

Unannounced Care Inspection Report 28 September 2016



Crossmaglen Social Education Centre

Type of Service: Day Care

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Inspector: Priscilla Clayton

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Crossmaglen Social Education Centre took place on 28 September 2016 from 10.00 to 14.45 hours.

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

Is care safe?

Policies and procedures in regard to staff recruitment, selection and induction were available with records retained within the SHSC Trust Human Resource department. Staff mandatory training, supervision and appraisal were provided with records retained. Risk assessments were in place with measures to minimise identified risks reflected within care plans examined.

Positive responses to the provision of safe care were reflected within satisfaction questionnaires completed and returned to RQIA within the timescale.

Two areas identified for improvement within this domain related to staffing levels and standard of cleanliness in the setting. Two requirements were made in this regard.

Is care effective?

Care records examined reflected comprehensive needs assessments which were complemented with risk assessments, individualised person centred care plans, progress records and reviews. There was evidence of good modes of communication between service users/representatives and other stakeholders through assessment, care planning and meetings/reviews undertaken.

Positive responses to the provision of effective care were reflected within satisfaction questionnaires completed and returned to RQIA within the timescale.

One area identified for improvement within this domain related to monthly monitoring visits and the retention / availability of reports.

Is care compassionate?

There was good supporting evidence that compassionate care was provided. Service users who were able to respond confirmed that staff always treated them with dignity and respect. Care records and minutes of service user meetings examined reflected core values with choice and preferences sought.

Positive responses to the provision of compassionate care were reflected within satisfaction questionnaires completed and returned to RQIA within the timescale.

No requirements or recommendations were made in this domain.

Is the service well led?

There was a clear organisational structure within the centre with evidence of effective governance systems and processes in place, including staff access to policies/procedures, staff training, supervision and appraisal and regular staff meetings.

Positive responses to the “Is the service well led?” domain were reflected within satisfaction questionnaires from staff (5) and service users (6).

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

1.1 Inspection outcome

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

Details of the Quality Improvement Plan (QIP) within this report were discussed with Grainne Rafferty, senior 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.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 20 July 2015.

2.0 Service details

Registered organization / registered person: Southern Health and Social Care Trust (SHSC Trust)/ Francis Rice, Chief Executive	Registered manager: Carmel McGrath
Person in charge of the service at the time of inspection: Grainne Rafferty, senior day care worker	Date manager registered: 6 January 2011
Number of service users accommodated on day of inspection: 9	Number of registered places: 24

3.0 Methods/processes

Prior to inspection we analysed the following records:

- Accident / Incident notifications
- QIP from last care inspection

The inspector met with three staff, 10 service users individually and with others in small group format. No relatives/representatives or professional staff visited the centre during the inspection.

A total of 23 satisfaction questionnaires were provided for distribution to service users, relatives/representatives and three to staff for completion and return to RQIA. Eleven questionnaires were completed and returned to RQIA within the timescale.

An inspection of the internal environment was undertaken.

The following records were examined during the inspection:

- RQIA Certificate of registration
- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessments
- Staff training records
- Three service users' care files
- Statement of purpose and service users' guide
- Minutes of recent staff meetings
- Complaint records
- Audits
- Equipment maintenance records
- Accident/incident/notifiable events records(7)
- Annual summary evaluation report (2015)
- Minutes of recent service user monthly meetings
- Monthly monitoring reports
- Fire safety risk assessment
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Policies and procedures

4.0 The inspection

4.1 Review of requirements and recommendations from the last care inspection dated 20 July 2015

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Regulation 29(1)(d) Stated: First time	The registered manager must ensure that any incident including those involving medication is notified to RQIA within the three day timescale as specified in legislation. <ul style="list-style-type: none"> A retrospective notification must be sent to RQIA with regard to the medication incident discussed during inspection. Ref 5.2 and 5.5.2	Met
Action taken as confirmed during the inspection: This notification was submitted and received at RQIA as requested.		
Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 23.3 Stated: Third time	The registered manager should ensure a competency assessment is in place regarding any member of staff identified as assuming responsibility in the absence of the manager.	Met
Action taken as confirmed during the inspection: Competency and capability assessments were undertaken with records retained.		
Recommendation 2 Standard 18 Stated: First time	The registered person should ensure that an evidenced based practice policy on continence management is devised and submitted to RQIA upon completion. Ref: 5.3	Met

