

Unannounced Care Inspection Report 28 July 2017



Strule-Erne Day Care Centre

Type of Service: Day Care Setting

Address: c/o Tennis Pavilion, Bawnacre Centre, Irvinestown, BT94 1EE

Tel No: 028 6862 2403

Inspector: Priscilla Clayton

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 with 28 places that provides care and day time activities for people with a learning disability.

The day care centre is open on Monday, Wednesday and Friday each week.

3.0 Service details

Organisation/Registered Provider: Strule- Erne Day Care/Mary Sharkey	Registered Manager: Laura Kelly
Person in charge at the time of inspection: Laura Kelly.	Date manager registered: 01/04/2011
Number of registered places: 24 DCS-LD, DCS-LD(E)	

4.0 Inspection summary

An unannounced inspection took place on 28 July 2017 from 10.00 to 15.15 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 centre was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to governance systems and processes; staff induction, training, adult safeguarding, infection prevention and control and the culture and ethos of the day care setting, listening to and valuing service users and taking account of their views.

Areas requiring improvement were identified. These included review and revision of the centre's policies/procedures and ensuring that the recommendations recorded within the fire risk assessment are addressed and the document signed.

Service users said they really enjoyed attending the day centre, liked the activities, especially the musical group and dancing and explained how the staff were good and helped them to make ornaments from shells and do lots of other things like card making.

The findings of this report will provide the day care centre 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 Laura Kelly, registered manager, 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 24 June 2016

No further actions were required to be taken following the most recent inspection on 24 June 2016.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Previous care inspection report and QIP

During the inspection the inspector met with all service users and three staff.

Satisfaction questionnaires were provided for distribution to service users (10), staff (5) relatives (10), for completion and return to RQIA.

The following records were examined during the inspection:

- RQIA registration certificate
- Liability Insurance certificate
- Statement of purpose
- Service user guide
- Staff duty roster
- Staff induction
- Staff training
- Staff supervision / appraisal schedule
- Staff meetings
- Staff training
- Service user meetings
- Monthly monitoring visits
- Complaints
- Accidents / incidents
- Three care records
- Service user agreements
- Fire risk assessment

An inspection of the day care centre was undertaken.

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 24 June 2016

The most recent inspection of the day care centre was an unannounced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 24 June 2016

There were no areas for improvement made as a result of the last care inspection.

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 that sufficiently qualified, competent and experienced persons are 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 accommodated, fire safety requirements and the statement of purpose.

Time worked by care staff in the centre each day was recorded within the duty roster.

Competency and capability assessments of staff in charge of the centre in the absence of the registered manager were completed, dated and signed.

The staff recruitment and selection files were retained within the registered provider's head office. The registered manager confirmed that she was involved in all new staff appointments made and that the recruitment and selection procedures were in keeping with employment legislation and the centre's policy and procedures. Staff induction programmes for new staff were in place.

All staff was registered with the Northern Ireland Social Care Council (NISCC). A system for monitoring of registrations was in place.

Records of staff mandatory training and other appropriate training relevant to their roles and responsibilities were retained. The registered manager confirmed that staff training in the new Department of Health (DOH) adult safeguarding policy/ procedures was included within the safeguarding training. No active safeguarding matters were ongoing.

The registered manager demonstrated knowledge and understanding of accidents and incidents which are required to be notified to RQIA.

No accidents/incidents which are required to be notified had occurred since the previous inspection. Minor accidents/incidents which had occurred were recorded and manager satisfactorily. Monitoring of accidents/incidents is undertaken by the manager so that any trends or patterns can be identified and action taken to minimise recurrence.

The registered manager and staff confirmed that restrictive practice did not take place within the centre. A policy on restrictive practice was in place and readily available to staff.

An inspection of the environment was undertaken. All areas were observed to be clean, tidy, organised and fresh smelling.

The day centre’s fire risk assessment was dated 25 November 2016. Three recommendations were made. The registered manager explained that she was awaiting a response from the general manager of the premises on the action taken to address the recommendations. Further action is necessary to ensure that appropriate action is taken to address recommendations. Fire doors were closed and exits unobstructed. Staff training records examined provided evidence that fire safety training was provided on 28 September 2016.

There was evidence of a good standard of hygiene to minimise the risk of cross contamination of infection within the centre. For example, provision of staff training awareness and knowledge in infection, prevention and control, seven step hand washing notices positioned at wash hand basins, pedal operated bins in place, provision of liquid soap and disposable aprons and gloves.

Nine satisfaction questionnaires were completed and returned to RQIA following the inspection. All respondents indicated they were satisfied that the care provided was safe.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff selection, recruitment, induction, training, adult safeguarding, infection prevention and control and the centre’s internal environment.

Areas for improvement

Action is required to ensure that the recommendations recorded within the fire risk assessment are addressed.

	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 the centre responded appropriately to and met the assessed needs of service users in attendance.

A review of three service user’s care records was undertaken. Care records contained needs assessments which were complemented with risk assessments, life histories, service user agreements, person centred care plans and review. Individual needs assessments and care plans alongside progress notes for each service user were in place. There was also recorded evidence of multi-professional collaboration in planned care and annual reviews of care.

Records were observed to be stored safely and securely in accordance with data protection.

The registered manager confirmed that systems were in place to ensure effective communication with service users, their representatives and other stakeholders. This communication included; referral information received before the service user commences attendance at the centre, multi-professional team reviews, service user meetings, staff meetings, and daily staff briefings held each morning. There was also a wide range of user friendly health related pictorial information and displayed on notice boards.

The review of care records confirmed that referral to other health care professional staff was timely and responsive to the needs of service users.

Service users spoken with and observation of practice during the inspection evidenced that staff communicated effectively with service users.

