



The Regulation and  
Quality Improvement  
Authority

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**Unannounced Care Inspection  
of  
Crozier Lodge**

**7 September 2015**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
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## 1. Summary of Inspection

An unannounced care inspection took place on 7 September 2015 from 10.00 am to 16.00 hours. Overall on the day of the inspection the Day Care Setting was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Settings Regulations (Northern Ireland) 2007 and The Day Care Settings Minimum Standards 2012.

### 1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/Enforcement Resulting from this Inspection

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

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	1	4

The details of the QIP within this report were discussed with the senior day care worker as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Southern HSC Trust/Paula Mary Clarke	<b>Registered Manager:</b> Iona Henry
<b>Person in Charge of the Day Care Setting at the Time of Inspection:</b> Pauline Grafton, Senior Day Care Worker	<b>Date Manager Registered:</b> 30 April 2014
<b>Number of Service Users Accommodated on Day of Inspection:</b> 12	<b>Number of Registered Places:</b> 15

### 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

**Standard 5: Care Plan - Where appropriate service users receive individual continence promotion and support.**

**Standard 8: Service Users' Involvement - Service users' views and comments shape the quality of services and facilities provided by the Day Care Setting**

### 4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed:

- previous care inspection report and returned Quality Improvement Plan (QIP)
- notifiable events submitted since the previous care inspection
- written and verbal communication received since the previous care inspection
- review of the returned complaint information from the service for the year April 2015-August 2015

At the commencement of the inspection a poster was displayed informing services users and representatives that an RQIA inspection was taking place and inviting them to speak with the inspector to provide their views.

The following records were examined during the inspection:

- the statement of purpose
- the service user guide
- monthly monitoring reports for the period April-July 2015
- minutes of service users' meetings
- staff meetings
- staff duty rotas
- staff training records
- selected policies and procedures
- four care records
- accident and incident records
- record of complaints and investigations

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

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from the Last Care Inspection Dated 10 December 2014

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 20 (1) (a)	<b><u>Management</u></b> In keeping with the centre's Statement of Purpose, as approved by RQIA, the registered manager must ensure that a competent, capable staff member is on duty to take charge when the manager not present.	<b>Partially Met</b>
	<b>Action taken as confirmed during the inspection:</b> The management arrangements were discussed and reviewed. A senior day care worker was seconded to the centre and took up post on 01 July 2015. This staff member has previous experience in management and has been deemed competent. It was noted that the senior day care worker had been on annual leave the previous week and in the absence of the registered manager no staff had been identified to be in charge of the centre. This requirement is restated.	
Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 17.11	<b><u>Audit</u></b> It is recommended that outcomes of care record audit are analysed, recorded and action plans developed which reflect identified areas requiring improvement alongside achievement date.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The audits viewed in care records contained evidence of an audit performa that captured identified areas of improvement and recorded if the areas had been addressed.	
<b>Recommendation 2</b>  <b>Ref:</b> Standard 1.2	<b><u>Service User Guide</u></b> It is recommended that the Service User Guide reflects the date of publication/review.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The service user guide examined on the day had been signed and dated by the manager at review.	

<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 17.2</p>	<p><b><u>Training Matrix</u></b> It is recommended that a staff training matrix is established to provide ease of access to the manager for monitoring purposes.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that a staff training matrix had been established as requested. Information provided on the day indicated that management found it a useful tool to identify staff training.</p>	<p><b>Met</b></p>
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 21.3 Guidance on Mandatory Training for Providers of Care in Regulated Services. RQIA (2013)</p>	<p><b><u>Training</u></b> In accordance with RQIA guidelines it is recommended that annual update training in First Aid is provided for staff as records examined evidenced previous training took place in April 2013.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Records viewed confirmed that all staff had received refresher training in First Aid in 2014 and 2015.</p>	<p><b>Met</b></p>

## 5.2 Standard 5: Care Plan - Where appropriate service users receive individual continence promotion and support

### Is Care Safe?

The policies and procedures available in the day care setting on the management and promotion of continence were presented for inspection. The policies were dated 2009 and should be replaced with the Southern Health and Social Care Trust's most up to date version. Draft guidance dated November 2010 on Personal Care for the Older Person Programme was available. Management should confirm if this guidance has been adopted by the older person programme within the SHSCT.

