

Unannounced Care Inspection Report 1 November 2018



Ardarragh Resource Centre

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

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

This is a day care setting with a maximum of 20 places that provides care and day time activities Monday to Friday for adults between the ages of 18 and 65 with a range of complex physical disabilities including individuals with a sensory loss and acquired brain injury.

3.0 Service details

Organisation/Registered Provider: SEHSCT Responsible Individual: Hugh McCaughey	Registered Manager: Clare Mc Stay (Acting)
Person in charge at the time of inspection: Mrs Heather McFerran	Date manager registered: 1 April 2018 (Acting)

4.0 Inspection summary

An unannounced inspection took place on 1 November 2018 from 09.15 to 13.15.

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

Evidence of good practice was found in relation to: the care provided for service users, staff and service user relationships, assessment and care planning, involvement of service users in activity programmes including one to one service, review preparation, staff training and the promotion of independence.

Service users' comments:

- "All the staff are good."
- "I feel safe here."
- "Good activities."
- "Staff give me space to work on my own stuff."
- "I have no problems here."

Staff comments:

- "I can speak with the manager at any time." "Good training and development."
- "Supervision is one to one and I have a good relationship with the manager."
- "The Clients care and support needs are reviewed regularly."
- "We aim to make room for social outreach and discussion for clients."

The findings of this report will provide the establishment with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs H McFerran, manager, as part of the inspection process and can be found in the main body of the report.

4.2 Action/enforcement taken following the most recent care inspection dated 1 November 2018

No further actions were required to be taken following the most recent inspection on 1 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:

- records of notifications of significant events
- previous inspection report from 6 February 2018
- the RQIA log of contacts with, or regarding the centre

During the inspection the inspector met with the registered manager and one other staff member who spoke enthusiastically and comprehensively of the service provided one service user and others in the group setting preparing for an outing. All comments received have been added to this report.

The following records were examined during the inspection:

- file records for six service users, including assessments, care plans and reviews
- progress records for six service users
- care file audits for six service users
- monitoring reports for the months of February 2018 to October 2018
- minutes of service users' meetings held during 2018
- minutes of staff meetings held during 2018
- record of incidents and accidents
- selected training records for staff pertaining to:
 - Safeguarding
 - Fire safety
 - Medication
 - Complaints
 - Supervision and appraisal
 - MAPA
 - Equality and human rights
 - Quality 2020
 - Swallowing awareness
- records of formal supervision for staff
- the Statement of Purpose 2018
- the Service user Guide 2018
- fire safety records, including the report of a fire risk assessment dated 17 July 2018 Due 2019.

At the request of the inspector, the manager was asked to display a poster within the day centre. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; seven responses were received. Staff survey results show that staff were satisfied or very satisfied when asked the following:

- Do you feel satisfied that service users, are safe and protected from harm?
- Do you feel satisfied that all service users are treated with compassion?
- Do you feel satisfied that care delivered to service users is effective?
- Do you feel the service is managed well?

Staff comments:

- “I feel very happy and confident that the care the clients receive is of the best quality here in Ardarragh. It is a very happy unit.”
- “Our work place is well managed, friendly and welcoming to staff and clients’. I think we and management provide an unparalleled service where we have changed a lot of people and families lives for the better.”
- “Enjoy working in Ardarragh.”
- “Great place to work great colleagues and service users.”
- “I believe that Ardarragh Resource Centre offers an excellent level of day care in a safe, person centred and friendly way.”

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

Comments:

- “I like taking part in all the activities.”
- “I have met lots of new friends and I feel like I’m at home.”
- “I feel included at the centre.”
- “I’m very happy here and have lots of fun.”
- “I love it here and I love the activities.”
- “I would not miss the art class.”
- “Coming here has really helped me get through a difficult year.”
- “Staff are very kind and I have a lot of friends. I have gained a lot of confidence.”
- “The centre gives me a better quality of life.”

The inspector requested that the manager place a ‘Have we missed you’ card in a prominent position in the day centres two sites to allow service users, relatives and staff who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received. An RQIA information leaflet ‘how can I raise a concern about an independent health and social care service’ was also provided to be displayed in the day care setting.

The inspector would like to thank the manager, service users and staff for taking time to give their views and co-operation throughout the inspection process.

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 6 February 2018

The most recent inspection of the establishment was an unannounced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 6 February 2018

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.

Discussion with the manager, staff and service users confirmed that sufficiently competent and experienced persons were working in the centre to meet the assessed needs of service users. The manager meets the qualification requirements and the other staff were a mix of care workers, and senior day care workers. A review of the staffing arrangements for w/e 2 November 2018 evidenced that the planned staffing levels were adhered to. The manager and other staff had been present on a daily basis.

