

# Unannounced Care Inspection Report 06 July 2017



## Crozier Lodge

**Type of service: Day Care Service**  
**Address: 1a Meeting House Road, Banbridge BT32 3ER**  
**Tel No: 02840662154**  
**Inspector: Priscilla Clayton**

[www.rgia.org.uk](http://www.rgia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

**1.0 What we look for**



**2.0 Profile of service**

This is a day care centre with accommodation to provide 15 places for older people and persons with dementia. The service provides care and therapeutic activities, Monday to Friday each week. Closure takes place during statutory holidays. Further information on the day care service is reflected within the service user guide and statement of purpose.

### 3.0 Service details

<b>Registered organisation/registered person:</b> Southern HSC Trust/Francis Rice	<b>Registered manager:</b> Iona Henry
<b>Person in charge of the centre at the time of inspection:</b> Pauline Grattan. Senior day care worker.	<b>Date manager registered:</b> 13 December 2010

### 4.0 Inspection summary

An unannounced inspection took place on 06 July 2017 from 09.45 to 15.30 hours.

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 since the last care inspection and to determine if the day care centre was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the culture and ethos of the service; listening to and valuing service users and taking account of their views. There was evidence of good governance arrangements; staff training, supervision and appraisal, quality improvement and maintaining good team working relationships.

Areas requiring improvement related to the development of audit of care records to identify and take action in regard to unsigned care plans, development of the annual quality report for 2016/17, review of policies and procedures to ensure these are current and further development of the service user satisfaction report to include service users comments and action taken in response.

Service users indicated they were very happy with the service, looked forward to attending and commended the staff on the wide range of activities provided. No issues or concerns were raised or indicated.

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

## 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	7 (Includes three stated for a second time.)

Details of the Quality Improvement Plan (QIP) were discussed with Pauline Grattan, senior day care worker, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

## 4.2 Action/enforcement taken following the most recent care inspection dated 16 September 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 16 September 2017.

## 5.0 How we inspect

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

- Previous care inspection report
- Notifications
- Correspondence

During the inspection, the inspector met with 12 service users and three staff.

The following records were examined during the inspection:

- RQIA registration certificate
- Statement of purpose
- Service user guide
- Staff induction
- Staff training
- Staff supervision / appraisal schedule
- Staff meetings
- Service user meetings
- Monthly monitoring visits
- Four care records
- Service user agreements
- Fire risk assessment

An inspection of the internal environment was undertaken.

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

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

**6.0 The inspection**

**6.1 Review of areas for improvement from the most recent inspection dated 16 September 2016**

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

The completed QIP was returned and approved by the care inspector.

**6.2 Review of areas for improvement from the last care inspection dated 16 September 2016**

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 26 (2) (d) <b>Stated:</b> First time	The registered provider must ensure all parts of the day care centre are reasonably decorated. An action plan detailing the proposed dates for redecoration should be submitted with the QIP.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Re-decoration of the day centre has taken place as recommended. All areas were nicely redecorated, with a marked improvement noted.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 14 (1) (c) <b>Stated:</b> First time	The registered provider must review the serving of the mid-day meals to ensure unnecessary risks to service users are minimised. The outcome of this review must be detailed in the returned QIP.	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> The wall between the dining room and the blue room has been removed allowing for additional space for staff to supervise meal times.</p>	
<b>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</b>		<b>Validation of compliance</b>
<p><b>Area for Improvement 1</b> <b>Ref:</b> Standard 3.1 <b>Stated:</b> First time</p>	<p>The registered provider should confirm that the service users' agreements have been revised and meet the criteria specified in standard 3.1.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> Service user agreements had been reviewed and revised. Details were in accordance with standard 3.1.</p>	
<p><b>Area for Improvement 2</b> <b>Ref:</b> Standard 5.3 <b>Stated:</b> First time</p>	<p>The registered provider should ensure care plans are signed and dated by all relevant parties as specified in standard 5.3.</p>	<b>Not met</b>
	<p><b>Action taken as confirmed during the inspection:</b>  Two of the three care records reviewed were not signed nor a record made if the service user was unwilling or unable to sign.</p>	
<p><b>Area for Improvement 3</b> <b>Ref:</b> Standard 18.5 <b>Stated:</b> First time</p>	<p>The registered provider should ensure policies are reviewed and revised every three years.</p>	<b>Partially met</b>
	<p><b>Action taken as confirmed during the inspection:</b> Review of policies / procedures commenced on 30 November 2016. However, review and revision remains a work in progress.</p>	
<p><b>Area for Improvement 4</b> <b>Ref:</b> Standard 8.5 <b>Stated:</b> First time</p>	<p>The registered provider should ensure the quality review report is further developed and incorporates the comments made and issues raised by service users, and any actions to be taken in response.</p>	<b>Not met</b>
	<p><b>Action taken as confirmed during the inspection:</b> The senior care assistant explained that the inclusion of service user comments within the</p>	

