

The Regulation and  
Quality Improvement  
Authority

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**Unannounced Care Inspection  
of  
Anna House**

**28 September 2015**

The Regulation and Quality Improvement Authority  
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## 1. Summary of Inspection

An unannounced care inspection took place on 28 September 2015 from 10.00 to 15.30. Overall on the day of the inspection the Day Care Service 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>	3	1

The details of the QIP within this report were discussed with Denise McDonald, Regional Day Care Manager and Barbara Hume, DCW as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Age NI/Linda Robinson (Acting)	<b>Registered Manager:</b> Gillian Thompson
<b>Person in Charge of the Day Care Setting at the Time of Inspection:</b> Barbara Hume (DCW in charge) and Denise McDonald, (Regional Day Care Manager).	<b>Date Manager Registered:</b> 14 December 2010
<b>Number of Service Users Accommodated on Day of Inspection:</b> 14	<b>Number of Registered Places:</b> 15

## 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: the registration status of the service; incidents notification which revealed one incident had been reported and RQIA; written and verbal communication received since the previous care inspection which did not reveal any concerns; and the returned quality improvement plan (QIP) from the care inspection undertaken in April 2014 which revealed no requirements and one recommendation had been made.

During the inspection, care delivery/care practices were observed by the inspector and a tour of the general environment took place. During the inspection the inspector met with 14 service users and individually with three service users, the two staff on duty and the regional day care manager. Three service users completed inspection questionnaires during the inspection and two were returned post inspection. The two staff returned inspection questionnaires after the inspection.

The following records were examined during the inspection: the settings statement of purpose and service user's guide; four service users' individual care records including care plans, assessments and review documentation; six complaints/issue of dissatisfaction reported from January 2014 to the date of the inspection; a sample of the settings incidents and accident records from April 2014 to September 2015; and policies and procedures regarding Standards 5 and 8.

#### 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 29 April 2014. The completed QIP was returned and approved by the care inspector.

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

Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b> Ref: Standard 17.1	The registered manager should complete a competency assessment with staff that covers her post in her absence; to ensure the staff member can competently and confidently undertake their role and responsibility in the manager's absence. Any gaps identified should be addressed through training, supervision, appraisal etc.	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Competency assessment was completed with the day care worker on and signed as complete and competent in September 2014. Discussion with the staff member confirmed she feels competent and informed to undertake this role and responsibility.</p>	
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### 5.3 Standard 5 - Care plan: Where appropriate service users receive individual continence promotion and support

#### Is Care Safe?

There is an Age NI continence promotion policy and procedure in place which is incorporated into practice. For example, ensuring service users can access the toilet, they are assessed regarding any assistance or support they may need and they receive the support or assistance they need.

During observation of the morning's activity staff were actively seeking service users' feelings and preferences to ensure that choices are acted on

The inspection of four needs assessment, risk assessments and care plans provided evidence they had been kept under review, amended as changes occurred and kept up to date to reflect the needs and preferences of the service user. The needs assessment and care plans had been appropriately signed. Where appropriate needs assessments and care plans included continence promotion information which detailed needs led care. However, the information did not detail how staff should protect and promote the service users' dignity, privacy and the service users' preferences. Information should also be informed by professional assessment. The staff have recently started using a new form completed regarding service users continence needs entitled the continence assessment and care plan. This is a checklist which assesses cognitive skills, ability and mobility. However, the information does not detail promotion of continence using a person centred approach; the information should detail what staff need to do to ensure the care delivered is safe, responsive to need, based on service users' preferences and takes into account measures to protect dignity and preference. A recommendation is made to further improve the approach to continence promotion and care in this setting.

The inspection included seeing the bathrooms that service user's access and this is also where continence products are stored. Products were kept in a draw cabinet in the bathroom. Gloves and aprons were accessible for staff if required. Discussion with staff showed staff were aware of continence products and Personal Protection Equipment (PPE), and could describe care practice when they did need to use PPE, this did reflect current infection control guidance. Observations of the environment did not reveal any concerns regarding accessibility of the toilets, odour, location/storage of PPE and continence products. There were no concerns regarding infection control guidance identified during this inspection.

Staff had not received training in the area of continence promotion; however, training had been organised for staff regarding first aid on 27<sup>th</sup> October and continence training was booked for 25 November 2015.

During the inspection three service users completed RQIA questionnaires and the inspector spoke with all of the service users during the day. Two inspection questionnaires were returned post inspection by service users. Service users reported they all feel very satisfied that Anna House is a safe and secure place for them to come to for day care. Comments were made such as: "Anna House is a safe place." Service users reported they feel very satisfied to satisfied regarding the number of staff in the setting. One service user commented: "Any help required is willingly given by staff," and another commented: "They could do with a helping hand sometimes but they are doing a good job." The inspector noted staffing was low on the day of the inspection and this was discussed with staff on duty. Lastly, the inspector asked service users if they were able to access the bathrooms with or without support and they all reported they could and have no concerns regarding access to the bathroom or using the toilet facilities in this setting.

