

Day Care Inspection Report 19 January 2017



Aaron House

Type of service: Day Care Service
Address: 40 Rosneath Gardens, Dundonald, BT16 1UN
Tel no: 02890410045
Inspector: Priscilla Clayton

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Aaron House took place on 19 January 2017 from 10.30 to 16.25 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?

Evidence of the provision of safe care was gained from a number of sources; confirmation from service users, staff and one relative, selection of care records and risk assessments examined, policies/procedures, accident/incident records and staff training.

One requirement made related to ensuring that the recommendations recorded within the fire risk assessment were actioned, dated and signed.

Is care effective?

Evidence of the provision of effective care was gained from discussion with staff, service users, within care records examined, minutes of service users and staff meetings, satisfaction survey conduct by the centre and from one relative who met with the inspector.

Two recommendations made for improvement related firstly to the signing of assessments/care plans by service users and secondly the provision of individual written service user agreements.

Is care compassionate?

There was strong evidence that the care provided was compassionate from observation of staff interactions with service users, discussions with staff and service user. Staff explained that there was a culture/ethos within the centre which supported core values as reflected within the service user guide and statement of purpose.

There was a range of policies and procedures in place which supported the delivery of compassionate care.

No requirements or recommendations were made in the “Is care compassionate” domain.

Is the service well led?

There was evidence that the service was well led with systems and processes in place for the management of the home. Evidence was obtained from records examined including: audits undertaken, staff supervision/appraisal and responses, staff training, staff meetings, service user meetings and positive feedback from staff, service users and one relative. Positive service user responses were shown within the day centre’s annual quality report dated 2015-16. One restated requirement made within this domain related to the monthly monitoring reports which were noted to lack sufficient commentary to form an opinion of the standard of care/service provided.

Review of policies and procedures was recommended to ensure these are dated and make reference to the day centre and not to the residential service as reflected in some policies inspected.

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
Total number of requirements and recommendations made at this inspection	1	4

Details of the Quality Improvement Plan (QIP) within this report were discussed with Francis Mooney, 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 inspection on 02 June 2015.

2.0 Service details

Registered organization /registered person: Presbyterian Council of Social Witness/Linda May Wray	Registered manager: Francis Mooney
Person in charge of the service at the time of inspection: Francis Mooney	Date manager registered: 09 September 2011

3.0 Methods/processes

Prior to inspection we analysed the following records:

- Previous care inspection report and QIP
- Notifications
- Correspondence.

During the inspection the inspector met with nine residents, the manager, two care staff and one service user's relative.

The following records were examined during the inspection:

- RQIA registration certificate
- Indemnity Insurance
- Statement of purpose
- Service user guide
- Selection and recruitment records
- Induction programmes
- NISCC registrations
- Care records X3
- Policies and procedures pertaining to the inspection
- Competency and capability assessments
- Satisfaction survey
- Complaints
- Accident/incidents
- Staff training.

Fifteen satisfaction questionnaires were provided for the manager to distribute to: service users (5), staff (5) and representatives (5). No completed questionnaires were returned to RQIA within the timescale.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 02 June 2015

The most recent inspection of the day care centre was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 02 June 2015

Last care inspection recommendations		Validation of compliance
<p>Recommendation 1</p> <p>Ref: Recommendation18.1</p> <p>Stated: First time</p>	<p>The registered manager should ensure:</p> <ul style="list-style-type: none"> • the continence promotion policy is developed to reflect the arrangements regarding day care; • the continence promotion policy should also incorporate an intimate care procedure. 	Met
<p>Action taken as confirmed during the inspection:</p> <p>The continence policy reviewed reflected arrangements and care procedure as discussed with the manager.</p>		

<p>Recommendation 2</p> <p>Ref: Recommendation 5.2</p> <p>Stated: First time</p>	<p>The registered manager must ensure the identified care plans are developed and include clear directions for staff regarding the management of continence. A copy of the continence risk assessments for individual service users should be obtained and retained on file.</p> <p>Action taken as confirmed during the inspection: Care plans examined reflected appropriate interventions, as confirmed by the manager.</p>	<p>Met</p>
<p>Recommendation 3</p> <p>Ref: Recommendation 27.3</p> <p>Stated: First time</p>	<p>The registered manager must ensure:</p> <ul style="list-style-type: none"> • arrangements are in place to ensure changing beds are cleaned thoroughly. • waste bins for hand towels should have a cover to prevent and control the spread of infection. <p>Action taken as confirmed during the inspection:</p> <ul style="list-style-type: none"> • Changing beds were observed to be clean. Agreed daily rota regarding cleanliness and changing of beds was in place. Signatures of staff responsible for this duty were recorded. • Waste bins had been replaced with pedal operated bins. 	<p>Met</p>
<p>Recommendation 4</p> <p>Ref: Recommendation 6.5</p> <p>Stated: First time</p>	<p>The registered manager must ensure guidance is sought from the behaviour support team regarding appropriate stimulation methods for an identified service user.</p> <p>Action taken as confirmed during the inspection: The manager confirmed that recommendations made by the behavioural support team were in place which included appropriate supervision. A stimulation therapeutic support programme was in place with interventions provided during each visit.</p>	<p>Met</p>

