

# Unannounced Care Inspection Report 13 October 2017



## Age NI, Portaferry Resource Centre

**Type of Service: Day Care Setting**  
**Address: Ann Street, Portaferry, BT22 1LX**  
**Tel No: 02842729937**  
**Inspector: Suzanne Cunningham**

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

Assurance, Challenge and Improvement in Health and Social Care

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

**1.0 What we look for**



**2.0 Profile of service**

This is a Day Care Setting with 20 places that provides care and day time activities for adults who are over 65 years of age. The setting is open Monday, Wednesday & Friday 9.00 to 16.30.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Age NI  <b>Responsible Individual(s):</b> Ms Linda Robinson	<b>Registered Manager:</b> Claire Braniff
<b>Person in charge at the time of inspection:</b> Claire Braniff	<b>Date manager registered:</b> 13 June 2017
<b>Number of registered places:</b> 20 - DCS-I	

### 4.0 Inspection summary

An unannounced inspection took place on 13 October 2017 from 10.30 to 14.30.

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

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

Evidence of good practice was found in relation to staffing arrangements; staff knowledge regarding safeguarding, the day care setting environment, to care records, reviews, reflective practice, communication between service users and staff, management of complaints, quality improvement and maintaining good working relationships.

#### Areas for improvement

Areas requiring improvement were identified regarding staff training arrangements and the frequency of supervision during the inspection.

Service users said during the inspection: "I was in a centre in Greyabbey that I started but this is the best one"; "fantastic – can't do without it"; "best place"; "very good here, feel very much at ease"; "I enjoy it here, I enjoy the company, great place, everyone is good to us"; "their brilliant, I love it here".

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

### 4.1 Inspection outcome

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

Details of the Quality Improvement Plan (QIP) were discussed with Claire Braniff, 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.

#### **4.2 Action/enforcement taken following the most recent care inspection dated 8 February 2017**

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 08 February 2017

#### **5.0 How we inspect**

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

- the registration details of the day centre
- information and correspondence received from the registered manager and Age NI
- incident notifications which revealed no incidents had been notified to RQIA since the last care inspection in February 2017
- unannounced care inspection report 08 February 2017

During the inspection the inspector met with:

- the registered manager
- eleven service users
- two care staff

Questionnaires were given to the staff on duty to distribute between service users, representatives and staff. None were returned by service users, one was returned by staff and one by a relative.

The following records were examined during the inspection:

- two staff records
- two service users care files
- a sample of service users' daily records
- the complaints/issue of dissatisfaction record from April 2016 to October 2017
- a sample of incidents and accidents records from February 2017 to October 2017
- the staff rota arrangements during August, September and October 2017
- the minutes of service user meetings held in May, June, July, August and September 2017
- staff meetings held in March, June and September 2017
- staff supervision dates for 2017
- monthly monitoring reports from July to October 2017
- the staff training information for 2016 and 2017
- the settings statement of purpose

One area for improvement identified at the last care inspection was reviewed and assessment of compliance recorded as met.

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

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 8 February 2017

The most recent inspection of the establishment was an unannounced care inspection.

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

### 6.2 Review of areas for improvement from the last care/premises inspection dated 08 February 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 17(1) Schedule 3  <b>Stated:</b> First time	The registered provider must complete the annual report for 2016 and annually thereafter (provider guidance is available from RQIA). This should be sent to RQIA with the returned QIP.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspector confirmed the annual report was available and up to date at the time of inspection.	

## 6.3 Inspection findings

### 6.4 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

The settings daily staff arrangements and records were inspected for August, September and October 2017. This provided evidence that qualified and experienced persons were working in the centre to meet the assessed needs of the service users, taking into account the size and

layout of the premises, the number of service users, their assessed needs and the statement of purpose. Review of the record and discussion with the manager and staff found there was a minimum of two staff in this setting and full staff compliment was three staff per day, this staffing arrangement met the service users' needs on the day of the inspection.

A competency and capability assessment had been written for the staff member who acted up in the manager's absence, this was reviewed in 2017 and the review did not reveal any concerns regarding the staff members competency and no further action was noted.

Three individual staff records including their training records were examined, this revealed staff had only received training regarding complaints in 2017. As a minimum standard all staff must receive mandatory training and training relevant to their roles and responsibilities to ensure they are competent to undertake their role and responsibilities in this setting. An improvement is stated in the QIP to ensure a staff training plan is written for staff's annual training and staff should receive training that they need to undertake their role and responsibility as soon as possible. A training recorded should be in place for all staff that provides evidence of training undertaken and training due. Examples of training that may be provided in this setting are: infection prevention and control; dementia, fire training; COSHH, first aid, safeguarding; and behaviour management training.

The examination of the settings incidents, accidents and notifications forwarded to RQIA found none had been recorded since 2015, discussion with staff revealed the service users are independent in the setting which they identified as minimising the risk of incidents as well as adequate staffing levels which had enabled staff to be on hand to offer support and assistance when needed. Discussion with the manager and inspection of records confirmed there had not been any concerns regarding safeguarding or abuse in this setting since the last inspection and staff were aware of their responsibility to identify areas of concern, safeguard service users and report concerns.

During the inspection observations of the environment and inspection of records revealed the environment presented as clean tidy, furniture, aids and appliances presented as fit for purpose. Fire safety precautions were inspected and it was noted fire exits were unobstructed, there had been a fire drill in September 2017 and no follow up was required.

One staff member returned a questionnaire to RQIA post inspection, they identified they were "Very Satisfied" regarding questions on "is care safe" in this setting. They identified service users were safe and protected from harm in the setting; they had received safeguarding training and other training essential for their role and had working knowledge of safeguarding policies and procedures; they would report poor care to their manager; risk assessments and care plans were in place for service users and they received supervision and appraisal.

One relative returned a questionnaire to RQIA post inspection. They identified they were "Very Satisfied" regarding questions "is care safe" in this setting. The questionnaires identified their relatives were safe and protected from harm, they can talk to staff about a range of matters and the environment is suitable.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staffing arrangements; staff knowledge regarding safeguarding, and the day care setting environment



## Areas for improvement

One area for improvement was identified regarding staff training arrangements.

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

### 6.5 Is care effective?

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

The centre's statement of purpose and service users guide contained information required by Regulations and Standards and the content was consistent with the settings registration with RQIA.

Two service user's care files were inspected; they contained the service user's individual assessments and care plans which reflected their physical, social and emotional needs and each service user had an individual written plan/agreement. The sample of service user records inspected showed care plans had been reviewed in a timely manner, and records were stored safely and securely in line with data protection. Staff discussion confirmed they had used these records to guide their practice.

Service users told the inspector they knew staff in the setting so if they had a concern or worry about their care they could talk to them, one service user said we "can speak openly" and described open communication was encouraged.

Discussion with staff revealed examples of how they had made a difference for service users attending, one service user was socially isolated before coming to the setting and has since been noted as happier, settled and openly chatty.

The length of the bus journey for some service users was raised by a staff member because it had become longer, the driver was not satisfied they were doing their best for service users. They described the staff team will review this to ensure the most effective route was being used, they explained no one had complained but they wanted to make sure it was right which was a good example of staff identifying potential for improvement. The discussion with staff confirmed they were knowledgeable regarding providing effective care for service users and they were using reflection and the standards to ensure service users received the right care, at the right time, in the right place.

One staff returned a questionnaire to RQIA post inspection, they identified they were "Very Satisfied" regarding questions on "is care effective" in this setting. They identified service users get the right care, at the right time, with the best outcome for them; service users were involved in their plan, staff have the right skills, knowledge and experience to care for the service users; there were systems to monitor quality and safety; staff were informed regarding activities; and staff respond to service users in a timely manner.

One relative returned a questionnaire to RQIA post inspection. They were "Very Satisfied" regarding questions on "is care effective" in this setting. They identified their relative gets the right care, at the right time with the best outcome, staff communicate with their relative, they know their needs and choices, staff encourage them to be independent, they can choose activities and were involved in their relatives day care review.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to care records, reviews, reflective practice, and communication between service users and staff.

**Areas for improvement**

No areas for improvement were identified during the inspection.

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

**6.6 Is care compassionate?**

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

Discussion with service users, staff and observation of activities and communication found examples of service users being treated with dignity and respect while promoting and maintaining their independence. Service users confirmed they were asked their opinion regarding what they like to do in day care and their ideas and preferences were sought for their plan. Service users identified the careers were attentive and assisted them to enjoy their social time in the setting. Staff facilitated activities of their choice and preference such as bingo, crafts, quizzes, discussions and games. One service users said “Carers are good, when we come to the door we are greeted with a big smile from staff”, “staff are fun”.

The staff discussed service users’ needs in this setting can change and they identified some service users were experiencing confusion and or memory loss. The staff discussed how they support service users whose level of independence is deteriorating and their approach involved gently reorienting service users to their surrounding and supporting service users to settle using knowledge that was familiar to them. Staff and the manager referenced the clear criteria for admission to this setting which is written in the statement of purpose, this is discussed with the service user, their representative and the referrer when they commence. When a service user’s health has deteriorated and they are no longer independent they discuss this with the service user and their representative and refer them back to the social worker to seek a new support service. Staff discussion confirmed they are clear they do not have the resources in this setting to offer safe, effective and compassionate care for service users whose independence deteriorates significantly physically or because of dementia.

