

Unannounced Care Inspection Report 16 September 2016



Crozier Lodge

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

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Crozier Lodge took place on 16 September 2016 from 10.00 to 15.30 hours.

The inspection sought to assess progress with any issues raised during and 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.

Is care safe?

On the day of this inspection the day care setting was found to be delivering safe care. In discussions with staff and service users it was established that staffing levels met the current assessed needs of service users. Service users consulted confirmed that they were safe and well cared for in the centre.

Observations of the delivery of care provided evidence that service users' needs were being met safely and in a responsive, timely manner by the staff on duty. Arrangements are in place to prevent and protect service users from harm and staff were knowledgeable regarding their role and responsibilities in relation to adult safeguarding policies and procedures.

A tour of the environment found the centre to be clean and well organised with no obvious hazards for service users or staff.

The Trust had introduced new catering arrangements since the previous inspection and the observation of the serving of the midday meal resulted in a requirement to review the current arrangements and inform RQIA of the outcome of the review.

It was noted that the walls and paintwork in the centre are badly marked and are in need of redecoration. The registered provider must ensure all parts of the day care centre are reasonably decorated and a further requirement is made in this regard.

Two areas for improvement were identified during the inspection of this domain and relate to the serving of the midday meal and the redecoration of the centre.

Is care effective?

The records examined and discussions with service users and staff established that the day care setting was delivering effective care. Appropriate referral information, assessments and care plans, along with daily notes are maintained. In discussion with a relative they spoke of the positive relationship they had with the management and staff team, and confirmed that the care delivered was effective and promoted the best outcomes for their relative.

The majority of care staff have worked in the centre for some years and they were well organised so that appropriate use of their skills and experience enabled the centre to operate effectively.

Two areas for improvement were identified during the inspection of this domain in relation to signatures required in care plans and the development of service users' agreements.

Is care compassionate?

Throughout this inspection evidence of compassionate care was observed. Observations of practice established staff knew each service user very well and were familiar with their interests, preference and likes and dislikes; conversations were respectful and appropriate. Care practices observed established that service users were treated with respect and were consulted regularly about their comfort and involvement in activities. Service users with memory loss were noted to be relaxed and content in their environment and engaged in activities provided. Assistance when required was undertaken in a discreet manner and there were good examples of staff using diversion techniques when needed. Systems were in place to ensure that service users and their representatives were involved and communicated with about the issues that affect them.

All of the service users and a relative consulted commented very positively on the quality of care and their enjoyment of attending the centre.

Two areas for improvement were identified during the inspection and related to the positioning of furniture and the further development of the quality review report.

Is the service well led?

There were examples of good practice found throughout this inspection in relation to governance arrangements, ongoing quality assurance programmes, and good working relationships within the team. Staff confirmed that they were well supported in their roles and that suitable training was provided. Whilst the manager is not in the centre on a daily basis staff reported they have access to her on a regular basis and advised the manager can always be contacted via a mobile phone. A monitoring officer who is not directly involved in the day to day operations of the centre visited monthly and provided a report of the visits.

One area for improvement was identified during the inspection of this domain in relation to the review of policies.

This inspection was underpinned by The Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards 2012.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2	5

Details of the Quality Improvement Plan (QIP) within this report were discussed with Iona Henry, registered manager and Pauline Gratten, senior care assistant 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.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 7 September 2015.

2.0 Service details

Registered organisation/registered person: Southern HSC Trust/Francis Rice	Registered manager: Iona Henry
Person in charge of the centre at the time of inspection: Pauline Gratten	Date manager registered: 13 December 2010

3.0 Methods/processes

Prior to inspection following records were analysed:

- Registration status of the setting
- Review of previous inspection report/QIP dated 2015
- Review of two accident notifications submitted to RQIA since previous inspection
- Written and verbal communication received since the previous care inspection

During the inspection the inspector greeted and spoke with 15 service users and a service user's relative; and spoke with the registered manager, a senior day care worker, and three care staff. No professionals visited the centre during the inspection.

