



The Regulation and
Quality Improvement
Authority

Inspector: Dermott Knox
Inspection ID: IN023458

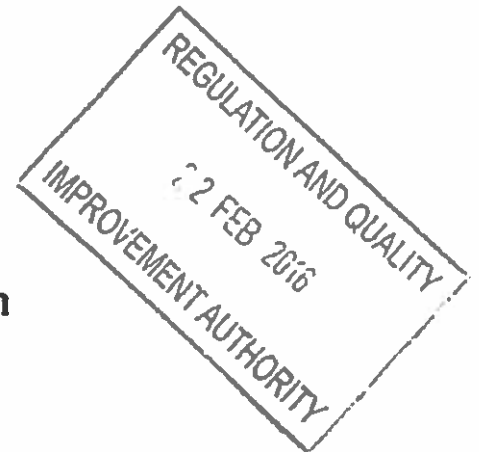
Foyleville Day Centre
RQIA ID: 11311
Academy Road
Londonderry
BT48 7LE

Tel: 02871 263900

Email:
patrick.mckeever@westerntrust.hscni.net

**Unannounced Care Inspection
of
Foyleville Day Centre**

06 January 2016



The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 06 January 2016 from 10.45 to 16.15. Overall on the day of the inspection the Day Care Setting was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Settings Regulations (Northern Ireland) 2007, The Day Care Settings Minimum Standards 2012.

1.1 Actions/Enforcement Taken Following the Last Inspection

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

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	3

The details of the QIP within this report were discussed with the registered manager, Mr Patrick McKeever, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Western Health and Social Care Trust	Registered Manager: Mr Patrick McKeever
Person in Charge of the Day Care Setting at the Time of Inspection: Mr Patrick McKeever	Date Manager Registered: 23 December 2010
Number of Service Users Accommodated on Day of Inspection: 7 (Planned low numbers each Wednesday as service users have high dependency needs)	Number of Registered Places: 20

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

Standard 5: Care Plan - where appropriate service users receive individual continence promotion and support.

Standard 8: Service Users' Involvement - service users' views and comments shape the quality of services and facilities provided by the Day Care Setting

4. Methods/Process

Prior to inspection the following records were analysed:

- Statement of purpose
- Record of notifications of events
- Quality Improvement Plan from previous inspection on 25 March 2015, including the provider's responses, approved by RQIA on 02 June 2015
- Log of contacts between the centre and RQIA

During the inspection the inspector met with:

- Four service users, in a small group
- Two relatives of service users, individually
- The registered manager
- Three Day Care staff
- The driver of the centre's minibus
- A social work student on placement

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
- Monthly monitoring reports for four months in 2015
- Record of complaints, containing one entry since the previous inspection
- Service user guide
- Minutes of two service users' meetings
- Minutes of three staff meetings
- A sample of staff training records
- A sample of staff supervision and appraisal records
- A sample of three written policy and procedures documents

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the service was an unannounced care inspection dated 25 March 2015. The completed QIP was returned and approved by the specialist inspector.

Areas to follow up/be addressed were:

- a. Formal supervision and appraisal arrangements for staff
- b. Recommendations from the previous inspection. (Ref 5.2 below)

5.2 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the service was an announced care inspection dated 25 March 2015. The completed QIP was returned and approved by the specialist inspector.

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 20(2)	<p>The registered manager must have a system of formal supervision and staff appraisal in operation for all staff.</p> <p>Records must show that supervision has taken place at least once every three months and is a formal meeting between the supervisee and the supervisor.</p> <p>Action taken as confirmed during the inspection: The centre has records in place showing that formal supervision has been carried out consistently, on a three monthly basis, since the previous care inspection. Satisfactory supervision arrangements were verified by staff members.</p>	Met

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 15.4	The registered manager must make appropriate arrangements for the review report and meeting to be further developed to include all aspects of the service user's day care. Care staff should receive training on the standard for review and this should be recorded in the centre's training records.	Met
	Action taken as confirmed during the inspection: Review reports and minutes of review meetings were well detailed and included evidence of the service user's involvement in the process. Staff members confirmed their confidence in implementing review procedures.	
Recommendation 2 Ref: Standard 15.6	The registered manager should make appropriate arrangements for care plans to be updated following review and to be signed by the staff member, the service user or carer/relative and the manager.	Met
	Action taken as confirmed during the inspection: There was evidence in the care plans examined to show that they had been updated in keeping with review outcomes. Care plans were signed by the relevant service user or a carer, where possible, and by the staff member and the manager.	

5.3 Standard 5: Care Plan - Where appropriate service users receive individual continence promotion and support

Is Care Safe?

