

Unannounced Day Care Setting Inspection Report 28 June 2016



Larne Adult Centre

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Inspector: Priscilla Clayton

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Larne Adult Centre took place on 28 June 2016 from 10.00 to 16.00.

The inspection sought to assess progress with any issues raised during and since the previous 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?

No requirements or recommendations were made in the “is care safe” domain.

There were good examples that the centre was providing safe care. These included for example; appropriate staffing, staff induction, staff training, supervision and appraisal, infection and prevention and control, competency and capability assessment, risk management systems and processes and positive feedback from staff and service users on the day and from completed questionnaires returned to RQIA.

Is care effective?

No requirements or recommendations were made in the “is care effective” domain.

Care records examined were observed to be person centred containing individualised care needs assessments which were complemented with risk assessments; care plans which reflected measures in place to minimise identified risks and ongoing reviews.

Is care compassionate?

No requirements or recommendations were made in the “is care compassionate” domain.

Service users were observed to be treated with dignity and respect and fully engaged in the scheduled activities which they choose to participate. Discussion with service users who were able to communicate confirmed that they felt they were fully involved in decisions affecting care and support provided by staff.

Is the service well led?

There were four recommendations made for improvement within the “is the service well led” domain. These related to improvement in recording staff duty time within the duty roster, inclusion of an index within the policy/procedure file, seeking the named “designated champion” for adult safeguarding and development of audits of accidents/ incidents.

There was good supporting evidence of governance systems and processes for the day to day running of the centre which included for example, staff training, supervision and appraisal, effective management and recording of accidents, incidents and complaints.

This inspection was underpinned by The Day Care Settings Regulations (Northern Ireland) 2007, the Day Care Setting Minimum Standards 2012 and previous inspection outcomes and any information we have received about the service since the previous inspection.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	4

Details of the QIP within this report were discussed with Linda Montgomery, acting registered manager, 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 type e.g. care inspection

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

2.0 Service details

Registered organisation / registered person: Northern HSC Trust/Dr Anthony Baxter Stevens	Registered manager: Linda Montgomery (acting registered manager)
Person in charge of the day care setting at the time of inspection: Linda Montgomery, acting registered manager.	Date manager in acting registered position: 14 March 2016
Number of service users accommodated on day of Inspection: 64	Number of registered places: 84

3.0 Methods/processes

Prior to inspection following records were analysed:

- Registration status of the day care setting
- Review of previous inspection report/QIP dated 03 February 2016 (estates) and 29 September 2015 (care)
- Notifications of accidents/incidents
- Written and verbal communication received since the previous care inspection did not reveal any concerns.

During the inspection the inspector met with several service users, four care staff and the acting registered manager. No professionals or service users' visitors/representatives visited the centre during the inspection.

A total of 15 satisfaction questionnaires were provided for distribution to staff, service users and representatives for completion and return to RQIA. Eight questionnaires were returned within the requested timescale.

The following records were examined during the inspection:

- Statement of Purpose
- Service user Guide
- Policies/Procedures
- Three service users care records
- Complaints records
- Accident/incident records
- Service user meetings
- Staff meetings
- Staff training records
- Supervision/appraisal records
- Equipment records
- Fire risk assessment
- Monthly visits made on behalf of the registered provider
- Audits
- Service user individual agreements
- Activities programmes.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 03 February 2016

The most recent inspection of the day care setting was an announced estates inspection. The completed QIP was returned and approved by the estates inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 29 September 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 29 Stated: First time	<p>The registered persons shall give notice to RQIA of accidents and untoward incidents as specified in regulation 29.</p> <hr/> <p>Action taken as confirmed during the inspection: Examination of accident and incidents records evidenced that notifications were being forwarded to RQIA as required.</p>	Met
Requirement 2 Ref: Regulation 26(2)(j) Stated: Second time for (a) and first time for (b) and (c)	<p>The registered persons are required to review and risk assess the management and operation of doors which are restricting the independence of service users and increasing the risk of falls.</p> <p>Consideration should be given to the installation of automatic opening doors and hold open devices linked to the fire detection and alarm system etc. which meet the needs of the service users. The advice of the fire risk assessor should be sought and followed regarding:</p> <p>(a) The identified fire door leading to a small room and toilet off the special needs room on the lower ground floor. This would result in identified service users being able to independently use the room and toilet in this area and make it easier for staff to supervise them.</p> <p>(b) The identified fire door between the two large adjoining rooms on the lower ground floor. This would result in identified service users being able to independently move between the two rooms without having to wait for staff</p>	

