

Unannounced Care Inspection Report 17 December 2018



Killadeas Day Centre

Type of Service: Day Care Service
**Address: Block E, Unit 47, Enniskillen Business Centre,
Enniskillen, BT74 4RL**
Tel No: 028 6634 2833
Inspector: Angela Graham

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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 that provides care and day time activities for up to 20 service users with a learning disability. The day care setting is open Monday to Friday and is managed by the Western Health and Social Care Trust (WHSCT).

3.0 Service details

Organisation/Registered Provider: Western Health and Social Care Trust Responsible Individual: Anne Kilgallen	Registered Manager: Patricia Griffith
Person in charge at the time of inspection: Patricia Griffith, Registered Manager Claire McKeown, Day Care Worker	Date manager registered: 21 June 2013
Number of registered places: 20	

4.0 Inspection summary

An unannounced inspection took place on 17 December 2018 from 09.05 to 15.35.

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

Evidence of good practice was found in relation staff training, risk management, collaboration with the multiprofessional team and contemporaneous record keeping. Further areas of good practice were also noted in regards to governance arrangements, the culture and ethos of the day care setting, quality improvement and maintaining good working relationships.

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
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Patricia Griffith, Registered Manager and Claire McKeown, Day Care Worker, as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent care inspection dated 4 January 2018

No further actions were required to be taken following the most recent inspection on 4 January 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- the registration details of the day centre
- written and verbal communication received since the previous care inspection
- incident notifications that highlighted that no incidents had been notified to RQIA since the last care inspection on 4 January 2018
- the previous care inspection report
- pre-inspection assessment audit.

During the inspection, the inspector met with the registered manager, administrative officer, day care worker and four support workers. The inspector received a telephone call from a service user's representative. Introductions were made to service users during the course of a walk around the setting; with individual interaction with ten service users.

The day care worker was provided with ten questionnaires to distribute to service users/relatives for their completion. The questionnaires asked for service user and relatives' views regarding the service, and requested their return to RQIA. Seven service users' and/or relatives questionnaires were returned to RQIA. The content of the questionnaires is discussed in the main body of the report.

At the request of the inspector, the day care worker was asked to display a poster within the day centre. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision. No responses were received within the timescale requested.

The inspector requested that the day care worker place a 'Have we missed you' card in a prominent position in the day care setting to allow service users and relatives who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received. An RQIA information leaflet 'how can I raise a concern about an independent health and social care service' was also provided to the day care worker to be displayed in the day care setting for service users.

The following records were examined during the inspection:

- complaints and compliments records
- accident/untoward incident records
- staff rota information from 19 November to 17 December 2018
- RQIA registration certificate
- staff supervision and appraisal records
- records confirming registration of care staff with the Northern Ireland Social Care Council (NISCC)

- elements of three service users' care records
- sample of policies and procedures
- sample of quality assurance audits
- fire drill records
- fire risk assessment findings dated 23 November 2018
- staff training information
- minutes of three staff meetings
- minutes of three service user meetings
- three monthly monitoring reports.

The inspector would like to thank the registered manager, relative, service users and staff for their involvement in the inspection process.

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 04 January 2018

The most recent inspection of the day care setting was an unannounced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 4 January 2018

There were no areas for improvement made as a result of the last care inspection.

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 inspector reviewed the day centre's systems in place to avoid and prevent harm to service users which included a review of staffing arrangements in place.

Discussions with the day care worker and staff confirmed that sufficiently competent and experienced persons were working in the centre to meet the assessed care needs of service users and ensure service users were safe. The day care worker was able to describe measures that would be taken to help ensure that appropriate staffing levels are achieved in order to ensure that the safety and wellbeing of service users is maintained.

A review of a sample of rota information showed the planned staffing levels were subject to review which the day care worker advised occurred when managing staff absences or changes in service users' needs or numbers. In addition, the day care worker stated that emphasis is placed upon endeavouring to provide a consistent staff group who know the service users and have the relevant knowledge and skills to support them. On occasions when agency staff are needed, the same staff are requested. No concerns were raised regarding staffing levels during discussion with a relative and staff.

The day care worker confirmed that staff employment records were held within the WHSCT human resources department and that all appointments were made in compliance with relevant legislative requirements and trust policy and procedures. The day care worker confirmed that an induction programme was available for newly appointed members of staff. A review of two staff induction programmes noted it included areas such as adult safeguarding, confidentiality, health and safety, fire safety and infection prevention and control.

Records examined established that competency and capability assessments had been completed for those left in charge of the centre in absence of the registered manager, demonstrating the staff were willing to act up and had the required skills.

