

# Unannounced Care Inspection Report 29 May 2019



## Ardarragh Resource Centre

**Type of Service: Day Care Service**  
**Address: Downshire Estate, Ardglass Road, Downpatrick,  
BT30 6RA**  
**Tel No: 02844611236**  
**Inspector: Maire Marley**

[www.rqia.org.uk](http://www.rqia.org.uk)

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

Ardarragh Resource Centre is a day care setting with 20 places that provides care and day time activities Monday to Friday for people aged 18 to 65 living with a range of complex physical disabilities including individuals with sensory or brain acquired injury.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> SEHSCT  <b>Responsible Individual:</b> Neil Guckian	<b>Registered Manager:</b> Heather McFerran
<b>Person in charge at the time of inspection:</b> Dianne Hanna McKay	<b>Date manager registered:</b> 26/03/2014
<b>Number of registered places:</b> 20	

### 4.0 Inspection summary

An unannounced inspection took place on 29 May 2019 from 10.00 to 15.30.

This inspection was underpinned by the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012. The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

RQIA, as a public-sector body, have a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of day care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the choices and freedoms associated with the centre.

The inspection assessed progress with any areas for improvement identified 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.

During the inspection the inspector saw good evidence that the day care setting promoted service users' human rights particularly in relation to the areas of consent, autonomy, equality, decision making, privacy, dignity, confidentiality and service user involvement. Service users were observed moving freely around the centre and making independent choices in regard to activities and food provided.

Evidence of good practice was found throughout the inspection in relation to staff training arrangements, adult safeguarding and communication between service users and day centre staff and other key stakeholders. The culture and ethos of the day care setting promoted treating the service users with dignity and respect and maximising their independence.

It was evident the culture and ethos of the day centre promoted how the service users are treated with dignity and respect and their independence maximised. There was evidence of good overall governance and management systems and arrangements were in place for the registered person to formally obtain service users and their representatives' views on a monthly basis.

Service users said they felt safe in the centre and made positive comments relating to the effectiveness of care, service users spoken with described the staff and manager as excellent, and expressed, “they all know what they are doing.”

Areas requiring improvement were identified in regard to an identified unmet need and outstanding repairs to the changing area.

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
<b>Total number of areas for improvement</b>	2	0

Details of the Quality Improvement Plan (QIP) were discussed with the person in charge, 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 01 November 2018

No further actions were required to be taken following the most recent inspection on 01 November 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
- Unannounced care inspection report dated 1 November 2018.

During the inspection the inspector met with five service users individually, three staff, one visiting tutor.

- “This is a brilliant centre.”
- “Staff make the centre safe because they know what they are doing.”
- “I enjoy getting out, we went to the Balmoral show I would never be able to go on my own to things like that.”
- “The centre is well run and the manager and staff are so encouraging and supportive.”

#### Staff comments during inspection:

- “We have a great team here.”
- “It’s good to see people progressing.”

- “The NISCC standards form part of our overall induction.”
- “We have brilliant support from the manager and day care worker, I could approach them at any time, they listen to you at all times.”
- “Best team I have worked with, I count myself lucky to work here.”

A range of documents, policies and procedures, relating to the service were reviewed during the inspection and are referred to within the body of the report.

Ten service user and/or relatives’ questionnaires were provided for distribution; five service users and two relatives’ questionnaires were returned to RQIA within the timeframe for inclusion in this report.

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

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 1 November 2018

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

## 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.**

A review of the day care setting’s systems in place to avoid and prevent harm to service users which included a review of staffing arrangements was undertaken during the inspection.

The manager is based in the day centre and is supported by a team consisting of a day care worker, health care assistants and facility support staff.

On the day of inspection the staffing arrangements were found to be satisfactory and sufficient to meet the needs of service users. Duty records examined contained details of the number of staff on duty, hours worked, and information of the specific care duties allocated to staff.

Discussion with the person in charge and staff confirmed that staffing levels were appropriate to meet the assessed needs of service users. The staff group are very static, bank staffs who also are familiar with the centre and service users are used to cover leave or training days.

Staff reported that effective arrangements are in place to support them and included induction, training, supervision and appraisals. Although there has been no new staff employed since the last inspection there was evidence that any new staff receive a structured induction to ensure they are familiar with service users’ needs along with the settings routines and procedures.

A review of the staff training records found that all staff had up to date mandatory training and had accessed additional training and development relevant to the needs of service users. Management also maintained an electronic matrix of all staff training and professional registration for ease of reference.

