

Unannounced Day Care Setting Inspection Report

15 February 2017



Millbrook Resource Centre incorporating New-Route

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Inspector: Priscilla Clayton

1.0 Summary

An unannounced inspection of Millbrook Resource Centre incorporating New-Route took place on 15 February 2017 from 10.00 to 15.00 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?

There were examples of good practice from various sources found throughout the inspection in relation to positive feedback from service users and staff, records examined, staff training, staff supervision, competency and capability assessments, risk assessments, availability of associated policies/procedures and infection, prevention and control measures in place.

One recommendation was made in relation to the recording of the daily hours worked by each staff member within the duty roster.

Staff, service users and relatives who completed and returned questionnaires to RQIA following the inspection indicated satisfaction and that the care provided was safe. No issues or concerns were raised or indicated.

Is care effective?

There were examples of good practice from various sources found throughout the inspection in relation to care records, care reviews, communication and multi-professional collaboration.

One recommendation was made in relation to the development and distribution of service user agreements as reflected within standard 3.1 of the minimum day care standards.

Staff, service users and relatives who completed and returned questionnaires to RQIA following the inspection indicated satisfaction and that the care provided was effective. No issues or concerns were raised or indicated.

Is care compassionate?

There were examples of good practice from various sources found throughout the inspection in relation to the culture and ethos of the centre, listening to and valuing service users and taking account of the views of service users.

Staff, service users and relatives who completed and returned questionnaires to RQIA following the inspection indicated satisfaction and that the care provided was compassionate. No issues or concerns were raised or indicated.

No requirements or recommendations were identified for improvement within this domain.

Is the service well led?

There were examples of good practice from various sources found throughout the inspection in relation to systems and processes including the management of incidents, complaints, audits, and good care team and multi-professional working relationships.

No areas for improvement were identified within this domain.

Staff, service users and relatives who completed and returned questionnaires to RQIA following the inspection indicated satisfaction and that the service was well led. No issues or concerns were raised or indicated.

This inspection was underpinned by The Day Care Settings Regulations (Northern Ireland) 2007, the Day Care Settings 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
Total number of requirements and recommendations made at this inspection	0	2

Details of the QIP within this report were discussed with Linda Dealey, 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 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

Registered organisation / registered person: Northern Health and Social Care Trust/Dr Anthony Baxter Stevens	Registered manager: Linda Dealey
Person in charge of the day care setting at the time of inspection: Linda Dealey	Date manager registered: 13 April 2015

3.0 Methods/processes

Prior to inspection following records were analysed:

- Previous care report and QIP
- Notifications
- Correspondence.

During the inspection the inspector met with all service users, eight care staff and the registered manager

The following records were examined during the inspection:

- RQIA registration certificate
- Statement of purpose
- Service user guide
- Selection of policies and procedures including those in respect of adult safeguarding, whistleblowing, staff recruitment, complaints and infection prevention and control
- Staff training
- Staff meetings
- Staff supervision and appraisal
- Service user meetings
- Monthly monitoring visits
- Staff duty roster
- Care records x 3
- Complaints
- Accidents/incidents.
- Fire risk assessment
- Annual quality review report.

Fifteen satisfaction questionnaires were given to the manager for distribution to service users (5), staff (5) and relatives (5). Seven questionnaires were completed and returned to RQIA within the timescale. Four questionnaires were completed and returned. All responses were positive in relation to the domains of safe, effective, compassionate and well led service.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 10 February 2016

The most recent inspection of the centre was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 10 February 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 20(2) Stated: First time	The manager must ensure consistently used agency care staff are formally supervised in accordance with minimum standard 20.2.	Met
	Action taken as confirmed during the inspection: The manager confirmed that consistently used agency staff commissioned is provided with supervision. Records of supervision were retained.	
Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 5 Stated: First time	With regards to service user's care plans, the manager should ensure: <ul style="list-style-type: none"> (a) The identified service user's care plan is reviewed to reflect his/her preferred available programmes and activities. (b) Care plans are specifically dated (and not just state the month and year). (c) Where service users have no verbal speech or have limited capacity due to their cognitive impairment, their care plan should be signed by their carer/ representative. 	Met
	Action taken as confirmed during the inspection: Discussion with the manager and examination of three care records confirmed that care plans reflected service user choice. The care plan referred to within this recommendation had been reviewed and updated to include choice and preferences. Care plans were dated and signed as recommended.	