<p>Recommendation 5</p> <p>Ref: Recommendation 17.10</p> <p>Stated: Second time</p>	<p>The registered person should ensure:</p> <ul style="list-style-type: none"> • any officer undertaking monitoring visits has a clear understanding of the responsibility regarding the monitoring of the quality of care provided in the day care settings. • monitoring visits must be completed on a monthly basis and a report completed for each visit. • the Regulation 28 visit/monthly quality monitoring report comments on the quality of reviews is undertaken. 	<p>Partially Met</p>
	<p>Action taken as confirmed during the inspection:</p> <ul style="list-style-type: none"> a) Written monthly reports examined did not reflect the detail necessary to reflect the quality of service provision. There was limited information recorded in various sections of the reports examined b) The manager confirmed that monthly monitoring visits were conducted. Monthly monitoring visit reports were retained in the centre c) Reports examined did not fully reflect expected commentary on the quality of reviews undertaken. 	

4.3 Is care safe?

Discussion with the manager confirmed that staff employed were sufficiently qualified, competent and experienced to meet the assessed needs of service users in attendance each day. Records of named staff working in the centre each day, alongside hours worked were recorded within the duty roster.

The manager explained that only experienced senior day care workers would ever be in charge at any time when the manager is out of the centre and that competency and capability assessments were completed. Review of two assessments evidenced that these were completed and signed by the manager.

The manager confirmed that staff were recruited in keeping with regulation 21 of The Day Care Setting (Northern Ireland) 2007 and records were retained within personnel files retained at head office. A check list of all employment documents was retained by the manager and held within staff files in the centre. Two check lists examined provided evidence of compliance which were signed by the manager.

The manager confirmed that employment procedures were in keeping with the corporate Presbyterian Social Witness policy/procedures and that the registered manager would be

involved in the appointment of new staff and in the review of information including; staff application forms, references and ensuring Access NI checks were completed.

Induction records of two staff employed were reviewed and discussed with the manager. Records reviewed contained an account of the indicator to be achieved. Induction programmes were noted to be signed and dated by the staff member and mentor on the achievement of each indicator. Electronic corporate policies and procedures on the employment and induction of new staff were available.

Ongoing four to six weekly staff supervision and annual staff appraisal is provided with records retained by the manager. This was confirmed by staff who met with the inspector.

Mandatory staff training was discussed with the manager and staff. Training provided included adult safeguarding and whistleblowing. Staff confirmed that mandatory training was ongoing alongside other professional development opportunities including for example: core values, autism, oral health care dysphasia, postural positioning and dementia awareness.

The manager confirmed that no safeguarding allegations were currently active and should any arise that the correct procedure would be followed in accordance with corporate policy and procedures. Staff training in the protection of vulnerable adults was being provided on a two yearly basis. An updated policy on adult safeguarding Prevention and protection in partnership was available to staff. A named "Champion" has been agreed.

Staff who met with the inspector demonstrated knowledge of the principles of safeguarding and confirmed that training had been provided which was based on the previous Department of Health and Social Service guidelines.

Necessary infection protection and control measures were in place with a good standard of hygiene observed throughout the centre; "seven step" hand hygiene notices were positioned at all wash hand basins; availability of disposable gloves and aprons; provision of staff training in infection, prevention and control; and availability of policies/procedures on infection prevention and control.

The manager and staff confirmed that the needs of service users in attendance were being met and that there was good multi-professional collaboration in planned care.

Risk management procedures relating to risk assessment were included within risk management policies/procedures which included for example; Control of substances hazardous to health (COSHH), fire safety, manual handling, dysphasia, behavioural management and falls. Records of three service user needs assessments examined were noted to be complemented with identified risk assessments. Measures to minimise the risk were reflected within the care plans of two service users.

The outcome of the centre's fire risk assessment, dated 11 May 2016 was discussed with the manager as the recommendations made to address a number of recommendations were not recorded as being actioned. The manager was unsure if these had all been addressed as the assessment incorporates both the residential and day care home. The manager agreed to meet with the manager of the residential home to discuss the recommendations and ensure all were addressed as a matter of urgency. One requirement made in this regard related to regulation 26 (4) (a) of The Day Care Setting (Northern Ireland) 2007.

The centre had an identified fire safety resource person with responsibility to ensure that all aspects of fire safety were upheld and records maintained. Weekly and monthly checks of fire equipment were undertaken with associated records retained. Fire doors were closed and exits unobstructed. Staff training records showed that fire safety training and drills were provided.

