

Unannounced Care Inspection Report 06 February 2018



Ardarragh Resource Centre

Type of service: Day Care Service

Address: Downshire Estate, Ardglass Road, Downpatrick, BT30 6RA

Tel No: 02844611236

Inspector: Marie McCann and Dermott Knox

www.rgia.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 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.

The inspectors would like to thank the registered manager, service users, relatives and staff for their support and co-operation throughout the inspection process.

3.0 Service details

Registered organization/registered person: South Eastern HSC Trust/Mr Hugh Henry McCaughey	Registered manager: Mrs Heather McFerran
Person in charge of the day care setting at the time of inspection: Mrs Heather McFerran	Date manager registered: 26 March 2014
Number of service users accommodated on day of inspection 10	Number of registered places: 20

4.0 Inspection summary

An unannounced inspection took place on 06 February 2018 from 10.20 to 15.20.

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 establishment was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff induction; staff knowledge in regard to safe care; timely and appropriate communication with service users and others; the culture and ethos of the day care setting, listening to and valuing service users and the development of the "Ardarragh Hub".

There were no areas requiring improvement identified.

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 Heather McFerran, registered manager, 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.

4.2 Action/enforcement taken following the most recent care inspection dated 12 and 22 September 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 12 and 22 September 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:

- The registration details of the day centre.
- Information and correspondence received from the registered manager and the South Eastern Health and Social Care Trust.
- Incident notifications which revealed one incident had been notified to RQIA since the last care inspection in September 2017.
- Unannounced care inspection report 12 and 22 September 2016.

During the inspection the inspectors met with:

- four service users
- the registered manager
- two Staff
- two service users' representatives

The following records were examined during the inspection:

- Three service users care files.
- Two staff files.
- A sample of service users progress records.
- The complaints/issue of dissatisfaction record from September 2016 to January 2018.
- A sample of incidents and accidents records.
- The staff rota arrangements from 02 January 2018 to 06 February 2018.
- The service user meetings on 02 October 2017, 03 August 2017, 20 February 2017, 10 November 2016.
- Monthly monitoring reports for December 2017, October 2017 and August 2017.
- Staff Training Matrix and record of NISCC/NMC Registration.
- Adult Safeguarding File.
- Statement of Purpose.
- Service Users Guide.
- Annual review of the quality of care for April 2016 to March 2017.

During the inspection the inspectors met with the registered manager and day care staff. At the request of the inspectors, the registered manager was asked to display a poster within the setting. The poster invited staff to provide their views by an electronic means to RQIA regarding the quality of service provision; no responses were received.

A number of service user and relatives' questionnaires were also given for distribution; seven service users and relatives returned questionnaires to RQIA post inspection.

Feedback received by the inspectors during the course of the inspection is reflected throughout this report.

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 most recent inspection dated 12 and 22 September 2016

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

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 12 & 22 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
Recommendation 1 Ref: Standard 25.7 Stated: First time	The registered provider should ensure that the premises and care equipment are kept safe and suitable. Refers to reassessing storage facilities and the toilet areas in the setting to ensure that they are safe and suitable for the needs of attending service users.	Met
	Action taken as confirmed during the inspection: Inspectors confirmed in discussion with the registered manager that she had assessed the appropriateness of toilet facilities in the setting and there are sufficient facilities to meet the needs of service users attending the centre at this time. Observation of the environment found that the area used to store a specialised	

	wheelchair is at the end of a corridor not used by service users. This was deemed satisfactory.	
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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 setting's daily staff arrangements and records were inspected for the period 02 January 2018 to 06 February 2018. This provided evidence of staff on duty, specific hours worked, number of service users in attendance and clearly identified some specific responsibilities for staff on duty each day. The records also showed that when the registered manager was off, a Band 5 day care worker was in charge of the day care setting. Discussions with the registered manager and the staff who were consulted confirmed that the staffing levels were appropriate to meet the assessed needs of the service users.