Nine satisfaction questionnaires were completed and returned to RQIA following the inspection. All respondents indicated they were satisfied that the care provided was effective.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the good modes of communication namely; staff meetings, service user meetings, multi-professional collaboration and good interpersonal communication between staff and 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 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 centre promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of service users.

A range of policies and procedures was in place which supported the delivery of compassionate care. Discussion with staff and service users confirmed that service users’ views choices and preferences were met within the centre.

Service users were provided with information, in a format that they could understand which enabled them to make informed decisions regarding their care and treatment within the centre. For example, person centred care planning. One service user described how they were asked by staff about their choices of activities and where they would like to sit each day.

The registered manager, staff and service users confirmed that consent was always sought in relation to service users' planned care and treatment. Discussion with service users and staff along with observation of care practice and social interactions demonstrated that service users were treated with dignity and respect. Staff confirmed their awareness of promoting service users' rights, independence and dignity. Staff was also able to describe how service users' confidentiality was protected.

Discussion with staff, service users and observation of practice confirmed that service users were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of service users, and or their representatives, were sought and taken into account in all matters affecting them. For example: service users were encouraged to participate in the annual reviews of their care, service user meetings and through the satisfaction survey conducted during 2016/17.

The analysis of outcome of the 2016/17 service user questionnaires provided positive responses in many areas which included: staffing, environment, meals, transport and activities. Improvements made as a result of the survey included: additional activities which are planned four weeks in advance, formation of a walking club and provision of coffee mornings. The registered manager confirmed that the outcome of the survey was shared with the service users.

Service users spoken with made the following comments:

- "We like coming in the bus and meeting our friends"
- "The staff are my friends, they help us make things"
- "I like the music best, it makes me happy"
- "I don't have to do anything I don't want to do"

Nine satisfaction questionnaires were completed and returned to RQIA following the inspection. All respondents indicated they were satisfied that the care provided was compassionate.

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 their views. A wide range of therapeutic activities was being provided.

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 registered manager, Laura Kelly was on duty throughout the inspection.

There was a clear organisational structure and all staff was aware of their roles, responsibility and accountability. The organisational structure of the day care centre was outlined within the centre's statement of purpose and service user guide.

A certificate of public liability insurance was current and displayed within the staff office.

There was a wide range of policies and procedures in place to guide and inform staff. Policies were retained in hard copy format. Policies/procedures were centrally indexed and retained in a manner which was easily accessible to staff. cursory view of policies and procedures evidenced that two policies, safeguarding and whistleblowing were dated 2013 and the infection prevention and control policy was undated. A review and where necessary revision of policies/procedures was recommended to ensure compliance with minimum standard 18.5 of Day Care Settings 2012.

The day centre had a whistle blowing policy and procedure in place. Discussion with staff established they were knowledgeable regarding this policy

The manager explained that records of staff supervision and appraisal were retained within the centre of another day care facility where she was also registered manager. The registered manager agreed to transfer and store these records within Strule-Erne. Staff confirmed they had individual, formal supervision at least every three months and annual staff appraisal. Satisfaction questionnaires returned to RQIA from staff confirmed that staff supervision was provided at least three times during the year.

Discussion with staff confirmed that there were very good working staff relationships within the day centre and that management was responsive to suggestions and/or concerns.

Three monthly staff meetings were held with minutes recorded. A daily briefing meeting was held each morning to provide the care team with an overview of planned attendances, activities and any changes to the day's programme.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidelines. Service users and/or their representatives were made aware of how to make a complaint by way of the service user guide and discussion at service user meetings. Review of complaints records and discussion with the registered manager confirmed that no complaints had been received since the previous care inspection.

There were quality assurance systems in place to drive continuous quality improvement which included regular audits of care records, therapeutic activities, accidents/incidents and complaints and an annual service user satisfaction survey. Where necessary action plans are developed to address issues with improvement implemented into practice.

The registered manager confirmed that monitoring of the service is conducted by the Western Health and Social Care Trust (WHSCCT).

The day centre's annual quality report for 2016/17 was discussed with the registered manager who explained that the format of the report was under review and a replacement template was to be used. A copy of the report was forwarded to RQIA following the inspection.

An annual service users' satisfaction survey was undertaken for year 2016/17. Improvements made as a result included additional therapeutic activities which included provision of bowling, physical exercise opportunities, shopping and care making.

A review of the previous three monthly quality monitoring visit reports was undertaken. These were conducted in accordance with regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. Reports were readily available to service users, staff, trust personnel and RQIA.

Nine satisfaction questionnaires were completed and returned to RQIA. All respondents indicated they were "satisfied" that the care provided was well led.

Areas of good practice

There were examples of good practice found in relation to governance arrangements, quality improvement and maintaining good working relationships.

Areas for improvement

Action is required to ensure that policies and procedures are current and in keeping with standard 18 of the Day Care Settings Minimum Standards.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Laura Kelly, 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 to Day.Care@rqia.org.uk for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

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	
Area for improvement 1 Ref: Standard 18.5 Stated: First time To be completed by: 31 October 2017	The registered person shall review, and where necessary revise, policies and procedures to ensure these are current and in keeping with minimum standards. Ref: 6.7 Response by registered person detailing the actions taken: Policies and procedures continue to be reviewed regularly. We are in the process of updating some policies and procedures which will be in keeping with minimum standards.
Area for improvement 2 Ref: Standard 28.1 Stated: First time To be completed by: 31 August 2017	The registered person shall ensure that action is taken to ensure that recommendations made following the centre's fire risk assessment are addressed and the document signed accordingly. Ref: 6.4 Response by registered person detailing the actions taken: Recommendations made require the attention of the Bawnacre Manager. A copy of the fire risk assessment has been forwarded to him and we await his response.

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



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews