

Unannounced Care Inspection Report 17 September 2018



Age NI, Portaferry

Type of Service: Day Care Service

**Address: Portaferry Resource Centre, Ann Street, Portaferry, BT22
1LX**

Tel No: 02842729937

Inspector: Marie McCann

www.rqia.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 the age of 65 years of age. The setting is open Monday, Wednesday and Friday.

3.0 Service details

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

4.0 Inspection summary

An unannounced inspection took place on 17 September 2018 from 9.05 to 15.10.

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 staff training; supervision and appraisal; risk management; service user consultation in the care planning process; care reviews; listening to and valuing service users and taking account of the views of service users. Further evidence of good practice was noted in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

No areas for improvement were identified in this inspection.

Service users' and relatives' comments are reflected throughout the report

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
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with, Ms Claire Braniff, as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent care inspection dated 13 October 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 13 October 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 by RQIA since the last inspection.
- Incident notifications which highlighted that no incidents had been notified to RQIA since the last care inspection on 13 October 2017.
- Unannounced care inspection report and quality improvement plan from 13 October 2017.

During the inspection the inspector met with the registered manager, one staff member, and two service users' relatives. The inspector greeted and made introductions to twelve services users in the group setting. More detailed discussions were had with three service users.

The following records were examined during the inspection:

- Three service users' care records.
- Staff supervision and appraisal records.
- A sample of service users' daily records.
- The day centre's complaints/compliments record from October 2017 to 17 October 2018.
- Staff roster information from 23 July 2018 to 21 September 2018.
- Fire safety precautions.
- A sample of activities records.
- A sample of minutes of service users' meetings for July 2018, August 2018 and September 2018.
- A sample of minutes of staff meetings from November 2017 to August 2018.
- The day centre's record of incidents and accidents since the last inspection.
- A sample of monthly quality monitoring reports from October 2017 to September 2018.
- Annual Quality Survey Report, 2018.
- Annual Review of Quality of Care Report April 2017 to March 2018.
- Policy on Safeguarding Adults, April 2016.
- Management of Risks Policy, April 2016.
- Complaints Policy, April 2016.
- Staff Supervision and Appraisal Policy, April 2016.
- The Statement of Purpose 2016.
- Service User Agreement.

At the request of the inspector, the registered manager was asked to display a poster within the day centre. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; no responses were received.

Ten service user and/or relatives' questionnaires were provided for distribution; eight service user questionnaires were returned to RQIA within the timeframe for inclusion in this report.

The inspector requested that the registered manager place a 'Have we missed you' card in a prominent position in the day centre to allow service users, relatives and staff who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received. An RQIA information leaflet 'how can I raise a concern about an independent health and social care service' was also provided to be displayed in the day care setting.

The inspector would like to thank the registered manager, service users, relatives and staff for their support and co-operation throughout the inspection process.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 13 October 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 inspection dated 13 October 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 21.3, 21.4, 21.8, 21.9 Stated: First time	The registered person shall ensure that there is: 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	Met

	<p>the individual staff and the aims and objectives of the organisation.</p> <ol style="list-style-type: none"> 2. A record of staff training should be kept in the setting. 3. Mandatory training requirements must be evidenced as met. 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. <p>Ref: 6.4</p>	
<p>Area for improvement 2</p> <p>Ref: Standard 22.2</p> <p>Stated: First time</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>Action taken as confirmed during the inspection: The inspector confirmed during inspection that staff were receiving individual, formal supervision at a minimum of three monthly intervals.</p>	<p>Met</p>

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.

Discussion with the registered manager, staff and service users confirmed that sufficiently competent and experienced persons were working in the centre to meet the assessed needs of service users. The registered manager advised that they would typically be on duty with two day care workers. This would be reduced to two staff on occasions due to staff leave. On the day of inspection two staff were on duty and the inspector noted no concerns regarding the provision of safe and effective care. A review of a sample of the staffing roster evidenced that

the planned staffing levels were adhered to. Records showed the number of staff working each day, the capacity in which they worked and clearly reflected who was in charge of the day centre each day.

A competency and capability assessment had been completed for the person who was in charge of the day centre in the absence of the registered manager. Discussion with the registered manager established that they had confirmed with the staff member that they were willing to assume responsibility as the person in charge of the setting in the registered manager's absence, that they had sufficient experience and were knowledgeable regarding relevant day care setting regulations and standards.

There have been no new staff recruited in the day centre for a number of years; however the registered manager was able to describe that all new staff would receive a corporate induction programme in addition to working alongside experienced staff prior to commencement of role.