The registered manager was provided with questionnaires to distribute randomly to five service users; five staff members and five service users' representatives for completion. The questionnaires asked for the views of service users, staff and service users' representatives regarding the service, and requested their return to RQIA. Five completed questionnaires were returned to RQIA in time for inclusion in this report.

The following records were examined during the inspection:

- Supervision policy and procedure
- Five service users' care records
- Complaint records
- Accident/incident records
- Fire risk assessment
- Service user meetings
- Staff meetings
- Staff training records
- Record of dates of supervision/appraisal
- Record of staff registration with NISCC
- Monthly visits made on behalf of the registered provider

- Audits
- Activities programme

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 18 March 2016

The most recent inspection of the establishment was an announced estates inspection. The completed QIP was returned and approved by the estates inspector. This QIP will be validated by the estates inspector at the next estates inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 7 September 2015

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 20 (1) (a) Stated: Second time	Management 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.	Met
	Action taken as confirmed during the inspection: Duty records confirmed that a competent, capable staff member is on duty to take charge when the manager not present.	
Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 18 Stated: First time	The registered manager should ensure and confirm that: <ul style="list-style-type: none"> • the policies available to staff on continence promotion are the most up to date • the guidance on personal care has been adopted by the trust 	Met
	Action taken as confirmed during the inspection: The registered manager confirmed that the continence policy was available to staff and was the most up to date at the time of this inspection.	

<p>Recommendation 2</p> <p>Ref: Standard 5.2</p> <p>Stated: First time</p>	<p>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.</p> <p>Action taken as confirmed during the inspection: Care plans examined contained the relevant information and were up to date.</p>	<p>Met</p>
<p>Recommendation 3</p> <p>Ref: Standard 4.4</p> <p>Stated: First time</p>	<p>The registered manager should obtain information regarding the outcomes of the continence assessment and retain it in the service user's care plan.</p> <p>Action taken as confirmed during the inspection: There was evidence in the files examined that staff had received information in regard to the outcomes of continence assessments.</p>	<p>Met</p>
<p>Recommendation 4</p> <p>Ref: Standard 8.2</p> <p>Stated: First time</p>	<p>Service users meetings should be held on a regular basis and a record maintained of the meeting and any action required.</p> <p>Action taken as confirmed during the inspection: The record of service users meetings confirmed that meetings are held quarterly and appropriate records were maintained.</p>	<p>Met</p>

4.3 Is care safe?

The registered manager for the service joined the inspection in the later part of the morning and was available for the remainder of the inspection; the registered manager is also responsible for two additional day care settings.

In the absence of the registered manager a senior day care worker takes responsibility for the day care setting, and records examined established that appropriate competency and capability assessments had been undertaken. Staff advised the inspector of the arrangements in place to contact the registered manager. The person in charge of the centre was detailed on the duty roster and staff and service users consulted were fully aware of who was in charge on the day of inspection.

The planned daily staffing levels for the day care centre were outlined by the registered manager and staff and they confirmed that these levels were subject to regular review to ensure the assessed needs of the service users were met. A review of the staffing roster for the months of August and September 2016 evidenced that planned staffing levels were

maintained. Observation of the delivery of care provided evidence that service users' needs were met by the staff on duty.

The SHSCT has a robust staff recruitment policy and procedure that details the arrangements for ensuring that appropriate pre-employment checks are completed for all staff prior to employment. Recruitment records are retained in the Trust's personnel department. It was noted that two support staff had been deployed from other services and appropriate induction had been completed.

Review of three staff files and discussion with care staff confirmed staff had received mandatory training, including safeguarding vulnerable adults training which was undertaken in 29 June 2016; and fire training which was undertaken on 12 February 2016.

It was good to note that copies of the new regional guidance, Adult Safeguarding; Prevention and Protection in Partnership, was available to staff and management recognised there was a need to enhance staff awareness regarding the new procedures.

The trust's supervision policy details the frequency and procedure to be followed and staff spoken with confirmed they receive supervision on a regular basis. Supervision records and responses in returned questionnaires provided further evidence the staff receive supervision.