Training on continence care had been provided on 05 October 2015. Staff confirmed that they had significant experience in this area of work and were confident in following procedures for personal care provision. Two staff members, who met individually with the inspector, confirmed that all staff were appropriately trained for personal care work and were confident in their roles. They also confirmed that continence care products and PPE supplies were satisfactory. The Continence Promotion policy and the use of continence supplies and equipment were included in the training programme for care staff.

Service users' records provided evidence of objectives related to personal care needs and, where relevant, there was an individual continence care plan, providing guidance on the work to be carried out with that person. This is good practice. Each of the service users, who spoke individually with the inspector, confirmed that they were happy with the day care service and that they enjoyed coming to the centre. Staff were deployed in sufficient numbers to ensure that service users' needs were being met and that safe care was provided.

Is Care Effective? (Quality of Management)

The centre has a continence support policy and staff confirmed their confidence in providing appropriate care. A number of service users had assessed needs with regard to continence care and there was evidence in care plans and from discussions with staff members to confirm that effective care was provided to meet these needs. Assessment and review records verified that service users' needs have been identified and have been regularly reviewed to ensure that care plan objectives remain relevant. In some care plans, identified needs were unclear due to the inclusion of excessive assessment information.

It is recommended that care plans should be developed to provide more specific and achievable objectives, both with regard to continence care and in relation to other areas of identified need.

Progress notes were found to be person centred and to reflect the good practice that was observed throughout the inspection.

Three staff members completed questionnaires on the day of the inspection, noting their satisfaction with access to continence supplies and personal protective equipment. Two staff confirmed in discussions that adequate supplies of continence care products were available and that good communications with carers ensure that each service user's needs in this regard are tracked and the provision of care is appropriate and up to date. The evidence available, during this inspection, confirmed that effective care was being provided in respect of this standard.

Is Care Compassionate?

Each Wednesday, Foyleville Day Centre provides solely for people with dementia and normally has fewer service users that day than on other days of the week. This enables staff to provide high levels of individual care and support as necessary. Two relatives, who provide care at home to their family member, spoke in glowing terms about the quality of care provided in the centre and emphasised the importance to them of this reliable service.

Service users related to staff and to each other in a warm and friendly manner and engaged readily in discussions with the inspector. Staff members presented as being knowledgeable and caring about each service user's individual needs and preferences. Staff who met with the inspector emphasised the importance of respecting each service users' privacy and dignity. Service users spoke fondly of the staff and positive relationships were evident, both from observations and from the various records that were examined.

The cooked lunch was enjoyed by service users in a relaxed and unhurried atmosphere. Feeding assistance for one service user was provided in a sensitive, caring and well-paced manner. Overall, compassionate care practice was heard and observed throughout the day.

Areas for Improvement

Number of Requirements:	0	Number of Recommendations:	1
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5.4 Standard 8: Service Users' Involvement - Service users' views and comments shape the quality of services and facilities provided by the Day Care setting

Is Care Safe?

Written records provided evidence of good levels of consultation with service users and their representatives regarding care plans and the programmes in which they participate. There was evidence of regular contacts between carers and staff members who confirmed that this contributed positively to the understanding of service users' needs and wishes. Staff members were observed in discussions with service users, attending carefully to their individual opinions and requests.

There was written evidence to show that staff members in the centre were appropriately qualified and experienced in their designated roles and that Foyleville Day Care provides good staff development through training programmes. The manager and the day care worker have significant experience in social care roles and demonstrated good commitment to continuous improvement across the range of knowledge and skills required. Each of the staff, who met with the inspector, or who was observed during the inspection, presented as being calm and confident in their practice. Individual staff members spoke of their awareness of safeguarding issues and the need to be vigilant on behalf of those they care for. There were systems and practices in place to ensure that risks to service users were assessed continually and managed appropriately.

Several service users talked happily about their activities and enjoyment at the centre. The available evidence indicated that safe care was being provided by the centre's staff.

Is Care Effective? (Quality of Management)

The centre has well-developed quality assurance systems in place, through which policies and procedures are reviewed and updated, the centre's operations are monitored and staff's practice and performance is evaluated. Annual reviews evaluate the suitability of each service user's placement, involving the service user and his or her representative/s where possible and appropriate. Staff presented as being knowledgeable about the needs of each person who attends the centre and this was consistent with the written assessments of need that were examined. Some of the initial assessments, compiled by the referring team in the Trust, were well detailed and informative.

Relatives, who met with the inspector, spoke very positively about the support provided at Foyleville Day Centre and particularly about the excellent quality of care provided by staff and the good communications that were maintained.

