

# Unannounced Day Care Setting Inspection Report 08 February 2017



## Age NI, Portaferry Resource Centre

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

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

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Age NI, Portaferry Resource Centre took place on 8 February 2017 from 13.00 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?**

The inspection of two individual staff records, duty rotas, and training records; observation of the setting; discussions with service users and staff; and observations of care evidenced the care delivered was consistent with the settings statement of purpose and ethos. The inspection of is care safe provided assurance the care and support was safely supporting individuals to maintain independence, engage with each other in a social setting and take part in activities.

Overall the inspection of “is care safe” concluded the minimum standards inspected were met. No requirements or recommendations were made regarding this domain.

### **Is care effective?**

The inspection of two service users individual care records, incident recording, discussion with the service users and staff concluded care was being delivered at the right time, in the right place, and with the best outcome. The inspection of two service user records did identify individual care needs had been assessed and plans were in place to meet assessed needs. Furthermore, discussion with staff and observation provided assurance the care being delivered was responsive to current needs.

Overall the inspection of “is care effective” concluded the minimum standards inspected were met. No requirements or recommendations were made regarding this domain.

### **Is care compassionate?**

The inspection of records, observations of practice and discussions with staff and service users revealed that service users were being treated with dignity and respect. They were encouraged to be involved in their day care and staff were observed communicating with service users in an appropriate manner.

Overall the inspection of “is care compassionate” concluded the minimum standards inspected were met. No requirements or recommendations were made regarding this domain.

### **Is the service well led?**

The discussion with staff and service users revealed they were clear regarding staff roles and responsibilities and who the manager was. Documents and records such as complaints recording, evidence of staff support and supervision meetings were in place and aimed to promote quality improvement in the setting.

Overall the inspection of “Is the service well led?” identified one area for improvement which should be attended to, to ensure the minimum standards inspected are fully met. This was the annual report should be completed annually in compliance with regulation 17(1) & Schedule 3.

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

### 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	1	0

Details of the Quality Improvement Plan (QIP) within this report 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.

### 1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection.

### 2.0 Service details

<b>Registered organisation/registered person:</b> Age NI/Linda Robinson	<b>Registered manager:</b> Mrs Claire Braniff (Acting)
<b>Person in charge of the service at the time of inspection:</b> Claire Braniff (Acting)	<b>Date manager registered:</b> 01/05/2014

### 3.0 Methods/processes

Prior to inspection following records were analysed:

- The registration details of the day centre
- Information and correspondence received from the registered manager and Age Northern Ireland
- Incident notifications which revealed no incidents had been notified to RQIA since the last care inspection in August 2015
- Unannounced care inspection report 21 August 2015 which revealed no requirements or recommendations had been made.

During the inspection the inspector met with:

- The registered manager
- Two day care workers
- Eleven service users

Questionnaires were given to the staff on duty to distribute between service users, representatives and staff. Three questionnaires were returned by service users, two were returned by staff and three were returned by relatives.

The following records were examined during the inspection:

- Two service users' care files
- A sample of service users' daily records
- The complaint/issue of dissatisfaction recorded from 01 April 2015 to 8 February 2017
- The incidents and accidents records from August 2015 to February 2017
- The staff rota from December 2016 to February 2017
- Two individual staff files
- The minutes of three service user meetings (November & December 2016 and January 2017)
- Staff meetings held between April to November 2016
- Staff supervision dates for 2016
- Four monthly monitoring reports from October 2016 to January 2017
- Staff training information for 2015 & 16
- A sample of policies and procedures relevant to safe, effective, compassionate and well led care
- Statement of Purpose
- Service Users Guide

## **4.0 The inspection**

### **4.1 Review of requirements and recommendations from the most recent inspection dated 21 August 2015**

The most recent inspection of the service was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. This QIP will be validated by the inspector at the next inspection.

### **4.2 Review of requirements and recommendations from the last care inspection dated 21 August 2015**

There were no requirements of recommendations made as a result of the last care inspection.

### 4.3 Is care safe?

The review of the staff rota recorded for December 2016, January and February 2017 evidenced the staff and volunteers working were recorded including the capacity in which they worked and who was in charge in the manager's absence.

The staffing arrangements were discussed with the staff members on duty. They described roles and responsibilities were shared between the staff. They described the way they work together to support service users move around the setting safely, the safe use of the bus, provision of meals and ensuring there is enough staff to meet identified needs each day. They identified the delivery of safe care was supported by good communication between staff, they described they discuss concerns as they arise and staff at all grades work together to ensure the service users' needs are met as a priority.

Discussion with the manager and staff confirmed they were aware of each individual's needs in the setting on the day of the inspection. Observation of care revealed the staff were responding to the group and individual needs safely; and as a shared responsibility. They were observed communicating with the group and each other during the inspection to safely undertake caring tasks and meet individual needs.

On average two staff had been on duty daily since the last inspection and the manager had been present; unless on leave or sick. There were also volunteers on the rota that assisted in the setting as an additional support. On the day of the inspection the volunteer was not being used as a staff member to provide direct care for the service users.