	annual satisfaction survey (2016/17) remains a work in progress.	
<b>Area for Improvement 5</b> <b>Ref:</b> Standard 25.3 <b>Stated:</b> First time	The registered provider should ensure furniture is positioned to take into account the needs of the service users with memory loss.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Furniture was observed to be positioned in accordance with service users' needs and choices.	

### 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 senior care worker confirmed that sufficiently qualified, competent and experienced persons are working in the centre to meet the assessed needs of the service users, taking into account the size and layout of the premises, the number of service users accommodated, fire safety requirements and the statement of purpose.

Time worked by care staff in the centre each day was recorded within the duty roster. A record of the registered manager's time worked in the centre should also be included so that staff, service users and stakeholders can be informed of availability.

The senior care assistant advised that competency and capability assessments of staff in charge of the centre in the absence of the registered manager were not available. Action is required to ensure compliance with standard 23.3.

The staff recruitment and selection files were retained within the SHSCT human resource department. The senior care assistant confirmed that the recruitment and selection of staff was in accordance with trust policy and procedures. Staff induction programmes for new staff were in place.

Records of staff mandatory training and other appropriate training relevant to their roles and responsibilities were retained. The senior care assistant explained that staff training in the new Department of Health (DOH) adult safeguarding policy/ procedures is planned with dates to be confirmed. No active safeguarding matters were ongoing.

The senior care assistant demonstrated knowledge and understanding of accidents and incidents which are required to be notified to RQIA. No accidents/incidents which are required to be notified had occurred since the previous inspection. Minor accidents/incidents which had occurred were recorded and entered into the trust electronic system. The senior care

assistant confirmed that accident / incidents were monitored by the registered manager, locality manager for day care and residential care and the trust governance team.

The senior day care worker and staff confirmed that restrictive practice did not take place within the centre. Two trust policies on restrictive practice were retained on file. One dated July 2011 and another dated 2015. The senior care worker readily agreed to have the policy dated 2011 removed and archived.

An inspection of the environment was undertaken. All areas were observed to be clean, tidy, organised and fresh smelling. Redecoration of several areas had taken place alongside renovation of the dining room/blue room which has made an overall good improvement in meeting the dining needs of service users.

The day centre's fire risk assessment was date 17 July 2017. Two recommendations made for improvement was work in progress. All fire doors were closed and unobstructed.

There was evidence of a good standard of hygiene to minimise the risk of cross contamination of infection. For example, staff training, awareness and knowledge, seven step hand washing notices positioned at wash hand basins, pedal operated bins, provision of liquid soap and disposable aprons and gloves.

Thirteen satisfaction questionnaires were completed and returned to RQIA from service users (5), relatives (3) and staff (5). All respondents indicated they were satisfied that the care provided was safe.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff selection, recruitment, induction, training, adult safeguarding, infection prevention and control and the centre's internal environment.

### Areas for improvement

Action is required to ensure compliance with standards; this relates to ensuring that the registered manager's time spent working in the centre is recorded within the staff duty roster and undertaking competency and capability assessments of staff in charge of the centre when the manager is absent.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

### 6.5 Is care effective?

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

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



A review of four service user's care records was undertaken. Care records contained needs assessments which were complemented with risk assessments, life histories, service user agreements, person centred care plans and review. Individual needs assessments and care plans alongside progress notes for each service user were in place. There was also recorded evidence of multi-professional collaboration in planned care and reviews of care.

Action required to ensure compliance with standards was identified in regard to care records included signing of care plans as two of the four care records reviewed were unsigned by the service user. This action was recommended at the previous inspection and is stated for a second time. Inclusion of photographic evidence of the service user (with permission) was recommended as two of the four care records did not have photographs in place.

The senior day care worker confirmed audit of care records had commenced recently and that areas identified for improvement would be addressed.

Records were observed to be stored safely and securely in accordance with data protection.

The senior day care worker confirmed that systems were in place to ensure effective communication with service users, their representatives and other stakeholders. This communication included; referral information received before the service user commences attendance at the centre, multi-professional team reviews, service user meetings, staff meetings, and daily staff briefs each morning. There was also a wide range of user friendly health related information displayed on notice boards.

Service users spoken with and observation of practice during the inspection evidenced that staff communicated effectively with service users.

The review of care records confirmed that referral to other health care professional staff was timely and responsive to the needs of service users.

Thirteen satisfaction questionnaires were completed and returned to RQIA from service users (5), relatives (3) and staff (5). All respondents indicated they were satisfied that the care provided was effective.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the good modes of communication namely; staff meetings, service user meetings, multi-professional collaboration and good interpersonal communication between staff and service users.

### **Areas for improvement**

Action is required to ensure compliance with standards in regard to signing of care plans and the inclusion of photographic evidence of the service user within care plans.

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

## 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 senior care worker confirmed that staff in the day care centre promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of service users.

A range of policies and procedures was in place which supported the delivery of compassionate care. Discussion with staff and service users confirmed that service users' views choices and preferences were met within the centre.

Service users were provided with information, in a format that they could understand which enabled them to make informed decisions regarding their care and treatment within the centre. For example, one service user described how they were asked by staff about their choices of activities and meals at meetings. Another service user explained how staff asked for their views on the layout of the dining room tables and colour schemes in the redecoration of the centre.

The senior care worker, staff and service users confirmed that consent was always sought in relation to service users' planned care and treatment. Discussion with service users and staff along with observation of care practice and social interactions demonstrated that service users were treated with dignity and respect. Staff confirmed their awareness of promoting service users' rights, independence and dignity. Staff were also able to describe how service users' confidentiality was protected.

Discussion with staff, service users and observation of practice confirmed that service users were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of service users, and or their representatives, were sought and taken into account in all matters affecting them. For example, service users were encouraged to participate in the annual reviews of their care, through the satisfaction survey conducted during 2016/17 and service user meetings.

Service users are consulted with, at least annually, about the quality of care and treatment. The analysis of outcome of the 2016/17 satisfaction survey was a work in progress. The senior day care worker confirmed the outcome of the survey would be shared with the service users. The senior care worker agreed to forward a copy of the summary report to RQIA with the returned QIP.

Service users spoken with made the following comments:

- "I enjoy attending this centre where I meet up with friends. It can be lonely at times when you live on your own"
- "I am aware that the manager comes to the centre and I can raise any issues or concerns with her or the staff in charge when the manager is out"
- "Staff are excellent, good people"
- "We get a choice at meal times, can sit where we like at the table and we are well fed"
- "The new seats are great, lovely and really comfortable"

Thirteen satisfaction questionnaires were completed and returned to RQIA from service users (5), relatives (3) and staff (5). All respondents indicated they were satisfied that the care provided was effective.

**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 their views. A wide range of therapeutic activities was being provided.

**Areas for improvement**

No areas for improvement were identified during the inspection.

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

**6.7 Is the service well led?**

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

On the day of inspection, the senior care worker was in charge of the day care centre as the registered manager was on leave. The senior care worker has extensive experience of the provision of day care and demonstrated good knowledge and understanding of associated legislation and standards.

There was a clear organisational structure and all staff was aware of their roles, responsibility and accountability. The organisational structure of the day care centre was outlined within the centre’s statement of purpose and service user guide.

The centre had a whistle blowing policy and procedure in place. Discussion with staff established they were knowledgeable regarding this.

There was a wide range of policies and procedures in place to guide and inform staff. Policies were retained in hard copy format and electronically. Policies/procedures were centrally indexed and retained in a manner which was easily accessible to staff. However, as recommended at the previous inspection, action is required to ensure that review and revision of all policies and procedures is completed. cursory view of policies and procedures evidenced; two copies of the restraint policy, dated 2011 and 2015, were on file. The electronic version was dated 2015. The policy on management of challenging behaviour was dated 2013.

Staff confirmed they had individual, formal supervision at least every three months and annual appraisal. Records were retained within staff files. The development of a staff supervision schedule/appraisal was discussed with the senior care worker as this would provide ease of access to reference planned dates and overview/tracker arrangements.

Discussion with staff confirmed that there were very good working staff relationships within the day centre and that management was responsive to suggestions and/or concerns.

Three monthly staff meetings were held with minutes recorded. A daily briefing meeting was held each morning to provide the care team with an overview of planned attendances, activities and any associated changes to the day's programme.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidelines. Service users and/or their representatives were made aware of how to make a complaint by way of the service user guide and discussion at service user meetings. Review of complaints records and discussion with the senior care worker confirmed that no complaints had been received since the previous care inspection.