An inspection of the internal environment of the day centre was undertaken. All areas were observed to be clean, tidy; fresh smelling organised and appropriately heated. Problems with heating of some areas had been addressed with additional heaters provided. Further improvement is planned. COSHH substances were securely stored.

The external environment was discussed with the manager who advised that the ground maintenance man was in the process of tidying the general patio area. Security was discussed as the rear of the premises is not a secure area for service users. The manager explained staff accompany service users when outside and that security was being addressed with proposed closure of one open section planned so that service users can move freely and independently around outside.

Two care staff who spoke with the inspector gave positive feedback in regard to the provision of safe care and confirmed that staffing, staff training, supervision, appraisal and staff meetings were provided. They also explained that there were good multi-professional working in the planning and monitoring of care and that they felt the care provided was safe.

Service users who met with the inspector indicated that the care was very good and that they enjoyed participating in the varied therapeutic workshops provided.

One relative who afforded time to meet with the inspector explained that the care provided was very good and that staff were excellent. One issue raised by the relative related to the provision of greater organised outdoor activity and freedom of movement outside as the day centre’s space inside was limited, especially with wheel chairs used and that fresh air, especially during clement weather would be much healthier and greatly appreciated. This was shared with the manager who agreed that plans to take forward greater outdoor activity during spring and summer were taking place.

Areas for improvement:

One requirement was made:

- One requirement made related to ensuring the recommendations within the fire risk assessment are addressed with the date and signature recorded.

Number of requirements	1	Number of recommendations	0
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4.4 Is care effective?

Three service users care records were provided for review by the inspector. These were found to be in keeping with legislation and minimum care standards including, for example; holistic health and care needs assessments which were complemented with updated risk assessments; person centred care plans and regular records of the health and wellbeing of the service user. Records of reviews held were in place which included participation of the service user/ representative. There was recorded evidence of multi-professional collaboration in planned care. One recommendation made related to the signing of assessments/care plans by service

users as two records examined were unsigned. Where the service user is unable to sign or chooses not to sign this should be recorded and the basis of his or her agreement to participate noted. An audit of care assessments/care plans is recommended in order to identify those unsigned.

Care records were being stored safely and securely in line with data protection.

One recommendation was made in regard to the provision of individual written service user agreements which detail the service to be provided in the centre.

There were systems in place to promote effective communication between service users, staff and other stakeholders. This was evidenced within a number of sources including: discussions with staff and service users, care records examined; minutes of three monthly service users’ meetings and bi-monthly service user committee meetings, minutes of bi-monthly staff meetings, information notices displayed on health and social care and photographs of various activities and social events.

Staff and service users confirmed that the modes of communication in use between the staff team, with service users/representatives and other stakeholders were effective and that these were enhanced through the “open door” policy operated by the manager.

Service users confirmed they were aware of whom to contact if they had any issues or concerns about the service.

The manager explained that care records were audited to ensure they are consistent with the day care centres policies and procedures with follow-up action taken, when necessary, to address any issues arising. A service user satisfaction survey was conducted during 2016 with an evaluation report of responses developed. Overall a positive outcome was achieved. This is to be commended.

Areas for improvement:

Two areas for improvement were identified within the “Is care effective” domain:

- One recommendation made related to the signing of assessments/care plans by service users/representatives as two records examined were unsigned.
- One recommendation was made in regard to the provision of individual written service user agreements which detail the service to be provided in the centre.

Number of requirements	0	Number of recommendations	2
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4.5 Is care compassionate?

The manager confirmed that there was a culture/ethos within the centre that supported the values of dignity and respect; independence; rights; equality and diversity; choice and consent of service users. This was reflected within the statement of purpose (dated 16 February 2015), service user guide, care records and minutes of service user meetings examined.

There was a range of policies and procedures in place which supported the delivery of compassionate care.

Discussions with service users confirmed that consent was sought in relation to their care. Observation of staff practice and their interactions with service users and relatives demonstrated that they were treated with dignity and respect. Staff confirmed their awareness of promoting service user rights, independence and dignity.

Discussions with staff, service users, review of care records and observation of staff practice and interactions confirmed that service users' needs were acknowledged and recorded.

There was evidence that service users were enabled and supported to engage and participate in a range of meaningful therapeutic activity tailored to suit each individual's preference and abilities. Areas within the day centre include a sensory area, work, music, kitchen and general activity areas. Outings include shopping, sight-seeing and lunches.

Service users who participated in individual and group discussions with the inspector confirmed that they were consulted and felt very much involved about arrangements within their centre. All comments received from staff and service users were very positive. No issues or concerns were raised or indicated in this regard.