	<p>Action taken as confirmed during the inspection: A continence policy had been developed. This policy was considered to be evidenced based in keeping with good practice. Staff on duty demonstrated knowledge and understanding of the policy.</p>	
<p>Recommendation 3 Ref: Standard 21 Stated: First time</p>	<p>The registered person should ensure that staff induction records are reviewed and revised to include continence promotion and management of incontinence as a core staff competency.</p> <p>All staff working in Crossmaglen Social Education Centre should receive evidence based training in continence promotion and the management of incontinence appropriate to their roles and responsibilities within the centre. Systems to ensure continence training is embedded into staff practice should also be implemented.</p> <p>Training updates should also be provided to staff on mental health and dementia.</p> <p>Ref: 5.3 and 5.4</p> <p>Action taken as confirmed during the inspection: Examination of staff training/induction records evidenced that staff training in continence promotion and management was provided on 21 September 2015. Dementia awareness training was also provided as shown on training records examined.</p>	<p>Met</p>
<p>Recommendation 4 Ref: Standard 7 Stated: First time</p>	<p>The registered person should ensure a record of unique identification is developed for each service user to ensure service user privacy is maintained.</p> <p>In addition the template for recording notes at least every five attendances should be reviewed to ensure it provides greater clarity of information and is more effective.</p> <p>Ref: 5.3</p>	<p>Met</p>

	<p>Action taken as confirmed during the inspection: An alternative method of identification had been established and is now used.</p> <p>Care record notes examined showed that staff were recording qualitative information as recommended.</p>	
<p>Recommendation 5</p> <p>Ref: Standard 17, criterion 17.11</p> <p>Stated: First time</p>	<p>The registered person should ensure that a copy of the annual report for 2014-15 is submitted to RQIA upon completion.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection: The annual report for April to March 2015 was submitted to RQIA as requested.</p>	

4.2 Is care safe?

Discussion with Grainne Rafferty, care worker in charge, confirmed that staff was recruited in line with Regulation 21 (1) (b), Schedule 2 of The Day Care Setting Regulations (Northern Ireland) 2007 and that staff recruitment records were held off site at the SHSC Trust's Human Resources Department. The registered manager has responsibility to check directly with the Human Resource Department that all necessary checks have been completed prior to the staff member commencing service. Review of the SHSC Trust recruitment and selection policy and procedure confirmed compliance with current legislation and best practice.

The day care worker explained the current provision of staffing in the setting consisted of two care workers. During the morning of inspection one care worker was out of the centre with a group of service users on an outing. This arrangement left the second care worker to supervise/care for the remaining service users, prepare lunch, answer the telephone and attempt to organise a therapeutic activity. The service users who remained in the centre had to remain in the dining room as staff supervision was not possible to permit movement into their activity room. While making preparations for service users lunch the senior care worker observation of service users took place through the dining room serving hatch. One requirement was made in regard to the provision of safe staffing levels to meet the needs of service users in attendance each day. An urgent action letter was issued to the day care in this regard. Following the inspection a written response was received from the registered manager to confirm that the staffing shortfall had been addressed.

The day care worker confirmed that all newly appointed staff undertakes a period of induction. Induction programmes were not seen on the day of inspection as these were held by the manager in her office at another day care setting. Reference to induction was recorded within staff training files.

Competency and capability assessments were in place for day care workers who would be in charge of the centre when the manager is not present.

Discussion with staff and a review of records confirmed that mandatory training, supervision (three monthly) and annual appraisal was provided. Records of mandatory training evidenced other training including: data protection, report writing, disability awareness, human rights, communication including makaton skills and falls pathway.

Accident/incident notified to RQIA and records retained in the centre were cross referenced and discussed with the senior care worker. These were observed to be recorded in line with minimum standards and managed appropriately.

Discussion with staff confirmed that they were aware of the new regional policy entitled Adult Safeguarding Prevention and Protection in Partnership (2015). The care worker in charge explained that the SHSC Trust had adopted this policy. The identification of an adult safeguarding champion would be identified within the near future. Staff demonstrated knowledge and understanding of adult safeguarding principles and were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. The day care workers confirmed that any safeguarding issues arising would be reported promptly and managed in accordance with the SHSC Trust policy/procedure. Staff training records reflected that staff training in safeguarding of vulnerable adults was held on 15 May 2015.

The day care worker in charge confirmed that restraint was not used and that appropriate documented assessment, collaboration and review involving specialist multi-professional Trust personnel, service user/representative would be sought, with records retained if restriction was to be used for the safety of the service user.