Discussion with staff and a review of returned staff satisfaction questionnaires confirmed that mandatory training and other professional development training was provided. Over-all staff felt they were well supported in their role and responsibilities by the provision of individual staff supervision, annual appraisal and easy access to the management team.

The day centre has a range of fire protection measures in place and these included a fire detection and alarm system, emergency lighting, and fire-fighting equipment. A fire risk assessment had been completed in June 2015 and there was evidence that arrangements were in place to undertake regular tests of the fire alarm system and a fire drill. Fire exits and corridors were observed to be clear of clutter and obstruction.

Staff who were interviewed clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. Management reported that there were no current safeguarding concerns ongoing. On the day of the inspection there was no evidence of restrictive practices.

The Trust had changed the provision of meals to a cooked chill system since the last inspection, and although this involved the installation of an oven and a fridge in the therapeutic kitchen, this did not require a variation to the registration. The serving of the midday meal was observed. It was noted the serving of meals were slow and disorganized; some service users at tables were served their meal and others at the same table were becoming unsettled as their meals were slow to be served. The gravy or sauce had not been prepared before the serving of the meal and concern was raised by the inspector as the meal was fish cakes, potatoes and vegetables and resulted in some service users having a very dry dinner. Management must ensure that risks when service users are eating and drinking are clearly identified and managed; an immediate review of the serving of the midday meal must be undertaken. The outcomes of the review must be submitted to RQIA.

A review of the service users' environment was undertaken and was found to be welcoming, fresh smelling and clean throughout. It was noted that areas of the centre required to be repainted as paintwork was badly marked and paintwork on walls was peeling and grubby.

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.

Areas for improvement

Two areas for improvement were identified during this inspection and relate to the serving of the midday meal and the redecoration of the centre.

Number of requirements	2	Number of recommendations	0
-------------------------------	---	----------------------------------	---

4.4 Is care effective?

Discussion with the registered manager, staff and service users established that the service responded appropriately to, and met the assessed needs of the service users. Staff who were consulted during the inspection were able to provide examples of how they promote respect, dignity and the privacy of service users and detailed how service users' previous interests informed their practice and activities.

There was evidence that introductions to the day care service for service users and their representatives are planned. On the day of inspection a relative was consulted and confirmed that the family had been provided with relevant information about the centre and visits had been facilitated to enable the service user to become familiar with the setting and the staff.

A review of five care records confirmed that these were generally maintained in line with the legislation and standards. They included assessment of needs, life history, risk assessments, care plans and regular statement of health and well-being of the service user. Records were stored securely.

Care records were updated regularly to reflect changing needs and service users and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Assessments and care plans were not consistently signed by the service user or their representative, the relevant member of staff or registered manager, and a recommendation is made in this regard. In care records examined there was good evidence of multi-professional input where appropriate into the service users' health and social care needs. Discussion with staff and a review of care records confirmed that a person centred approach underpinned practice.

It was noted the service user agreements maintained on file were basic and did not fully reflect the services provided. Management are requested to review the agreements and ensure they are reflective of the day care provided and in keeping with the criteria of standard 3.1.

Care staff stated there was effective teamwork and those who were interviewed spoke of the support available that included quarterly supervision, daily briefs, staff meetings and informal communication on a daily basis. Care staff observed during the inspection clearly demonstrated the knowledge, skill and experience necessary to fulfil their roles and responsibilities. Staff related if they had any concerns, they would raise these with the senior support worker or the registered manager, and confirmed there was an open door policy.

Information in relation to how to make a complaint was included in the service user guide and was displayed in the entrance to the centre. The complaint record reviewed revealed no evidence of any complaints for the previous year and this was confirmed in the returned

complaint form submitted to RQIA for the period 1 April 2015 to 31 March 2016. Service users and a relative consulted were aware of how to raise any issues or concerns and named staff they would talk to in these circumstances.

Areas for improvement

Two areas for improvement were identified in relation to the signatures needed in care plans and the further development of service users' agreements.

Number of requirements	0	Number of recommendations	2
-------------------------------	---	----------------------------------	---

4.5 Is care compassionate?

Service users confirmed management and staff listen to them, offer them choices and involve them in decision making during their time in the day care setting.