Training in the management and promotion of continence for the staff team had been organised for September 2015. It was good to note that staff had discussed continence promotion at their staff meetings. Training records examined confirmed staff were in receipt of moving and handling and infection control training.

Staff confirmed the day centre does not supply any continence products as service users bring in their own products. They reported that service users may choose to keep their personal products with them or they can be stored discreetly by staff in the bathroom. Service users were unable to discuss their personal care needs due to their memory losses but all indicated that they were content with the care provided in the centre.

Four service users' care records were examined. The records did not fully reflect individual service users' continence needs or the management of the identified needs. It is recommended that care plans should be further developed to include clear direction to staff regarding the support and assistance each service user needs. Care plans should also reflect

service users' preferences regarding their intimate care and continence promotion. Staff were familiar with the referral process in the event of issues of continence been identified.

The inspection of care records, discussions with the registered manager, service users, staff and general observations found that staff were fully aware of service users' assessed continence needs and the management of those needs.

### **Is Care Effective?**

A review of four care records found that services users' individual continence needs were reviewed on a regular basis. However it would further improve staff effectiveness if information regarding the outcomes of the service users continence assessment was obtained and recorded in their care plan.

There was evidence that working practices are monitored through audits, team meetings, individual supervision, appraisal and staff training and development. These processes ensure that the care delivered by staff is effective.

During periods of observations staff responded to service users identified needs in an effective and caring manner and it was evident staff were fully familiar with service users' assessed needs and how they should be met.

The tour of the centre found there was appropriate equipment available to staff and all areas in the centre were observed to be clean and hygienic.

Adequate supplies of aprons and appropriate gloves were observed and hand washing dispensers were available throughout the centre. Staff confirmed there is always a sufficient supply of personal protection equipment.

### **Is Care Compassionate?**

It was evident in discussions with four staff and the registered manager that staff were clear regarding their role and responsibility to promote and meet the continence needs of service users.

Staff stated that the continence needs of service users would be met with a strong emphasis on privacy, dignity and respect. During periods of observation we noted that continence care was undertaken discreetly and staff were noted to assist service users in a caring, dignified and respectful manner.

The 12 service users consulted during the inspection indicated that staff were caring and treated them in a respectful manner. Due to the service users' cognitive deficits they were unable to provide information on how staff met their personal care needs; however they reported that staff "look after us very well and are doing a good job."

Five questionnaires were distributed to service users as part of the RQIA inspection; staff assisted some service users to complete the questionnaires; other service users completed them independently and returned them. Responses indicated that service users were either satisfied or very satisfied regarding the support and care received in the day centre; they

indicated they were very satisfied that staff knew how to care for them and were very satisfied that staff respond to their needs.

The examination of the criterion relating to this standard confirmed that the care delivered in this centre was safe, effective and compassionate.

### Areas for Improvement

The following three areas of improvement were identified in the area of continence promotion and support:

- The registered manager should ensure that policies available to staff on continence promotion are the most up to date and confirm that the guidance on personal care has been adopted.
- The care plans should reflect individual service users' continence needs and the management of the identified needs. Care plans should also reflect service users' preferences regarding their intimate care and continence promotion.
- The registered manager should obtain information regarding the outcomes of the continence assessment and retain it in the service user's care plan.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>3</b>
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### 5.3 Standard 8: Service Users' Involvement - Service users' views and comments shape the quality of services and facilities provided by the Day Care setting

#### Is Care Safe?

The Southern Health and Social Care Trust has a range of effective policies and procedures to promote service user involvement and empowerment.

A complaints procedure was available and contained the information required by regulation. Staff consulted during the inspection were fully familiar with the action to take in the event of a service user making a complaint.

Relevant policies regarding the protection of vulnerable adults from abuse and whistle blowing were available and there was evidence staff were in receipt of the required training.

Care records examined provided evidence that service users are encouraged to be involved in the planning of their care and actively participate in their review. In discussion with service users it was evident their interests and preferences directed the range of activities provided.