Review of the policy and procedure on restrictive practice/behaviours which challenge confirmed that this was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

A range of service user risk assessments were in place and based on assessed needs, for example: dysphasia, moving and handling, behavioural, nutrition and fall risk. Risk assessments viewed were noted to be updated on a regular basis or as changes occurred.

Records were being maintained in respect of money paid by service users for meals etc. All transactions were recorded with receipts issued and signatures recorded.

Review of the infection prevention and control (IPC) policy and procedure confirmed that the policy was in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC, which was in line with their roles and responsibilities. Inspection of the centre confirmed adequate supplies of liquid soap; alcohol hand gels; and disposable aprons wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures. Efforts to promoting good standards of hand hygiene among service users, staff and visitors were evident. Notices displaying the seven steps of good hand hygiene were displayed in both written and pictorial formats.

Inspection of the internal and external environments was observed to be tidy, organised, fresh smelling and suitable for and accessible to service users, staff and visitors. However the floors were noted to be unclean in areas, especially the toilet area. The care worker explained that they do not have domestic staff to undertake cleaning and care staff does not have time to undertake this duty. One requirement was made in this regard as the current situation is not in keeping with the principles of safe infection prevention and control measures.

The centre had achieved a Food Hygiene rating of 5.

Fire doors were closed and fire exits free from obstruction. Records of training showed that fire safety was provided on 14 September 2016. The fire risk assessment was dated 6 June 2015. Two recommendations made by the fire safety officer included the necessity for a fire risk assessment for the complete building and staff training on the use of the evacuation lift to the rear of the facility. The care work explained that arrangements had been made to address both recommendations.

Service users who met with the inspector stated that the care provided was good. No issues or concerns were raised or indicated.

Positive responses to the “Is care safe?” domain were reflected within satisfaction questionnaires completed and returned to RQIA from staff (5) and service users (6).

Areas for improvement

Two requirements were made in this domain. Firstly, safe staffing levels must be provided at all times and secondly all areas of the day care setting must be kept clean.

Number of requirements	2	Number of recommendations	0
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4.3 Is care effective?

The centre’s statement of purpose and service user guide was available in the centre. Service users had been issued with the service user guide. The statement of purpose had been reviewed and revised in June 2016 to include the change of registered provider.

Each service user/representative had been issued with a service user agreement with copies retained in records examined.

A review of three care records confirmed that these were being maintained in line with legislation and standards. Staff confirmed that each service user had an individual care record file containing all the required documents. Care records examined contained an up to date assessment of needs, life history, risk assessments, associated person centred pictorial care plans and daily/regular statements, within five days, of health and well-being of the service user. Care records also reflected the multi-professional input into the service users’ health and social care needs, and were found to be updated regularly to reflect the changing needs of the service user.

Records of review reports inspected showed that service users/representatives participated in review meetings. Progress care records were in place and recorded every five attendances or more frequently when necessary.

There was recorded evidence that service users and/or their representatives were encouraged and enabled to be involved in the needs assessments, care planning and review process. Discussion with staff confirmed that a person centred approach underpinned practice, for example care records showed that service users were consulted with choice, views and preference reflected within their person centred care plans.

Care records were stored safely and securely in line with data protection.

There was evidence of good modes of communication and information sharing between service users, staff and other stakeholders. These included, for example, monthly service user meetings, care reviews, and user friendly information displayed including “How to complain”.

The care worker explained that monthly monitoring visits made on behalf of the registered provider were undertaken. Reports held on file were noted to be in compliance with Regulation 28 of the Day Care Setting Regulations (2007). However, one requirement made related to ensuring visits is conducted each month as there was no report available for July 2016.

The senior care worker explained that the annual service user satisfaction survey for this year was work in progress with analysis to be completed with action plans developed to address any area identified for improvement. Outcome of the survey, including improvements made as a result, should be included within the centre’s annual report.

The inspector met with service users in small group format. Service users confirmed they were very satisfied with the care; activities provided and commended the staff. No issues or concerns were raised or indicated.

Positive responses in the “Is care effective?” domain were reflected within satisfaction questionnaires completed and returned to RQIA from staff (5) and service users (6).

Areas for improvement

One requirement made in this domain related to ensuring that monthly monitoring visits are conducted in accordance with Regulation 28 of the Day Care Setting Regulations (2007).

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

The day care worker confirmed that there was a culture/ethos within the centre that supported the values of dignity and respect; independence; rights; equality and diversity; choice and consent of service users. This was reflected within care records examined and minutes of service user meetings held.