The manager had recently completed their QCF level 5 qualification which would enable her to complete her application for the registered manager with RQIA. The staff and the manager had worked in day care settings for many years; they presented as familiar with the service users, their needs and how to meet their needs.

Two staff members' individual records were examined to ensure they had been recruited using robust recruitment procedures. Whilst discussions with the manager and monitoring officer provided assurance the organisation have robust recruitment procedures in place; the records held by the manager did not provide the required evidence. Prior to this inspection this had been identified as an issue in two other Age NI day care settings. In response the organisation had provided assurance the evidence of robust recruitment procedures will be in place for new staff that commence in the day care settings. Advice was given to the manager to ensure this was in place for any new staff.

The staff training records were reviewed for 2015 & 2016. This revealed they had completed mandatory training such as First aid in October 2015; manual handling, infection prevention and control, and food hygiene in April 2016; Safeguarding training in May 2016; and Fire safety and medication training in August 2016. Training relevant to the needs of service users was also provided regarding person centred planning, managing challenging behaviour and caring for service users with dementia in 2016.

A competency assessment had been completed with one of the staff in the setting who had agreed to act up in the manager's absence. The record confirmed the staff was informed regarding the roles and responsibilities, they signed to evidence they felt competent to take on this responsibility and no training needs had been identified for the staff member to undertake this additional role and responsibility safely. The manager also identified the staff acting up had

access to handover information which was updated by the manager prior to a planned absence. This was completed by the manager to ensure the staff were fully informed regarding their acting up duties for the period to be covered. This additional support from the manager was an example of how she had promoted safe arrangements in this day care setting in her absence.

The incident and accident records were inspected. The records recorded the incident or accident, the action taken at the time of the incident and action taken post incident including prevention of reoccurrence if appropriate.

The setting had put in place measures to ensure that unnecessary risks to the health, welfare and safety of service users were identified, managed and where possible eliminated. For example the centre had been kept clean and tidy; hygiene was promoted using notices and resources, there was no obvious hazards observed and staff moved the furniture around to suit the activity, service users' needs and to manage the environment.

The staff had reviewed the fire arrangements and recorded this in the record. The last fire drill/evacuation was recorded in September 2016 and this did not reveal any safety concerns.

Service users were observed communicating with staff. Discussion with the service users revealed they liked coming to the setting and felt safe when they were there. They identified the staff care, good food, cleanliness of the setting and facilities in the building contributed to them feeling safe.

Three service users responded in their questionnaires they were very satisfied with the safety in the day centre. They stated they felt safe in the setting; they could talk to staff if they were unhappy, the setting was comfortable, they knew what to do if the fire alarm sounded; and two respondents said they could tell someone if they were worried about someone being treated badly.

Three relatives returned questionnaires, they identified they were very satisfied with the safe care of their relative in the setting. Their relative is safe and protected from harm, they could talk to staff, the environment is suitable to meet their relative's needs and they would report concerns to the manager.

Two staff responded in their questionnaire they were satisfied care was safe in the setting. They identified the care was safe because there were risk assessments and care plans in place for service users, they would report bad practice and they received support to fulfil their roles and responsibilities.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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#### 4.4 Is care effective?

The inspection of two service users individual care records provided evidence that the day care setting had effective planning records in place to meet the assessed needs of the service users. Observation of care showed staff were familiar with service user care plans; they were delivering care in a gentle and encouraging way that protected the dignity and safety of each individual service user. The service users attending the setting were independent however staff were observed anticipating and subtly offering help to service users with personal care needs and engaging with the activities.

Observation of care provided assurance the service users were taking part in activities that they enjoyed. Staff assisted service user's involvement by providing encouragement and care when necessary. The care plans inspected described the service user's needs for personal care and clearly described how their needs should be met in the day care setting, including the service users preferences.

The care records inspected contained the documents as detailed in standard 7.4 and appendix 1 of the Day Care Settings Minimum Standards January 2012. The discussion with the manager provided assurance she was aware service users' needs and plans must be recorded in compliance with the day care setting standards and aware records should be current, relevant and reflective of service users choice and preferences.

Discussion with staff and observation of care provided assurance the staff knew service users individual's needs. They were observed effectively delivering the service users individual care plans. Inspection of the arrangements in place to monitor and review the effectiveness and quality of care delivered to service users revealed the monthly monitoring visits, service user reviews, team meetings and staff supervision meetings were the opportunities in place that had reviewed was care effective. These processes had not identified any concerns regarding effective care in this setting.

The staff discussed how they work together to ensure information recorded is up to date, they take part in mandatory training and training relevant to the service users' needs. They identified knowing each service users care plan was essential to ensure they provided effective care. Reviews with service users were also identified as key to ensuring care was effective. If staff had concerns they would discuss this as a group and include the manager. Overall staff were prioritising service users were cared for safely and effectively in the day care setting.

The two staff questionnaires returned to RQIA identified they were very satisfied the care in this setting was effective. The identified care plans informed the care provided, monitoring of quality was in place and that staff respond to service users in a timely manner.

Three service user questionnaires identified they were very satisfied the care was effective in this setting. They get the right care, at the right time, in the right place. They also identified they were satisfied with communication with staff who know their needs and choices; they get help when they need it; they can choose activities and are involved in their review.

