

Unannounced Care Inspection Report 15 February 2018



Crossmaglen Social Education Centre

Type of Service: Day Care

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 care setting approved to provide care and day time activities for 25 people. The centre can accommodate people as specified in the setting’s statement of purpose and includes those people living with a learning disability. The setting operates from Monday to Friday however on a Friday the centre is closed as service users go to Newry to participate in activities such as yoga or other community activities.

3.0 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:	Date manager registered: 6 January 2011
Number of service users accommodated on day of Inspection: 9	Number of registered places: 24

4.0 Inspection summary

An unannounced inspection took place on 15 February 2018 from 10.00 to 16.00 hours.

This inspection was underpinned 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 day care setting was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to communication and information for service users, care records, audits and over-all governance arrangements.

Areas requiring improvement were identified in regard to the recommendations outlined in the fire risk assessment, further development of service users agreements and support staff arrangements.

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 love coming here”
- “I enjoy the activities we always know what we are doing”
- “The staff are lovely”
- “We miss staff when they go away”
- “I also like going to Newry as I love yoga and you meet different people”

The findings of this report will provide the day care setting 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	1	1

Details of the Quality Improvement Plan (QIP) were discussed with Carmel McGrath registered manager and Grainne Rafferty, senior day care worker as part of the inspection process and can be found in the main body of the report..

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

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
- written and verbal communication received since the previous care inspection
- the previous care inspection report and quality improvement plan (QIP)

During the inspection the inspector met with 13 service users, two staff and the registered manager. A total of 10 questionnaires were provided for distribution to service users and relatives/representatives for completion and return to RQIA. The staff members employed in the service were directed to complete questionnaires electronically. In total five questionnaires were returned to RQIA from service users, and one questionnaire from a relative/representative.

The following records were examined during the inspection:

- RQIA registration certificate
- staff duty rota
- induction programme for new staff
- staff supervision and annual appraisal schedules
- staff training schedule and records
- four service user care files
- minutes of recent staff meetings
- complaints and compliments records
- accident/incident/notifiable events register
- minutes of service users' meetings
- monthly monitoring reports
- fire safety risk assessment
- fire drill records
- maintenance of fire-fighting equipment,
- a sample of policies and procedures

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 person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 28 September 2016

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
<p>Requirement 1</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: First time</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>Action taken as confirmed during the inspection:</p> <p>The response in the returned quality improvement plan, review of the staff duty roster and discussion with the registered manager, staff and service users confirmed this area of improvement had been addressed.</p>	Met
<p>Requirement 2</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p>	<p>The registered provider shall ensure that arrangements are in place to maintain a safe standard of hygiene within the centre.</p> <p>Action taken as confirmed during the inspection:</p> <p>The response in the returned quality improvement plan and discussion with the registered manager revealed this had been addressed and met. However the facility support worker has recently retired and the impact of this is discussed in the main body of the report.</p>	
<p>Requirement 3</p> <p>Ref: Regulation 28 (3) (5)</p> <p>Stated: First time</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>	Met

	<p>Action taken as confirmed during the inspection: The response in the returned quality improvement plan and a review of a random selection of the reports of the monthly monitoring visits confirmed this area of improvement had been addressed.</p>	
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6.2 Inspection findings

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

Discussion with the registered manager, staff, service users and a review of the duty roster confirmed that in the main there was sufficiently competent and experienced care staff working in the centre to meet the assessed needs of the service users.

The duty roster reviewed detailed the day care staff working in the centre, the capacity in which they worked and who was in charge of the centre. The records for a staff member who assumes responsibility for the setting in the absence of the registered manager was examined and established that this person had a competency and capability assessment in place.

The registered manager confirmed that all personnel records relating to the employment process were retained by the organisation’s human resources department. Evidence that staff are recruited in accordance with the legislation and standards is provided to the registered manager by the H.R department.

Discussion with the registered manager and staff confirmed that there was a planned induction programme in place for all grades of staff within the centre appropriate to specific job roles. The induction records for a new member of staff was examined and confirmed that induction was an integral aspect of their employment. During the inspection this staff member spoke positively of their induction, training and support they were receiving and expressed this enabled them to carry out their duties confidently. The staff member related they had been on student placement during their studies in social care and was pleased to return as they were familiar with the settings routines and the needs of the service users.

Discussion with staff confirmed that mandatory training and other professional development training was provided. A review of the schedule for mandatory training confirmed that staff had completed the relevant training, such as adult safeguarding, fire safety and food hygiene. It was good to note that training on other subjects such as dementia, governance arrangements NISCC standards of conduct and practice for social care workers and data protection had also been provided. It was evident from discussion with staff that they found training to be very helpful and supported them in the delivery of care that was safe, effective and compassionate.