Monthly monitoring visits and reports were completed regularly by the Trust's Day Care services manager. Three monitoring reports were examined and were found to address the required range of issues. Monitoring visits included meetings with a number of service users and with staff to ascertain their satisfaction with service outcomes and with the operation of the centre. A sample of the centre's records was examined on each monitoring visit.

Evidence from discussions and from written records confirmed that service users enjoyed rewarding activities, both within the centre and on social outings. Within the centre there was a wide range of activities including arts, music, baking, yoga, 'Reading Rooms' and gentle

exercise sessions led by the centre's staff. Overall, there was evidence to indicate that the care provided is effective in terms of promoting each service user's involvement and wellbeing and in encouraging the development of social interaction.

Three service users' files were examined and were found to be well organised and to contain all of the required information. Records were kept of each service user's involvement and these were regularly sampled by the monitoring officer during monthly visits.

As stated under 5.3 above, in some care plans, identified needs lacked clarity due to the inclusion of excessive assessment information under the heading, "Problem/need". When the need is stated specifically and simply, it will help in identifying the actions to be taken by the staff team in response to that need. This is recommended for future reviews of care plans and should contribute to improving the effectiveness of care from its current good level.

Is Care Compassionate?

Service users were welcoming toward each other and staff, as they arrived at the centre. At lunch time a group of service users engaged readily with the inspector in discussions about their experiences in attending day care and their relationships both with staff and with each other. It was evident, both from the tone and content of written records and from observations of interactions throughout the day that good quality, compassionate care was being delivered in Foyleville Day Care.

The Western Health and Social Care Trust's recent review of day care invited service users, their family members and others to contribute their views on the current day care provision. A large number of responses were received with regard to Foyleville Day Centre, one of which, written by a service user's relative, fairly accurately sums up the feelings expressed by several other respondents:-

- "What we have here at the centre is something rare, something special and precious, it is a place of friendship, happiness, peace and security".

The management and staff are commended for their commitment to these positive outcomes.

Thanks are due to service users and staff for their open and helpful approach throughout the inspection process.

Areas for Improvement

Improvement is needed in the clarity of care planning objectives, so that each specific need stands separately from others and the associated actions to be implemented by staff are clearly identified.

Number of Requirements:	0	Number of Recommendations:	1
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5.5 Additional Areas Examined

Records of formal supervision

Since the requirement made at the previous care inspection, the manager has met the required standard regarding the frequency of formal supervision sessions. Some of the handwritten records of these sessions were difficult to decipher and the manager should ensure that future records are more legible. It is acknowledged that the centre's clerical support has been discontinued by the Trust, thus increasing the manager's and other staff's administrative and recording workload.

Service User Meetings

Recorded meetings for service users had been held only once in each of the two years preceding this inspection. It is recommended that such meetings should be more frequent and regular and that the records of service users' meetings should be more detailed and structured, as they were in 2013.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this 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 person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

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

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Day Care Settings Regulations (Northern Ireland) 2007.

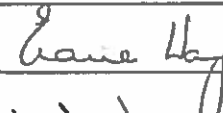
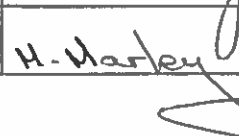
6.2 Recommendations

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 person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/ registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to day.care@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the service.

Quality Improvement Plan			
Recommendations			
Recommendation 1 Ref: Standard 5.2 Stated: First time To be Completed by: 31 March 2016	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 also in relation to other areas of identified need.		
	Response by Registered Person(s) Detailing the Actions Taken: All careplans will be reviewed and special attention will be given to ensuring that the Careplan's goals are SMART, i.e, specific,measurable, achievable and in a relative time frame.Staff meetings have ensured that this recommendation is put in to effect Jan 2016		
Recommendation 2 Ref: Standard 7.7 Stated: First time To be Completed by: Immediately	Some of the records of formal supervision sessions were difficult to decipher and the manager must ensure that future records are legible.		
	Response by Registered Person(s) Detailing the Actions Taken: More time will be taken in the recording of formal supervision records and will make the documents easier to read from Jan2016		
Recommendation 3 Ref: Standard 8.2 Stated: First time To be Completed by: 29 February 2016	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.		
	Response by Registered Person(s) Detailing the Actions Taken: Service user meetings will be formally held on a bi-monthly basis, on differing days and will be recorded in accordance with Standard 8 of the Day Care Settings Minimum Standards and will include the timing of the meeting and those who attended..		
Registered Manager Completing QIP	Patrick Mc Keever	Date Completed	10 th Feb 2016
Registered Person Approving QIP		Date Approved	16.2.2016
RQIA Inspector Assessing Response		Date Approved	24.02.16

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