We were informed that staff formally seeks the views of service users during regular meetings. However, the records examined indicated meetings between staff and service users had not taken place during the period of October 2014 until June 2015. Improvements are needed in this area.

Discussion with staff and observation of staff practice found staff were fully familiar with individual service users' methods of communication. Service users confirmed they felt safe in the centre and were seen to be relaxed and at ease and were enjoying the banter with staff.

The examination of the criterion relating to this theme confirmed indicated that the care delivered in this centre was safe.

### **Is Care Effective?**

There was evidence that the day centre had established systems whereby service users and their representatives can be consulted about their views on the running of the centre and the quality of service provided. These arrangements included daily discussions about activities, monitoring visits, care reviews, annual surveys and questionnaires. It was noted service user meetings had not been held since November 2014 and therefore a recommendation is made.

A service user involvement officer had made arrangements to visit the centre to discuss Patient and Public Involvement (PPI); however the meetings had been cancelled due to unplanned leave. We were informed this meeting will be rearranged. The trust had completed a survey on 23 September 2014 on day care services for the older persons programme. The responses were analysed and a paper produced on the findings. This paper was not viewed on this occasion.

Examination of five service users' care records provided evidence that service users and/or their representative have been encouraged to participate in decisions about the care and support they receive in the day centre during the annual review of care.

The inspector had the opportunity to meet and speak with the 12 service users who were attending the centre on the day of inspection. Discussion was held in groups of three and a group of two services users. Due to their cognitive functioning service users were unable to answer questions about care plans; however, they told the inspector what their likes and dislikes were and these were reflected in the range of activities provided.

This inspection demonstrated that staff gain service users' views and that their comments, interests and preference shape the quality of services provided.

### **Is Care Compassionate?**

Staff interactions with service users were observed throughout the inspection period and presented evidence that staff provided care in a compassionate discreet manner.

During discussions staff demonstrated that they had a good understanding of their role regarding the support and assistance that should be provided to service users and were seen to attend to service users' needs in a respectful caring manner.

The discussions held with service users provided evidence that staff support them to ensure they get the most from their day care experience, thereby promoting their self-confidence and self-fulfilment.

The findings of this inspection provided evidence that service users are enabled to give their views and are provided with opportunities to influence the running of the day centre.



## Areas for Improvement

Service users meetings should be held on a regular basis and a record maintained of the meeting and any action required.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>1</b>
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### 5.4 Additional Areas Examined

#### 5.4.1 Staffing Arrangements

The staffing arrangements for a four week period were reviewed. It was noted that the senior day care worker had been on annual leave the previous week and in the absence of the registered manager no staff had been identified to be in charge of the centre. Discussion with the four care staff indicated that they had managed the centre collectively in the absence of the registered manager and senior care assistant. Some staff reported that as band three staff they would not feel confident managing the centre. A competent, capable staff member must be on duty to take charge when the manager not present. The requirement regarding these arrangements had been stated in the previous report and is restated in this report.

On the day of inspection there were four day care workers (band 3) on duty along with the senior day care worker (band 5). The staffing arrangements were suitable to meet the needs of the service users accommodated in the centre.

As part of the inspection process five questionnaires were distributed to staff for completion and return. The responses in the returned questionnaires indicated that staff were satisfied with the training in core values and vulnerable adults, and satisfied with continence products and personal protective equipment. Staff were also satisfied that service users' dignity and privacy was respected and that service users were involved in service delivery. Comments made in the questionnaires included:

- "No training on continence promotion but it has been arranged for September 2015."
- "Dementia training would be useful."
- "Centre too small especially when we have a number of service users in wheelchairs."

#### 5.4.2 Complaints

The requested information regarding complaints was completed for the year April 2014-March 2015. The information detailed there had been no complaints received in this day care setting. This information was confirmed during the review of the complaint record.

#### 5.4.3 Monitoring Reports

The monitoring arrangements and reports for the months April 2015- August 2015 were examined. The reports evidenced that the monitoring officer had obtained and recorded the views of service users and staff and sampled records to form an assessment regarding the quality of care delivered in the centre.