The registered manager confirmed that staff employment records were held within the South Eastern Health and Social Care Trust (SEHSCT) human resources department and that all appointments made were in keeping with the Trust policy/procedures, legislation and day care standards.

The inspectors found that good records were maintained of staff induction, with the induction components to be met at varying intervals having been signed off by both parties. Discussion with staff confirmed that they were not permitted to undertake a role or task until they had received appropriate training.

Observations and discussions with staff on duty at the time of inspection revealed that the staff were sufficiently trained, competent and experienced to meet the assessed needs of the service users present, taking into account the size and layout of the premises and the statement of purpose. A review of staff training records showed staff had received mandatory training and other training relevant to their roles and responsibilities; for example staff had completed training in relation to Adult Safeguarding, Epilepsy Awareness, MAPA, Swallow Awareness, Information Governance, Infection Prevention and Control and Quality 2020. Staff confirmed that mandatory training was ongoing and they had training opportunities over and above mandatory requirements; some training available would be specific to one service user. Staff felt that the training provided them with the skills and knowledge to fulfil their roles and responsibilities.

The registered manager has a system in place to monitor the NISCC registration of staff and renewal dates through the supervision process and as part of the training matrix that is maintained.

The inspectors reviewed the settings management of any adult safeguarding concerns. The registered manager reported that there were no suspected, alleged or actual incidents of abuse identified since the last inspection.

It was identified that the setting has reviewed and updated their policy and procedures to reflect information contained within the DHSSPS regional policy 'Adult Safeguarding Prevention to Protection in Partnership' issued in July 2015 and the Operational Procedures. There is a clear pathway to follow to refer any safeguarding concerns to the appropriate professionals and the organisation has an identified Adult Safeguarding Champion (ASC). It was noted that the safeguarding folder contained copies of safeguarding policy and procedures that are no longer operational. Assurance was provided that these would be removed from the active safeguarding file.

Records show that staff have read the Adult Safeguarding Prevention to Protection in Partnership Policy and Operational Procedures and that they receive two yearly updates on adult safeguarding training. The registered manager and staff confidently spoke about their role and responsibility to act preventatively and proactively to safeguard those adults who attend the setting, and about their obligation to report concerns.

The records of incidents and accidents were sampled and the one notification forwarded to RQIA was cross referenced with the settings records. There was evidence of a transparent culture in the recording of incidents and accidents. Accidents, incidents and potential safety risks had been identified, events were documented and assessed to prevent potential reoccurrence and ensure service users were safe in their environment and that the care provided was effective. These records are also forwarded to the SEHSCT Risk Management Department.

Staff confirmed that they felt care was safe in this setting. They described how they observe service users, noting any change in dependency, ability or behaviour and proactively take appropriate measures to promote/ensure the safety and wellbeing of the service user. They acknowledged that any actions taken were underpinned by principles of confidentiality, privacy, respect and choice.

Information is shared between staff, service users, their representatives and professionals involved to ensure that all parties are aware of relevant information which may impact on the services users' health and wellbeing. Objectives set by relevant professional assessments are implemented within the centre as appropriate. In discussions with staff they were able to describe how they implement the objectives agreed as part of a service users holistic support plan.

Staff acknowledged the need to ensure consent is obtained and that confidentiality is upheld. They discussed how they adapted to ensure consent is obtained with service users who have no verbal communication. Staff demonstrated awareness of need to continually risk assess to ensure service users are safe when on outings or while engaging in activities within the setting. They commented on the good working relationships with the community support services and how they can access support for a service user. Although the staff support the service user within a day care setting, they demonstrated the consideration they give to the service users holistic needs by sign posting or making referrals to other services/professionals as required. They demonstrated how they support service users to consider safety awareness inside and outside the setting when they are prone to falls and how they maximise opportunities for mental and physical stimulation through the activities programme.

Some service users in the setting require assistance with their dietary requirements and specific recommendations are followed as directed by the Speech and Language Therapist (SALT). Staff confirmed that they were not permitted to assist in this task until they had received the appropriate SALT training.

Actions described indicated that the settings procedures for ensuring care is safe are effective and there was evidence from discussions and review of records that collaborative working existed with the service users, their relatives or representatives and other professionals.

Staff demonstrated knowledge of the Whistleblowing policy if they could not resolve their concerns locally but noted they would be unlikely to need this due to the transparent working relationships that exist within the team.

Observations of the environment and inspection of records provided evidence that the environment was safe, clean and tidy. The environment was spacious, with no malodour and adequately lit. Infection prevention and control measures were in place with a good standard of hygiene observed throughout the centre. Measures included the availability of hand sanitisers around the unit, the “seven step” hand hygiene notices positioned at wash hand basins and supplies of liquid soap. Staff training records confirmed training has been undertaken with respect to Infection Prevention and Control.

There are several areas for service users to use, each with its own function; IT room, activity room, art room, sensory room, dining room, therapy kitchen and outside space for gardening. Furniture, aids and appliances presented as fit for purpose. The registered manager described how services users were fully involved in choosing the art work that decorates the setting.

Specialised furniture, such as height adjustable tables and work benches help to promote independence and inclusion of all service users in group activities.

Records showed a weekly alarm test was carried out. A number of fire evacuations were undertaken on 21 March 2017, 28 April 2017, 16 June 2017 and 20 December 2017. A fire risk assessment had been undertaken in July 2017 and actions identified were addressed. A current certificate of inspection of equipment by Chubb is held by the setting.

Two relatives spoke highly of the service, the benefits it provided to their relatives and the support it provided to them as carers; knowing that their relative was in a setting that they enjoyed and where their needs could be met safely.

Seven service users and relatives returned questionnaires to RQIA post inspection. They identified they were “very satisfied” regarding the question “is care safe” in this setting. By safe care, RQIA means there were enough staff to help them, they felt protected and free from harm, they could talk to staff if they had concerns and 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, knowledge and competency in respect to safe care, risk management and the setting’s environment.

Areas for improvement

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 inspectors reviewed the agency’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 is outlined within the Statement of Purpose and Service User Guide.

The Statement of Purpose and Service User Guide were reviewed following the inspection and were found to fully and accurately reflect Schedule 1, Regulations 4 , 5 & 7, Standards 1.2, 17.6. 17.8, both documents were updated in January 2018.

The service user guide referred to “service user” and “client”. The registered manager confirmed that the preferred term by those who attend the setting is “client”. Assurance was provided that the service user guide would be reviewed for consistency and use of the preferred term.

Elements of three service user files were inspected. They contained individual daily schedules, basic information, contact records for when any form of contact is made with or in respect of a service user, individual service/support plans, risk assessments, progress notes and (as relevant) assessments from other professionals that contribute to the safe and effective care of the service user while in the setting. Review of a sample of service plans found that the setting was achieving its aim of outlining individual goals and objectives for each service user with focus on the promotion of health and wellbeing.

Systems are in place to review the service user’s placement within the setting and ensure that it is appropriate to meet their health and social care needs (Standard 15). Service users are supported with this review process by engaging a senior day care worker to complete a review preparation form prior to the review with Trust keyworker. As appropriate and with the consent of the service user their relative or representative is also invited to contribute to the review process. Records were organised and held securely in a cabinet in a lockable room in line with data protection (Standard 19.2). There was evidence that service user files were audited.

There was evidence in the files that service users signed their service/support plans and service user agreements, however it was noted in one file that these documents were signed by a staff member on behalf of the service user with no explanation given as to why the service user did not sign the documents. Further discussion with the registered manager confirmed that the service user finds it difficult to sign their name and she gave permission for the staff member to sign on her behalf following their review together of the documentation. It was agreed that this verbal agreement should be recorded on the documentation to reflect the level of service user involvement that was evident from discussions with staff, service users and observations during the inspection.

