

Unannounced Care Inspection Report 5 November 2018



Crossmaglen Social Education Centre

Type of Service: Day Care Setting

Address: Rathkeeland House, Blaney Road, Crossmaglen, BT35 9JJ

Tel No: 02830868185

Inspector: Maire Marley

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 centre approved to provide care and day time activities for 24 people. The centre can accommodate people as specified in the settings statement of purpose and includes those people with a learning disability. The setting operates Monday to Friday however on a Friday the centre is closed to enable service users' avail of services in Newry Windsor Day Centre.

3.0 Service details

Organisation/Registered Provider: Southern HSC Trust Responsible Individual(s): Shane Devlin	Registered Manager: Carmel McGrath
Person in charge at the time of inspection: Grainne Rafferty	Date manager registered: 06/01/2011

4.0 Inspection summary

An unannounced inspection took place on 05 November 2018 from 10.30 to 16.30.

This inspection was underpinned by the 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 staffing, care records, audits, communication between service users, staff and other key stakeholders, the culture and ethos of the day care setting, staff supervision and appraisal, quality improvement and maintaining good working relationships.

Areas requiring improvement were identified in relation to revising the statement of purpose to detail the number of service users the day centre can accommodate on a daily basis, developing achievable personal objectives for service users, improving actions from service users meetings and reviewing the storage arrangements.

Service users were asked their views about attending the day care setting and they said “the centre gets me out of the house” “I like coming here to see my friends, I love yoga and crafts” “I like my dinners”.

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	3	2

Details of the Quality Improvement Plan (QIP) were discussed with Carmel McGrath, registered manager, the deputy manager and a day care worker 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.

4.2 Action/enforcement taken following the most recent care inspection dated 15 February 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 15 February 2018.

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 reportable incidents had been notified to RQIA since the last care inspection on 15 February 2018
- unannounced care inspection report and Quality Improvement Plan from 21 June 2017

During the inspection the inspector met with the registered manager, assistant manager, a day care worker and a support worker. The inspector greeted and introduced herself to all services users in the day care setting. More detailed discussions were held with eight service users.

The following records were examined during the inspection:

- The Statement of Purpose dated May 2018
- Three service users' care records
- A sample of service users' daily records.
- The day setting's complaints and compliments records from February 2018 to November 2018
- Staff training records
- Three individual staff records.
- Information on staffing for September, October and November 2018
- Records relating to fire safety precautions
- A sample of minutes of service users' meetings from June to October 2018
- A sample of the minutes of weekly staff briefs for October 2018
- The day centre's record of incidents and accidents since the last inspection
- A sample of monthly quality monitoring reports from April to October 2018
- The settings annual report

At the request of the inspector, the staff member in charge 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; no questionnaires was returned to RQIA within the timeframe for inclusion in this report. The inspector requested that the day care worker 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 for display in the day care setting.

The inspector would like to thank the registered manager, service users, and staff for their involvement in 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 management team at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 15 February 2018

The most recent inspection of the day care setting 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 15 February 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 26 (2) (d) Stated: First time To be completed by: 31 March 2018	The registered person shall ensure that all parts of the day care setting are kept clean. Ref: 6.3	Met
	Action taken as confirmed during the inspection: The inspection of the staff records, discussion with the registered manager and staff established that a support worker to clean the centre had been employed for 12.5 hours per week. A review of the environment found the	

	centre to be clean.	
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 3 Stated: First time To be completed by: 31 March 2018	The registered person shall ensure service user agreements incorporate all elements of Standard 3. Ref: 6.4	Met
	Action taken as confirmed during the inspection: The information detailed in the returned Quality Improvement Plan (QIP) and a review of three service users' files confirmed agreements contained the relevant information.	

6.3 Inspection findings

6.4 Is care safe?

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

Information relating to the management and staffing arrangements for this setting was reviewed for the months of August, September and October 2018. This showed at all times, sufficiently qualified, competent and experienced persons were working in the centre to meet the assessed needs of the service users, taking into account the size and layout of the premises, the number of service users in the setting, fire safety requirements and the statement of purpose.

