

Unannounced Care Inspection Report 1 December 2017



Foyleville Day Centre

Type of Service: Day Care Setting
Address: Academy Road, Londonderry, BT48 7LE
Tel No: 02871263900
Inspector: Angela Graham

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 What we look for



2.0 Profile of service

This is a day care setting that provides care and day time activities for up to twenty service users with dementia and older people. The day care setting is open Monday to Friday.

3.0 Service details

Organisation/Registered Provider: Western Health and Social Care Trust Responsible Individual(s): Anne Kilgallen (registration pending)	Registered Manager: Patrick McKeever
Person in charge at the time of inspection: Patrick McKeever	Date manager registered: 23 December 2010
Number of registered places: 20 - DCS-DE, DCS-I	

4.0 Inspection summary

An unannounced inspection took place on 1 December 2017 from 10.10 to 16.05 hours.

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

The inspection sought to assess 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, knowledge regarding adult safeguarding, infection prevention and control and risk management that promoted safe care. Regarding effective practice, examples of good practice were found in relation to care records, care reviews and communication between service users, staff and other key stakeholders. Good practice was found regarding compassionate care in relation to the culture and ethos of the day care setting, dignity and privacy, listening to and valuing service users and taking account of the views of service users. Finally, good practice was found in relation to governance arrangements, quality improvement and maintaining good working relationships supporting well led care in the setting.

Areas requiring improvement were identified regarding the staff duty roster and the annual quality assurance questionnaires.

Service users were asked to provide their views regarding the day care setting. Examples of some of the comments made by service users are "I enjoy coming here", "Staff are very approachable and I would have no hesitation in talking to them if I had any concerns", "I am coming here a long time and I have no complaints" and "I am very happy with everything in the centre".

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	2

Details of the Quality Improvement Plan (QIP) were discussed with Patrick McKeever, Registered Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 2 November 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 2 November 2016.

5.0 How we inspect

Prior to inspection the following records were analysed:

- the registration details of the day centre
- written and verbal communication received since the previous care inspection
- the previous care inspection report and QIP

During the inspection, the inspector met with the registered manager, three care staff, a social work student, an ancillary staff member and eleven service users. The registered manager was provided with ten questionnaires to distribute to service users/relatives for their completion. The questionnaires asked for service user and relatives' views regarding the service, and requested their return to RQIA. Eight service users'/relatives questionnaires were returned to RQIA. The content of the questionnaires is discussed in the main body of the report.

A poster was provided for display to inform staff how they may comment and share their views on the service with RQIA via electronic survey monkey or by use of mobile telephone scan code. No responses were received within the timescale requested.

The following records were examined during the inspection:

- complaints and compliments records
- accident/untoward incident records
- staff roster
- RQIA registration certificate
- staff supervision and appraisal records
- elements of three service users' care records
- sample of policies and procedures
- sample of quality assurance audits
- fire safety risk assessment
- fire drill records
- staff training information
- minutes of three staff meetings

- minutes of three service user meetings
- three monthly monitoring reports

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

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 2 November 2016

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 2 November 2016

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 8.2 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the registered manager confirmed that this area for improvement had been addressed. The registered manager confirmed that a digital camera had been purchased following the previous care inspection.	

Area for improvement 2 Ref: Standard 21.4 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the registered manager confirmed that this area for improvement had been addressed. The registered manager confirmed that he had secured a place on the Trust's management programme commencing early 2018.	

6.3 Inspection findings

6.4 Is care safe?

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

The registered manager confirmed the planned daily staffing levels for the day care centre, and that these levels were subject to regular review to ensure the assessed needs of the service users were met. A review of the staffing roster for weeks commencing 30 October 2017 until 1 December 2017 evidenced that the planned staffing levels were adhered to. The review identified that the registered manager and the day care worker's hours of work were not recorded on the duty roster. This has been identified as an area for improvement under the standards.

Staff who were consulted confirmed that staffing levels met the assessed needs of the service users. Discussion with service users evidenced that there were no concerns regarding staffing levels.

Observation of the delivery of care at the time of inspection evidenced that service users' needs were met by the number of staff on duty.

The registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the centre for any period in the absence of the registered manager. Records of competency and capability assessments were retained and examined during the inspection.