There were a range of policies and procedures in place which supported the delivery of compassionate care.

Discussions with service users, who were able to respond, confirmed that consent was sought in relation to their care and treatment. Observation of staff practice and interactions with service users demonstrated that they were treated with dignity and respect. Staff confirmed their awareness of promoting service user rights, independence and dignity. Staff were able to demonstrate how service users’ confidentiality was protected. For example, any discussions held with service users regarding personal matters would be undertaken in private; care records are confidential and only shared, with the service user’s consent, with those who need to know.

Staff confirmed that service users were always listened to, valued and communicated with in an appropriate manner. Discussion with staff, service users, one representative and observation of

practice confirmed that service users' needs were recognised and responded to in a prompt and courteous manner by staff.

Positive responses to the "Is care compassionate?" domain were reflected within satisfaction questionnaires completed and returned to RQIA from staff (5) and service users (6).

Areas for improvement

No areas for improvement were identified during the inspection.

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

Carmel McGrath is the registered manager of Crossmaglen Social Education Centre and three other registered day care settings. Grainne Rafferty, day care worker, was in charge on the day of inspection as the manager was out on other SHSC Trust business. Examination of the staff duty roster evidenced staff on duty and a record of the manager's time spent in the centre each week.

Competency and capability assessments were in place for staff in charge of the centre when the manager is out of the centre. Discussion with the day care worker in charge identified that she had good understanding of her role and responsibilities under The Day Care Setting Regulations (Northern Ireland) 2007.

The centre's certificate of registration with RQIA was displayed in a prominent position.

There was a clear organisational structure within the centre and staff demonstrated awareness of their roles, responsibility and accountability. This information was outlined in the centre's statement of purpose and service user guide.

The day care worker confirmed that the centre operated in accordance with the regulatory framework and that the health and social care needs of service users were met in accordance with the centre's statement of purpose.

Staff meetings were being held each month with minutes recorded. Three monthly staff supervision and annual appraisal were provided with notes recorded.

A wide range of policies and procedures were available to staff in hard copy and corporate electronic format.

Examination of complaints records showed that no complaints had been received since the previous inspection. Information on "how to complain" was reflected within the statement of purpose and service user guide.

Accident/incidents were recorded satisfactorily and notified to RQIA as required. Audits of accidents/incidents are undertaken by the monthly monitoring officer. Risks identified within assessments had been reviewed, noted within care plans and appropriately managed. Positive responses to the "Is the service well led?" domain were reflected within satisfaction questionnaires completed and returned to RQIA from staff (5) and service users (6).

Areas for improvement

No areas for improvement were identified in this domain.

Number of requirements	0	Number of recommendations	0
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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 Grainne Rafferty, care worker in charge, 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 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.

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 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	
<p>Requirement 1</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: 29 September 2016.</p>	<p>The registered provider shall ensure that safe staffing levels are provided to promote and make proper provision for the care, supervision and welfare of service users in attendance each day.</p> <p>Response by registered provider detailing the actions taken: Every effort is being made to provide a third member of staff to facilitate the timetabled programmes which happen outside the centre as highlighted during the inspection. Recruitment for the current maternity leave cover is still in process. Centre staff have been advised that in the event of a third staff member not being available the centre will implement the first action on the contingency plan by deferring planned community outings and facilitating alternative programmes within the centre to ensure a safe service.</p>
<p>Requirement 2</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: 29 September 2016</p>	<p>The registered provider shall ensure that arrangements are in place to maintain a safe standard of hygiene within the centre.</p> <p>Response by registered provider detailing the actions taken: .Since the inspection arrangements have been secured for regular cleaning through the engagement of an agency staff member whilst awaiting recruitment of a Facility Support Worker through the Trust</p>
<p>Requirement 3</p> <p>Ref: Regulation 28 (3) (5)</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2016</p>	<p>The registered provider shall ensure that monthly monitoring visits are conducted each month with a copy of the report retained within Crossmaglen Social Education centre and be available to RQIA, the registered manager, service user/representative.</p> <p>Response by registered provider detailing the actions taken: Whilst monitoring visits are completed on a monthly basis the appointed monitoring officer for the Trust was on leave during July. The relief monitoring officer made two unannounced visits unaware that the group were in Newry on Fridays therefore this monitoring visit was not completed. All other months have been completed and reports are on file in the Centre.</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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