Staff demonstrated that they were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. Those staff spoken with confirmed they had

no concerns regarding the practice of their colleagues; they were able to detail the relevant senior staff and safeguarding champion whom they could contact if they had any such concerns. All staff reported that the management team are very supportive and confirmed service users are encouraged to express their views, opinions and preferences.

A review of accident and incidents notifications, care records and complaints records confirmed that whilst there were no current safeguarding investigations within the day centre, any suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation. The registered manager was fully aware of her responsibility to ensure that appropriate written records were maintained.

Discussion centred on an incident that had occurred in the setting that necessitated staff requesting medical intervention and treatment. Staff were commended on their prompt and appropriate action, however it was agreed that the manager should review the circumstances and retrospectively submit the notification. Following the inspection the registered manager provided information detailing the reasons for not submitting the incident. However, in accordance with Regulation 29 (1) (d) any event in the day centre which adversely affects the wellbeing or safety of any service user should be notified to RQIA. The requested notification was submitted following the inspection.

The environment was observed during the inspection and was found to be appropriately heated with suitable lighting. There was evidence of infection prevention and control measures in place that included personal protection equipment for staff, there was evidence that hand hygiene was promoted through notices, hand washing supplies and facilities. Notices promoting good hand hygiene were in both written and pictorial formats. An infection prevention and control policy and procedure was in place. Staff training records confirmed that staff had received training in infection prevention and control in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of infection prevention and control policies and procedures. Observation of staff practice evidenced that staff adhered to infection prevention and control procedures.

The registered manager reported that since the retirement of the facility support worker the setting was struggling to recruit for this position. The absence of a support facility worker was evident and the over-all cleaning arrangements need to be addressed. It was evident that the centre required to be cleaned particularly floors, skirting boards and doors. Staff were aware of the issues identified and recognised the need for regular cleaning routines to prevent infection. Suitable cleaning arrangements to prevent infection should be addressed effectively in the interim period.

Fire doors were observed to be free from obstructions and suitable arrangements were in place to ensure the maintenance of firefighting equipment. Fire training for staff had been completed in June and September 2017, a fire drill was carried out on 30 May 2017. The fire risk assessment had been reviewed on 22 June 2017 and a recommendation regarding updating PAT tests had been actioned by 25 July 2017. The lift has been decommissioned, as a result of this an evacuation chair was installed, staff reported they had not received training on the use of this equipment; following the inspection information was emailed confirming training had been organised.

Five completed service users' questionnaires were returned and described their level of satisfaction with this aspect of care as very satisfied or satisfied.

Areas of good practice

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

Areas for improvement

One area for improvement was identified and refers to the general cleaning arrangements for the day care setting.

	Regulations	Standards
Total number of areas for improvement	1	0

6.4 Is care effective?

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

The statement of purpose and service users guide for the centre was in place and accurately reflected the needs of the service users accommodated in the centre.

Care records were observed to be stored safely and securely in line with data protection. Staff discussion confirmed they use these records to guide their practice and recognised the importance of keeping records current and relevant. The management of care records enabled staff to recognise service users' needs and respond to them effectively.

A review of four service user's care files established that individual assessments and care plans were in place for each service user. Each record contained agreements and it was good to note these were in a user friendly format. Discussion centred on the content of the agreements and it was identified that further work was required as the agreements viewed did not fully reflect the services provided within the centre. The registered manager should ensure each service user has an agreement that reflects all the elements incorporated in standard 3.1.

Care records examined reflected the multi-professional input into service users' health and social care needs, there was evidence that annual care reviews were held and attended by the service user and their representatives. During the inspection the inspector had an opportunity to speak to a visiting physiotherapist, they spoke highly of the staff team and referenced they communicated any concerns effectively and promptly.

Service users reported that they knew staff in the setting; they could talk to staff or the registered manager if they were worried, or had a concern about their care and staff would help them resolve their concern. Service users knew what activity they were going to take part in and they were happy that their choices and needs were met.

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

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. Staff described the communication methods that supported their work and professional development; these included informal daily discussion, staff meetings, supervision and training. The discussions confirmed that staff could confidently express their views and

knowledge regarding safe and effective care and staff at all levels were being encouraged, supported and guided to do this by the registered manager.

Two relatives spoken with during the inspection spoke highly of the staff team and was complimentary regarding their professionalism and commitment to delivering an effective service, the following comment supported their satisfaction;

- “I have absolutely no problems with any aspect of the care provided, staff are very aware of xxxx needs and would contact me immediately if they had any concerns.
- “xxxx loves coming here and that is good enough for me, the staff provide great care”

Service users described the benefits of attending the centre and it was very evident they had established a good rapport with the staff and each other; everyone who spoke with the inspector confirmed that their needs were met within the centre and could name the person they would go to if they had any concerns.