Discussion with staff confirmed that mandatory training and other professional development training was provided. Review of a sample of staff training records concluded staff had received mandatory and other training relevant to their roles and responsibilities since the previous care inspection such as infection prevention and control, behaviours that challenge, first aid and adult safeguarding training.

Discussion with staff during inspection revealed staff regarded training as important as it guided and informed them how to care safely, effectively and compassionately.

Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility.

The inspector examined a sample of the settings incidents, accidents and notifications forwarded to RQIA. The sample of records inspected indicated the relevant incidents/notifiable events were reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

Discussion with staff confirmed the importance of keeping service users safe in the setting and staff were aware of potential risks for each individual. Staff asserted that they had the right knowledge and information to prevent harm to the service users attending the setting.

The staff on duty on the day of inspection discussed the needs of the service users they were looking after. They gave a clear description of their needs and how those needs will be met. The staff stated their aim was for service users to enjoy their time in the day service by undertaking stimulating activities and for service users to feel comfortable and safe in the group environment. The staff confirmed that if they had any concerns regarding safe practice they would discuss this with their colleagues and/or the management team who they described as accessible and supportive. Staff confirmed service users are encouraged to give their views, opinions and preferences. In summary, the discussion with staff confirmed they were proactively promoting safe care for service users in this setting.

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. The registered manager confirmed that there were no current safeguarding concerns ongoing.

A review of the day centre's environment was undertaken and the day centre was found to be warm, fresh smelling and clean throughout. The environment was observed during the inspection and there was evidence of infection prevention and control measures in place such as personal protection equipment which was available for staff, there was evidence that hand hygiene was promoted through notices, hand washing supplies and facilities. There were no obvious hazards to the health and safety of service users, visitors or staff. Fire exits were observed to be clear of clutter and obstruction. The review of fire drill records confirmed that a fire drill had been undertaken on 25 July 2017. Discussion with staff confirmed they were aware of the evacuation procedure.

Eight service users/representatives returned questionnaires to RQIA post inspection. They were very satisfied the care was safe; there was enough staff to help them; they felt protected and safe from harm; they could talk to staff if they had concerns; and the environment was safe and clean.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, supervision and appraisal, knowledge regarding adult safeguarding, infection prevention and control and risk management.

Areas for improvement

One area for improvement was identified in relation to the staff duty roster.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

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

Discussion with the registered manager established that staff in the day care setting responded appropriately to and met the assessed needs of the service users.

The inspector reviewed elements of three service users' care files. The inspection of the care records found they were maintained in line with the legislation, the assessments of need, risk assessments, care plans and records of health and well-being of the service users were current and had been reviewed. Records were stored safely and securely in line with data protection. Staff discussion confirmed they use these records to guide their practice and therefore recognised the importance of keeping records current and relevant. Overall the inspection found the settings management of service user records enabled staff to recognise service users' needs and respond to them effectively.

Care records also reflected the multi-professional input into the service users' health and social care needs. Care recording for every five attendances was being maintained in the three care records inspected. The review confirmed that service users and/or their representatives were encouraged and enabled to be involved in the review process, where appropriate. Discussion with staff confirmed that a person centred approach underpinned practice.

Discussion with staff regarding implementation of the care plans provided assurance they knew each individual's needs. Discussion with service users about what they were doing in the centre provided assurances they knew what activity they were going to take part in, who would help them and they were happy that their choices and needs were being met in Foyleville Day Centre.

Review of elements of three service users' care records confirmed annual reviews of the individual's day care placement had taken place in the previous year.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users at appropriate intervals. Records were made available for inspection concerning audits of the environment, staff training, complaints, fire safety, supervision and appraisal and care records and evidenced that actions identified for improvement had been completed.

Evidence was provided to verify systems were in place to ensure effective communication with service users, their representatives and key stakeholders. These included pre-admission information, care reviews, service users and staff meetings.

Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the day care setting. Staff stated that there was effective teamwork and each staff member knew their role, function and responsibilities.

Staff also confirmed that if they had any concerns, they could raise these with the registered manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other health care professionals.

Discussion with the registered manager and review of records evidenced that service user meetings were generally held quarterly. The last meeting was held on 21 November 2017 and minutes were made available. There was information available to staff, service users and representatives in relation to advocacy arrangements.