Records showed the number of staff working each day and the capacity in which they worked.

In the event of the manager's absence a staff member has been assessed as competent and capable in an acted up role, evidence in place confirmed the centre has used this arrangement when required. The staff arrangements were formalised in the settings policy and procedure for the absence of the manager. An assessment of the staff member's competency and capability was completed in this regard. Observation and discussion with the staff and service users on the day of inspection provided examples of how staff had met service users' needs and supported service users to improve their health outcomes and social experiences. One service user stated "The staff know what I like to do and support me with this." Discussion with staff revealed they understood the service users' needs and how those needs should be met in day care.

Staff induction records informed the staff members regarding their role and responsibility, included familiarising themselves with the settings statement of purpose and staffing arrangements.

The manager had a record of staff training in place which evidenced that the staff had received mandatory training including additional training relevant to their roles and responsibilities.

Discussion with staff members on the days of inspection confirmed that they had received sufficient training to enable them to fulfil the duties and responsibilities of their role and the needs of service users. Review of governance records confirmed that an effective incident/accident reporting policy and system was in place.

An inspection of the environment was undertaken and confirmed that it was appropriately warm, and had suitable lighting. No obvious health and safety hazards were identified and fire exits were clear and free from obstruction. Discussion with the manager and observation of the environment confirmed that furniture, aids and appliances were fit for purpose for the needs of the service users.

Records examined identified that a number of checks and audits had been undertaken including fire alarm tests. It was noted that the last full evacuation drill was undertaken on 24 August 2018, no improvements were identified previously. The fire risk was available for the inspection dated 17 July 2018 and is due again 2019. No areas of concern were identified.

Discussion with staff confirmed they felt care was safe in the setting. The staff confirmed they had access to and received training to ensure their practice is safe. Staff described they use risk assessments to ensure individuals have the right support to maintain their safety. Discussion with staff found they had a good knowledge of service users and communicate with them individually on a regular basis to ensure the assessment and care plans are current.

Discussion and observations of service users confirmed they can speak to staff when they need to and get one to one time with staff as needed.

Ten returned questionnaires from service users indicated that a safe service meant:

- “There are enough staff to help you.”
- “You feel protected and free from harm.”
- “You can talk to staff if you have concerns.”
- “The environment is safe and clean.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff induction, training, risk management and the centres environment.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

The inspector reviewed the day care setting’s arrangements for appropriately responding to and meeting the needs of people who use the service. Information relating to the nature and range of services provided was outlined in the Statement of Purpose.

Observations throughout the inspection confirmed that the day care setting was providing care in accordance with their Statement of Purpose (2018).

Six service users' individual files were inspected. They contained referral information; service user agreements, assessments; individualised care plans with risk assessments; and multi-disciplinary assessment information as applicable. Care plans presented as comprehensive, and person centred, and they clearly described service users' needs and individual service user's objectives.

There were systems in place to review service users' placements within the setting to ensure it was the best place to meet their health and social care needs. There was also evidence of annual care reviews in partnership with the service user and the HSC Trust representatives. On each record there was evidence service users were supported to be involved in the annual review process and their care plan by staff.

It was good to note that staff enabled service users prepare for their annual review in advance by completing "*Preparation for review document*" This is good practice and must be commended. The inspector noted some of the comments made by service user during their review:

- "Brilliant here meeting other people and joining in."
- "Staff treat everyone the same."
- "I have been treated very well and love coming to the centre."
- "The banter is good we have a good laugh."
- "I'm very well treated by both staff and service users."

In summary service user care records were well organised and stored safely and securely in line with data protection requirements. File audits had also been undertaken to assure the minimum standard was achieved.

Discussion with staff provided evidence that they were knowledgeable regarding service users' individual needs. They had undertaken training to expand the activity schedule. Staff explained they follow the care plans, use the policies and procedures and communication at all levels to ensure they provide the most effective care they can. They identified the monthly meetings with service users; team meetings and communication were effective ways of ensuring they were providing effective care.

Ten returned questionnaires from service users indicated that an effective service meant:

- "You get the right care, at the right time in the right place."
- "The staff know your care needs."
- "You are kept aware of your care plans."
- "Your care meets your expectations."

Areas of good practice

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

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.

Observations of staff interactions with service users were observed to be compassionate, caring and timely. Staff spoken with reflected the ethos of the day care setting which promotes respect, openness, honesty, good quality care and individual attainable goals.

During observation of the activities the inspector observed service users approaching staff freely, communicating their needs and making requests. Staff responses were noted to be cheerful and appropriate. Service users who engaged with the inspector spoke positively about the staff and that they felt staff treated them well.