Four staff records were inspected. The personal file for a newly appointed staff member found no evidence that the centre had obtained confirmation that appropriate recruitment practices had been followed. The Trust retains all such records in their Human Resources department, an email confirming that appropriate pre-employment checks had been completed was provided during the inspection. It was further noted that the record maintained for an agency staff member contained no evidence that appropriate identification had been provided. Guidance and advice was provided by the inspector and an area for improvement identified in regard to the evidence required to demonstrate that appropriate recruitment practices are in place within this setting.

Mandatory training and other training records established that staff had accessed training relevant to their roles and responsibilities and confirmed that mandatory training was up to date

A review of the accidents and incidents records showed the last recorded accident was 29/4/2018, the records showed safety issues and risks had been identified, responded to and managed in a timely manner. Overall the inspection found there was a low rate of accidents, incidents or notifiable events. Staff were aware of the importance of documenting and reporting accidents/incidents in line with legislation and minimum standards.

There was good evidence that audits were in place to monitor accidents and incidents and these were reported on in the monthly monitoring visit reports.

Management reported there had been no suspected, alleged or actual safeguarding incidents, staff consulted were knowledgeable in regard to the procedure and process to follow in the event of such an incident.

Observations of the environment showed infection prevention and control measures were in place; the day care space was clean; furniture, aids and appliances presented as fit for purpose. It was noted that some areas were very cluttered and disorganised, there were items stacked on a table in one group room that presented a health and safety risk, the store used for COSHH items was cluttered and the sink was difficult to access due to stored items. Other areas of the centre were cluttered and disorganised, and whilst management reported that they were in the process of decluttering an area of improvement was identified. Management should review the overall storage arrangements within in the centre.

Fire safety precautions were being recorded by staff to ensure equipment was working and maintained. Fire exits were unobstructed during the inspection and the last fire drill was undertaken was recorded for 9 June 2018. The settings fire risk assessment was reviewed in August 2018 and found there were no issues and reported that previous recommendations had been addressed.

Discussion with service users and staff evidenced that they felt the care provided was safe. Service users expressed they enjoyed attending the centre, felt it was a safe place and staff knew how to keep them safe, they were aware of the fire arrangements and knew if the alarm sounded they all had to leave the building and go to the car park.

During discussions with staff they described how safe care was maintained in the setting, this included the supervision of service users, knowing their needs and assessed risks, understanding the policies and procedures that direct their practices and good communications between all relevant parties.

There were no returned service user and/or relative questionnaires in time for inclusion in this report.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, their training and awareness and knowledge of what is safe care.

Areas for improvement

Two areas for improvement were identified during the inspection in relation to maintaining evidence of recruitment practices and the need to review the overall storage arrangements within the centre.

	Regulations	Standards
Total number of areas for improvement	2	0

6.5 Is care effective?

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

Three service user's care files were inspected. Records were stored safely and securely and staff confirmed during discussions they were aware of their responsibility to protect service user's information.

The files examined contained service users' individual assessments and care plans which described their physical, social, emotional and psychological needs. Each service user had an individual written agreement that set out their terms of their day care placement, up to date assessment of needs, life history, risk assessments, and a current care plan. One agreement contained conflicting information in regard to the service user's consent to the use of photographs and is an area of improvement.

There was evidence in the files examined that service users' needs had been assessed, and risk assessments and other assessments were in place such as moving and handling, SALT [Maire, would be good to add the full name of SALT for the first mention of if – for the uneducated people like me!], and assessments in relation to specific health needs. The assessments had been updated or amended when required.

Care plans were dated and signed appropriately, it was noted that goals and personal outcomes for service users were not individualised. Care plans should be further developed to ensure they reflect and include each person's preferences, aspirations and choices and is an area identified for improvement.

Evidence of service user's having an initial review and annual review of their placement within recommended timescales was recorded. The review minutes showed service user and or representative involvement and the minutes showed the service user's placement within the centre had been reviewed to ensure that it was appropriate to meet their health and social care needs.

Daily care recording had been maintained in the care records inspected. Staff consulted demonstrated a good awareness of individual service user's assessments and care plans and recognised that this information informed and guided their practice.