Discussion with staff on duty revealed that staff feel the bathrooms in this setting do met the needs of the service user. Observation of staff and service users during the inspection did reveal some service users require two to one care; and because there was only to staff on duty this left vulnerable and some confused service users without supervision and support. The staff members were aware of the risk and did acknowledge this was not ideal; however, they explained one post was vacant and the manager was on annual leave which had left them short staffed. A requirement is made that staffing is appropriate at all times. The registered persons must assess the number and needs of service users, the size of the day care setting and ensure the number of staff in the setting is appropriate to meet the needs of the service users, and the purpose of day care setting and activities they undertake (statement of purpose).

Two staff returned inspection questionnaires that reported staff are unsatisfied to satisfied with the training they had received. Continence training was mentioned as due to be delivered and during the inspection it was confirmed this had been planned. Staff reported they are satisfied with support from the multidisciplinary team; access to equipment; and the environment is appropriate to meet service users' needs. One comment was made: "Anna house is a suitable centre for all levels of mobility etc. as it is all on the flat and there is no steps etc. Outside professionals are invited to Anna house to provide podiatry, eye tests from mobile opticians etc."

Overall the inspection concluded staff have a proactive approach to ensuring continence needs are met in a safe way in this day care setting; however, improvements in the recording of person centred information and staffing will ensure care is fully responsive at all times.

### **Is Care Effective?**

The service users bring their own supply of continence products to the setting. The staff on duty discussed they are aware of how to meet assessed needs and have access to a spare supply of continence products if service users forget their own product. In the bathrooms there is a supply of Personal Protective Equipment (PPE) for staff which they described using as appropriate. Staff will receive training in continence promotion in November 2015; however, they have not received any infection control training or supplement training since 2013. A requirement is made this training is delivered without delay. Future training should be delivered in compliance with RQIA guidance on mandatory training for providers of care in regulated services. That is two yearly after induction with supplement training such as DVD in between.

Review of the toilets in this setting identified there are two large toilets that are used by all service users and they can access these independently or with staff assistance. The toilets presented as clean and there was no foul odour. The inspection did identify as this was a setting which meets the needs of a small number of service users who have dementia the signage to the toilets could be improved, the toilet seat could be replaced by a red toilet seat and the toilet roll should be fixed to the wall for ease of use. A requirement is made in this regard.

Discussion with service users in this setting and observation of staff delivering activities and care provided examples of staff listening to service user's views, and responding to service users when they indicated they needed assistance. Staff were respectful of service users' comments and preferences in their communication, and discussion with staff evidenced they were aware of how to protect service users' dignity and promote independence.

Three RQIA questionnaires were completed with service users during the inspection and two were returned to RQIA post inspection. These concluded service users feel very satisfied staff know how to care for them and that staff respond to their needs. Comments made were: "They can't do anymore, no complaints, staff are marvellous" and "Staff ring me if I don't come in to see if I am ok and why I am not here"; the service user then went onto to say how important to her it was that staff were looking out for her even when she wasn't here.

Two staff returned inspection questionnaires to RQIA post inspection; they reported they are very satisfied to satisfied they have access to supplies which support service users and access to PPE. Finally staff reported they have sufficient knowledge, skills and experience to support service users who attend the day centre. One staff member commented: "Incontinence training is to be provided to the staff at Anna House on 25 November 2015. All protective clothing is fully available."

The inspection concluded care provided by staff is effective in promoting and supporting continence needs.

### **Is Care Compassionate?**

In the discussions with staff and observation of practice the staff presented as knowledgeable and discussed their approach to care; which was reflective of person centred practice and underpinned by informed values which underpin the standards.

The inspection processes sought service users' views regarding the day care setting and were they satisfied with the care and support they receive. Generally all service users commented they feel very satisfied with the care and support they receive from staff and five RQIA questionnaires reported: "I am 100% happy with the care, I like the company and the staff, staff couldn't do any better" and "Anna house is very good, all aspects are very good."

Two staff reported in the inspection questionnaires that they are satisfied to very satisfied service users are afforded privacy, dignity and respect at all times; they are encouraged to retain their independence and make choices; they are satisfied they have time to talk to and listen to service users; and the care provided is based on service users' needs and wishes.

The inspection concluded staff approached meeting service users' needs with compassion and ensured service users were given time to talk openly or privately.

## Areas for Improvement

Three requirements and one recommendation are made regarding: Standard 5 - Care Plan: Where appropriate service users receive individual continence promotion and support.

