and with the operation of the centre. A sample of the centre's records was examined on each monitoring visit. In questionnaire responses, all ten service users confirmed that the day care service was either satisfactory or very satisfactory. In conversation, service users were very positive about their attendance at the centre and their enjoyment of the various activities in which they participated.

The evidence available, during this inspection, confirmed that effective care was being provided in respect of this standard.

#### **Is Care Compassionate?**

Staff members presented as being knowledgeable and caring about each service user's individual needs and preferences and demonstrated compassionate care practices throughout the inspection period. Service users spoke fondly of the staff and positive relationships were confirmed by a visiting activity tutor who works regularly in the centre. There was also wide-ranging evidence of compassionate care in the progress records in each service user's file.

|                                |          |                                   |          |
|--------------------------------|----------|-----------------------------------|----------|
| <b>Number of Requirements:</b> | <b>0</b> | <b>Number of Recommendations:</b> | <b>0</b> |
|--------------------------------|----------|-----------------------------------|----------|

### **5.4 Standard 8: Service Users' Involvement - Service users' views and comments shape the quality of services and facilities provided by the Day Care setting**

#### **Is Care Safe?**

Discussions with service users and staff members, and written records, provided evidence of a high level of consultation with service users and their representatives regarding care plans and the programmes in which they participate. A small number of service users travel to and from the centre with a relative and the regular contacts between these people and staff members contributes positively to the understanding of service users' needs and wishes, particularly

when a service user requires help with communication of needs, wishes and feelings. A greater number of service users live locally in residential care homes and the day care staff maintain good communications with relevant staff there, to ensure that the provision of safe care is consistent.

There was written evidence to show that staff members in the centre were appropriately qualified and experienced in their designated roles. The manager and the senior day care worker have many years' experience in social care roles. Each of the staff, who met with the inspector, or were observed during the inspection, presented as being confident in their practice. There were good systems in place to ensure that risks to service users were assessed continually and managed appropriately.

Many of the service users engaged happily in the inspection process and talked about their enjoyment of taking part in a range of activities and of meeting friends at the centre. The available evidence indicated that safe care was being provided by the centre's staff.

### **Is Care Effective? (Quality of Management)**

The centre and the WHSCT have robust quality assurance systems in place, through which policies and procedures are reviewed and updated, the centre's operations are monitored and staffs' practice and performance is evaluated. Annual reviews evaluate the suitability of each service user's placement, involving the service user and his or her representative/s where possible and appropriate.

Staff presented as being knowledgeable about the needs of each person who attends the centre and this was consistent with the written assessments of need, which were examined. The manager and the senior day care worker were well informed on all aspects of the work in progress and with the training and development needs of each staff member. Feedback from service users was very positive and included comments such as: "I love coming here. It's really good" and "the staff are kind and take us out to places".

Evidence from discussions with service users and from written records confirmed that service users enjoyed fulfilling and rewarding activities, both within the centre and on occasional outings. Within the centre there was well organised and supported involvement in activities, including woodwork, painting, knitting, boccia and various crafts. Overall, there was evidence to indicate that the care provided is effective in terms of promoting each service user's involvement and wellbeing and in encouraging the sharing of their observations and opinions.

Four service users' files were examined and were found to be well organised and to contain all of the required information. Good quality records were kept of each service user's involvement and progress and records were regularly audited by the manager and were sampled by the monitoring officer during monthly visits. Four monitoring reports were examined and were found to address the required range of issues in good detail. The manager confirmed that training on current and relevant aspects of care work was provided, in addition to the mandatory training for each year.

Staff are commended for maintaining good quality records for the service users who attend the centre. Good quality, effective care was evident throughout all aspects of this inspection.

### Is Care Compassionate? (Quality of Care)

There was a friendly and positive atmosphere amongst service users and staff members, who presented as being committed to ensuring the best possible outcomes from their work. In all of the interactions observed, service users were engaged with warmth, respect and encouragement. Service users spoke affectionately of the staff members and appeared to be enjoying interactions with them.

Thanks are due to members who welcomed the inspector to the centre and to the manager and staff for their open and constructive approach throughout the inspection process. Overall there was evidence to confirm that the centre provides a good quality service to those who attend. The management and staff are commended for their commitment to ensuring enjoyable day care experiences and positive outcomes for those who attend the centre.

### 5.5 Additional Areas Examined

Comments on all findings of this inspection are included in the sections above.

There are no requirements or recommendations arising from the inspection.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.

No requirements or recommendations resulted from this inspection.

|   |                        |                |                   |
|---|------------------------|----------------|-------------------|
| I agree with the content of the report. |                        |                |                   |
| Registered Manager                      | <i>Petrus Griffith</i> | Date Completed | <i>22/10/15</i>   |
| Registered Person                       | <i>Janine Wong</i>     | Date Approved  | <i>03/11/2015</i> |
| RQIA Inspector Assessing Response       | <i>Shirley King</i>    | Date Approved  | <i>28/11/15.</i>  |

Please provide any additional comments or observations you may wish to make below:

*\*Please complete this document in full and return to [day.care@rgia.org.uk](mailto:day.care@rgia.org.uk) from the authorised email address\**