There were quality assurance systems in place to drive continuous quality improvement which included regular audits and an annual satisfaction survey. Audit of care records is planned to commence within the near future.

The development of the day centre's annual quality report was discussed with the senior care worker who explained that this was not developed for 2016/17. Action is required to ensure a report is available with a copy forwarded to RQIA. Guidelines of the content of a report were forwarded to the senior care worker following the inspection.

A review of the previous three monthly quality monitoring visit reports was undertaken. These were undertaken in accordance with regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. Reports were readily available to service users, staff, trust personnel and RQIA.

Thirteen satisfaction questionnaires were completed and returned to RQIA from service users (5), relatives (3) and staff (5). All respondents indicated they were "satisfied" that the care provided was well led.

### **Areas of good practice**

There were examples of good practice found in relation to governance arrangements, staff supervision/appraisal, quality improvement and maintaining good working relationships.

### **Areas for improvement**

Action required to ensure compliance with legislation and minimum standards included; review of the policy/procedures, development of a supervision schedule to provide ease of access and overview and development of the annual quality report as set within Regulation 17 (1) Schedule 3.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	1	2

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Pauline Grattan, senior day care worker in charge, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the day care setting.

The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

## 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP to [Day.Care@rqia.org.uk](mailto:Day.Care@rqia.org.uk) for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit [www.rqia.org.uk/webportal](http://www.rqia.org.uk/webportal) or contact the web portal team in RQIA on 028 9051 7500.

## Quality Improvement Plan

### Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 17 (1) Schedule 3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 August 2017</p>	<p>The registered person shall ensure that an annual quality report for the day care centre is developed for 2016/17 with a copy forwarded to RQIA.</p> <p>Ref: 6.7</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The Registered Manager has completed the Annual Quality Report for Year 2016/17 and it is attached to this report.</p>

### Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 5.3</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 31 August 2017</p>	<p>The registered person shall ensure care plans are signed and dated by service users.</p> <p>(Where the service user is unable or chooses not to sign, this should be recorded and the basis of his or her agreement to participate noted.)</p> <p>Ref: 6.2 &amp; 6.5</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The Registered Manager can confirm that Care Plans are now in compliance with the requirements of Standard 5.3.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 18.5</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 31 September 2017</p>	<p>The registered person should ensure policies are reviewed and revised every three years.</p> <p>Ref: 6.2</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The Registered manager can confirm that the Review and Revision of Policies as required in Standard 18.5 is currently underway with a plan to complete within the required time frame.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 8.5</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 31 August 2017</p>	<p>The registered person shall ensure the quality review report is further developed and incorporates the comments made and issues raised by service users, and any actions to be taken in response.</p> <p>Ref: 6.2</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The Registered Person can confirm that the area for improvement in relation to the Quality Review Report has been undertaken to the required standard. .</p>

<p><b>Area for improvement 4</b></p> <p>Ref: Standard 23.7</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 July 2017</p>	<p>The registered person shall ensure that her time worked within the day centre is recorded within the duty roster so that staff, service users and stakeholders can be informed.</p> <p>Ref: 6.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> The Duty Roster has been modified to include the Registered Managers time worked within the day center.</p>
<p><b>Area for improvement 5</b></p> <p>Ref: Standard 23.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 August 2017</p>	<p>The registered person shall ensure that competency and capability assessments are undertaken of staff in charge when the manager is out of the day care centre.</p> <p>Ref: 6.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> The Competency and capabity Assessment of the Senior Day Care Worker has been undertaken and this demonstrates her competence to be in charge in the absence of the Manager.</p>
<p><b>Area for improvement 6</b></p> <p>Ref: Standard 5.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 32 August 2017</p>	<p>The registered person shall ensure that a photograph of the service user is contained within care records or a statement declining this is recorded.</p> <p>Ref:6.5</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> The Registered Manager has arranged with IT Department to have the Office Desk Computer synced with the Camera to enable timely printing of service users photographs that will then be contained in the care records. Where photographs are declined this will be recorded within the care record..</p>
<p><b>Area for improvement 7</b></p> <p>Ref: Standard 22.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 August 2017</p>	<p>The registered person should develop a supervision / appraisal tracker to enable ease of access to the manager and staff on arranged dates.</p> <p>Ref:6.7</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> The Manager has put in place a Supervision/ Appraisal Tracker as suggested, and this is in place as per required time frame..</p>

*\*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\**



The Regulation and  
Quality Improvement  
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email [info@rqia.org.uk](mailto:info@rqia.org.uk)

Web [www.rqia.org.uk](http://www.rqia.org.uk)

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