Information obtained during the inspection concluded that arrangements were in place to support effective communication with service users, their representatives and other stakeholders.

Five completed questionnaires were returned to RQIA from service users. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

Areas of good practice

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

Areas for improvement

One area for improvement was identified during the inspection and relates to the further development of service users agreements.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 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.

Discussion with service users and staff and observation of interactions demonstrated that service users were treated with dignity and respect while promoting and maintaining their independence.

Service users spoken with confirmed they were asked their opinion regarding what they like to do in day care and their ideas and preferences were sought for their activity plan.

Service users detailed how they looked forward to coming to the centre and stated staff were very kind and helpful. Overall the feedback revealed service users felt involved and cared for by staff that knew them well and had been responsive to their needs.

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 and outings. Service users discussed the range of activities they enjoyed and included arts, crafts, manicures and gardening. They spoke about opportunities for them to attend educational classes in the local community centre. Service users were very proud of the fact that their centre had won “best kept centre” and were starting to plan how they could improve their floral displays for the forthcoming year. One service user returned independently from a work placement and related how this had assisted with the development of confidence and independence.

The activity programme was noted as developing social opportunities for service users as well as their hobbies and interests. The centre maintains strong links with partner agencies and this was reflected in the range of activities and courses on offer for service users taking into account their abilities and wishes.

Overall service users felt their views and opinions were taken into account in all matters affecting them. They described feeling informed and involved regarding activity planning, opportunities for work and outings through service user meetings, informal discussions and their individual review meetings. Some of the comments received from service users are listed below:

- “I love coming here.”
- “We grow flowers and make hanging baskets in the summer time al like that”
- “I come here one day a week , I love meeting all my friends and doing different things”
- “This is a lovely day centre.”
- The staff are lovely”

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.

Two relatives spoke to the inspector and both described the centre as excellent and described staff as caring, kind and compassionate in the care they delivered. They referenced that staff treated their relative with kindness; respected their privacy and dignity and kept them informed about their care.

Five returned service users questionnaires indicated service users were very satisfied that staff treat them with compassion, staff treated them with kindness, staff ensure 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

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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. Staff confirmed they had access to a range of policies and procedures in place that they use to guide and inform their practice.

Supervision records detailed that staff had received recorded individual, formal supervision and staff confirmed topics relevant to day care and development were discussed. There was evidence that annual appraisals were completed and that all staff were registered with NISCC.

The trust has a corporate complaints policy and procedure in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Service users were made aware of how to make a complaint by way of the Service Users Guide and displayed information.

The registered manager reported that no complaints had been received since the last care inspection in 25 January 2017. There were systems in place to ensure that any complaint is recorded, responded to, investigated and outcome recorded regarding the satisfaction of complainant. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

The registered manager provided monthly audit records of care records, accidents and incidents, training health and safety and observations of service user's behaviour.

The records reflected that measures were in place that monitored the effectiveness and quality of care delivered to service users in this setting.

Monthly monitoring visits are undertaken as required under Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2005; the report of the monitoring visits reflected the qualitative views and opinions of service users and staff. Reports are available for service users, their representatives, staff, and other relevant stakeholders. A review of four months did not reveal any concerns that were outstanding.

The staff confirmed they were satisfied with the management arrangements in the setting. They described they knew what was expected of them, their managers were approachable, the lines of accountability were clear and they had an open door policy. They said if they had any concerns they would invoke the Trust whistleblowing policy, however, they worked well with their colleagues and expressed any concerns would be dealt with at an early stage.

Overall the inspection showed the management team is providing good examples of leadership that is promoting improvement in this setting.

Two relatives spoken to during the inspection stated they were very satisfied regarding questions “is care well led” in this setting. They referenced they know who is in charge; related the service is well managed and their views are sought and they know how to make a complaint.

Areas of good practice

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

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 Carmel McGrath registered manager and Grainne Rafferty, senior day care worker 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 via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007	
<p>Area for improvement 1</p> <p>Ref: Regulation 26 (2) (d)</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2018</p>	<p>The registered person shall ensure that all parts of the day care setting are kept clean.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Since the inspection arrangements have been made for deep cleaning of the Centre and regular weekly cleaning is now scheduled.. Agreement has also been sought with Human Resources to have the Facility Support post advertised locally in an attempt to fill the vacant position.</p>
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012	
<p>Area for improvement 1</p> <p>Ref: Standard 3</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2018</p>	<p>The registered person shall ensure service user agreements incorporate all elements of Standard 3.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The service user agreement has been reviewed and updated to reflect all elements of Standard 3. The revised agreement will be completed with services users at each annual review throughout the year.</p>



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