Discussion with service users confirmed they were consulted in service user meetings which had occurred regularly, as well as being consulted informally by staff throughout the day. The annual service users’ quality assurance survey had been distributed and evaluated and a summary report with an action plan had been written.

The inspection of this domain confirmed there were robust systems in place to promote effective communication between service users, staff and other professionals. Service users were being enabled to make informed decisions regarding their life, care and treatment.

One staff member returned a questionnaire to RQIA post inspection, they identified they were “Very Satisfied” regarding questions on “is care compassionate” in this setting. They identified service users were treated with dignity and respect, involved in decisions, encouraged to be



independent and make informed choices, involved in improvements and informed regarding the service they received.

One relative returned a questionnaire to RQIA post inspection. They identified they were “Very Satisfied” regarding questions on “is care compassionate” in this setting. They identified their relative was treated with dignity and respect, staff treated their relative well, they had no concerns, they had been consulted and involved in their relatives care and staff advocated for their relative.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the ethos of the day care setting, listening to and valuing service users and taking account of the views of service users.

**Areas for improvement**

No areas for improvement were identified during the inspection.

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

**6.7 Is the service well led?**

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

The registration certificate was up to date and displayed appropriately. Staff confirmed they had access to a range of policies and procedures in place that they used to guide and inform their practice.

Supervision records detailed the staff had received two recorded individual, formal supervision meetings however this had not been at intervals of at least every three months and they should have received three at this point of the year. The non-compliance with this standard was attributed to the manager covering the management role in another centre nevertheless she was and is registered manager and staff require supervision to support them to continue working safely, effectively and compassionately in this setting. An improvement is made in this regard.

Inspection of staff meeting minutes revealed they were held quarterly with minutes and attendance recorded. The content recorded detailed service users’ feedback, policy and procedure changes and training.

The complaints record was inspected and this showed one area of dissatisfaction had been recorded since the last inspection; this had been responded to immediately and resolved to the service users satisfaction. The issue was unique to the service user and no changes were required to improve practice generally in the setting.

The Regulation 28 monthly quality monitoring visits had been undertaken monthly by the monitoring officer. The reports showed the visits were unannounced and included outcomes/action plans.

One staff returned a questionnaire to RQIA post inspection, they identified they were “Very Satisfied” regarding questions on “is care well led” in this setting. They identified staff felt the service was managed well; quality monitoring was undertaken regularly; management responded to and acted regarding any complaints, issues or suggestions; they could approach the manager regarding concerns; staff meetings were held and communication was effective.

One relative returned a questionnaire to RQIA post inspection. They identified they were “Very Satisfied” regarding questions on “is care well led” in this setting. They identified they feel the setting is managed well; they know who the manager is; the staff respond well to communication, concerns, issues or suggestions and they had received information about the complaints process and the setting.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints, quality improvement and maintaining good working relationships.

### Areas for improvement

One area for improvement was identified regarding improving the frequency of supervision during the inspection.

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

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Claire Braniff, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

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

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

## **7.1 Areas for improvement**

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

## **7.2 Actions to be taken by the service**

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

## Quality Improvement Plan

<b>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 21.3, 21.4, 21.8, 21.9</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 08 December 2017</p>	<p>The registered person shall ensure that there is:</p> <ol style="list-style-type: none"> <li>1. A written training and development plan for staff working in this setting that is kept under review and is updated at least annually that reflects the needs of the individual staff and the aims and objectives of the organisation.</li> <li>2. A record of staff training should be kept in the setting.</li> <li>3. Mandatory training requirements must be evidenced as met.</li> <li>4. Arrangements for staff training must be in place to meet the needs of individual staff to ensure they can meet their individual roles and responsibilities.</li> </ol> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b></p> <ol style="list-style-type: none"> <li>1.All staff now have a training and development plan put in place which is reviewed annually as part of the performance review.</li> <li>2.All staff now have an up to date record of training and knowledge kept in the training file in the centre.</li> <li>3.All staff will keep more details of training knowledge in there training file as well as all certificates.</li> <li>4.Arrangements are currently being made to insure all staff receive the proper training.We are awaiting conformation of new training dates as a matter of urgency.</li> </ol>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 22.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 08 December 2017</p>	<p>The registered person shall improve the frequency of individual, formal supervision for staff to intervals of at least every three months.</p> <p>Ref: 67.</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>Supervision is now up to date and a new supervision matrix has been put in place for 2018.</p>

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



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