The day care setting had arrangements in place to identify, manage and where possible eliminate unnecessary risks. There was evidence that comprehensive risk assessments and safety management plans were completed inclusive of service users and when appropriate their representatives. Risk assessments were personalised and included information specific to each person and their needs. The records examined provided evidence that the day care setting had attained a balance between promoting autonomy and maintaining safety.

A range of health and safety risk assessments were in place and included fire risk assessments, fire safety training and fire drills. All staff had received up-to-date safeguarding and health and safety training appropriate to their role and were aware of how to identify and report concerns. The service undertook regular health and safety checks that ensured a safe environment was maintained. A fire risk assessment was in place and had been reviewed in 17/7/2018; there was evidence that areas identified for action had been addressed and a further review set for August 2020. A fire drill was undertaken in August 2018.

Arrangements had been implemented in regard to the recording and reporting of accidents and incidents. Notifications of such events were submitted to RQIA as required. A review of the records from October 2018 to 29 May 2019 confirmed that all accidents and incidents reportable and those not required to be reported to RQIA had been managed in a timely and appropriate manner. Accidents records found that staff were recording effectively and including actions taken that might prevent a reoccurrence of the event.

A review of policies confirmed there was a policy and procedure on restrictive practice in keeping with Department of Health (DoH) Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and Human Rights Act (1998). It also included Deprivation of Liberty Safeguards (DoLS). It was good to note that care plans detailed the discussions and agreements for any restrictions such as lap belts, shoulder and neck supports to ensure they were necessary and in the best interests of the service users.

Staff consulted were very aware of the impact of human rights legislation within their work and training on Equality, Good Relations and Human Rights making a Difference had been provided on 14/3/2019. The following comments indicated their understanding of their role in promoting service users rights:

- “Service users have the full range of rights.”
- “All service users have the right to make their own decisions.”
- “As a staff member I must ensure that any restrictions such as lap belts etc are recorded and in the best interest of the service user.”

Arrangements were in place to ensure service user care records and staff -personnel records were stored securely in line with General Data Protection Regulation(GDPR) This meant people could be assured that their personal information remained confidential.

Safeguarding and whistleblowing policies and procedures were in place to help protect service users and help minimise the risks of abuse. Safeguarding procedures were understood by staff members who were spoken with during inspection, they confirmed that practice throughout the centre was of a high standard and that training had been provided for all staff in 2018.

It was noted that the policies and procedures were in line with the regional guidance and the Trust had a named Adult Safeguarding Champion. The person in charge confirmed that the organisations' safeguarding position report was in the process of being developed and would be available in March 2020.

Observation of the environment was undertaken during a walk around the day care setting, this confirmed that the environment was warm, clean, fresh smelling and had suitable lighting. The standard of hygiene observed throughout the centre was found to be very good. It was noted that a toilet/changing area was closed due to a leak, management should confirm that these repairs have been completed. This is an area identified for improvement.

### Areas of good practice

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

### Areas for improvement

One area of improvement was identified and related to the repair of the identified toilet/changing room.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	0

### 6.5 Is care effective?

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

The centre's Statement of Purpose and Service User Guide were reviewed and revealed that the documents accurately reflected the elements set out in the regulations and standards. It was good to note that the Statement of Purpose contained reference to the commitment to promote the human rights of service users.

Pre-admissions assessments are completed and referral information received prior to a service user commencing day care to ensure the care and support they required is understood by staff. Each person and or their representative visit the centre and are provided with a service user guide that informs them of their right to full involvement in all aspects of their care. Information on how to raise a concern or complaint regarding the quality of care is included. It was evident from records viewed and staff discussion that the centre organised and delivered services to meet individual needs and took account of individual preferences.

Pre-admissions assessments are completed and referral information received prior to a service user commencing day care to ensure the centre can accommodate their needs and that the care and support individuals require is understood by staff. Potential service users or their representatives can visit the centre and are provided with a service user guide. This document informs them of their right to full involvement in all aspects of their care. Information on how to raise a concern or complaint regarding the quality of care is also included. It was evident from records viewed and staff discussion that the centre organised and delivered services to meet individual service users' needs and took account of individual preferences. The accommodation provided in the centre was appropriate to meet the needs of the people attending.

Care planning documentation was in place for each service user and was written in a way that ensured care delivered was current, care records were available to relevant staff.

Records included referral information, service user agreement, contact information and personal outcomes. A range of assessments were carried out and were specific to each person needs, for example moving and handling, falls risk, behaviour that may challenge, and transport. The assessments provided information to staff that assisted them to minimise risks and to keep service users safe and included a detailed care plan. The views of the service users on the effectiveness of the care they received were evident throughout the care records.