Consultation with service users and when appropriate and their relatives was evidenced in the records relating to the assessment, care planning and review process. In addition, governance arrangements to promote effective communication with service users and/or their relatives included service user meetings that occurred at least monthly and an annual quality satisfaction questionnaire. The inspector noted some of the comments received from service users, relatives, HSC professionals and staff following completion of the annual review of the service.

- “First class from day one”.
- “The standard of service in Ardarragh is first class and there is a great range of activities on offer”.
- “Home from home”.
- “It is really good for my ***** who would get in a rut if he didn’t have Ardarragh to go to”.
- “I feel the centre is well managed and meets the needs of the service users”
- “The atmosphere is relaxed and therapeutic and a place where service users can feel valued and take part in the activities that they enjoy”.
- “The service users are comfortable to approach any member of staff about any issue they may have”.
- “Staff are very aware of health and safety procedures and ensures they are adhered to keep the service users safe”.
- “The twice weekly art classes are an invaluable part of the day centre week. Service users are achieving their full artistic potential which boosts their confidence and self-esteem, as well as being really good fun to participate in”.

Samples of minutes from service user meetings were reviewed which provided evidence service users had been consulted about a range of matters related to the day care setting including:

- activities
- meals
- shopping
- safety
- staff

- RQIA
- transport

The inspector also noted the minutes of staff meetings facilitated by centre that included discussions pertaining to:

- NISCC
- RQIA
- safety, quality and experience
- client issues
- health and wellbeing
- efficiency
- stakeholder engagement
- staff issues
- training

Results from the annual service users' quality assurance survey evidenced that respondents gave positive feedback. The inspector noted some of the areas they had the opportunity to comment on:

- Staff
- Meeting needs
- The centre
- Catering
- Information
- What do you think of Ardarragh?

Ten returned questionnaires from service users indicated that a compassionate service meant:

- "Staff treat you with kindness."
- "Staff ensure you are respected and that your privacy and dignity is maintained."
- "Staff inform you about your care."
- "Staff support you to make decisions about your 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, listening to and valuing service users and taking account of the views of service users and community involvement initiatives.

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 Statement of Purpose for the day care service was reviewed. The document clearly describes the nature and range of the service to be provided and addresses all of the matters required by Regulation 4(1) of The Day Care Setting Regulations (NI) 2007. The registration certificate was up to date and displayed appropriately.

Discussion with the manager and staff confirmed they were aware of their roles, responsibilities and accountability. They confirmed that they had a good understanding of their role and responsibilities under the day care legislation.

A review of governance records evidenced that staff typically received individual, formal supervision at least quarterly and an annual appraisal. Staff confirmed that there were systems in place to ensure they received support and guidance from the manager as needed.

Staff gave positive feedback in respect of leadership and good team working. Staff stated that this is achieved through effective communication, supervision, staff meetings and the open door approach provided by the manager.

Evidence that staff meetings were held were maintained. The records included the date of the meeting, names of those in attendance, updates from the previous meeting, a record of discussion and any agreed actions.

A complaints and compliments record was maintained in the day centre. There was one complaint recorded since the previous inspection.

The inspector discussed the monitoring arrangements in compliance with regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. Monthly and annual quality monitoring reports were completed by the service. These records demonstrated that at appropriate intervals the effectiveness and quality of care delivery was monitored, audited and reviewed in order to identify and act upon any improvements required. The reports were a mix of announced and unannounced visits. The monitoring arrangements identified improvements, carried forward and reviewed them as part of each subsequent monthly monitoring visit.

The manager and staff advised there were a range of policies and procedures in place to guide and inform staff, they knew they were stored on the staff intranet which everyone confirmed they could access.

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.

Some of the areas of equality awareness identified during the inspection include:

- effective communication

- service user involvement
- Adult Safeguarding
- Advocacy
- equity of care and support
- individualised person centred care
- individualised risk assessment

All staff are required to be registered with the Northern Ireland social Care Council (NISCC) or other regulatory bodies as appropriate; it was noted that the agency’s policy details the procedure for managing this process. The agency retains a list of staff registration details and expiry dates; a record is also maintained by the human resource department.

The registered person has worked effectively with RQIA to operate and lead the organisation in maintaining compliance with Regulations and Minimum Standards.

Discussion with staff revealed they felt well supported by the manager. They described service users were central to the service and they need to ensure care and support was safe, effective and compassionate. They identified they were well supported by management in staff meetings, supervision and the manager makes herself available as needed.

Ten returned questionnaires from service users indicated that a well led service meant:

- “You always know who is in charge at any time.”
- “You feel the service is well managed.”
- “Your views are sought about your care and the quality of the service.”
- “You 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, management of complaints, quality improvement and maintaining good working relationships.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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