

Unannounced Care Inspection Report

24 June 2019



Crozier Lodge

Type of Service: Day Care Service

Address: 1a Meeting House Road, Banbridge, BT32 3ER

Tel No: 028 4066 2154

Inspector: Maire Marley

www.rqia.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

Crozier Lodge is a Day Care Setting 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

Organisation/Registered Provider: Southern HSC Trust Responsible Individual: Shane Devlin	Registered Manager: Iona Henry
Person in charge at the time of inspection: Acting Senior Day Care Worker	Date manager registered: 13 December 2010
Number of registered places: 15	

4.0 Inspection summary

An unannounced inspection took place on 24 June 2019 from 9.30 to 15.00 hours.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

RQIA, as a public-sector body, have a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of day care settings, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of day care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the choices and freedoms associated with the day centre.

The inspection assessed progress with any areas for improvement identified since the last care inspection and to determine if the day care setting was delivering safe, effective and compassionate care and if the service was well led.

During the inspection the inspector saw good evidence that the day care setting promoted service users' human rights particularly in relation to the areas of consent, autonomy, equality, decision making, privacy, dignity, confidentiality and service user involvement. Service users were observed moving freely around the centre and making independent choices in regard to activities and food provided.

Evidence of good practice was found throughout the inspection in relation to staff training, development and support, and communication between service users, day centre staff and other key stakeholders. The culture and ethos of the day care setting promoted treating the service users with dignity and respect and maximising their independence.

Service users said they felt safe in the centre and made positive comments relating to the effectiveness of care. Service users spoken with described the staff and manager as lovely.

Areas requiring improvement were identified during this inspection in regard to referral information, review of fire risk assessment and monthly monitoring reports. One area of improvement was stated for the second time in regard to a review of the space within the centre.

The findings of this report will provide the day care setting 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	4	1

Details of the Quality Improvement Plan (QIP) were discussed with the person in charge, 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 17 January 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 17 January 2019.

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
- Information and correspondence received by RQIA since the last inspection
- Unannounced care inspection report dated 17 January 2019

During the inspection the inspector was introduced to all the service users, met with four service users individually and a further six in two groups. The inspector also met with three staff.

Service Users' comments during the inspection:

- "Yes I like it here."
- "I do feel safe here."

Staff comments during inspection:

- "Staffing is suitable to meet the needs, centre is very busy, but we all work well together."
- "Teamwork very good, There is good communication between us."
- "We ensure that service users are protected."

- “I feel this is a well-run centre, manager very approachable.”
- “We keep people safe with supervision, ensuring the environment is maintained safely.”

A range of documents, policies and procedures, relating to the service were reviewed during the inspection and are referred to within the body of the report.

Ten service user and/or relatives’ questionnaires were provided for distribution. All questionnaires were returned and responses indicated services users were satisfied with all aspects of care within the centre.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 17 January 2019

The most recent inspection of the establishment 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 17 January 2019

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
Area for improvement 1 Ref: Regulation 26 (2) (a) Stated: First time	The registered person shall review the overall space within the centre to ensure that it can meet the identified needs of the service users. Ref: 6.4	Partially met Carried forward to the next care inspection
	Action taken as confirmed during the inspection: A review of the overall space had been undertaken and plans were progressing in regard to removing the physio room and turning it into an activity room, storage had been organised in the craft room and on the day of inspection all space was used effectively. Management agreed to confirm the changes in the physio room were completed in the returned QIP of this report.	

Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 11.5 Stated: First time	The registered person shall ensure financial transactions are signed by the service user and staff member or if the service user is unable to sign two staff signatures are obtained. Ref: 6.4	Met
	Action taken as confirmed during the inspection: Records reviewed on the day of inspection were appropriately signed and dated.	

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.

A review of the day care setting's systems in place to avoid and prevent harm to service users which included a review of staffing arrangements was undertaken during the inspection.

On the day of inspection the staffing arrangements were found to be satisfactory and sufficient to meet the needs of service users. This was also confirmed by the staff on duty. Duty records examined contained details of the number of staff on duty, hours worked, and information of the specific care duties allocated to staff.

Staff reported that effective arrangements are in place to support them and included induction, training, supervision and appraisals. There was evidence that any new staff receive a structured induction to ensure they are familiar with service users' needs along with the settings routines and procedures. It was good to note that new staff were undertaking the Northern Ireland Social Care Council (NISCC) induction standards.

A review of staff training records found that all staff had up to date mandatory training and had accessed additional training and development relevant to the needs of service users. There was evidence that staff were appropriately registered with their professional bodies.

The day care setting had arrangements in place to identify, manage and where possible eliminate unnecessary health and safety risks. This included regular health and safety checks that ensured a safe environment was maintained. A fire risk assessment was in place and had been reviewed in 02/6/2017, the record stated it was due to be reviewed in May 2019 however there was no evidence that the risk assessment has been revisited and this has been stated as an area for improvement. A fire evacuation was undertaken in 13/8/2018.

Arrangements had been implemented in regard to the recording and reporting of accidents and incidents. Notifications of such events were submitted to RQIA as required. A review of the accident records from January 2019 to 24 June 2019 confirmed there had been one accident during that period and the event had been managed appropriately. It was noted that staff were recording effectively in accordance with the Trust procedures.

A review of policies confirmed there was a policy and procedure on restrictive practice in keeping with Department of Health (DoH) Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and Human Rights Act (1998). It also included Deprivation of Liberty Safeguards (DoLS).

Staff consulted during inspection were aware of the impact of human rights legislation within their work; however they expressed that they would benefit from further training and is an area identified for improvement.

Arrangements were in place to ensure service user care records and staff personnel records were stored securely in line with General Data Protection Regulation (GDPR). This meant people could be assured that their personal information remained confidential.

Safeguarding and whistleblowing policies and procedures were in place to help protect service users and help minimise the risks of abuse. Safeguarding procedures were understood by staff members who were spoken with during inspection, they confirmed that practice throughout the centre was of a high standard and that training had been provided for staff on 20 February 2019. It was noted that the policies and procedures were in line with the regional guidance and the Trust had a named Adult Safeguarding Champion.

Observation of the environment was undertaken during a walk around the day care setting, this confirmed that the environment was warm, clean, fresh smelling and had suitable lighting. The standard of hygiene observed throughout the centre was found to be very good. As stated in the previous inspection report, improvement was required in regard to the overall space within the centre to ensure that it can meet the identified needs of the service users. A review of the space had been undertaken and work was progressing to utilise the unused physiotherapist room and change it into an additional activity room. Management must confirm when the work is completed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, supervision and appraisal, adult safeguarding and infection prevention and control.

Areas for improvement

Two areas of improvement were identified during the inspection of this domain and related to a review of the fire risk assessment and training on Human Rights. One area of improvement from the previous inspection was restated for the second time in this report and related to the ongoing work to improve the space in the centre.

	Regulations	Standards
Total number of areas for improvement	2	1

6.5 Is care effective?

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

The centre's Statement of Purpose and Service User Guide were reviewed and revealed that the documents accurately reflected the elements set out in the regulations and standards. It was good to note that the Statement of Purpose contained reference to a commitment to promote the human rights of service users.

Prior to admission each person and or their representative visit the centre and are provided with a service user guide that informs them of their right to full involvement in all aspects of their care. Information on how to raise a concern or complaint regarding the quality of care is included. It was evident from records viewed and staff discussion that the centre organised and delivered services to meet individual needs and took account of individual preferences.

Records relating to pre-admission assessments and referral information were examined during this inspection. It was noted in two service users' referral information that the assessment information was limited and did not provide a holistic person centred assessment of the service user's needs. Staff explained that during the pre-inspection visit they also collate information from the service user and or their representative however the needs of the service users should be assessed prior to the pre-admission visit. A copy of the assessment should be provided to the centre to enable them to determine if the centre is suitable to meet the service user's assessed needs and is an area identified for improvement.

There was evidence that in the main comprehensive risk assessments and care plans were completed inclusive of service users and when appropriate their representatives. A range of assessments were carried out and were specific to each person needs, for example moving and handling, falls risk, behaviour that may challenge, and transport. The assessments provided information to staff that assisted them to minimise risks and to keep service users safe and included a detailed care plan. Care records examined included the relevant information specified in the minimum standards.

A written review report was available in each file examined and included the views of the service user and/or their representative and was informed by the written progress notes. It was noted that the comments made by service users during their annual reviews were all very positive. Contact sheets recorded the involvement of families and professionals. Dates and signatures were present in all files examined. There was evidence of continuous improvement in the care planning and delivery process and regular audits of practices were completed.

There was evidence that the advice and input of other professionals had been requested when necessary and that staff worked closely with these professionals to deliver care that was effective and person centred.

Systems to promote effective communication between staff, service users and their representatives were reviewed during the inspection. There was evidence to indicate that communication supported the protection and promotion of individualised and person centred care for service users.

Discussion with staff revealed that they felt care provided to service users within the setting was effective, staff 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.

The interactions observed between staff and service users throughout the inspection confirmed that staff were suitably skilled and effective in communicating with all service users. There was good evidence of person centred interventions that assured service users were involved and communication opportunities maximised.

Discussion with staff and service users with regards to the provision of effective care included the following comments:

Service Users' comments:

- "The staff here are very good."
- "I like it here."
- "Good place."

Staff comments:

- "We all work to deliver the best care to service users."
- "The manager and Band 5 do a brilliant job, there is an open door policy and no question is silly."
- "The team made me very welcome and are really good at explaining the way things are done, staff are very discreet and respectful to everyone."

Service users and staff consulted on the day expressed positive views on the quality of service provided; staff also expressed the confidence they had in the practice of their colleagues.

Areas of good practice

There were examples of good practice found in relation to audits of records, communication between service users, staff and other key stakeholders.

Areas for improvement

One area of improvement was identified during the inspection of this domain and related to pre-admission assessments and information.

	Regulations	Standards
Total number of areas for improvement	1	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.

This 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.

Observations of staff interactions with service users were observed to be compassionate, caring and timely. Staff spoken with reflected the ethos of the day care setting which promotes respect, openness, honesty, good quality care and individual attainable goals and social interactions.

Throughout the inspection staff were observed to stimulate and encourage service users to participate in a range of therapeutic activities that promoted positive outcomes for their health and well-being and encouraged meaningful social engagement. On the day of inspection activities were facilitated by staff and the inspector noted service users approached staff freely, communicating their needs and making requests. Staff responses were noted to be cheerful and appropriate. Staff who engaged with the inspector spoke positively about the service and the ongoing benefits of the service to both service users and their carers.

Staff described the informal arrangements in place that ensured service users are consulted on a daily basis and their views and opinions sought. This included daily ongoing discussions with service users and checking out before the commencement of each activity that people were willing to participate. More formal arrangements to promote effective communication with service users and/or their representatives were facilitated through annual care reviews and service user meetings. A sample of the minutes of service meetings found evidence of service user involvement in the decision making process and also evidenced how each person's preferences was taken into consideration.

Evidence of additional opportunities for service users and their carers to express their views was contained in the annual satisfaction survey undertaken and reported on in the Annual Quality Report 2017-2018. The person in charge reported that questionnaires were been prepared for 2019/2020 annual report.

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 and their carer's.

Areas for improvement

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

	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 manager, Iona Henry has responsibility for five additional day services and is based in Crozier Lodge. In the absence of the manager a day care worker assumes responsibility for the day to day running of the centre. Records are maintained detailing the hours the manager is in the centre.

This inspection was facilitated by the acting senior day care worker who was the person in charge and who demonstrated a very good understanding of The Day Care Setting Regulations, minimum standards and the systems and processes in place for the daily management of the setting.

During the inspection the setting's leadership, management and governance arrangements were assessed and found them to be in line with the regulatory framework. Inspection of the premises confirmed that the current RQIA certificate of registration was displayed within a prominent position.

There was a clear organisational structure and staff consulted demonstrated knowledge of their roles, responsibility and accountability. A competency and capability assessment was in place for the person left in charge of the centre in the absence of the manager.

A range of policies and procedures were in place to guide and inform staff. During the inspection staff discussed their knowledge of policies in regard to whistleblowing, safeguarding and complaints, it was evident they were fully familiar with the action required to be taken by them in the event of any concern.

In discussions with staff it was evident they enjoyed working in the day care setting and enjoyed good working relationships with their colleagues and the management team, they gave very positive feedback in respect of leadership and good team working. Staff stated "The team are really good and there is great support from the manager and the Band 5".

There are arrangements in place to ensure staff are registered with the relevant regulatory bodies such as the Northern Ireland Social Care Council (NISCC). Information regarding staff registration details and renewal dates were maintained.

Review of staff records established that supervision and appraisal were in keeping with the minimum standards. Staff reported that they found supervision supportive and provided opportunities to discuss their responsibilities.

Examination of the complaints record found the centre had no complaints since the last inspection. Discussion with staff confirmed that they knew how to receive and deal with complaints and of their responsibility to ensure that management were made aware of any complaints. Information on the complaints procedure was displayed in areas throughout the day centre.

Records examined provided evidence that regular staff meetings were held and records of the meetings maintained. The record included the names of staff in attendance and agenda items. Relevant information was discussed regarding the needs of service users, forward planning and the arrangements to ensure the delivery of safe and effective care.

The inspector can confirm there was evidence of arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. A range of audits are undertaken weekly and monthly and included health and safety audits, audits on care records, cleanliness audits, staff training, supervision, fire prevention and checks on professional registration.