Observation of practices evidenced that staff were able to communicate effectively with service users.

Service users spoken with expressed their confidence in raising concerns with the day centre’s staff/management. Service users knew the registered manager.

Discussion with staff confirmed the centre was providing a good standard of care. Discussion with staff also confirmed they were knowledgeable regarding safeguarding service users in their care and confirmed if they had to escalate concerns they would speak to the senior day care worker or registered manager. Staff detailed the key worker and staff communication methods had ensured they provided safe and effective care, they knew what each service user needed and how best to meet the needs. Staff identified they were conscious of giving service users safe choices and encouraging independence. Staff confidently expressed their views and knowledge regarding safe and effective care and stated they would and have brought any concerns regarding the delivery of safe and effective care to the registered manager.

Eight service users/relatives returned questionnaires to RQIA post inspection. They confirmed they were very satisfied that the care was effective in this setting; they got the right care at the right time in the right place; the staff know their care needs; they are kept aware of their care plans; and the care meets their expectations.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified 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.

The registered manager confirmed that staff in the day care setting promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of the service users.

Discussion with service users, staff and observation of activities and communication found examples of service users being treated with dignity and respect while promoting and maintaining their independence.

Discussions with staff regarding the activities they were delivering confirmed the activities were tailored to meet the needs of the service users, as well as promoting their strengths and providing choice. 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 arts and crafts, games and music sessions. On the day of inspection the service users participated in an arts and crafts class and an intergenerational song swap project. Observations of service users taking part in activities showed participation was good.

An observation of the lunch time meal confirmed that service users were given a choice in regards to where they preferred to dine, food and fluid choices and the level of help and support requested. Staff treated service users with dignity and respect affording adequate time for service users to make decisions and choices and offered reassurance and assistance appropriately. The food appeared nutritious and appetising. Staff wore appropriate aprons when serving the lunch time meal. Staff interactions with service users were observed to be compassionate, caring and timely. During discussion staff presented as knowledgeable and informed regarding each service user's dietary needs and preferences. All service users spoken with confirmed that they were satisfied with the choice of meals served and that individual preferences were catered for if requested.

During the observation and discussions staff were observed checking service users were comfortable, that their needs and preferences were being met. If the staff identified someone needed additional support they sensitively and discretely got their attention and accompanied the service user to where they could get more individualised care and privacy. Overall staff were observed supporting service users in a compassionate way, encouraging service users to be involved in their care and promoting their independence.

Staff were aware of each service user's individual needs and were observed to respond positively and warmly. During discussion, staff presented as knowledgeable and informed regarding each service user's needs.

The staff described they consult with service users informally when they are in the day care setting regarding their needs, preferences and choices. Service users are consulted on a formal basis via service users' meetings and the annual review of their day care placement.

The inspector discussed the annual quality assurance questionnaires with the registered manager. The registered manager confirmed that the annual quality assurance questionnaires had not been undertaken in 2017. This was identified as an area for improvement under the standards.

Service users spoken with during the inspection commented positively in regard to the care they received. Examples of some of the comments made by service users are listed below:

- "The staff here are excellent, they always have time to listen to you."
- "I think this is a great day centre. We have lots of activities and groups visiting the centre."
- "I am making a Christmas decoration and will take it home with me this evening."
- "I am very safe here and very well cared for in Foyleville."
- "We have regular meetings where we discuss the running of the centre and what we would like to do. Staff always listen to our views."
- "I love coming here. It is a big part of my life."

During the inspection the inspectors met with three care staff, a social work student and an ancillary staff member. Some comments received are listed below:

- “I feel the care in the centre is excellent. We focus on the individual needs of the service users.”
- “I have been to all the mandatory training and have regular supervision. I have attended adult safeguarding training recently.”
- “Policies and procedures are available to all staff.”
- “We have regular team meetings and the minutes are always available to the staff.”
- “We all work as a team here and the manager is always available and supportive.”

Eight service users/relatives returned questionnaires to RQIA post inspection. They confirmed they were very satisfied that staff treat them with compassion, staff treated them with kindness, staff ensured they were respected and their privacy and dignity was maintained, staff informed them about their care and staff supported them to make decisions about their care.