Training records evidenced that staff had received mandatory training relevant to their roles and responsibilities and that the registered manager maintained a training plan for 2018/2019 with respect to mandatory training requirements. Discussion with the registered manager and staff member revealed that additional training in areas such as person centred care planning and General Data Protection Regulation (GDPR) was also provided. The inspector advised the registered manager to maintain a training matrix for any additional training provided and she agreed to action this. Discussion with the registered manager and staff member established that they felt the training provided was of a good quality and enabled them to fulfil their roles and responsibilities.

The inspector discussed the arrangements for the management of incidents and accidents in the day care setting. The day care setting has a management of risk policy which provides a structured approach to risk management and identifies risk management responsibilities of staff at all levels. A review of governance records identified that there had been no incidents or accidents since the previous care inspection. The registered manager advised that service users were typically independent and staff promoted safety awareness in the setting. The registered manager described the systems in place to ensure that risks are identified and managed effectively.

Discussion with the registered manager confirmed that no restrictive practices were required for service users. It was observed that the entrance door to the day centre can be opened by both staff and service users without restriction. The registered manager advised that those who attended the day centre were assessed as not being at risk of leaving the setting without support. In addition, a number of service users would leave the day centre for a short period to visit local amenities such as the library, shop or doctor's surgery.

The registered manager advised that there had been no recent or current adult safeguarding referrals or investigations. Staff were able to identify the organisation's Adult Safeguarding Champion (ASC). Discussion with the registered manager and staff member established that they were aware of their roles and responsibilities in relation to reporting adult safeguarding concerns and maintaining factual records. It was positive to note that all staff were up to date with their adult safeguarding training. A review of the day care setting's adult safeguarding policy found that it reflected information contained within the DHSSPS regional Adult Safeguarding Prevention and Protection in Partnership, July 2015 policy. However, it was highlighted that the associated regional Safeguarding Operational Procedures, September 2016 should be included. The amended policy was forwarded to RQIA post inspection and

was found to be satisfactory and assurances were given that the updated policy was shared with staff.

The registered manager described the arrangements in place for management of service users' monies for lunch within the day care setting. The inspector provided advice to help ensure that financial records were improved by obtaining two signatures to record any transactions; preferably the signature of the service user and staff member, or two staff signatures.

Observation of the environment confirmed it was warm, clean, fresh smelling and had suitable lighting. Fire exits and walk ways were clear and free from any obstructions. Discussion with the registered manager confirmed that furniture, aids and appliances were fit for purpose. Infection prevention and control measures were in place with a good standard of hygiene observed throughout the centre. Measures included the availability of aprons for staff when serving lunch, bathrooms had supplies of liquid soap and hand towels mounted on the walls in addition to foot pedal operated bins. One hand hygiene notice was noted to be displayed on the wall outside the four toilets and the inspector advised that hand hygiene notices should be displayed in all bathrooms beside the hand wash basins. The registered manager agreed to action this.

The day care setting is situated in a building managed by the South Eastern Health and Social Care Trust (SEHSCT) and incorporates a trust facility. The registered manager had a number of safety precaution records available for inspection which included: monthly fire door checks, annual fire extinguisher checks and fire safety evacuation drills to ensure service users could exit safely. The registered manager did not have access to the fire risk assessment for the building or the weekly fire alarm tests as these were maintained by the trust facility that the day centre shares the building with. During the inspection the registered manager liaised with appropriate SEHSCT staff to obtain this information, which established that the fire risk assessment had been completed 23 April 2018 and was due for review May 2019. The registered manager further confirmed that the associated action plan was in the process of being addressed. However, weekly fire alarm tests had not been completed in the building by SEHSCT staff as expected. The inspector stressed that it was the responsibility of the registered manager for the day centre to obtain assurances from the SEHSCT that robust arrangements are in place for reviewing fire precautions, and testing fire equipment, at suitable intervals within the building which incorporates the day centre. The registered manager agreed to obtain assurances from the SEHSCT that appropriate fire safety precautions are maintained for the premises and monitor that these arrangements have been put in place. In addition this issue has been shared with the RQIA estates inspector aligned to the day centre, who has agreed to also liaise with the SEHSCT in this regard.

Discussion with service users, relatives and staff evidenced that they felt the care provided was safe. The following is a sample of comments made:

Service users' comments:

- "I really enjoy it here."
- "It's like a home from home."
- "Xxxx has the patience of a saint."

Staff comments:

- “Staffing levels are appropriate.”

Relatives' comments:

- “I have no concerns regarding the day centre.”
- “I feel xxxx is very safe when she is here and it gives me time to do things I need to attend to.”

Eight service users returned questionnaires to RQIA. All responses indicated that they were very satisfied that the care provided was safe. One service user commented: “Staff are excellent.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, supervision and appraisal and risk management.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

The inspector reviewed the day care setting's arrangements for appropriately responding to and meeting the needs of people who use the service. Information relating to the nature and range of services provided was outlined in the Statement of Purpose. Observations throughout the inspection confirmed that the day care setting was providing care in accordance with their Statement of Purpose.