Discussions with staff advised that they had access to a mandatory training programme to support them in meeting the roles and responsibilities of their job. They described the training they received as effective and of a good quality. Discussion with staff and review of a sample of staff training records concluded staff had received mandatory since the previous care inspection such as first aid, moving and handling and adult safeguarding training. It was positive to note that staff received training in addition to the mandatory training requirements such as: equality and human rights; mental health first aid and health and safety.

The day care settings governance arrangements in place to highlight and promote the identification of and management of risk were inspected. All incidents and accidents were recorded on an electronic system which are reviewed and audited by the registered manager and the WHSCT governance department. There was evidence that the registered manager undertook a monthly audit of incidents and accidents to ensure follow up of any outstanding actions. Discussion with the day care worker and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussions with the day care staff and staff on the day of inspection revealed they were knowledgeable regarding their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns and maintain written records. The day care worker advised there had been no recent safeguarding referrals in the setting and that any suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; and that written records would be retained.

The day care worker confirmed that the WHSCT adult safeguarding practices are directed by the regional Adult Safeguarding Prevention to Protection in Partnership, July 2015 and its associated Operational Procedures, September 2016. An Adult Safeguarding Champion (ASC) was identified for the service. Discussion with the day care worker further confirmed that there was a clear pathway for staff to follow in relation to referring any safeguarding concerns to appropriate professionals.

Observation of the environment was undertaken during a walk around of the day care setting, it confirmed that the environment was warm, clean, fresh smelling and had suitable lighting. Fire exits and walk ways were clear and free from any obstructions. The discussion with the day care worker confirmed that furniture, aids and appliances were fit for purpose for the diverse needs of service users. Infection prevention and control measures were in place with a good standard of hygiene observed throughout the centre. Measures included the availability of hand sanitisers around the unit, "seven step" hand hygiene notices positioned at wash hand basins and supplies of liquid soap and hand towels mounted on the wall. Staff had effective access to gloves and aprons as required. Staff training records confirmed that staff had received training in infection prevention and control in line with their roles and responsibilities and control of substances hazardous to health (COSHH). Observation of staff practice evidenced that staff adhered to infection prevention and control procedures.

Records examined identified that a number of safety checks were undertaken including: fire safety drills to ensure service users can exit safely, monthly safety checks of fire doors; fire extinguishers; emergency lighting; water temperature and weekly fire alarm tests. The review of fire drill records confirmed that a fire drill had been undertaken on 26 September 2018. Discussion with staff confirmed they were aware of the evacuation procedure.

A fire risk assessment was completed on 23 November 2018 and the day care worker confirmed the action plan was being addressed.

Staff confirmed that they felt care was safe in this setting. Discussion with both staff and a relative confirmed that service users have had access to a consistent core staff team who have developed a holistic and effective understanding of service users' needs. Staff described how they give consideration to service users' holistic needs, for instance, they observe service users, noting any change in dependency, ability or behaviour and proactively take appropriate measures to promote and ensure the safety and wellbeing of the service user. Staff also demonstrated awareness of the need to continually risk assess to ensure that service users remain safe during outings or while engaging in activities within the setting. They recognised the importance of sharing relevant information with relatives and making referrals to other services/professionals as required. In addition staff had received training in first aid and fire safety.

There were arrangements in place to ensure that staff are registered with the Northern Ireland Social Care Council (NISCC).

Discussion with staff and a relative with regards to the provision of safe care included the following comments:

Staff comments:

- "I had an excellent induction to the centre and I was encouraged by the day care worker to always ask if I was unsure of anything."
- "Adult safeguarding is all our responsibilities and it is part of our training."
- "We work as a team to ensure the care and support we deliver is safe."

Relative’s comments:

- “Staff are excellent and know all my daughter’s needs.”
- “I feel the care is very safe in Killadeas.”

Seven service users and/or relatives returned questionnaires to RQIA. Of the seven questionnaires received, six responses indicated that they were very satisfied that the care provided was safe. One response indicated that they were very unsatisfied that the care provided was safe. No additional comments were provided by the anonymous respondent.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, knowledge regarding adult safeguarding, infection prevention and control and knowledge and competency in respect to safe care.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

The inspector reviewed the day care settings arrangements for appropriately responding to and meeting the needs of people who use the service. Information relating to the nature and range of services provided is outlined within the Statement of Purpose. Observations throughout the inspection confirmed that the day care setting was providing care in accordance with their Statement of Purpose.

Discussion with the day care worker established that staff in the day care setting responded appropriately to and met the assessed needs of the service users.