<p>Recommendation 2</p> <p>Ref: Standard 8.4 and 8.5</p> <p>Stated: First time</p>	<p>With regards to the views and opinions of service users about the quality of the day service which includes it's facilities; the manager should ensure:</p> <p>(a) An annual quality assurance survey is undertaken and an evaluation report is completed about same. This should be made available and shared with service users and their carers/representatives. The report should incorporate:</p> <ul style="list-style-type: none"> • qualitative comments made • if any issues were raised • the actions (with time frames) to be taken in response to issues raised • When and how the evaluation report is shared with service users and their carers/representatives. 	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the manager and review of the annual survey report confirmed that this recommendation had been addressed.</p>		
<p>Recommendation 3</p> <p>Ref: Standard 14.10</p> <p>Stated: First time</p>	<p>With regards to the complaints record; the manager should ensure:</p> <p>(a) When the complainant is partially or not satisfied with outcome/s of the investigation into their complaint or concerns, the complaints record should state they have been advised of the next steps in the Trust's complaints process.</p> <p>(b) Record and investigate the areas of concern raised by two identified service users and a carer.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The manager confirmed that the complainant was informed of the options available which were recorded.</p> <p>Complaints received were recorded and managed appropriately with investigation/outcome and resolution documented.</p>		

4.3 Is care safe?

Discussion with the manager confirmed that staff employed were sufficiently qualified, competent and experienced to meet the assessed needs of service users in attendance. Staff who met with the inspector demonstrated good understanding of their roles and responsibilities in meeting the needs of service users and associated policies and procedures in the running of the centre.

Staff working in the centre each day was recorded within the duty roster. One recommendation was made in relation to the recording of the hours worked each day by individual staff.

Staff employment records were held within the NHSCT human resource department. The manager confirmed that all appointments made were in keeping with the trust policy/procedures and that required documentation was checked and in place before a new employee would commence work. The recruitment aspect of procedures was confirmed by staff members who met with the inspector. A corporate electronic policy and procedure on selection and recruitment was available.

The manager explained that the majority of staff was registered with the Northern Ireland Social Care Council (NISCC) and that those unregistered were aware that they must be by 31 March 2017. The manager retains a tracking record of registrations for monitoring purposes.

Induction records reviewed contained a comprehensive account of the standard/indicators to be achieved. Induction programmes were noted to be signed and dated by the staff member and mentor on the achievement of each activity. Electronic corporate policies and procedures on staff recruitment, selection and induction were available.

Mandatory staff training was discussed with the manager and staff. The manager explained that she had undertaken a staff training needs analysis for 2017 and training schedule had been developed. Mandatory training provided was recorded within a staff training matrix which included adult safeguarding and whistleblowing. Staff confirmed that mandatory training was ongoing alongside other professional development opportunities including dysphasia, respect, behavioural management and records/recording. The staff training policy, dated 14 April 2016 was available to staff.

The manager confirmed that no safeguarding allegations were currently active and should any arise the correct procedure would be followed in accordance with NHSCT recently revised policy/procedure. Staff training in adult safeguarding was provided on a two yearly basis. The manager explained that staff refresher training in adult safeguarding and the new Department of Health (DOH) regional policy titled "Prevention, Protection in Partnership" (April 2015) was planned to take place within the near future. The named safeguarding "champion" has been identified.

The manager and staff confirmed that no restrictive practice takes place in the centre. Policies and procedures on restrictive practice were in place and available to all staff. Staff training in this regard had been provided.