	<p>to open the door for them.</p> <p>(c) The fitting of automatic opening doors in the following areas in Larne Adult Centre :</p> <ul style="list-style-type: none">• rear entrance doors;• dining room doors• all group rooms• training flat• disabled bathrooms and toilets. <p>The completed QIP must detail the outcomes of the review and risk assessment and provide an action plan with timescales for (a) – (c).</p>	
	<p>Action taken as confirmed during the inspection:</p> <p>a) Issues in respect of fire safety was assessed by the NHSC Trust fire safety officer on 11 November 2015.</p> <p>b&c) The acting registered manager reported that expenditure funding has been authorised and work planned to commence soon. Written evidence of approval to commence work given to the inspector.</p> <p>Request was made for the acting registered manager to forward written notice to RQIA when work has been completed.</p>	
Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 5.3 Stated: First time	<p>The manager should ensure service user’s care plans are:</p> <p>(a) Specifically dated. (b) Signed by the manager.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Three care plans examined were observed to be dated and signed as recommended. Audits of care records are undertaken each month by the designated officer conducting monthly monitoring visits.</p>	

Recommendation 2 Ref: Standard 14.6 Stated: First time	<p>With regards to an unresolved area of dissatisfaction raised by an identified service user; the manager is advised to liaise with the individual's named worker concerning this and to request advocacy for him/her.</p> <p>In relation to the centre's complaints record; the manager should ensure that when a complainant is dissatisfied or partially dissatisfied with the outcome/s of the investigation into their area/s of concern, the complaints record states they are advised of:</p> <ul style="list-style-type: none">• The next step in the Trust's complaints process where appropriate, support and independent advocacy services.	Met
	<p>Action taken as confirmed during the inspection: The acting registered manager advised that this matter has been forwarded to the named social worker. Options were discussed at care management review. This matter has been appropriately managed.</p>	
Recommendation 3 Ref: Standard 25 Stated: Second time	<p>The manager should ensure the Trust replaces the seals or the two identified round windows in the training flat and corridor near the passenger lift so that service users can clearly see through the windows. This is restated from the previous inspection.</p>	Met
	<p>Action taken as confirmed during the inspection: Seals in the two windows have been replaced.</p>	
Recommendation 4 Ref: Standard 25.1 Stated: First time	<p>The manager should ensure the identified screens in the porta-cabin are replaced or recovered in a suitable material that can be easily cleaned.</p>	Met
	<p>Action taken as confirmed during the inspection: Screens have been replaced.</p>	

4.3 Is care safe?

On the day of inspection staff on duty included the acting registered manager, one senior day care worker, four day care workers, 16 adult support workers, three catering staff, two domestic staff and one administration staff. The manager explained that a new support worker was expected to commence soon.

The registered manager and staff confirmed that staffing levels for the five units within the centre were satisfactory and that these were subject to regular review to ensure the assessed needs of the service users were met.

The registered manager confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the centre for any period of time in the absence of the manager. Examination of one assessment evidenced compliance.

Review of staff induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff and analysis of returned staff satisfaction questionnaires to RQIA confirmed that mandatory training and other professional development training was provided. Staff stated they felt they were well supported in their role and responsibilities by the acting registered manager and provision of three monthly individual staff supervision and annual appraisal.

Examination of the home's recruitment and selection policy and procedure confirmed that compliance with current legislation and best practice.

Discussion with the acting registered manager confirmed that staff were recruited in line with Regulation 21 (1) (b); Schedule 2 of The Day Care Settings Regulations (Northern Ireland) 2007 and that records were retained at the organisation's personnel department.

Discussion with staff confirmed that they were knowledgeable and had a good understanding of the principles of adult safeguarding and aware of their obligations to raise concerns about poor practice and to whistleblowing.

Discussion with the acting registered manager and review of accident/incident and complaints evidenced appropriate management processes where in place to record, monitor and lessons learned where appropriate. The acting registered manager demonstrated good knowledge of the procedure to follow if a suspected, alleged or actual incident of abuse is received and that prompt referral to the relevant persons, including RQIA, and agencies with screening and where necessary investigation undertaken and written records retained.

The acting registered manager confirmed that staff had received training in Infection Prevention and Control (IPC) in line with their roles and responsibilities. Records of training were retained in the centre and scheduled dates organised for 2016. Discussion with staff established that they were knowledgeable and had understanding of IPC procedures. Inspection of premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels. Hand hygiene was a priority for the centre and efforts were applied to promoting high standards of hand hygiene among service users, staff and visitors.

Staff were observed washing their hands at relevant times. The acting registered manager explained that the trust had adopted the regional IPC guidelines as their policy. Infection prevention and control procedures were retained and could be easily accessed by staff.

A general inspection of the centre including all facilities was undertaken. All areas were observed to be clean, tidy, organised and fresh smelling throughout. No visual hazards were observed. With reference to requirement number 2, cited in page 6 of the report, request was made for the acting registered manager to forward written notice to RQIA when work on the automatic opening fire doors has been completed.

Staff confirmed that there were risk management procedures in place relating to the safety of individual service users. Discussion with staff identified that the centre did not accommodate any individuals whose needs could not be met. Review of care records identified that care needs assessments were complemented with risk assessments, care plans developed and evaluations recorded. Records made were noted to be dated and signed. Care needs assessments and risk assessments, for example manual handling and falls were reviewed and updated on a regular basis or as changes occurred. Care records examined were signed and dated.

The acting registered manager confirmed that equipment in use in the centre was well maintained and regularly serviced. Records were maintained.

The centre had a current fire safety risk assessment. Records of fire drills conducted showed the last date this practice undertaken was 10 November 2015. One recommendation for improvement had been addressed. Fire safety records identified that fire-fighting equipment; fire alarm systems, emergency lighting and means of escape were checked as required and were regularly maintained.

Discussions with service users who were able to respond confirmed that they very satisfied and described the care as very good. No issues or concerns were raised or indicated during the inspection.

Eight completed satisfaction questionnaires were returned to RQIA from staff, service users and one relative. Respondents indicated that the care provided was safe within the “safe care” domain. No issues or concerns were recorded.

One representative commented that her relative was “kept very safe in the centre” and that staff always adhere to recommendations made by the behavioural support team”.

Areas for improvement

No areas were identified for improvement within the “is care safe” domain.

Number of requirements:	0	Number of recommendations:	0
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4.4 Is care effective?

Discussion with the acting registered manager established that the service responded appropriately to and met the assessed needs of the service users.

An examination of three care records confirmed that these were 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. Care records were noted to be updated regularly to reflect changing needs. Service users and/or their representatives were encouraged and enabled to be involved in the assessment and care planning and review process, where appropriate. Assessments and care plans examined were signed by the service user or their representative. Discussion with staff confirmed that a person centred approach underpinned practice which demonstrates evidence of partnership between staff to ensure the care planned and provided respects individual resident needs and preferences.

The care records examined reflected documented evidence of multi-professional input into the service users' health and social care needs.

Care records were observed to be stored safely and securely.

The acting registered manager confirmed that systems were in place to ensure effective communication with service users, their representatives and key stakeholders. These included for example; service user meetings; service user forum meetings; written daily attendance notes to representatives of service users unable to communicate verbally about their attendance; monthly monitoring visits and care reviews; and staff meetings.

Service users meetings are held on a regular basis with minutes recorded. Minutes evidenced involvement of service user consultation, choice and preference in activities and menu planning. In addition service user forum meetings also take place providing opportunity to seek the views of service users and provision of funding for various events. Staff meetings are usually held on a quarterly basis with minutes recorded and retained.

Satisfaction questionnaires returned to RQIA following the inspection were received from staff, service users and one relative. Respondents indicated satisfaction. No issues or concerns were recorded.

Areas for improvement

No areas were identified for improvement within the "is care effective" domain.

Number of requirements:	0	Number of recommendations:	0
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4.5 Is care compassionate?

The acting registered manager and staff confirmed that there was a culture/ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of service users.

The registered manager, staff and service users confirmed that consent was always sought in relation to care and treatment. When service users are unable to articulate their views, consent in respect of care and treatment is sought from their representative. Observation of staff interactions with service users demonstrated that service users were treated with dignity and respect. Staff confirmed their awareness of promoting service users' independence and of maintaining dignity. Staff were also able to demonstrate how residents' confidentiality was protected, for example and as observed; when matters are being discussed with a service user about their care this is conducted in a private room; assistance with personal care is provided in a private room and care records are confidential and only shared with consent and with those who need to know.

Discussion with staff and service users who were able to converse alongside observation of practice and review of care records confirmed that service users were enabled and supported to engage and participate in meaningful activities.

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

The acting registered manager confirmed that service users were provided with information, in a format that they could understand which enabled them to make informed decisions regarding their planned day care. Methods used include makaton, pictorial presentations and board communication.

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 consultations recorded within care records, recorded consent, reviews, and monthly monitoring reports and service user meetings. Service users confirmed that their views and opinions were taken into account in all matters affecting them.

Eight completed satisfaction questionnaires were returned to RQIA from service users, staff and one relative. Respondents indicated positive responses in the "is care compassionate" domain.

One relative commented that her relative "loves the centre and staff and hates weekends" and that staff "work well to keep her relative safe, happy and stimulated".

Areas for improvement

No areas for improvement were identified within the "is care compassionate" domain.

Number of requirements:	0	Number of recommendations:	4
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4.6 Is the service well led?

The acting registered manager, Linda Montgomery, has been authorised to act as registered manager for the centre by RQIA since 14 March 2016. She is currently undertaking QCF Level 5 and hopes to complete this during 2016. When successfully completed application for registration as manager is to be forwarded to RQIA.

Linda Montgomery has settled well into her new post and has demonstrated good knowledge and understanding of The Day Care Settings Regulations (Northern Ireland) 2007 and Day Care Setting Minimum Standards (2012). She is supported in her role by Natalie Jackson, day care services manager who visits the centre on a regular basis and attended for part of the inspection.

The acting registered manager described the organisational structure as reflected within the centre's statement of purpose. Staff were aware of their roles, responsibility and accountability.

Staff spoken with confirmed they were familiar with organisational and management structure and their lines of professional accountability. Staff demonstrated awareness of their individual responsibility in relation to raising concerns. Service users who were able to respond were aware who to speak with if they wanted advice or had any issues or concerns.

The acting registered manager confirmed that staffing levels within the five units were satisfactory. Names of staff on duty each day were being recorded within the daily diary. One recommendation made related to the development of a staff duty roster which reflects names of staff, post held and actual times worked by the individual staff member each day.

The acting registered manager and staff confirmed the health and social care needs of service users were being met in accordance with the centre's statement of purpose.

A range of policies and procedures were in place to guide and inform staff. These were held electronically and in hard copy format. One recommendation made related to the inclusion of an index in the hard copy files to provide staff with ease of access to policies.

The acting registered manager explained that the trust had adopted the DHSSPS policy on Adult Safeguarding, Prevention and Partnership (2015) and that staff training had been provided. The named champion for adult safeguarding has not been established. The acting registered manager agreed to liaise with the trust safeguarding team in this regard.

The centre had a complaints policy and procedure dated February 2013. This was in accordance with the relevant legislation and DHSSPS guidance on complaints handling. Service users and their representatives were made aware of the process of how to make a complaint by way of the service user guide. The policy can be made available on request in disc, large font, Braille, audio cassette and other minority languages to meet the needs of those who are not fluent in English. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review of the complaints records established that there were clear arrangements for the management of complaints from service users and any other interested parties. The registered manager had received three complaints since the previous inspection. Records retained included data on investigation, outcome and resolution.

The acting registered manager confirmed the day care centre had an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. Notifications submitted to RQIA were discussed with the acting registered manager. Several notifications submitted related to behavioural issues. The acting registered manager explained that these had been notified to the social worker and multi-professional behavioural support team reviews were held with close monitoring to ensure best practice is provided. Care records reflected minutes of behavioural support meetings and risk management plans. Learning from incidents is disseminated to staff. One recommendation made related to the undertaking of monthly audits of accidents/incidents so that trends and patterns can be readily identified and where necessary review undertaken and action plans developed.

The centre had a risk management policy, dated May 2014, which was available to staff.

The centre retains compliments received. These included letters, cards and e-mails complimenting staff on the good care and support received.

Discussion with the acting registered manager confirmed that information in regard to current best practice guidelines was made available to staff through training and availability of various published documents and trust intranet. Staff confirmed they were provided with mandatory training and additional training opportunities relevant to any specific needs of service users. Examination of staff mandatory training records evidenced that training provided was recorded.

Monthly monitoring visits were being undertaken in accordance with Regulation 28 of The Day Setting Regulations (Northern Ireland) 2012; reports were produced and available for service users, their representatives, staff, trust representatives and RQIA.

The acting registered manager confirmed that the centre operated in accordance with the regulatory framework. Inspection of the premises confirmed that the centre's certificate of registration with RQIA was displayed.

Review of records and discussion with the staff confirmed that any adult safeguarding issues are managed appropriately and that reflective learning would take place where required.

The acting registered manager confirmed that staff could readily access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised.

The acting registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. A policy on disciplinary action was in place.

Completed satisfaction questionnaires returned to RQIA following the inspection from service users, staff and relatives provided positive responses in the "is the service well led" domain.

Areas for improvement

Two recommendations were made in the “is the service well led” domain. These were in relation to the following:

- Staff duty roster development
- Liaise with the adult safeguarding team in regard to identification of the “champion”
- Inclusion of an index within policies/procedure files.
- Undertake monthly audits of accidents/incidents and development of service user/representative satisfaction surveys.

Number of requirements:	0	Number of recommendations:	4
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5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Linda Montgomery, acting registered manager and Natalie Jackson, day care services manager, 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s 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 the DHSSPS Day Care Setting Minimum Standards 2012. They promote current good practice and if adopted by the registered person(s) may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to 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 by the registered manager. Once fully completed, the QIP will be returned to 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 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 person/manager 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 person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations

Recommendation 1 Ref: Regulation 18.3 Stated: First time To be completed by: 31 July 2016	<p>The acting registered manager should include a central index within the policies and procedures file to enable ease of access.</p> <p>Response by registered person detailing the actions taken: Central index has now been included within policies and procedures file to enable ease of access. This index is not exhaustive. Staff aware that all policies can be accessed online through the organisations Intranet system under Staff Net.</p>
Recommendation 2 Ref: Ref 13.1 Stated: First time To be completed by: 30 September 2016	<p>The acting registered manager should liaise with the adult safeguarding team in regard to identification of the named “champion”.</p> <p>Response by registered person detailing the actions taken: NHSCT have not identified a specific safeguarding champion as yet, until the outcome has been agreed and shared among staff teams all queries are to be directed to Randal McHugh, Principal Practitioner, Vulnerable Adult Services, Spruce House, Ballymena.</p>
Recommendation 3 Ref: Standard 23.6 Stated: First time To be completed by: 30 June 2016	<p>The acting registered manager should further develop the staff duty roster to reflect staff names, post held and actual daily hours worked by each staff member.</p> <p>Response by registered person detailing the actions taken: Roster has been created to capture information required above.</p>
Recommendation 4 Ref: Standard 17.9 Stated: First time To be completed by: 30 September 2016	<p>The acting registered manager should establish monthly audits of accidents/incidents so that trends and patterns can be readily identified and where necessary review undertaken and action plans developed.</p> <p>Response by registered person detailing the actions taken: An overall tracking sheet has been created and populated with relevant information to help with monthly audits and enable patterns and trends to be identified more easily. Patterns and trends are identifiable through other procedures carried out within the adult centre. However, it is acknowledged that an overall tracking sheet compliments our practice and audits of same.</p>

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