Care records were observed to be well organised and stored safely and securely in line with data protection requirements. File audits had been completed which ensured the quality of records was consistent with trust policy and procedure and minimum standards.

Discussion with staff revealed they were reviewing the use of the rooms and hoped to organise areas for different activities that respected the differing abilities of service users. Staff stated they were a cohesive team and management were open and approachable and supported them to introduce new concepts.

Observations of staff practice on the day of inspection showed staff were well organised and service users' needs were being met in a safe and effective way.

Staff communicated confidently with service users and it was evident they knew services users' individual personality, behaviours and communication methods. Overall the inspector observed interventions that were proactive and timely.

Service users expressed confidence in the staff delivering effective care, they felt staff knew them and what they needed well. Service users confirmed staff discussed their care plan and could detail the names of staff they would talk to if they were unhappy or had any concerns.

There were no returned service user and/or relative questionnaires to RQIA, in time for inclusion in this report.

Areas of good practice

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

Areas for improvement

Two areas for improvement were identified in relation to identifying personal goals and outcomes for service users and ensuring information in the agreements is accurate.

	Regulations	Standards
Total number of areas for improvement	0	2

6.6 Is care compassionate?

Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Discussion with service users, staff and observation of interactions demonstrated that service users were being treated with dignity and respect. Staff were working with service users in numbers that enabled service users to engage with the activity, with other service users and to communicate confidently. Staff encouraged conversations and ensured everyone was included in the discussions.

Observations of care during the inspection found service users were relaxed and moved freely around the setting, communicating with each other and staff. Service users who required assistance were supported by staff in a quiet respectful manner. The care observed was compassionate and it was evident that staff knew each individual service user's assessed needs and responded to them appropriately. Service users approached staff freely, communicating their needs and making requests; the atmosphere was noted to be relaxed and encouraging and it was evident there was a good rapport between staff and service users. Comments from service users who engaged with the inspector were positive in regard to all aspects of care delivered in the centre.

Staff support service users to engage and participate in a range of activities, social events, work and education opportunities, hobbies and interests. Observation of service users on the day showed they were enjoying the opportunities being delivered and participated in table top activities, preparation for Christmas events and the general routines of the day centre.

Discussion with service users revealed they had been asked their views and opinions and that they contributed to the planning of activities and outings. Service users also confirmed they had regular service user meetings and that they contributed to their annual review.

The inspection of the service user meetings record from June to October 2018 showed service users discussed activities, outings, holidays and the dinner menu. It was good to note that the minutes of the meetings were in both written and pictorial formats.

An annual service users' quality assurance survey had also been completed in April 2017, an action plan to address the recommendations arising from the survey had been implemented. The responses were noted to be very positive from both service users and their representatives.

Discussion with service users and staff provided evidence that they felt the care provided was compassionate. The staff said they ensure care is compassionate by finding the best way to communicate with service users. They have been promoting the use of Makaton in the day centre and each week they selected a sign to focus on. Staff responded positively to some suggestions by the inspector as to how this could be promoted more effectively.

Staff said that their familiarity with service users assessed needs meant they are able to quickly identify when a service users presentation alters in any way, this enables them to respond quickly and ensure the necessary support is provided in an effective and timely manner.

Overall the inspector was satisfied that staff were committed to delivering compassionate care in this setting.

There were no service user and/or relatives returned questionnaires in time for inclusion in this report.

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 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 registration certificate was up to date and displayed appropriately.

The Statement of Purpose for the day care service was reviewed by the provider in May 2018. The document described the nature and range of services to be provided and addressed the matters required by Regulation 4(1) of The Day Care Setting Regulations (NI) 2007.

Evidence gathered at this inspection indicated that the service was operating in keeping with its Statement of Purpose. As stated in previous inspection reports the space within this settings is limited to two rooms and the needs of some service users are changing, therefore the number of service users the centre can safely accommodate on a daily basis should be reviewed. This is an area identified for improvement.