Areas for improvement

No areas for improvement were identified within the "Is care compassionate" domain.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

Francis Mooney, registered manager who is employed full time within the day centre, was on duty throughout the inspection. The manager is supported at operational level by a mixed skill care team of one senior day care worker and day care workers, administrator, house keeper, kitchen staff and bus driver. Management support is provided by the registered provider and Council of Social Witnesses business committee representatives.

The centre's RQIA registration certificate and liability certificate, dated 31 December 2016, was displayed in a prominent position.

The manager confirmed that the centre operated in accordance with the regulatory framework and that the health and social care needs of service users were met in accordance with the centre's statement of purpose.

There was a range of electronic corporate policies and procedures to guide and inform staff. Several policies were also held in hard copy format. Staff demonstrated awareness of policies including the policy and procedure on whistle blowing and adult safeguarding which was based on the DHSSPS guidelines.

The manager and staff confirmed that staff supervision and annual appraisal was provided. Individual staff supervision was provided on a four to six weekly basis with records retained.

Staff meetings were being held on a regular basis with minutes recorded. Staff confirmed that there was very good working relationships within the team and that the manager was always responsive to suggestions/comments raised.

Records on complaints were reviewed and discussed with the manager. No complaints were received or recorded since the previous inspection. A notice on how to complain was reflected within the statement of purpose and service user guide. Corporate policy/procedures on complaints management were available and known by staff who spoke with the inspector.

Records of accidents/incidents were discussed with the manager who was aware of procedure in regard to notification to RQIA. The manager explained that any issues arising from the investigation of accidents or incidents were addressed, and where necessary risk assessments undertaken with measures put in place to minimise the identified risk. The manager confirmed that behavioural issues notified to RQIA were managed appropriately and in accordance with multi-professional recommendations.

Monthly monitoring visits made on behalf of the registered provider were undertaken with written reports retained. Reports of visits undertaken during October, November and December 2016 were reviewed and discussed with the manager. One recommendation was partially met from the previous inspection and was restated for a third time following this inspection as commentary to form an opinion of the overall standard of care service provided is necessary. Further improvement in this regard is recommended.

Policies and procedures retained were discussed with the manager as several hard copies were not dated and made reflected the residential service manager's signature. A review of policies/procedures was recommended to ensure policies are current and refer to the day care centre.

Areas for improvement:

One recommendation made within this domain was restated for a third time as the monthly monitoring visit record was not fully met. Sufficient commentary is necessary to form an opinion of the overall standard of care service provided.

One recommendation was made in regard to review of policies and procedures to ensure these are dated and refer to the day care centre and not the residential home.

Number of requirements	0	Number of recommendations	2
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Francis Mooney, 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 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.

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 Setting Regulations (Northern Ireland) 2007.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Day Care Settings 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 to be 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 web portal 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

Statutory requirements

Requirement 1

Ref: Regulation 26 (4) (a)

Stated: First time

To be completed by:
28 February 2017

The registered provider shall ensure that the recommendations made in fire risk assessments dated 11 May 2016 and 29 April 2015 are addressed with action taken recorded dated and signed.

Response by registered provider detailing the actions taken:
43The Fire Risk Assessment Action Plan has been updated and signed and issues raised with the Housing Association.

Recommendations

Recommendation 1

Ref: Standard 17.10

Stated: third time

To be completed by:
31 January 2017

The registered provider should ensure that written monthly reports reflect the quality of service provision. Sufficient detail should be recorded in each section of the report.

Response by registered provider detailing the actions taken:
This matter was addressed with Representatives from the Local Support Committee who undertake visits on the 8/2/17. A new system is being devised to record/monitor feedback from Users.

Recommendation 2

Ref: Standard 4.3

Stated: First time

To be completed by:
31 March 2017

The registered provider should ensure that assessments and care plans are signed and dated by the service users alongside signatures of the staff member responsible and the manager. Where the service user is unable to sign or chooses not to sign any document this should be recorded and the basis of his or her agreement to participate noted. Audit of care assessments/care plans is recommended in order to identify any document which is unsigned/dated.

Response by registered provider detailing the actions taken:
An Audit Tool is being devised to ensure Care Plans are kept under review.including areas for signature and reasons for no signature.

Recommendation 3

Ref: Standard 3.1

Stated: First time

To be completed by:
31 March 2017

The registered provider should ensure that each service user is provided with an individual written agreement, which, having regard to the assessment of need, confirms the day service is suitable and appropriate to his or her needs.

Response by registered provider detailing the actions taken:
A Service User Agreement has been drawn up and is being forwarded to service users and /or their representatives for signature.

Recommendation 4 Ref: Standard 18.4 Stated: First time To be completed by: 31 March 2017	The registered provider should ensure that a review of policies/ procedures is undertaken to ensure these are dated when issued/ reviewed and refer to the day care centre. Response by registered provider detailing the actions taken: Policies/procedures currently being updated and will be completed by 31 st March
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