One recommendation is made the registered persons should improve the continence assessment and care planning process in this setting by introducing a person centred approach that encourages continence promotion. The information should ensure the care delivered is safe, responsive to need, based on service user's preferences and takes into account measures to protect dignity and preference.

One requirement is made the responsible person makes appropriate arrangements to assess the number of staff that are required to be in the setting to meet needs. The rota must then evidence the minimum staffing numbers is achieved. The assessment should assess the number and needs of service users, the size of the day care setting and ensure the number of staff in the setting is appropriate to meet the needs of the service users; and the purpose of day care setting and activities they undertake (as described in the statement of purpose).

One requirement is made that the registered persons ensure the staff receive infection control training or supplement training without delay. Future infection control training should be delivered in compliance with RQIA guidance on mandatory training for providers of care in regulated services. That is two yearly after induction with supplement training such as DVD in between.

One requirement is made for the responsible person to improve the environment in this setting. The environment should be improved to meet the service users' needs who have dementia, specifically the signage to the toilets should be improved, the toilet seat could be replaced by a red toilet seat and the toilet roll should be fixed to the wall for ease of use.

Number of Requirements	3	Number Recommendations:	1
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### 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?

The review of service user's assessments and care plans showed staff assess and clearly describe the best way to communicate with each individual, including information on communicating on a one to one basis and in a group to achieve best outcomes. Assessments had been kept under review; and amended as changes occurred to reflect the needs and preferences of the service user. The review process had recorded service users' and their representatives' views and these were being put into practice, thus ensuring that choices, issues of concern, complaints or risks are recorded and acted on. The day centre does need to improve their approach by moving away from the medical model and use a more person centred approach in their practice. Service users' preferences and choices should be encouraged and recorded openly as should information pertaining to service users' care which promotes and protects service users' choices, preferences, privacy and dignity. A recommendation has been made in this regard in the examination of the first standard in this report.

There are policies regarding:

- service users' meetings and forums in the Involvement of service users policy and procedure
- service users' involvement in activities and events in the methods of encouraging SU and carer involvement policy and procedure
- communications with carers and representatives and general communication arrangements in the communication policy and procedure
- safe and healthy working practices

The inspection confirmed staff communicate effectively with service users and use this information to ensure care is safe and responsive to need.

### **Is Care Effective**

There is a range of methods and processes used in this setting where service users' and their representatives' views are sought, recorded and include details of the action taken such as client suggestions log, informal feedback, in the review process and monitoring visits. These processes had enabled service users to be involved in and given opportunities to influence the running of the day care setting and what activities they are involved in.

The review process had enabled service users and or their representative to participate in decisions about the care and support services they had received. The processes enabled service users to exercise choice and control over their lifestyle while not infringing on the rights of others.

Discussion with service users and observation of practice provided evidence service users are being listened to and consulted. The service users discussed how staff ask for their choices regarding activities, discuss menu choices and ask if they need support during the day. The inspection observed staff practicing in this way during the inspection. In summary preferences, opinions and suggestions were facilitated and service users said they do they feel listened to.

Staff described they practice in a way that protects service users dignity and privacy. Service users are encouraged to make choices and feedback from service users informs activities, menu choices and the day care routine.

During the inspection the staff were observed informing service users in the Day Care Setting that the inspection was taking place and encouraged them to give their views about the standard of care delivered and the conduct of the Day Care Setting to the inspector.

There are policies regarding:

- consent
- listening and responding to service users' views within the service users views policy and procedure
- management & control and monitoring of the setting including quality improvement
- complaints



The inspection confirmed the care in this setting effectively seek service user's views, opinions and preferences and this information is used to inform day care delivery.

### **Is Care Compassionate?**

During this inspection observation of practice demonstrated service users are listened and responded to by staff that is knowledgeable about individual service users' communication needs. During the inspection service users were kept informed about issues affecting them and were treated with respect. These observations were corroborated by service users who when they were asked how they would describe the care provided by staff, they commented staff are "attentive", "staff are great" and "staff couldn't be better".

Five service users completed questionnaires for this inspection and they stated service users are satisfied to very satisfied that their views and opinions are sought regarding the service.

Two staff questionnaire's stated they were satisfied to very satisfied regarding the following questions: service users are involved in and are given opportunities to influence the running of the centre; systems are in place to seek service users' views; management action service user's suggestions, issues or complaints; and service users are kept informed regarding any changes.

In conclusion this inspection confirmed the staff use a compassionate approach to gather service user's views, opinions and preferences.

### **Areas for Improvement**

One area of improvement was identified in the inspection of Standard 8 - Service users' involvement: Service users' views and comments shape the quality of services and facilities provided by the Day Care setting.

A recommendation is made that service users' preferences and choices should be encouraged and recorded openly. This information should be included in care records which should detail and promote and protects service users' choices, preferences, privacy and dignity. Please note this recommendation was already made in the examination of the first standard in this report.

<b>Number of Requirements</b>	<b>0</b>	<b>Number Recommendations:</b>	<b>0</b>
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## **5.5 Additional Areas Examined**

### **5.5.1 Complaints**

The complaints record was reviewed by the inspector and this revealed six complaints had been recorded in 2014 and in 2015. The examination of the record revealed the complaints had been recorded in accordance with the day centre procedure and they had been investigated and resolved locally to achieve a satisfactory outcome.

### **5.5.2 Incidents**

The inspector sampled entries made in this record from the April 2014 to September 2015 and this did not reveal any improvements or concerns that require further discussion.

### 5.5.3 Service User Meeting and Service User Suggestions Recording

The inspector sampled the records from January 2014 to September 2015. There is a proforma in place to record suggestions, discussions and outcomes. These demonstrated suggestions had been made which had been integrated into the programme successfully.

## 6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Denise McDonald, Regional Day Care 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.

### 6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Day Care Settings Regulations (Northern Ireland) 2007.

### 6.2 Recommendations

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

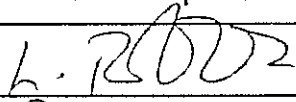

### 6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/ registered manager and 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. Once fully completed, the QIP will be returned to [day.care@rqia.org.uk](mailto:day.care@rqia.org.uk) 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	
<b>Statutory Requirements</b>	
<p><b>Requirement 1</b></p> <p>Ref: Regulation 20(1)(a)</p> <p>Stated: First time</p> <p>To be Completed by: 23 November 2015</p>	<p>The responsible person must make appropriate arrangements to assess the number of staff that is required to be in the setting to meet the needs of the service users. Once completed the rota must evidence the minimum staffing numbers are achieved.</p> <p>The assessment should assess the number and needs of service users, the size of the day care setting and ensure the number of staff in the setting is appropriate to meet the needs of the service users; and the purpose of day care setting and activities they undertake (statement of purpose).</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Anna House has ben without a full time member of staff due to her needing long term sick leave. I have a new permanent full time member of staff commencing on 4<sup>th</sup> November 2015 resulting in full staffing levels.</p>
<p><b>Requirement 2</b></p> <p>Ref: Regulation 20(1)(c)(i)</p> <p>Stated: First time</p> <p>To be Completed by: 23 November 2015</p>	<p>The registered persons ensure the staff receive infection control training or supplement training without delay. Future infection control training should be delivered in compliance with RQIA guidance on mandatory training for providers of care in regulated services. That is two yearly after induction with supplement training such as DVD in between.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> I have organized infection control training for my staff at Anna House through My Line manager. This is to take place on 14<sup>th</sup> Nov 2015. I plan to have continuous training for my staff in this area.</p>
<p><b>Requirement 3</b></p> <p>Ref: Regulation 18</p> <p>Stated: First time</p> <p>To be Completed by: 23 November 2015</p>	<p>The responsible person to improve the environment in this setting to meet the service users' needs who have dementia. Specifically the signage to the toilets should be improved, the toilet seat could be replaced by a coloured toilet seat, preferably red and the toilet roll should be fixed to the wall for ease of use.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> With immediate effect I ordered x2 toilet roll holders x2 red toilet seats and new signage for the toilet doors etc. This has been ordered through my head office and will be completed as soon as possible.</p>

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<b>Recommendations</b>			
<b>Recommendation 1</b>  <b>Ref:</b> Standard 5.1  <b>Stated:</b> First time  <b>To be Completed by:</b> 23 November 2015	<p>The registered persons should improve the continence assessment and care planning process in this setting by following a person centred approach that encourages continence promotion. The information should ensure the care delivered is safe, responsive to need, based on service users' preferences and takes into account measures to protect dignity and preference.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b>            I have spoken to my Line manager and have requested the appropriate paperwork to carry out full continence assessments with my service users as individuals with different needs. This will ensure that all staff are delivering the same care at a high standard and preserving dignity and privacy at all times. Continence training has been organized to take place at Anna House on the 25<sup>th</sup> November 2015</p>		
<b>Registered Manager Completing QIP</b>	Gillian Thompson	<b>Date Completed</b>	29/10/15
<b>Registered Person Approving QIP</b>		<b>Date Approved</b>	29/10/15
<b>RQIA Inspector Assessing Response</b>		<b>Date Approved</b>	2/11/2015.

*\*Please ensure this document is completed in full and returned to [day.care@rqia.org.uk](mailto:day.care@rqia.org.uk) from the authorised email address\**