The inspector reviewed elements of three service users’ care files. The inspection of the care records found they were maintained in line with the legislation, the assessments of need, risk assessments, care plans and records of health and well-being of the service users were current and had been reviewed.

Discussion with staff revealed that they felt care provided to service users within the setting was effective. They were knowledgeable regarding service users’ needs and care plans; they described how intervention with each service user was person centred depending on their individual needs. Staff also confirmed systems were in place to ensure any updates or changes in service users’ needs were discussed and shared as necessary by the day care worker.

The discussions with staff and review of service user care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the day care setting. There was evidence that day care staff intervention when they made referrals to the multi-disciplinary team was proactive, timely and appropriate. Staff were also implementing the specific recommendations of speech and language therapist (SALT) and the behavioural support team to ensure the care received in the setting was safe and effective.

A record was kept of each service user's involvement and progress at the centre and entries were made in proportion to the frequency of attendance of the individual. Dates and signatures were present in all of the files examined. Records of annual reviews for each person demonstrated that an evaluation of the overall suitability of the placement had been discussed and agreed.

Discussion with the day care worker and review of arrangements concerning the storage of confidential records confirmed that service users' records were stored safely and securely in compliance with legislative. Staff recognised the importance of maintaining accurate and contemporaneous records to guide their practice and ensure that care provided was safe, effective and timely.

The day care setting's Statement of Purpose and Service User Guide provides information on how to make a complaint and the importance of ensuring that service users' opinions and feedback is heard and acted upon. Information is provided to service user's regarding their right to advocacy support and the role of the Patient and Client Council (PCC).

Discussion with staff regarding how they communicate/respond with service users who present with specific communication needs confirmed they were knowledgeable regarding person centred interventions that could assure service users were involved and communication opportunities were maximised.

Discussion with staff and a relative with regards to the provision of effective care included the following comments:

Staff comments:

- "We always report any changes we note to the day care worker and she will report to the family and other professionals as appropriate."
- "We are always updated regarding any changes in the service users' care and we can access the care records at any time."

Relative's comments:

- "In my opinion the care is individual to my daughter."

Seven service users and/or relatives returned questionnaires to RQIA. Of the seven questionnaires received, six responses indicated that they were very satisfied that the care provided was effective. One response indicated that they were very unsatisfied that the care provided was effective the care. No additional comments were provided by the anonymous respondent.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to risk management and communication between service users and/or their representatives, staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	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.

The inspection sought to assess the day care setting's ability to treat service users with dignity, equality and respect, and to fully involve services users in decisions affecting their care and support.

Discussions with a relative, staff and observation of care during the inspection showed that the promotion of values such as choice, dignity and respect were embedded in the culture and ethos of the day centre. Staff interactions with service users were observed to be cheerful, compassionate, caring and timely, with staff providing clear information, using appropriate language, demonstrating active listening skills, checking understanding and service users' expectations. The inspector observed on numerous occasions, staff offering service users' choice regarding the activity they wished to do or where they wished to go. Staff took time to find out what services users wanted when it was not always apparent. Staff were also observed responding sensitively and in a timely manner to the non-verbal cues of service users with limited verbal communication. Staff were noted to be busy attending to the needs of service users and they took time to listen and reassure services users as needed. It was apparent that service users were familiar with staff as they appeared relaxed and comfortable in their surroundings and interactions. There was genuine warmth in the engagement by staff with service users and staff spoken with were knowledgeable regarding service users likes, dislikes and individual preferences. Staff supported the inspector with interpreting some communication by service users; the inspector was able to clarify that the information provided was accurate by the service users' positive gestures and non-verbal cues.

Staff were aware of what was important for each service user and their specific interests and organised meaningful activities to support this. Discussions with staff regarding the activities they were delivering confirmed the activities were tailored to meet the needs of the service users, as well as promoting their strengths and providing choice. Service users were enabled and supported by staff to engage and participate in meaningful activities. Staff discussed the range of activities service users could take part in such as creative crafts, relaxation therapies and outings.

Observation of the lunchtime meal evidenced that service users were given a choice in regards to the meals being served.

The dining area appeared to be clean, tidy and appropriately spacious for service users and staff. Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs as identified within the service users' care plans and associated SALT dietary requirements.

Staff described daily informal arrangements in place that ensure service users are consulted and their views and opinions sought. More formal arrangements to promote effective communication with service users and/or their representatives were facilitated through initial and annual care reviews and service user meetings. The day care worker confirmed that service user meetings were held approximately monthly. The minutes of the three most recent service users' meetings were reviewed during this inspection. The meetings had taken place on: 29 November, 25 October and 20 September 2018. The minutes of these meetings were typed, with a user friendly format that included written and pictorial information. It was positive to note that services users were able to make decisions regarding activities and outings.