Necessary infection protection and control measures were in place with a good standard of hygiene observed throughout the centre. Measures included, for example; "seven step" hand hygiene notices positioned at all wash hand basins, availability of disposable gloves and

aprons; provision of staff training in infection, prevention and control, and availability of electronic trust policies / procedures on infection prevention and control.

An inspection of the centre was undertaken. All areas were observed to be clean, tidy, organised and appropriately heated. Control of Substances Hazardous to Health (COSHH) was securely stored. All fire doors were closed and exits unobstructed. The centre's fire risk assessment dated 07 July 2016, was reviewed. The assessment had no recommendations for action as no changes had occurred since the previous assessment.

Care staff who met with the inspector gave positive feedback in regard to the provision of safe care and confirmed that staff training, supervision, appraisal and staff meetings were provided and ongoing. Staff also explained that there was very good multi-professional working in the planning and monitoring of service users' care.

Service users who met with the inspector indicated that attending the centre was a "life line" to them and couldn't think how things could be better. Service users explained how the support provided by staff was excellent and were fully consulted about their likes and dislikes. One service user explained that he looked forward to each week to the meal and snacks provided which were very good.

Completed questionnaires returned to RQIA indicated that respondents were satisfied that the care provided safe.

Areas for improvement:

One recommendation made related to the inclusion of a record of time worked by each staff member within the staff duty roster. No issues or concerns were raised or indicated.

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

Three service users care records were provided by the manager for review. These were found to be in keeping with legislation and minimum care standards including, holistic health and social care needs assessments which were complemented with risk assessments; person centred care plans and regular records of the health and wellbeing of the service user. Records of review reports in place included participation of the service user and where appropriate their representative. There was recorded evidence of multi-professional collaboration in planned care.

The provision of individual service user agreements was discussed with the manager. One recommendation was made regarding the development and distribution of agreements as reflected within standard 3.1 of the minimum day care standards.

The manager explained the systems which were in place to promote effective communication between service users, staff and other stakeholders. This was evidenced within a number of sources including: discussions with staff and service users, care records examined; minutes of service users' meetings, minutes of staff meetings, information notices displayed on health and social care and photographs of various activities and social events.

Staff confirmed that the modes of communication in use between the staff team, service users/representatives and other stakeholders were effective and that communication was enhanced through the “open door” arrangements operated by the manager and senior staff. This is to be commended.

Competency and capability assessment of staff in charge when the manager is not in the centre was discussed and assessments reviewed. These were found to be comprehensive, dated and signed by the staff member and manager.

Service users who met with the inspector confirmed they were aware of whom to contact if they had any issues or concerns about the service and that staff were approachable and always willing to help and provided assistance when required. No issues or concerns were raised or indicated.

The manager explained the range of audits conducted during 2016 which included audit of complaints, supervision and appraisal, fire safety, meals, environmental cleanliness and care records. In addition a service user satisfaction survey was conducted. Analysis of the findings was undertaken and a report developed. The manager confirmed that actions identified for improvement were implemented. Overall responses were noted to be positive.

Completed questionnaires returned to RQIA indicated that respondents were satisfied that the care provided was effective. No issues or concerns were raised or indicated.

Areas for improvement

One recommendation was made regarding development and distribution of service user agreements as reflected within standard 3.1 of the minimum day care standards.

Number of requirements:	0	Number of recommendations:	1
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4.5 Is care compassionate?

The manager confirmed that there was a culture/ethos within the centre that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of service users. This was reflected within the statement of purpose, service user guide, care records and minutes of service user meetings reviewed.

There was a range of policies and procedures available to staff which supported the delivery of compassionate care.

Observation of staff interactions with service users demonstrated that they were treated with dignity and respect. Staff confirmed their awareness of promoting service user rights, independence and dignity.

Discussions with staff, service users, review of care records and observation of staff practice and interactions confirmed that service users’ needs were acknowledged and recorded.