It was noted that information in the service user agreement included all the elements set out in The Day Care Settings Minimum Standards.

Records of annual care reviews for each service user demonstrated that an evaluation of the overall suitability of the placement had been discussed in detail and agreed. A written review report was available in files examined and included the views of the service user and/or their representative and was informed by the written progress notes. It was noted that the comments made by service users during their annual reviews were all very positive. Records examined were signed and dated and there was evidence that a regular audit of the documentation was undertaken.

There was evidence that the advice and input of other professionals had been requested when necessary and that staff worked closely with these professionals to deliver care that was effective and person centred.

Systems to promote effective communication between staff, service users and their representatives were reviewed during the inspection. There was evidence to indicate that communication supported the protection and promotion of individualised and person centred care for service users.

Staff were knowledgeable regarding service users' needs and care plans; they described how intervention with each service user was person centred depending on their individual needs.

The interactions observed between staff and service users throughout the inspection confirmed that staff were suitably skilled and effective in communicating with all service users. There was good evidence of person centred interventions that assured service users were involved and communication opportunities maximised.

Discussion with staff and service users with regards to the provision of effective care included the following comments:

**Service Users' comments:**

- "The staff here are really very good absolutely no complaints."
- "The care here is good, I enjoy that we are given lots of choices."
- "I have got to know the staff and they are brilliant, everyone gets on, staff and clients."

**Staff comments:**

- "Our team rarely changes and we all work well together and this benefits the service users."
- "Care is very effective, because we know each person well and understand their likes and dislikes."



All service users and staff consulted on the day expressed positive views on the quality of service provided; staff also expressed the confidence they had in the practice of their colleagues.

### Areas of good practice

There were examples of good practice found in relation to assessment of needs and risk assessments, audits of records, communication between service users, staff and other key stakeholders.

### Areas for improvement

There were no areas of improvement identified during the inspection of this domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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.**

This inspection sought to assess the day care setting's ability to treat service users with dignity, equality and respect, and to fully involve service users in decisions affecting their care and support.

Discussions with service users and staff and observation of care during the inspection showed that the promotion of values such as choice, dignity and respect were embedded in the culture and ethos of the day centre. Staff interactions with service users were observed to be respectful, compassionate, caring and timely, with staff providing clear information, using appropriate language and demonstrating active listening skills.

Service users confirmed that they would be comfortable speaking with staff or management if they had any concerns or complaints. The day care setting's Statement of Purpose and Service User Guide provides information on how to make a complaint and the importance of ensuring the opinions and feedback of service users is heard and addressed.

Throughout the day staff were observed to stimulate and encourage service users to participate in a range of therapeutic activities that promoted positive outcomes for their health and well-being and encouraged meaningful social engagement. On the day of inspection service users were observed undertaking craft activities, in discussion groups and undertaking physical activities. Several service users had gone out shopping in the morning and two service users discussed the benefits of this trip and described how good it was to get out and about in the community. Staff were observed providing differing levels of support to service users to enable them to participate in their chosen activity.

During the morning the inspector had the opportunity to speak with an art and craft instructor who visits the centre weekly, he described the centre as "relaxed and welcoming, service users always seem content. I have seen people make great progress here and that is down to the skills of the staff team."

In discussions with service users, it was very evident that they enjoyed the time spent in the day care setting, they spoke highly of their activities and how these promoted their involvement in the community, such as visits to St. George's market, the Balmoral show and other places of interest. Many spoke of this being their only access to community events and stated without the centre they would just be sitting at home. One service user shared with the inspector a previously unstated need and gave their permission for the matter to be discussed with the manager. Management should confirm that this issue has been referred and is being addressed by the appropriate professionals.

Staff were very involved in promoting people's different interests and the patio garden developed by staff and a few service users was commendable.

There were measures in place that confirmed all service users, irrespective of their needs were supported and encouraged to have equal opportunity for access to meaningful activities and engagement with others.

Staff described the informal arrangements in place that ensured service users are consulted on a daily basis and their views and opinions sought. This included daily ongoing discussions with service users and checking out before the commencement of each activity that people were willing to participate. More formal arrangements to promote effective communication with service users and/or their representatives were facilitated through annual care reviews, monthly monitoring visits and service user meetings. A sample of the minutes of service meetings found evidence of service user involvement in the decision making process and also evidenced how each person preferences was taken into consideration.

Evidence of additional opportunities for service users and their carers to express their views was contained in the annual satisfaction survey undertaken and reported on in the Annual Quality Report 2017-2018. The person in charge agreed to submit the 2018/19 Quality Review.