The support plans reviewed were detailed, person centred and written in a clear format and there was evidence that these were reviewed. An out of date assessment was found in one of the service users file, however discussions with staff and other records demonstrated that they were aware of the current updated assessed needs. This was discussed with the registered manager who gave assurances that this document will be archived or a record made on the document that it is no longer applicable and a review will be undertaken of other files to ensure all assessments stored are still relevant.

Staff stated that there was effective communication with each other and the registered manager to ensure that safe and effective care was provided to the service users. Staff reported that if there was a change in a service user's need or important information to be shared it would be recorded in daily report for staff to read and sign. Staff demonstrated knowledge of how to escalate concerns and how to link in with the multi-disciplinary team as needed at the request or on behalf of the service users.

An open and transparent culture was evidenced with the reporting of incidents and accidents. Staff felt able to raise issues with the registered manager, a learning culture was promoted and best practice shared.

Staff who were interviewed or observed during the inspection clearly demonstrated the knowledge, skills and experience necessary to fulfil their roles and responsibilities. They were knowledgeable about the centre's philosophy of care, promotion of human rights and risk management. Staff were observed informing service users that the inspection was taking place and they encouraged service users to talk to the inspectors.

Two relatives expressed their confidence in raising concerns with the staff or management. One relative said the setting was a "powerful place", "I would give it one hundred out of a hundred".

Another relative said they "couldn't complain about Ardarragh", "there has never been any sign that xxxx didn't want to come to the centre". The relative spoke about good communication with staff and the registered manager.

Discussion with staff regarding how they communicate/respond with service users who present with specific communication needs confirmed they were knowledgeable regarding person centred interventions that could assure service users are involved and communication opportunities are maximised.

There is innovative work ongoing in Ardarragh Resource Centre to help develop and expand the day opportunities and information provided in the Down Sector for service users with a physical disability or sensory impairment and their carers with the creation of the "Ardarragh Hub". This is currently reaching more than 200 people. The registered manager is leading the project along with two service users who have agreed to become involved in the group; both members present the ideas and views of other service users within the setting. They are joined by representatives from the Cedar Foundation, Down Community Network, SEHSCT Physical Disability and Sensory Team, SEHSCT Carer Support and Health Development.

Seven service users and relatives returned questionnaires to RQIA post inspection. They identified they were "very satisfied" regarding the question "is care effective" in this setting.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to timely and appropriate communication between services users, staff, relatives and the multi-disciplinary team, care planning and the development of the “Ardarragh Hub”.

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.

Staff interactions with service users were observed to be compassionate, caring and timely. A daily planner for activities is in place; however upon arrival we observed service users’ requests to change the activity planned for that day being implemented by staff. Staff were observed responding appropriately, sensitively and in a timely manner to the non-verbal cues of a service user with no verbal communication to ensure she was not too warm. Service users were observed being afforded choice, dignity and respect.

Discussion with service users provided positive feedback and several service users noted how staff at the centre provide them with encouragement and support to promote their independence. Service users’ comments included:

- “staff are all excellent – very helpful.”
- “I like the banter and company in the centre.”
- “staff are very supportive.”

Service users who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

One relative talked about the induction to the day care centre, the service user had initially felt they would not be able to engage in some of the activities. Through the support of the staff the service user was enabled to engage and participate in meaningful activities, which incorporated some of the services user’s specific hobbies and interests and as a result their confidence improved resulting in a positive impact on their general emotional wellbeing. The relative advised “xxxx now never wants to miss a day at the centre”.

Discussions with staff, service users and relatives reflected a mixture of formal and informal systems to ensure that service users’ views and opinions are taken into account in all matters affecting them and that person centred support is offered to those with communication needs to enable their opinions and views to be gathered. Service users’ and as appropriate their relative’s consultation is evidenced in the records of the service/support planning and the review process. To support the review process a pre –review questionnaire is completed to allow

service users to reflect on their previous years' experience of the service and identify what they would like to be considered for the on-coming year.