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, dignity and privacy, listening to and valuing service users and taking account of the views of service users.

Areas for improvement

One area for improvement was identified in relation to the annual quality assurance questionnaires.

	Regulations	Standards
Total number of areas for improvement	0	1

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 certificate of registration issued by RQIA was displayed in a prominent position in the day care setting.

The registered manager confirmed that there were management and governance systems in place to meet the needs of service users.

A range of policies and procedures were in place to guide and inform staff. The inspector reviewed a sample of policies and procedures. Staff confirmed that they had access to the day centre’s policies and procedures.

Discussion with staff confirmed that they knew how to respond to a range of situations such as responding to issues of dissatisfaction or an adult safeguarding concern. The staff confirmed that there is good communication across the team and clear working together practices.

They described the management team as supportive and they knew they could speak to them for guidance or advice. All grades of staff were clear who they report to and what to do if they had a concern about a staff member or service user. Discussions with staff also confirmed that management were responsive to any suggestions or concerns raised.

Discussion with the registered manager and staff confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. A review of supervision records confirmed that supervisions were completed for staff on a quarterly basis, or more frequently, and staff appraisals were completed annually. Discussion with staff confirmed that they had received supervision and appraisal accordingly.

Discussion with the registered manager confirmed that staff meetings were held generally quarterly, and records verified this. The last meeting was held on 28 November 2017 and minutes were available. Previous staff meetings had been undertaken on 3 October 2017 and 13 April 2017. The content recorded detailed discussions of staff being informed regarding changes to service users' needs, best practice examples, policy and procedure changes, training opportunities and potential to improve practice. The records and commentary recorded evidenced staff discussions were focussed on service users' needs and improvement. The registered manager confirmed that the minutes of staff meetings were made available for staff to consult.

The complaints record was reviewed. No complaints were recorded since the previous care inspection on 2 November 2016. Compliments records were recorded and maintained by staff.

The inspector discussed the monitoring arrangements under Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. The Regulation 28 monthly quality monitoring visits had been undertaken bimonthly by an independent monitoring officer. A monitoring visit had been undertaken on 28 November 2017. Three monitoring reports were reviewed from September to November 2017. The monitoring officer reported on the conduct of the day care setting.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Eight service users/relatives returned questionnaires to RQIA post inspection and confirmed they were very satisfied care was well led in this setting. They identified they knew who was in charge of the setting at any time, the service was well managed, their views were sought about their care and quality of service and they knew how to make a complaint.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, quality improvement and maintaining good working relationships supporting well led care in the setting.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with, 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 if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

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

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

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

Quality Improvement Plan	
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007	
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012	
<p>Area for improvement 1</p> <p>Ref: Standard 23.7</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the time of the inspection</p>	<p>The registered person shall ensure that a record is kept of staff working each day and the capacity in which they worked.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: A Foyleville Day Centre Management Roster has been established and is open to view on the office noticeboard. Giving information of which staff are on duty and in which capacity, on a weekly basis.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 8.4 and 8.5</p> <p>Stated: First time</p> <p>To be completed by: 28 February 2018</p>	<p>The registered person should ensure that service users' views and opinions about the running of the service are sought on a formal basis at least once a year preferably by an organisation or person independent of the service and that a report is prepared that identifies the methods used to obtain the views and opinions of service users, which incorporates the comments made and issues raised by service users and any actions to be taken in response. A copy of this report is made available to service users.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: The service users' views and opinions about the running of the Day Care service at Foyleville Day Centre, were sought in an independent formal survey during the week Jan 29th -Feb 2nd 2018.</p> <p>A questionnaire was formulated by a social work student, Clare Mc Glinchey(Bsc[Hons] Psychology graduate) in consultation with Patrick Mc Keever (Day Centre Manager), Clare worked under the guidance of Eugene Gavin(Principal Officer for Governance at WHSCT) in conjunction with the Day Care Setting Regulations(Northern Ireland)2007, which sets out the requirements and core values of safe, effective and compassionate care.</p> <p>A report is being completed that identifies the methods used to obtain the views and opinions of the service users. It will incorporate the comments made and issues raised and details action to be taken. A copy of this report will be made available to service users by Feb 28th and copies are available at the office and by e-mail on request from this date also.</p>



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