

# Unannounced Care Inspection Report 12 and 22 September 2016



## Ardarragh Resource Centre

**Type of service: Day Care Service**

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

**Tel No: 02844611236**

**Inspector: Michele Kelly**

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

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Ardarragh Resource Centre took place on 12 September 2016 from 10.00 to 15.45 Hours and on 22 September from 9.45 to 11.00 Hours.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the Day Care Setting was delivering safe, effective and compassionate care and if the service was well led.

### **Is care safe?**

On the day of the inspection Ardarragh Resource Centre was found to be delivering safe care. Observations of care practices showed there was a culture that ensured service users were safe and protected from harm. Staff were knowledgeable regarding their specific roles and responsibilities in relation to adult safeguarding. A general inspection of the day care setting confirmed that the premises were supporting the delivery of safe care; however issues in respect of the temperature, bathroom and storage facilities within the centre were identified for attention to improve the day care experience for service users.

One area for quality improvement has been identified and involves a review of the configuration of the bathroom and storage facilities within the centre.

### **Is care effective?**

On the day of the inspection it was assessed that the care in Ardarragh Resource Centre was effective. Observations of staff interactions with service users and discussions with staff and relatives provided evidence of effective care. Service users' records were examined and there was evidence of individual assessments and plans stored for each individual. Incident recording, complaints, audits and communication arrangements were also recorded and information had been used to improve future outcomes.

No areas for quality improvement relating to effective care were identified during this inspection.

### **Is care compassionate?**

On the day of the inspection Ardarragh Resource Centre was found to be delivering compassionate care. Observations of care delivery evidenced that service users were treated with dignity and respect. Staff were observed responding to service users' needs promptly and professionally. Discussions with staff and returned questionnaires provided evidence that service users were listened to, valued and communicated with, in an appropriate manner. No areas for quality improvement relating to compassionate care were identified during this inspection.

### **Is the service well led?**

On the day of this inspection there was clear evidence of effective leadership, management and sound governance arrangements in Ardarragh Resource Centre. Staff confirmed that they were very well supported in their roles and that suitable training was provided. A monitoring officer who is not directly involved in the day to day operations of the centre visited monthly and provided a report of the visits.

No areas for quality improvement relating to 'is the service well led' were identified during this inspection.

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

### 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Heather McFerran, 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.

### 1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent care inspection on 14 May 2015.

### 2.0 Service details

<b>Registered organisation/registered person:</b> South Eastern HSC Trust/Mr Hugh Henry McCaughey	<b>Registered manager:</b> Mrs Heather McFerran
<b>Person in charge of the day care setting at the time of inspection:</b> Ms. Diane Patterson 12 September 2016 Mrs. Heather McFerran 22 September 2106	<b>Date manager registered:</b> 26 March 2014
<b>Number of service users accommodated on day of Inspection</b> 9	<b>Number of registered places:</b> 20

### 3.0 Methods/processes

Prior to inspection the following records were analysed:

- Written and verbal communication received since the previous care inspection
- The previous care inspection report
- The previous estates inspection report.

During the inspection the inspector met with:

- The registered manager and senior day care worker
- Two care staff
- Two service users
- A HSC Trust visiting professional
- The Regulated Services Manager for Adult Disability Services.

Questionnaires were given to the staff on duty to distribute between, service users representatives and staff in the centre. The content in the returned questionnaires is discussed in the main body of the report.

The following records were examined during the inspection:

- Complaints record
- Accident/untoward incident records
- Staff supervision and appraisal records
- Elements of two service users' care files
- Sample of policies and procedures
- Sample of quality assurance audits
- Staff training records
- Staff supervision records
- Staff induction records
- Minutes of staff meetings
- Minutes of service user meetings
- Three monthly monitoring reports.

## **4.0 The inspection**

### **4.1 Review of requirements and recommendations from the most recent inspection dated 20 June 2016**

The most recent inspection of the establishment was an unannounced estates inspection. The completed QIP was returned and approved by the estates inspector. This QIP will be validated by the estates inspector at the next estates inspection.