The inspection of records and discussions with service users, staff and the registered manager found the service users were given opportunities to participate and be involved in their care and support. This was evident in the minutes of service user meetings, annual care reviews, effective communication with representatives and professionals; and in the responses from families in the annual surveys completed..

There was a range of policies and procedures in place to guide and inform staff. Updated policies were delivered on the day of inspection. Staff consulted were fully aware of how to access the policies both in the setting and electronically via the Trust internet.

The inspection of the records of staff meetings showed staff briefs were held weekly. The minutes showed the topics discussed with the aim of improving practice. Topics discussed were staffing, service users, reviews, activities, risks, and Makaton sign of the week. There was evidence that management attended these meetings on a regular basis and the inspector was informed that management presence at the meetings was increasing. Advice and suggestions were given in regard to the further development of the minutes to enable progress with action taken to be measured in regard to Makaton and activities.

Records reviewed established that staff received individual, formal supervision at least quarterly and annual appraisals were completed. Staff confirmed that there were systems in place to ensure they received support and guidance from the registered manager and senior management as required.

The complaints record was reviewed and this showed there were no complaints recorded since the last inspection.

The record of monthly quality monitoring visits was inspected; the visits monitored the care provided including the conduct of the day care setting. The visits included unannounced visits, and reflected service users, their representatives, staff and professionals views and opinions as specified by regulation.

There was good evidence of a range of audits that included audits of care records, activities, fire safety measures and infection control.

Discussion with service users and staff evidenced that they felt the care provided was well led. Service users knew the management team and were able to name them. Service users said management visit the setting regularly and they also see them every Friday when they attend the Newry centre.

Staff revealed they were encouraged to take responsibility for duties as outlined in their job description and expressed that the support provided by management enabled them to do this confidently. Staff presented as motivated and committed to improving outcomes for service users.

Overall the inspection demonstrated that the team work well together and that the management team is providing leadership.

There were no service user and/or relative returned questionnaires in time for inclusion in this report.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff supervision and appraisal, governance arrangements, leadership and maintaining good working relationships.

Areas for improvement

One area for improvement was identified during the inspection and related to detailing the number of service users that the centre can safely accommodate in the statement of purpose.

	Regulations	Standards
Total number of areas for improvement	1	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 Carmel McGrath registered manager, as part of the inspection process. The timescales commence from the date of inspection.

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.



A completed Quality Improvement Plan from the inspection of this service has not yet been returned.

If you have any further enquiries regarding this report please contact RQIA through the e-mail [address info@rqia.org.uk](mailto:info@rqia.org.uk)

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
Area for improvement 1 Ref: Regulation 26 (2) (i) Stated: First time To be completed by: 12 November 2018	The registered person shall confirm that the storage arrangements have been reviewed and detail the improvements in the returned QIP. Ref 6.4 Response by registered person detailing the actions taken:
Area for improvement 2 Ref: Regulation 21 (1) (b) Stated: First time To be completed by: 31 December 2018	The registered person shall ensure; <ul style="list-style-type: none"> • suitable records are maintained in the day centre to confirm that the appropriate recruitment practices have been implemented. • proof of the staff member's identity (including agency staff must be obtained prior to the commencement of duty) Ref 6.4 Response by registered person detailing the actions taken:
Area for improvement 3 Ref: Regulation 4 Schedule 1 (8) Stated: First/ time To be completed by: 31 December 2018	The registered person shall ensure the Statement of Purpose is updated to include the number of service users the centre can safely accommodate on a daily basis. Ref: 6.7 Response by registered person detailing the actions taken:
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011	
Area for improvement 1 Ref: Standard 5.2 Stated: First time To be completed by: 31 December 2018	The registered person shall confirm that care plans are revised to include service users' individualised goals and outcomes. Ref: 6.5 Response by registered person detailing the actions taken:

<p>Area for improvement 2</p> <p>Ref: Standard 3.1</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2018</p>	<p>The registered person shall ensure the identified individual written agreement is revised in regard to the service user’s consent on the use of photographs.</p> <p>Ref. 6.5</p> <hr/> <p>Response by registered person detailing the actions taken:</p>
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Please ensure this QIP is completed and returned via Web Portal



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