The Regulation 28 monthly quality monitoring visit reports for the past three months were requested however were not available for inspection; whilst staff reported that the visits had been completed the report of the visits should be available for inspection and is an area for improvement.

The inspector noted that the day care setting collects equality information in relation to service users, during the referral and assessment process. The data is used effectively and with individual service user involvement when a person centred care plan is developed. Records showed that equality information included communication methods, adult safeguarding and risk assessments where a risk was identified.

Discussion with service users and staff evidenced that they felt the care provided was well led. They described the service as well planned and they confirmed the manager operates an open door policy and their views and opinions are sought on a regular basis.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to management of accidents/incidents, quality improvement and maintaining good working relationships.

Areas for improvement

One area for improvement was identified during the inspection of this domain and related to the reports of the monthly visits.

	Regulations	Standards
Total number of areas for improvement	1	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with the person 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 via Web Portal for assessment by the inspector.

Quality Improvement Plan

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

<p>Area for improvement 1</p> <p>Ref: Regulation 26 (2) (a)</p> <p>Stated: Second time</p> <p>To be completed by: 30 September 2019</p>	<p>The registered person shall confirm the overall space within the centre has been reviewed and the work completed to ensure that it can meet the identified needs of the service users.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Registered Manager has organised clearance of the room in the Facility which had been equipped for use by the Physiotherapy Service. The Staff have been using this room for Groupwork since 05.07 .2019 (now known as Activity Room) .A new floor was laid on 26th July and the paintwork on the walls will be touched up as soon as possible.(requisition completed). The room opposite the Activity Room (Art room)has also been largely cleared out to create adequate space for the operation of Safe Group work in that room also.</p> <p>In total there are currently now 4 rooms (including the skills Kitchen and the Blue Room which are in use for Group work/activities/Quiet room as required. These do not include the Dining Room and Serving Kitchen as Service Users currently occupy the Dining area at Meal times only i.e for Morning Tea and Lunch.</p> <p>New Furniture is in planning and ordering process, for all of the Day Care Activity Rooms as well as the Dining Area to include purpose made tables, for wheelchair access as well as flip top easy fold tables to create readily available additional space to facilitate Upper Body Exercises, Musical Movement Therapies ,Wii Games etc.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 26 (4) (a)</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2019</p>	<p>The registered person shall ensure the fire risk assessment is reviewed within the stated timeframes. The date of the review should be detailed in the returned QIP.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Fire Risk Assessment was completed on 15.07.2019.</p>

<p>Area for improvement 3</p> <p>Ref: Regulation 15 (b) (e)</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2019</p>	<p>The registered person shall ensure that prior to the admission of a service user to the day centre:</p> <p>(a) The day centre has obtained an up to date assessment.</p> <p>(b) The day centre is appropriate to meet the identified needs.</p> <p>Ref: 6.5</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 28 (5) (a)</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2019</p>	<p>The registered person shall ensure that the reports of the monthly monitoring visits are available for inspection in the day centre.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken:</p> <p>(a) Following the RQIA Inspection on 24.06.2019 the Registered Manager notified all referring Agencies that the NISAT Form must be completed properly for all referrals. Also the waiting list for a place in Day Care has been cancelled; all referrers have been requested to complete the NISAT Form for all persons who had already been on the waiting list which must include a full up to date Assessment of Physical, Social, Emotional and Mental Health Needs before the Application will be re-considered.</p> <p>(b) Consideration will only be given to Applications following the receipt of a fully completed NISAT Form including a full Background history, Social circumstances information and up to date Assessment of Physical, Social, Emotional and Mental Health Needs which is sufficiently adequate to enable day Care Staff to make an informed decision as to whether the Day Centre is appropriate to meet the identified needs.</p> <p>Response by registered person detailing the actions taken:</p> <p>The Registered Manager has requested that the Monthly Monitoring Visits are completed and available for Inspection at least by the last week of each Month which will be set as a Minimum Standard. The Registered Manager will take all steps possible to support and empower the achievement of this Standard. The July monthly Monitoring visit was carried out on 26.07.2019.</p>

Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012	
Area for improvement 2 Ref: Standard 21.4 Stated: First time To be completed by: 30 September 2019	The registered person shall ensure staff are in receipt of training on the impact of Human Rights within the work setting. Ref: 6.4
	Response by registered person detailing the actions taken: All the Day Care Staff have completed Training on the Impact of Human Rights within the work setting during the week beginning Monday 29.07.2019.

Please ensure this document is completed in full and returned via Web Portal



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