Three relative questionnaires identified they were very satisfied the care was effective in this setting. They identified their relative gets the right care, at the right time, in the right place. They also identified they were satisfied with communication with staff, their awareness of their relative's needs, preferences and choices and that these were incorporated into the care they receive and that they were involved in their relative's annual review.

## Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 4.5 Is care compassionate?

This day centre meets the needs of service users who are older. Observation revealed the service users were independent and only needed subtle encouragement to remain active, and engage with activities on offer.

Staff were observed communicating warmly and respectfully with the service users to promote involvement. The staff were familiar with their role in the activity and they informally checked with service users that they were getting the right level of support. These examples demonstrated that staff were promoting the values of independence and choice when supporting service users in this day care setting.

Discussion with staff revealed they understood the need to support service users throughout the day, they identified physical and emotional support is essential with empathy to ensure service users enjoy the social aspect of the setting and feel comfortable. They also identified seeking service users' views and preferences ensure they are involved in their care.

Review of records confirmed the staff met with service users monthly. The staff and manager discussed the agenda is made up of ideas that come from the service users and staff during the month, the agenda record was posted on the notice board for anyone to put ideas on during the month. Discussion with service users confirmed they felt they were consulted with regarding what they can do at the day care setting and they vote together to find out if a new suggestion should be acted on.

The service users had taken part in a survey in 2016 regarding their views about the care they had received in 2015/2016. This did not generate any concerns or complaints. It was noted the findings included action points and this was displayed on the service users' notice board.

Observation of service users taking part in activities concluded their participation was good. Service users received support in a timely manner. Staff were careful to promote service users independence and participation at all times.

Discussions with service users revealed they felt positive about coming to the day care setting. They said they liked the chance to mix with the other service users as well as get out of the house and have the opportunity to get small items from the local shops. They said the staff were on hand to help them; they could see the chiropodist or doctor easily next door as well as pick up prescriptions. They said the staff were 'great'. They described they like going on outings, playing bingo, reminiscing, knitting and catching up on the news when they come to the day centre.



Three service user questionnaires reported they were very satisfied regarding the compassionate care in the setting. They identified they were treated with dignity and respect, the staff were kind and caring, their privacy is respected, they were given choices and involved in decisions about support they receive. One service user wrote “The staff make an old man very happy”.

The two staff questionnaires identified they were satisfied service users are cared for compassionately. They stated the service users are treated with dignity and respect, encouraged to be independent; and their views were sought and acted upon.

The three relative questionnaires reported they were very satisfied regarding the compassionate care in the setting. They identified their relative was treated with dignity and respect and involved in decisions affecting their care. Their relative is treated well and they were consulted regarding decisions.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 4.6 Is the service well led?

The inspection of arrangements in the day care setting provided evidence that effective leadership and management arrangements were in place.

The staff training records evidenced staff had received mandatory training and training specific to the needs of the service users in this setting. Discussion with staff confirmed they have staff meetings at least quarterly; they can access to policies and procedures and receive quarterly staff support such as supervision meetings.

The complaints record revealed there had been no complaints or issue of dissatisfaction recorded in this setting since March 2015.

The inspection of well led care sought evidence of governance arrangements that were in place which evidenced the delivery of care was safe, effective and compassionate. Audits should document that care is being reviewed or audited, and that the audits are focussed on promoting effective and safe care of the service users attending the setting. Other than the monitoring reports and individual service user reviews there was no evidence of other audits such as file audits, environmental audits or audits of infection prevention and control. To ensure practice is effective and safe audit arrangements should be improved and a record should be available for inspection of each audit undertaken. Prior to this inspection this had been identified as an issue in two other Age NI day care settings, the organisation had provided assurance audits will be commenced in all Age NI day care settings. Therefore advice was given to the manager to ensure these were in place next year’s inspection.

The annual report was available for inspection however this was not compliant with regulation 17(1) & schedule 3. A requirement is made for this annual report to be completed for 2016. This should be sent to RQIA with the returned QIP.

Two staff questionnaires identified they were satisfied the service was well led. They responded the service was managed well, monitored, and communication between the staff and management was effective. One staff member wrote “I feel management in our centre is great, Claire knows exactly what she is doing and great at running our day centre”.

Three relatives questionnaires stated they were very satisfied the service was well led. They identified the service was managed well; staff and the manager were approachable, professional and caring. They were informed about the complaints process and they had a copy of the service user’s guide.

Three service users questionnaires stated they were very satisfied the service was well led. They identified the service was managed well; staff and the manager were approachable, and they were asked what they wanted to do in the setting.

### Areas for improvement

One area for improvement was identified to complete the annual report in compliance with regulation 17(1) & Schedule 3.

<b>Number of requirements</b>	1	<b>Number of recommendations</b>	0
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## 5.0 Quality improvement plan

Any issues 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 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 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.

## 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 Setting 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 to be 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](mailto: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 17(1)  
Schedule 3

**Stated:** First time

**To be completed by:**  
5 April 2017

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.

**Response by registered provider detailing the actions taken:**

The annual report for 2016 has been completed and is attached to QIP



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