#### 5.4.4 Accidents and Incidents

There had been one recorded incident since the last inspection. It was noted the action taken by staff was appropriate and the incident had been reported to RQIA in accordance with Regulation 29 (1) (d).

#### Areas for Improvement

The registered manager must ensure that a competent, capable staff member is on duty to take charge of the day centre when the manager is not present.

<b>Number of Requirements:</b>	<b>1</b>	<b>Number of Recommendations:</b>	<b>0</b>
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### 6. Quality Improvement Plan

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

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

#### 6.1 Statutory Requirements

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

#### 6.2 Recommendations

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

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

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [day.care@rqia.org.uk](mailto:day.care@rqia.org.uk) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the service.

<b>Quality Improvement Plan</b>	
<b>Statutory Requirements</b>	
<b>Requirement 1</b>  <b>Ref:</b> Regulation 20 (1) (a)  <b>Stated:</b> Second time  <b>To be Completed by:</b> 31 October 2015	<b><u>Management</u></b> In keeping with the centre's Statement of Purpose, as approved by RQIA, the registered manager must ensure that a competent, capable staff member is on duty to take charge when the manager not present.  <b>Response by Registered Person(s) Detailing the Actions Taken:</b> The Registered Manager will henceforth be present when Senior Day Care worker is absent. If that is not possible the Registered Manager will ensure that another Manager or Senior Worker is insitu.
<b>Recommendations</b>	
<b>Recommendation 1</b>  <b>Ref:</b> Standard 18  <b>Stated:</b> First time  <b>To be Completed by:</b> 31 October 2015	The registered manager should ensure and confirm that: <ul style="list-style-type: none"> <li>• the policies available to staff on continence promotion are the most up to date</li> <li>• the guidance on personal care has been adopted by the trust</li> </ul> <b>Response by Registered Person(s) Detailing the Actions Taken:</b> The most recent Continence Policy dated 2015 is now in place and the guidance on Personal Care will be adhered to by staff. Continence Training/Awareness has been scheduled for 20/10/2015 With a view to improving continence promotion practices in Day Care.
<b>Recommendation 2</b>  <b>Ref:</b> Standard 5.2  <b>Stated:</b> First time  <b>To be Completed by:</b> 31 October 2015	The registered manager should ensure care plans reflect individual service users' continence needs and detail the management of the identified risks. Care plans should also reflect service users' preferences regarding their intimate care and continence promotion.  <b>Response by Registered Person(s) Detailing the Actions Taken:</b> The Registered Manager is currently undertaking a review of all Continence Promotion detail in Care Plans to ensure accuracy and that a suitable management plan for identified risks is clearly detailed; and that personal wishes regarding intimate care are detailed.
<b>Recommendation 3</b>  <b>Ref:</b> Standard 4.4  <b>Stated:</b> First time  <b>To be Completed by:</b> 31 October 2015	The registered manager should obtain information regarding the outcomes of the continence assessment and retain it in the service user's care plan.  <b>Response by Registered Person(s) Detailing the Actions Taken:</b> Work is current in relation to ensuring we have Individual outcome details of each service users most recent Continence Assessment. In addition we are putting in place systems to ensure that Day Care Staff receive timely information of any relevant changes to service users Continence Promotion Plan

<b>Recommendation 4</b>  <b>Ref:</b> Standard 8.2  <b>Stated:</b> First time  <b>To be Completed by:</b> 31 October 2015	Service users meetings should be held on a regular basis and a record maintained of the meeting and any action required.		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> The Registered Manager has implemented a system whereby service user meetings. The date & time for meetings have been scheduled well in advance and inserted into the Desk Diary as well as immediate follow up date & time for Registered Manager to receive feedback from service user meetings by way of recorded details of the content and outcomes of the meetings.		
<b>Registered Manager Completing QIP</b>	Ms. Iona Henry	<b>Date Completed</b>	15/10/2015
<b>Registered Person Approving QIP</b>	Mrs Angela McVeigh, Director Older People & Primary Care	<b>Date Approved</b>	19/10/2015
<b>RQIA Inspector Assessing Response</b>	Maire Marley	<b>Date Approved</b>	26/10/2015

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

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