Quarterly service users meetings are held. A service user chairs the meeting, which has a clear and wide ranging agenda, a record of who attended and what was discussed and actions required. Minutes were available for inspection. The headings used in the template for the typed minutes e.g. Stakeholder engagement, Access, Safe, Quality and Experience were discussed with the registered manager. It was confirmed that this is not the language used with the service users in the meeting, rather the agenda items are agreed and discussed with the service users and the issues are populated under those headings by the senior day care worker when typing the minutes. The registered manager agreed to review the minute's template and add content to ensure each heading would be easily understood by service users who may wish to read the minutes at a later date.

Monthly and annual quality monitoring reports are completed by the service and were available for inspection. These records demonstrate that at appropriate intervals there is evidence of monitoring, auditing and reviewing the effectiveness and quality of care delivered to service users. A care manager visiting the facility in December 2017 described the "atmosphere as relaxed and therapeutic and a place where service users can feel valued and take part in activities that they like". A relative commented in the October 2017 report: "I know xxxx really likes it and looks forward to Ardarragh and the staff write in the book what she does each day so that I can talk to her about it".

Staff also support service user's involvement in activities available in the wider community. The Ardarragh Hotshots continue to take part in Disability Sport NI Boccia. Service users have won rosettes and cups for their craft works which were entered into local agricultural shows. In the annual review of quality of care it was identified by service users that they would like more outings to be offered. This request was actioned and incorporated into the delivery of activities, with more outings being facilitated to the, e.g. Balmoral Show, Pantomime and Dublin Zoo.

Seven service users and relatives returned questionnaires to RQIA post inspection. They identified they were "very satisfied" regarding the question "is care compassionate" in this setting.

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

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 registration certificate was up to date and displayed appropriately.

There was a clear organisational structure and staff who were interviewed demonstrated awareness of their roles, responsibility and accountability. This information was outlined in the centre's Statement of Purpose and Service User Guide. Discussion with the manager identified that she had good understanding of her role and responsibilities under the legislation.

Staff have recorded individual, formal supervision every two months which considers reflective practice and professional development and they confirmed that they were also able to arrange to meet with the registered manager at other times as needed.

Staff gave positive feedback in respect of leadership and good team working, "we share best practice and are always asked our opinions...we feel listened to". "It's a pleasure to come to work". This appears to be achieved through effective communication, supervision, staff meetings and the open door approach provided by the registered manager.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

The registered manager reported that there were no restrictive practices in place within the setting other than the use of lap belts for specific service users who use wheelchairs. The decision to use lap belts in these cases has been made following assessment by the Occupational Therapist in agreement with the service user and their representative.

A complaints file is available within the service to record management of complaints. There have been no complaints since the last inspection, however discussions with the registered manager confirmed robust complaints management process is in place within the setting which is overseen by the SEHSCT Complaints Department. Service Users are advised of what they can do if they are not happy with the service within the Service User Guide.

There was a record of Regulation 28 monthly monitoring visits to inspect. These were a mix of announced and unannounced visits. A review of the reports evidenced qualitative engagement with service users, relatives and other professionals to measure the safety and effectiveness of the service.

The October 2017 visit recorded positive feedback from a Speech and Language Therapist; "the girls (staff) are very thorough in providing update in client case histories. They already had measures in place to manage choking risks and are very motivated with implementation of SLT advice and recommendations....very impressed with how they had developed a communication aid with one service user".

The annual report into the review of the quality of care for April 2016 to March 2017 was provided. This contained all elements as required in Schedule 3 of The Day Care Settings Regulations (NI) 2007. There was evidence of effective service user consultation and actions planned as a result.

The daily food menu was clearly displayed on the day of inspection with three choices available for main course. Snacks and tea are available mid-morning and in the afternoon and alternatives are offered for service users with specific speech and language recommendations.

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

Seven service users and relatives returned questionnaires to RQIA post inspection. They identified they were “very satisfied” regarding the question “is care well led” in this setting.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, quality improvement 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

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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