## 4.2 Review of requirements and recommendations from the last care inspection dated 14 May 2015

There were no requirements or recommendations made as a result of the last care inspection.

## 4.3 Is care safe?

The senior day care worker outlined the planned daily staffing levels for the day care centre, and confirmed that these numbers ensured the assessed needs of the service users were met. Staff who were consulted confirmed that staffing levels met the assessed needs of the service users. Observation of the delivery of care provided evidence that service users' needs were met by the staff. Nine service users attended the day centre on the day of inspection. The areas of the premises reviewed during this inspection were well presented, clean, free from malodours and adequately lit. The inspector noted the day centre felt cold on the first day of the inspection and staff were moving portable heaters around the setting to ensure areas in use were being heated. The inspector was shown communications to HSC Trust estates department requesting that the heating is turned on in the centre. As the needs of some of the attending service users are complex and intensive the inspector was concerned that the colder temperatures may be uncomfortable and unsafe. This matter was discussed with Kieran McCormick, Regulated Services Manager for Adult Disability Services who visited on the day of inspection and agreed to urgently investigate. The inspector returned to the centre when the manager was on duty on the 22 September 2016 and the environment was warm, welcoming and very comfortable for both staff and service users.

The inspector noted on a tour of the premises on this day that storage facilities are limited and cramped with large chairs and equipment placed on a corridor leading to bathroom areas. The manager confirmed that some existing toilet areas are largely unused as they are not suitable for some service users. It is recommended that a review of this area of the premises is undertaken to ensure that it is safe and suitable for purpose.

There is robust staff recruitment policy and procedure. The manager confirmed the arrangements in place to ensure information pertaining to all of the matters specified in Schedules 2 and 5 of The Day Care Setting Regulations (Northern Ireland) 2007 were reviewed. Staff records viewed detailed tracking information on a recruitment checklist and were compliant with legislation and best practice.

The staff training record evidenced the staff team had received mandatory training and other training appropriate to their role and responsibilities. Discussion with the manager and senior day care worker provided assurance that the staff training programme is planned and meets individual staff needs as well as specific service user needs.

Staff discussion revealed they have individual formal supervision meetings at least four times per year and records examined confirmed this. The manager stated that she has monthly supervision. Staff reported that they were informed regarding the trust's whistleblowing policy and would use whistleblowing procedures if they could not resolve their concerns locally.

## Areas for improvement

The storage facilities and the toilet areas in the setting should be reassessed to ensure that they are safe and suitable for the needs of attending service users.

### 4.4 Is care effective?

Discussion with the registered manager senior day care worker and two staff established the day care setting responded appropriately to and met the assessed needs of the service users. Discussions with a service user's representative also concluded that needs are being met in the day service. The meetings with service users and representatives also provided assurances that they knew who to speak to if they had a worry or concern and they described communication is promoted at all levels which helped them to feel listened to and confident they could communicate with any of the staff in the setting.

The review of elements of three service user care files identified there was robust assessment information in place. Current person-centred care plans are very detailed and specific and outline clearly individual methods of communication and interpretation of behaviours. Care records were updated regularly to reflect changing needs. Service user representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. The care records reflected multi-professional input into the service users' health and social care needs at annual review.

Staff stated that there was effective teamwork and those who were interviewed or observed during the inspection clearly demonstrated the knowledge, skill and experience necessary to fulfil their roles and responsibilities. Staff meetings are convened regularly and good records are maintained. Staff also confirmed that if they had any concerns, they would raise these with senior staff if necessary.

The inspector saw evidence that a range of audits are regularly undertaken with actions taken to improve working practices when necessary.

The incident and accident records and complaints and compliments records were inspected. They evidenced staff were recording issues and events effectively and recording any actions that may prevent reoccurrence and promote improvement of care or practice.

## Areas for improvement

No areas for improvement were identified during the inspection.

