

Care Inspection Report 02 November 2016



Foyleville Day Centre

Type of service: Day Care Service
Address: Academy Road, Londonderry, BT48 7LE
Tel no: 028712 63900
Inspector: Dermott Knox

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Foyleville Day Centre took place on 02 November 2016 from 10.30 to 17.30hrs.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the day care service was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

The day centre premises were in good condition with no obvious hazards for service users or staff. New perimeter fencing has enhanced the safety of the premises from vandalism. There is comfortable space available for group activities and for individual work with service users, when necessary. Records and discussions with staff and service users confirmed that staffing levels met the assessed needs of the service users. Safeguarding principles and procedures were understood by staff who were interviewed. Risk assessments were carried out routinely in an effort to minimize risks and to manage them consistently. There is good attention to safety matters in transporting service users to and from the centre. Observation of the delivery of care, throughout the period of the inspection, provided evidence that service users' needs were being met safely by the staff on duty. No areas for improvement were identified at this inspection with regard to the provision of safe care.

Is care effective?

Well-structured assessments and care plans for each service user contributed to the delivery of effective care for those whose circumstances and records were examined at this inspection. Progress and outcomes for service users were recorded using a clear care planning format. The positive value of the day care service was confirmed by all of the service users and staff members who met with the inspector. There was written evidence in review reports of service users, their representatives and a range of community based professionals being satisfied with the outcomes of the day care service in terms of benefits for service users. Staff were deployed in a manner that made good use of their skills and experience and enabled the team to function efficiently and effectively. Staff members spoke of supportive and positive working relationships within the team and with community based professionals. Overall, the evidence indicated that effective care is provided by Foyleville Day Centre.

Is care compassionate?

Interactions between staff members and service users were seen and heard to be warm, respectful and caring. Staff who met with the inspector emphasised the importance of the privacy and dignity of each service user. The caring nature of practices that were observed was reflected in progress records, written weekly for each service user. Staff members confirmed their confidence in the caring qualities of their colleagues and were certain that poor practice would not be tolerated. Four service users contributed a variety of positive comments on their enjoyment of attending the centre and on its value to them socially and emotionally. The spouse of one service user, who is the main carer, gave glowing praise of the manager and staff of the centre for their skilled, supportive work. The evidence presented at this inspection indicates that compassionate care is provided consistently by the Foyleville Day Centre.

Is the service well led?

The WHSCT and the Foyleville Day Centre have systems in place to ensure that staff are well-informed on the responsibilities of their various roles and the expected standards of practice. There is a well-planned programme of training and staff are supervised and well supported within the team. Evidence from discussions with staff indicated that the manager has positive working relationships with members of the staff team and that they have the confidence and support of their colleagues. Service users in the centre stated that the service was well run and well suited to their needs. Good records of regular service users' meetings and staff meetings were kept. Monthly monitoring reports were clear and comprehensive, covering all of the required quality matters. There was evidence of effective management in almost all of the key aspects of the service that were examined at this inspection, including deployment of staff, staff training, care planning, reviewing care programmes, and management of the environment. Further leadership training and qualification for the manager is recommended.

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
Total number of requirements and recommendations made at this inspection	0	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Patrick McKeever, 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 inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 06/01/16.

2.0 Service details

Registered organisation/registered person: WHSCT Mrs. Elaine Way CBE	Registered manager: Mr. Patrick McKeever
Person in charge of the service at the time of inspection: Mr. Patrick McKeever	Date manager registered: 23/12/10

3.0 Methods/processes

Prior to inspection we analysed the following records:

- Record of notifications of events
- Record of complaints
- Quality Improvement Plan from the previous inspection on 06 January 2016.

During the inspection the inspector met with:

- Four service users in group settings
- Two service users individually
- One relative
- The registered manager
- Two care staff for individual discussions
- One social work student, on placement in the centre.

Questionnaires were left with the manager to be distributed to service users, staff and a number of relatives or carers of service users. By the 15 November 2016, twelve completed questionnaires had been returned to RQIA, four from staff members, four from service users and four from relatives/carers of service users.