Care practices observed established that service users were treated with respect and were consulted regularly about their comfort and involvement in activities. It was evident that staff knew each service user well and was familiar with their interests and preference; conversations were respectful and appropriate.

Assistance when required was undertaken in a discreet manner and there were good examples of staff using diversion techniques when needed. Discussions with service users and observation of practice confirmed that service users' needs were recognised and responded to in a prompt, courteous and supportive manner by staff.

Systems were in place to ensure that service users and their representatives were involved and communicated with about the issues that affect them. Not all service users could comment on how they were involved in their care due to their memory loss; however, records examined relating to annual care reviews, care plans and discussion with a representative provided evidence that service users and/or their representatives were fully involved in planning their care and that their views and preferences were valued by staff.

There was a relaxed ambience throughout the day and service users were observed chatting amongst themselves; and it was evident they had developed good relationships and enjoyed each other's company. All of the service users consulted commented very positively on the quality of care and their enjoyment of attending the centre.

Discussions with service users along with observations of practice during this inspection confirmed that service users were supported to engage and participate in different activities. Service users were observed participating in attending to plants, knitting, crafts, completing jigsaws, singing and general discussion. It was evident that the activities were based on service users' previous interests. A recommendation was made regarding the positioning of a table in one room as a television was situated behind service users and the background noise on this occasion was noted to be unsettling a service user with memory loss.

The registered manager confirmed that service users were listened to, valued and communicated with, in an appropriate manner and this was evident through the periods of observations. Members of staff who met with the inspector advised how service users choose what they want to do and provided examples of when they individually had afforded choices to service users.

The views of service users are sought during the monthly quality monitoring visits and these were viewed in the monthly reports for June, July and August 2016.

Informally service users are consulted on a daily basis in discussions with staff and the management team. Formally they are consulted during the quarterly service users' meetings; and the annual quality assurance survey issued to gain views on the quality of the day service in the day centre. The findings from the annual survey had been collated into the annual quality review report and this was discussed with the management team. It is recommended that the report is further developed to incorporate the comments made and issues raised by service users, and any actions to be taken in response.

Service users spoken with during the inspection commented positively in regard to the care they received. The inspector met with a service user's relative who spoke positively of the service, care delivered and the staff team. An example of a comment made by the service user's relative is detailed below:

- "My mother is doing things that she used to do which is so good to see, she used to be a keen knitter and just lost interest, now she is back knitting and can tell me about her day, this centre has helped her so much and I am really grateful".

The staff, service users and a relative who returned a questionnaire indicated overall satisfaction with the provision of compassionate care.

Areas for improvement

Two areas for improvement were identified during the inspection and related to the positioning of furniture and the further development of the quality review report.

Number of requirements	0	Number of recommendations	2
-------------------------------	---	----------------------------------	---

4.6 Is the service well led?

The day centre is managed by a registered manager who has support from a senior day care worker and a team of care staff. The registered manager is also responsible for two other centres and was open in her discussions in regard to the challenges this arrangements can create and how these are managed.

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the day care setting. Staff were able to describe their roles and responsibilities and were fully aware of the organisational structure within the day care setting and the trust, and with their lines of professional accountability. Staff were aware of their individual responsibility in relation to raising concerns about any aspect of practice.

A range of policies and procedures were in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Staff confirmed that they had access to the day centre's policies and procedures. It was noted that some policies were out of date and needed to be reviewed in accordance with the day care settings standard 18.5.

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

A regular audit of accidents and incidents was undertaken and this was available for inspection. The audit outcomes are used to identify trends and to enhance service provision. Learning from accidents and incidents was disseminated to all relevant parties, and action plans developed to improve practice.

Records examined established there were weekly audits and checks undertaken of the environment, hygiene and fire safety.

Monthly monitoring visits were undertaken as required under Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007; reports were produced and made available for service users, their representatives and RQIA.

Each month the managers from the older programme of care meet to discuss operational and governance issues; records showed that learning from these meetings was cascaded to the staff team to enhance their knowledge of relevant topics.