Three service users' individual files were inspected. The care records were noted to contain referral information; service user agreements; day care setting assessments; individualised care plans with activity plans; handling and falls risk assessments; nutritional risk assessments, continence and transport assessments. One record did not contain any referral information and the registered manager advised that they were in discussions with the SEHSCT to request further support for the service user. It was also noted that the service user agreement had not been signed and the service user's care plan had not been updated to the new care plan template. The registered manager advised that the service user is fully independent and is self-determining with respect to their attendance at the day centre. However, the registered manager gave assurances that the service user agreement would be signed and the care plan updated.

Care plans were noted to be comprehensive, and person centred, and they clearly and concisely described service users' needs. The inspector advised that the new care plans

should be further developed to specifically include the individual service user's objectives and expected outcomes from attendance at the day centre and a commentary of how these objectives are being met should be evident in the progress records maintained. It was positive to note that care plans were signed by service users to reflect their agreement and consultation in the care planning process.

Review of the three care records inspected evidenced that care recording for every five attendances had been maintained.

It was positive to note that the day care setting use a document 'helping us to get to know you' with service users which supports service users to provide information relating to their family history, special memories, interests and hobbies and likes/dislikes. The inspector advised that this document should be updated to include the date of completion and individual service user's signature. The use of this person centred document is commended.

The staff member spoken with discussed the importance of knowing the content of individual service users' assessments and care plans to inform and guide their practice.

There were systems in place to review each service user's placement within the setting to ensure it was appropriate to meet their health and social care needs. With evidence of initial and annual care reviews in partnership with the service user and/or their relative. It was positive to note that service users had been supported to be involved in the annual review process by staff who helped them to complete a questionnaire in preparation for the review. This questionnaire sought meaningful feedback from the service user about the day care service provided. Service user care records were noted to be well organised and stored safely and securely in line with data protection requirements.

Service users were eager to meet with the inspector and talk about their positive experiences of participating in the centre's activities and of their friendships which they had developed since attending the centre. Service users confirmed that they were aware of who to contact if they want advice or have concerns. They described positive relationships with the staff and noted that the staff were friendly and approachable.

The staff member spoken to confidently described how they would escalate any concerns to ensure the safety and wellbeing of service users. They demonstrated knowledge of the whistleblowing policy if they could not resolve their concerns locally but indicated that they would be unlikely to need this due to the transparent working relationships that existed within the team. They described how they would respond to concerns about the performance of a colleague and confirmed they knew how to access the whistleblowing policy.

Discussion with service users, relatives and staff evidenced that they felt the care provided was effective. The following is a sample of comments made:

Service users' comments:

- "We have reviews; staff are always checking we are happy."
- "I would have no problem asking staff if I needed anything."

Relatives' comments:

- "Xxxx has re-established friendships with local people she used to know."

- “I haven’t had to make a complaint but would feel comfortable talking to staff if I needed to, they are very approachable.”
- “Xxxx really enjoys it; she was always so sociable, so it has been great for her getting out and meeting up with others.”
- “Xxxx has started to knit again which she hasn’t done in years.”

Eight service users returned questionnaires to RQIA. All responses indicated that they were very satisfied that the care provided was effective. One service user commented: “Portaferry Resource Centre is a home from home; staff are extremely good and go the extra last mile to help.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to service user consultation in the care planning process, care reviews, communication between service users, staff and other key stakeholders as necessary.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	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.

Discussions with service users and staff and observations made during the inspection indicated that the promotion of values such as choice, consent, equality, dignity and respect were embedded in the culture and ethos of the day care setting.

Staff approaches and responses to services users on the day of inspection were noted to be caring, cheerful and compassionate. Discussion with registered manager and staff member established that they were aware of their responsibilities and requirements to ensure service user confidentiality and consent.

Service users were enabled and supported by staff to engage and participate in meaningful activities. They discussed the range of activities they could take part in such as word search, quizzes, musical bingo, board games, knitting and craft work. Service users further confirmed that their views and opinions were taken into account in all matters affecting them. Service users described feeling informed and involved regarding activity planning through service user meetings, annual satisfaction survey, informal discussions and their individual review meetings.

Service user meetings were noted to be held monthly, a sample of minutes were reviewed for July 2017, August 2018 and September 2018. The minutes reflected service users being consulted about activities and lunches with positive feedback provided.

It was positive to note in the feedback from the annual quality survey undertaken in April 2018 that service users were 100 per cent happy with the facilities in the centre; the programme of activities; attitude and friendliness of staff; the meals service; attendance at the centre being of benefit to them. In addition all service users said they would recommend the day centre to others.

Discussion with service users, relatives and staff evidenced that they felt the care provided was compassionate. The following is a sample of comments made:

Service users' comments:

- "Staff always go the extra mile."
- "Staff always checking you have everything you need."
- "They (staff) will offer alternatives at lunchtime if there is anything you don't like."

Staff comments:

- "Everyone is offered choice with activities and can decide to join in or complete their own activity."

Relatives' comments:

- "Staff are very attentive, they spoil her."
- "Staff are very supportive and friendly."
- "It's a great place, real sense of community."

Eight service users returned questionnaires to RQIA. Seven responses indicated that they were very satisfied that the care provided was compassionate and one response indicated that they were satisfied that the care provided was compassionate.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and 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 in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 Statement of Purpose for the day care service was reviewed and updated by the registered manager following inspection to include an update of staff training provided to staff and to include the details of the Northern Ireland Public Services Ombudsman and the Patient Client Council within the complaints section of the document. A copy was forwarded to RQIA following the inspection and was found to be satisfactory. The document clearly describes the nature and range of the service to be provided and addresses all of the matters required by Regulation 4(1) of The Day Care Setting Regulations (NI) 2007. The day centre was managed on a day to day basis by the registered manager who also manages another day centre, with the support of two day care workers.

Discussion with the registered manager identified that she had a good understanding of her role and responsibilities under the legislation. There was a clear organisational structure and staff demonstrated awareness of their role, responsibility and accountability. This information was outlined in the day centre's Statement of Purpose and Service User Guide. The registration certificate was up to date and displayed appropriately.

The registered manager and staff member advised there were a range of policies and procedures in place to guide and inform staff. Policies were maintained in an organised manner that was easily accessible by staff in the office and online. The inspector reviewed a sample of policies and procedures, which were noted to be up to date and reviewed within three years.

Discussion with the registered manager and staff member confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. A sample of staff records verified that staff had individual, formal supervision typically every three months and a recorded annual appraisal, in line with day centre's policy. The registered manager and staff member both described positive working relationships and effective team work. The inspector observed staff sharing tasks and working together to support to service user's during the course of the inspection.

There was evidence that staff meetings were held on a three monthly basis and records were maintained. The records included the date of the meeting, names of those in attendance, an agenda, a record of discussion and any agreed actions. The inspector recommended to the registered manager that staff meeting minutes should reflect more clearly the information shared and discussed as part of a quality improvement focus, such as specific Age NI policies, day care standards and recent relevant research/publications. The registered manager agreed to action this.

The complaints record was reviewed. No complaints were recorded since the last care inspection 13 October 2017. However the registered manager was able to confidently describe the procedure in place for recording and managing complaints.

The inspector confirmed there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users at appropriate intervals. The

inspector discussed the monitoring arrangements under regulation 28 of the Day Care Setting Regulations (Northern Ireland) 2007. The regulation 28 monthly quality monitoring visit reports were available to be examined since the last inspection. The visits were a mixture of announced and unannounced visits and were undertaken by a senior manager who was knowledgeable about the day care setting. The reports included evidence of consultation with service users, their relatives, service users' representatives and staff, review of the day care environment, health and safety issues, training, an overview of accidents/incidents, complaints, compliments, audit of records and an action plan. The inspector recommended that the monthly monitoring visit reports should be further developed to include a review of the previous month's action plans. The registered manager agreed to action this.

A review of the day care setting's last annual report was noted to follow the matters as outlined in Regulation 17 (1) and schedule 3.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The registered manager confirmed that this was addressed with staff through their training, supervision and appraisal process. In addition, the registered manager confirmed that the day care setting had not received any complaints with respect to equality issues from service users and/or their representatives.

The inspector noted that the day care setting collects equality information in relation to service users, during the referral and assessment process. The data is used effectively and with individual service user involvement when a person centred care plan is developed.

Some of the areas of equality awareness identified during the inspection include:

- Effective communication
- Service user involvement
- Adult Safeguarding
- Advocacy
- Equity of care and support
- Individualised person centred care
- Individualised risk assessment
- Disability awareness

Discussion with service users, relatives and staff evidenced that they felt the service was well led. The following is a sample of comments made:

Service users' comments:

- "We could talk to the manager or any of the staff if we had any worries."
- "There is nothing I would want done differently."

Staff comments:

- "We can raise any concerns with the manager and can access senior manager if needed, they are just a phone call away."

Relatives' comments:

- "I'm very happy with the day centre."

Eight service users returned questionnaires to RQIA. All responses indicated that they were very satisfied that they felt the service was well led.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

📍 @RQIANews