### 4.5 Is care compassionate?

Staff interactions with service users were observed to be compassionate, caring and timely. Service users were afforded choice, privacy, dignity and respect.

Staff demonstrated a detailed knowledge of service users', preferences and assessed needs as identified within the service users' care plan. Relationships between all staff and service users were observed to be relaxed and friendly. Discussions with staff concluded that they are working in a very person centred way and strive daily to interpret the service users' wishes and

meet individual needs. Staff provided examples of sensitive perceptive interventions implemented to improve the comfort and care of those who attend the centre.

Representatives confirmed in discussions with the inspector and in returned questionnaires that the centre provided care in a safe, compassionate manner and that staff communicated effectively on all relevant matters. One representative commented that staff “tap into the strengths” of service users and discussed how staff had thoughtfully responded when a service user’s pet had died.

The inspector viewed the atmosphere in the centre to be open and friendly and noted from displays that service users were engaged in a wide range of activities both within and outside of the centre. Service users can also access a garden space which been developed with a large decked area and raised planting beds enabling participation in various garden activities.

**Service users’ comments included:**

- “Wonderful place I would be lost without it”.
- “Very happy here, good activities”.
- “Food is first class”.
- “It is a pity you have to leave when you are 65”.

**Staff comments included:**

- “Brilliant here, happy place”.
- “Boss is fantastic”.
- “Transport very flexible and facilitates outings and trips”.
- “There are sufficient staff since we got a new member”.

**Areas for improvement**

No areas for improvement were identified during the inspection.

#### 4.6 Is the service well led?

The registered manager was not on duty on the first day of inspection. The inspector returned to view records which are only accessible to the manager on 22 September 2016 and had further discussions with the manager. The senior day care worker ably assumes responsibilities for the day care activities in the absence of the manager. The inspector viewed records relating to competency assessments completed for the senior day care worker in June 2016.

The certificate of registration issued by RQIA was displayed in a prominent position in the day care setting.

Monthly monitoring visits were being undertaken in accordance with Regulation 28 of The Day Setting Regulations (Northern Ireland) 2007. The reports showed that all of the required aspects of the centre's operations were checked, with action plans introduced to ensure that any shortcomings would be addressed within a specified timescale. Completion of monitoring action plans were revisited by the monitoring officer in subsequent visits.

Appropriate records are kept of all complaints and the centres complaints policy is in accordance with relevant legislation.

The senior day care worker confirmed a range of policies and procedures were in place to guide and inform staff. Staff confirmed that they had access to the centre's policies and procedures. Staff spoken with confirmed that they were familiar with organisational and management structure and with their lines of professional accountability. Staff were knowledgeable about their individual responsibilities in relation to raising concerns. A service user's representative was aware of the roles of staff within the day centre and who to speak with if they wanted advice or had any issues or concerns.

Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or issues raised.

The inspector reviewed the statement of purpose which had been updated in 2016 and the service user guide which detailed advocacy arrangements for those attending the centre. These documents were consistent with Regulation 4 and schedule 1.

#### Areas for improvement

No areas for improvement were identified during the inspection.

#### 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Heather McFerran registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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 service. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

### 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Day Care Settings Regulations (Northern Ireland) 2007.

### 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Day Care Setting Minimum Standards 2012. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

### 5.3 Actions taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to [day.care@rqia.org.uk](mailto:day.care@rqia.org.uk) for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Recommendations

#### Recommendation 1

**Ref:** Standard 25.7

**Stated:** First time

**To be completed by:**  
12 March 2016

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.

**Response by registered provider detailing the actions taken:**

Following discussion with the Regulated Services Manager and Estates Department, a Minor Capital Works form has been completed to request conversion of the female public toilet facility into an additional bathroom facility for service users. A request has also been made to convert the male public toilet facility into a storage area for equipment, special seating, wheelchairs, etc.

*\*Please ensure this document is completed in full and returned to [day.care@rqia.org.uk](mailto:day.care@rqia.org.uk) from the authorised email address\**



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