It was evident from observations and discussions with staff that there were good working relationships and that management were responsive to any suggestions or concerns raised.

There was evidence of good leadership, and robust and effective management and governance systems in this day care setting, which are focused on the needs of service users.

Areas for improvement

One area for improvement was identified in this domain and related to the review of policies.

Number of requirements	0	Number of recommendations	1
-------------------------------	---	----------------------------------	---

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Iona Henry, registered manager and Pauline Gratten, senior care assistant as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 the day care service. 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Day Care Settings Regulations (Northern Ireland) 2007.

5.2 Recommendations

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

5.3 Actions taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to day.care@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

Requirement 1

Ref: Regulation 26 (2)
(d)

Stated: First time

To be completed by:
30 November 2016

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.

Response by registered provider detailing the actions taken:

Decoration of Crozier Lodge has been prioritised by Estates Department and being managed by the liaison Estates officer for Crozier Lodge who carried out a pre minor works visit on 24/10/2016 Officer with a view to this work being carried out as soon as possible with a view to being completed by 30/11/2016.

<p>Requirement 2</p> <p>Ref: Regulation 14 (1) (c)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and no later than 30 October 2016</p>	<p>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.</p> <p>Response by registered provider detailing the actions taken: Following a Review of the Mid-day Meal Service an Action Plan has been put in place as follows ; (a) Staff Training/Awareness Raising of Proper/Safe Procedures to be followed during Meal Times such as serving table by table; (b) Ensuring Gravy/ Sauce is ready to be served promptly with first meal;</p>
<p>Recommendations</p>	
<p>Recommendation 1</p> <p>Ref: Standard 3.1</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2016</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> <p>Response by registered provider detailing the actions taken: Following the Inspection it was discovered that the most recent draft of the service user agreement was not being used (somehow an older version from 2008 had slipped into the system accidentally). The most recent version (February 2015) is now in place and meets the criteria specified in standard 3.1.</p>
<p>Recommendation 2</p> <p>Ref: Standard 5.3</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2016</p>	<p>The registered provider should ensure care plans are signed and dated by all relevant parties as specified in standard 5.3.</p> <p>Response by registered provider detailing the actions taken: Following Inspection An action plan was put in place whereby all Careplans will have the dates and signatures completed by 30/november/2016 as required in Standard 5.3. The Registered Manager has put an Action Plan in Place whereby all Careplans/ service users files will be kept live on review during all duty sessions in Crozier Lodge to ensure dates, signatures and all necessary details are completed timely. The Registered Manager currently has a live action plan in situ which will ensure all Care Plans are signed off by all parties by 30 November 2016.</p>
<p>Recommendation 3</p> <p>Ref: Standard 18.5</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2016</p>	<p>The registered provider should ensure policies are revised and reviewed every three years.</p> <p>Response by registered provider detailing the actions taken: The Review of policies is commencing on 08/11/2016 and will be conducted by Iona Henry Registered Manager in conjunction with 2 fellow Registered Managers of Day Care Facilities in SHSCT. The Review Project is planned to be completed by 30/11/2016.</p>

<p>Recommendation 4</p> <p>Ref: Standard 8.5</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2016</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> <hr/> <p>Response by registered provider detailing the actions taken: In future The Registered Provider during visits will prioritise communication with service users and include service users comments/issues as well as detailing relevant action plans/outcomes.</p>
<p>Recommendation 5</p> <p>Ref: Standard 25.3</p> <p>Stated: First time</p> <p>To be completed by: Immediate and no later than 31 October 2016</p>	<p>The registered provider should ensure furniture is positioned to take into account the needs of the service users with memory loss.</p> <hr/> <p>Response by registered provider detailing the actions taken: The Registered Provider remains vigilant daily that all furniture is positioned accordingly to facilitate the needs of all service users including those with memory loss to enable easy access to environmental audiovisual stimuli.</p>

Please ensure this document is completed in full and returned to 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@rqla.org.uk

Web www.rqla.org.uk

📍 @RQIANews

Assurance, Challenge and Improvement in Health and Social Care