Discussion with staff and a relative with regards to the provision of compassionate care included the following comments:

Staff comments:

- "It is so important that all service users are offered choice and are supported in their decisions."
- "At all times we work towards ensuring the service users have a fulfilling day in the centre."

Relative's comments:

- "The care is excellent and staff work hard to meet my daughter's needs. I have found staff to be very kind and caring."

Seven service users and/or relatives returned questionnaires to RQIA. Of the seven questionnaires received, six responses indicated that they were very satisfied that the care provided was compassionate. One response indicated that they were very unsatisfied that the care provided was compassionate. No additional comments were provided by the anonymous respondent.

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 and taking account of the views of service users.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	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.

The inspector assessed the setting's leadership, management and governance arrangements in place to assure they are meeting the needs of service users.

The certificate of registration issued by RQIA was displayed in a prominent position in the day care setting.

The Statement of Purpose for the day care service was reviewed and updated by the registered manager in May 2018. The document describes the nature and range of the service to be provided and addresses all of the matters required by Regulation 4(1) of The Day Care Setting Regulations (NI) 2007. Evidence gathered at this inspection indicates that the service is currently operating in keeping with its Statement of Purpose.

Discussion with the day care worker identified that she had good understanding of their role and responsibilities under the legislation. Staff who were interviewed also demonstrated awareness of their roles, responsibility and accountability.

Staff confirmed they had access to a range of policies and procedures in place that they used to guide and inform their practice. Policies and procedures were maintained in a manner that was easily accessible by staff.

Discussion with the registered manager and staff confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. Staff had recorded individual, formal supervision at least every three months and a recorded annual appraisal. The registered manager and staff both described positive working relationships and effective team work. The inspector observed staff sharing tasks and working together to respond to service user's assessed needs during the course of the inspection. Staff described the management staff as supportive and good working relationships were encouraged by the registered manager's open door approach. Staff stated "I feel supported by the senior staff" and "I would feel very confident in raising any concerns with the day care worker or the manager". Staff could describe how they would respond to concerns about the performance of a colleague and knew how to access the whistleblowing policy.

The inspector discussed the monitoring arrangements under regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. The regulation 28 quality monitoring visits had been undertaken bimonthly by an independent monitoring officer. Three quality monitoring reports were examined from June 2018 to October 2018 and found to be satisfactory. The reports adhered to RQIA guidelines and evidenced engagement with service users, professionals and staff, with positive feedback recorded.

Discussion with the day care worker confirmed that staff meetings were generally held monthly, and records verified this. The last meeting was held on 20 November 2018 and minutes were available. Previous staff meetings had been undertaken on 17 October and 12 September 2018. The records included the date of the meeting, names of those in attendance and agenda items. Relevant information was discussed regarding the needs of service users

and governance arrangements to ensure delivery of safe and effective care. The day care worker confirmed that the minutes of the meetings were made available for staff to consult.

Discussion with staff confirmed that they knew how to receive and respond to complaints sensitively and were aware of their responsibility to report all complaints to the registered manager. Review of the day centre's complaints formed part of the monthly quality monitoring visit. A complaints record was available to review within the service which recorded the management of complaints. There was evidence that three complaints had been received since January 2018 and that appropriate action had been taken to resolve complaints at a local level.

A compliments record was maintained in the day centre. Samples of compliments were available for review and evidenced a high level of satisfaction with the service provided.

Discussions with a relative, staff and the registered manager highlighted evidence that supports service user equal opportunities, regardless of their abilities, their background or their lifestyle. The day care worker confirmed that no issues regarding equality had been raised by service users or their representatives to date.

Some of the areas of equality awareness identified during the inspection include:

- Effective communication
- Service user involvement
- Safeguarding
- Advocacy
- Individual person centred care
- Individual risk assessment
- Disability awareness

The inspector noted that the day care setting collects equality information in relation to service users, during the referral process. The data is used effectively and with individual service user involvement when an individual person centred care and support plan is developed.

Discussion with staff and a relative with regards to the provision of well led care included the following comments:

Staff comments:

- "I have access to all policies and procedures."
- "There is very good communication in the centre and we have monthly staff meetings."

Relative's comments:

- "The centre is very well run and staff inform me of any changes regarding my daughter."

Seven service users and/or relatives returned questionnaires to RQIA. Of the seven questionnaires received, six responses indicated that they were very satisfied that the care provided was well led. One response indicated that they were very unsatisfied that the care provided was well led. No additional comments were provided by the anonymous respondent.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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