A review of the records of the monthly monitoring visits found that the views of service users and their carers were sought on each occasion and reflected in the report of the visit. The reports were in line with Regulation 28.

Discussion with service users with regards to the provision of compassionate care included the following comments:

- "You just could not get any better staff anywhere."
- 
- "I really enjoy coming here and meeting up with my friends."
- "Initially I did not want to come here, but now I am glad that I did, the weekends are so long I can't wait for Monday to come."
- 
- "I would be lost without this place."
- "Just being able to go to the shows and to the shops means so much I would never be able to go only for the staff."

### **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

One area for improvement was identified during the inspection of this domain and related to a previously unidentified need.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	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 inspection was facilitated by the day care worker who was the person in charge and who demonstrated a very good understanding of The Day Care Setting Regulations, minimum standards and the systems and process in place for the daily management of the day centre.

During the inspection the setting's leadership, management and governance arrangements were assessed and found them to be in line with good practice and the regulatory framework. Inspection of the premises confirmed that the current RQIA certificate of registration was displayed within a prominent position.

There was a clear organisational structure and staff consulted demonstrated knowledge of their roles, responsibility and accountability. Arrangements are in place to ensure the registered provider is kept informed regarding the day to day running of the day centre through, for example, monthly monitoring visits made on behalf of the registered provider.

The person in charge discussed their commitment to driving improvement in the service and described the importance placed on supporting and valuing staff to develop and improve their skills and knowledge base.

A range of policies and procedures were in place to guide and inform staff, during the inspection staff discussed their knowledge of policies in regard to whistleblowing, safeguarding and complaints, it was evident they were fully familiar with the action required to be taken by them in the event of any concern.

In discussions with staff it was evident they enjoyed working in the day care setting and enjoyed good working relationships with their colleagues and the management team, they gave very positive feedback in respect of leadership and good team working. Staff stated "This is the best place I have ever worked." "I love coming to work and the management team are just great always willing to listen." "You can bring your ideas and they are listened too, it is a great place to work".

There are arrangements in place to ensure staff are registered with the relevant regulatory bodies of the Northern Ireland Social Care Council (NISCC). Information regarding staff registration details and renewal dates were maintained electronically and in individual staff files. The person in charge confirmed that staff were aware that a lapse in their registration would result in the staff member being unable to work within the centre until their registration was suitably updated.

Review of staff records established that supervision and appraisal were in keeping with the minimum standards. Staff reported that they found supervision supportive and provided opportunities to discuss their responsibilities.

Examination of the complaints record found the centre had no complaints since the last inspection. Discussion with staff confirmed that they knew how to receive and deal with complaints and of their responsibility to ensure that management were made aware of any complaints. Information on the complaints procedure was displayed in areas throughout the day centre.

Records examined provided evidence that regular staff meetings were held and records of the meetings maintained. The record included the names of staff in attendance and agenda items. Relevant information was discussed regarding the needs of service users, forward planning and the arrangements to ensure the delivery of safe and effective care. The minutes of meetings were available to those staff unable to attend the meeting.

The inspector can confirm there was evidence of arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. A range of audits are undertaken weekly and monthly and included health and safety audits, audits on care records, cleanliness audits, staff training, supervision, fire prevention and checks on professional registration.

The Regulation 28 monthly quality monitoring visit reports for the past three months were reviewed and found to be unannounced visits. The reports were found to be satisfactory and adhered to the elements specified in Regulation 28.

The inspector noted that the day care setting collects equality information in relation to service users, during the referral and assessment process. The data is used effectively and with individual service user involvement when a person centred care plan is developed. Records showed that equality information included communication methods, adult safeguarding and risk assessments where a risk was identified.

Discussion with service users and staff evidenced that they felt the care provided was well led. They described the service as well planned and they confirmed their views and opinions are sought during the monitoring visits.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of accidents/incidents, quality improvement and maintaining good working relationships.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	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 the person in charge, 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 26 (2) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> 31 July 2019	<p>The registered person shall confirm that the outstanding repairs to the toilet/changing area have been completed.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b>            Trust Estates Department has been contacted to provide an update on the repair of the area. A new contractor has been appointed and assessment completed. Works to proceed at the earliest possible date.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 14 (1) ©  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and no later than 07 June 2019	<p>The registered person shall confirm that the previously unstated need has been referred to the appropriate professionals.</p> <p>Ref: 6.6</p> <p><b>Response by registered person detailing the actions taken:</b>            Day Centre staff have contacted professionals within the Trust. Actions will be taken to meet this now identified need. It will require on-going review and multi-professional input.</p>

***\*Please ensure this document is completed in full and returned via Web Portal\****



The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)