The following records were examined during the inspection:

- File records for three service users, including care plans and review reports
- Progress notes for three service users
- Three monitoring reports for the months of July, August and September 2016
- Record of complaints
- Minutes of four service users' meetings held in February, March, April and June 2016
- Minutes of five staff meetings held in April, May, July, September and October 2016
- Supervision and appraisal records for three staff
- Statement of Purpose
- Service User Guide.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 06/01/16

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 was validated by the inspector at this inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 06/01/16

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 5.2 Stated: First time	It is recommended that care plans should be reviewed and developed to provide clearer, more specific and achievable objectives, both with regard to continence care and in relation to other areas of identified need.	Met
	Action taken as confirmed during the inspection: A sample of care plans was examined and all were found to be well structured and detailed, in compliance with this recommendation.	
Recommendation 2 Ref: Standard 7.7 Stated: First time	Some of the records of formal supervision sessions were difficult to decipher and the manager should ensure that future records are legible.	Met
	Action taken as confirmed during the inspection: Records of supervision sessions were legible and in compliance with this recommendation.	
Recommendation 3 Ref: Standard 8.2 Stated: First time	Service users' meetings should be held more regularly and the records of these should include the timing of the meeting and the names of all those who attended.	Met
	Action taken as confirmed during the inspection: Service users' meetings are being held more regularly than before and the records included the recommended information.	

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

4.3 Is care safe?

The day centre premises were in good condition with no obvious hazards for service users or staff. New perimeter fencing has enhanced the safety of the premises from vandalism. There is comfortable space available for group activities and for individual work with service users, when necessary. The manager and two staff members, who met with the inspector, confirmed that they have confidence in the practice of all members of the staff team in their work with

service users. Both staff members expressed strong commitment to their work with service users, which, they said, is enjoyable and satisfying. The staff member who takes charge in the manager's absence has many years' experience of working in day care and has completed a competence and capability assessment for the role of being in charge of the centre. Staff selection methods were reported by staff members as being standardised and professional.

Records and discussions with staff and service users confirmed that staffing levels met the assessed needs of the service users. Safeguarding principles and procedures were understood by staff who were interviewed.

There were systems in place to ensure that risks to service users were assessed regularly and managed appropriately and this included inputs by community based professionals, service users and, where appropriate, a relative/carer. Risk and vulnerability assessments with regard to transport and moving and handling, were present in each of the service user's files examined and each one had been signed as agreed by the service user or a representative. Staff members stated that safety belts for people using wheelchairs were used only when the person was being moved. Fire alarm systems checks were carried out and recorded on a weekly basis and fire exits were seen to be unobstructed.

During the inspection visit, two service users spoke very positively of the quality of care provided at the centre and both confirmed that they felt safe in the centre, in the transport bus and in organised activities. Staff presented as being well informed of the needs of service users and of methods of helping to meet these needs safely. Service users' rights and feelings, and the methods available to them of raising a concern or making a complaint were set out in the service user guide. The issue of raising concerns had also been discussed in a service users' meeting earlier in the year.

Four notifiable events had been reported to RQIA since the previous care inspection and all had been managed appropriately. No complaints had been recorded in the year preceding this inspection.

The evidence presented supports the conclusion that safe care is provided in Foyleville Day Centre.

Areas for improvement

No areas for improvement were identified during the inspection.

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

The WHSCT and Foyleville Day Centre have quality assurance systems in place, through which operations are monitored and staffs' practice is evaluated. There was evidence from discussions with staff to confirm that the team was supportive and well-motivated to provide effective care. Staff confirmed that they have good working relationships with community based professionals who also provide services to those who attend the centre. These links were regarded as an important part of the overall effectiveness of the support for service users.

Evidence from discussions, observations and in written records indicated that staff regularly seek the views of service users regarding their care preferences and the activity programmes in which they participate.

Three service users' files were examined and each was found to contain detailed referral and assessment information on the individual and on his or her functioning. Good quality photographs were held in two of the three files and a recommendation is made with regard to the positive impact and value of these, as opposed to having copies of older photos that do not properly and positively represent the individual's appearance and character. The manager explained that the centre does not have suitable photographic equipment at present. Consent forms, signed by the service user, or a representative, were present in each file. Care plans were clearly set out and had relevant care objectives and identified actions required to achieve these. Well-detailed review reports provided evidence that an evaluation of the overall suitability of each placement had been discussed in detail and agreed. There was evidence of support being provided for service users in preparation for their review meetings. One service user commented in a questionnaire that he had enjoyed his review.

Progress notes, recording each service user's involvement and activity at the centre were completed weekly. Two service users and one relative, individually, discussed their experiences of participation in the centre's activities and in the care programmes, and presented positive views of the support that staff provided. Similar positive comments were made by three other service users who were participating in a group activity session and spoke of the enjoyment and general benefits they felt they gained from this.

A social work student, on placement in the service since August this year, made very positive comments about the quality of service provided and about the learning experience for her. One example of this was of her planning and leading a reminiscence session with a group of service users, observed by her tutor. A similar session, led by a staff member and observed on the day of this inspection, successfully involved eight service users in a lively and stimulating discussion that engaged all those present very effectively. There was a range of evidence to support the conclusion that effective care is provided in Foyleville Day Centre.

Areas for improvement

The registered provider should ensure that the centre has the necessary equipment to produce good quality photographs of service users, for the positive impact and value of these in their day to day interactions and recollections.

Number of requirements	0	Number of recommendations	1
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4.5 Is care compassionate?

Observations of activities throughout the centre provided evidence of service users relating positively to staff. There was evidence of positive relationships between service users and with staff members, who presented as being committed to providing service users with a supportive and enjoyable experience at the centre. In all of the interactions observed, service users were engaged with warmth, respect and encouragement.

Two service users were able to confirm that staff involve them in deciding what they want to do during their time in the day centre and staff were observed working calmly and professionally throughout the day of the inspection. Two service users and one relative stated that one of the most important aspects for them was knowing that there was a safe and supportive place to spend some time with others, away from home. Observation of events throughout the day confirmed that service users were afforded choice and were seen to be encouraged in constructive activities by staff.

There were systems in place to ensure that the views and opinions of service users were sought and taken into account in all matters affecting them. Staff demonstrated an understanding of each service user’s assessed needs as identified within the individual’s care plan. Responses in all four of the service user questionnaires, returned to RQIA, affirmed strongly that compassionate care was delivered to a high standard within the day care setting. Responses in these questionnaires, plus four from relatives and four from staff members, all rated the service very highly. During each monthly monitoring visit, the views of a sample of service users were sought and their comments were included in all three of the monthly reports examined, for July, August and September 2016. There was a range of evidence to support the conclusion that compassionate care is provided in Foyleville Day Centre.

Areas for improvement

No areas for improvement were identified during the inspection.

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

The WHSCT has clear management information set out in the statement of purpose, so that staff members know the leadership and decision making structure regarding social care services, including day centres. There was written evidence in the staffing records to show that staff members were appropriately qualified for their designated roles. There was a comprehensive Induction Training pack in place and one student confirmed that she had experienced very good preparation for working and learning in her placement. A system is in place for the identification of staffs’ training needs and for meeting these, including an annual closure of the centre for the provision of mandatory training. Other specific training needs were identified throughout the year on an individual basis, though the need for the registered manager to gain a recognised leadership and management qualification has not yet been met. A recommendation is made in this regard.

The WHSCT has quality assurance systems in place, through which operations are monitored and staffs’ practice is evaluated. Staff members’ confirmed that formal supervision and annual appraisals were taking place regularly. The manager presented as enthusiastic in support of the staff team and in seeking continuous service improvement. While individual staff members were assured in their commitment to providing a high quality service and felt they were well supported by their immediate line manager, there was evidence to indicate that staff employment grades in the centre compared unfavourably with those of a number of other day centres and that this was having a negative impact on some staff’s morale.

Examination of three monitoring reports showed that all of the required aspects of the centre's operations were checked rigorously, with action plans completed to ensure that identified, necessary improvements would be addressed within a specified timescale. The attention to detail in monitoring visits is commendable and the monitoring process was viewed positively by the manager. Evidence from discussions with staff indicate that the manager has positive working relationships with members of the staff team and that they have the confidence and support of their colleagues. Service users confirmed that the service was well run and well suited to their needs. Good records of regular service users' meetings and staff meetings were kept. There was a range of evidence to support the conclusion that Foyleville Day Care service is well led.

Areas for improvement

The registered person should ensure that the manager is appropriately qualified for the role and responsibilities of leadership and management of the centre, e.g. QCF 5 or equivalent.

Number of requirements	0	Number of recommendations	1
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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 Mr. Patrick McKeever, 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 service. 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 The 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 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

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 8.2</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2017</p>	<p>The registered provider should ensure that the centre has the necessary equipment to produce good quality photographs of service users, for the positive impact and value of these in their day to day interactions and recollections.</p> <p>Response by registered provider detailing the actions taken:</p>
<p>Recommendation 2</p> <p>Ref: Standard 21.4</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2017</p>	<p>The registered person should ensure that the manager is appropriately qualified for the role and responsibilities of leadership and management of the centre, e.g. QCF 5 or equivalent.</p> <p>Response by registered provider detailing the actions taken:</p>

Please ensure this document is completed in full and returned to day.care@rqia.org.uk from the authorised email address



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