There was evidence that service users were enabled and supported to engage and participate in a range of meaningful activities noted within care records, service user meetings and reviews of care.

Service users confirmed that they were consulted and felt very much involved about arrangements within their centre. Comments from staff and service users were very positive in regard to the service provided. No issues or concerns were raised or indicated in this regard.

Completed questionnaires returned to RQIA indicated that respondents were satisfied that the care provided was compassionate. No issues or concerns were raised or indicated.

Areas for improvement

No areas for improvement were identified within this domain.

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

Linda Dealey, the registered manager explained that she was very well supported in her role by her line manager and at operational level by a mixed skill team of care and ancillary staff.

There was a defined organisational and management structure that identifies the lines of responsibility and accountability within the centre.

The centre's current RQIA registration certificate was displayed in a prominent position.

The manager confirmed that the centre operated in accordance with the regulatory framework and that the health and social care needs of service users were met in accordance with the centre's statement of purpose.

The manager confirmed that staffing levels were satisfactory in meeting the needs of service users in attendance. Additional staff was commissioned to provide close 1:1 supervision of service users with complex needs.

There was a range of electronic corporate policies and procedures to guide and inform staff. Several policies were also held in hard copy format. Staff demonstrated awareness of policies including the policy and procedure relating to whistle blowing and adult safeguarding.

Records of accidents/incidents were discussed with the manager who was aware of procedure in regard to notification to RQIA. The manager explained that any issues arising from the investigation of accidents or incidents would be addressed, and where necessary risk assessments undertaken with measures to minimise the risk reflected within care plans. Where necessary any lessons to be learned would be identified and disseminated throughout the trust.

The centre had a corporate trust policy and procedure on complaints. Information on how to complain was reflected within the statement of purpose and service user guide. A booklet, in Makaton format, on how to complain was available to service users. This is to be commended. Records on complaints received were reviewed and discussed with the manager who explained that all complaints received were recorded, investigated with resolution achieved. Audits of complaints received were undertaken in order to identify any trends and patterns and when necessary action was taken to address issues arising and lessons learned.

Several thank you letters and cards from service users and relatives complementing the staff on the good care and service provided had been received.

The manager and staff confirmed that annual appraisal and staff supervision was provided with records made and retained. Individual staff supervision was being provided on a three monthly basis.

Monthly staff meetings were held with minutes recorded including the names of staff in attendance and discussions held.

Staff confirmed that there was very good working relationships within the team and that the manager was responsive to suggestions/comments raised during staff meetings.

Monthly monitoring report visits made on behalf of the registered provider were available. These were observed to be in keeping with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. The manager confirmed that these reports were available, when requested, to service users, their representatives, staff, trust representatives and RQIA.

Completed questionnaires returned to RQIA indicated that respondents were satisfied that the service was well led. No issues or concerns were raised or indicated.

Areas for improvement

No areas for improvement were identified within this domain.

Number of requirements:	0	Number of recommendations:	0
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5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Linda Dealey, Registered Manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the 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 person/s 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 Settings Minimum Standards. They promote current good practice and if adopted by the registered person(s) may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to web portal and assessed by the inspector.

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. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 23.7</p> <p>Stated: First time</p> <p>To be completed by: 28 February 2017</p>	<p>The registered person should ensure that the time worked each day by individual staff members are recorded within the staff duty roster.</p> <hr/> <p>Response by registered person detailing the actions taken: The staff rota now reflects the hours worked by each individual staff member on a daily basis. This is reflected in the weekly staff rota.</p>
<p>Recommendation 2</p> <p>Ref: Standard 3.1</p> <p>Stated: First time</p> <p>To be completed by: 30 April 2017</p>	<p>The registered person should ensure that individual service user agreements are developed and issued in accordance with standard 3.1 of the Day Care Settings Minimum Standards.</p> <hr/> <p>Response by registered person detailing the actions taken: Individual service user agreements are being developed and will be completed.</p>



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