

Unannounced Care Inspection Report 15 January 2018



Aaron House

Type of Service: Day Care Setting
Address: 40 Rosneath Gardens, Dundonald, BT16 1UN
Tel No: 028 9041 0045
Inspector: 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 nine places for people who have a learning disability, some of whom may also have complex physical and medical needs.

3.0 Service details

Organisation/Registered Provider: Presbyterian Council of Social Witness Responsible Individual(s): Mrs Linda Wray	Registered Manager: Mr Francis Mooney
Person in charge at the time of inspection: Mr Francis Mooney	Date manager registered: 09 September 2011
Number of registered places: 9	

4.0 Inspection summary

An unannounced inspection took place on 15 January 2018 from 10.00 to 18.30.

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

Evidence of good practice was found in relation to the organisation of care services for service users, liaison with relatives and carers, provision of creative and interesting activities, assessment, care planning, review of care programmes, involvement of service users and the development of links with community organisations.

One area requiring improvement was identified with regard to formal supervision of staff.

Service users said:

- “We did Desert island Discs and it was good.”
- “Do you like my paintings? I had an exhibition.”
- “I like tea.”

The findings of this report will provide the day centre 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	1

Details of the Quality Improvement Plan (QIP) were discussed with Mr Francis Mooney, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 19 January 2017.

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 19 January 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Record of notifications of significant events.
- Record of complaints.
- Quality Improvement Plan from the previous inspection on 19 January 2017.
- The RQIA log of contacts with, or regarding Aaron House Day Centre.

During the inspection the inspector met with:

- Eight service users in a group setting
- Three care staff in individual discussions
- One relative of a service user
- The registered manager throughout the inspection

Questionnaires were left with the manager to be distributed to service users and a number of relatives or carers of service users. Five completed questionnaires were returned to the inspector by 29 January 2018, four from service users and one from a relative.

The following records were examined during the inspection:

- File records for three service users, including assessments and review reports.
- Progress records for three service users.
- Monitoring reports for the months October, November and December 2017
- Records of three planning/ staff meetings held in 2017.
- Selected training records for staff, including staffs' qualifications
- Records of staff supervision dates.
- The Statement of Purpose.
- Fire safety records.
- Quality survey findings and report for 2016/17.
- Staff induction records, including a competence assessment and a training plan.
- Policy documents on 'Safeguarding Vulnerable Adults' and on 'Responding to Challenging Behaviours'.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not 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 19 January 2017

The most recent inspection of the day care service 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 19 January 2017

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
Area for improvement 1 Ref: Regulation 26 (4) (a) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: A fire risk assessment was completed on 08 May 2017, covering both the day centre and the residential home. It concluded that the likelihood of fire in the premises is 'Low' and the risk to life from a fire is 'Tolerable', one step up from 'Trivial'. Fire compartments in the premises have been increased to four, reducing each compartment from eight to four rooms. Other recommendations in this risk assessment have been implemented or scheduled for action.	

Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 17.10 Stated: Third time	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.	Met
	Action taken as confirmed during the inspection: The service provider has engaged an appropriately qualified, independent person to undertake monthly monitoring. Reports, for October, November and December 2017, were examined and were found to address all of the required matters in sufficient detail.	
Area for improvement 2 Ref: Standard 4.3 Stated: First time	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.	Met
	Audit of care assessments/care plans is recommended in order to identify any document which is unsigned or undated.	
	Action taken as confirmed during the inspection: Three assessments and care plans examined were signed and dated appropriately.	
Area for improvement 3 Ref: Standard 3.1 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Each of the service user's files examined contained a signed, written agreement.	

Area for improvement 4 Ref: Standard 18.4 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: The manager confirmed that a review of policies had been completed during 2017 and it was noted that review dates were included on the two policy documents examined at this 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.

Aaron Day Centre premises were well maintained and in good decorative order. While there are a number of identified, potential hazards for service users in relation to the handling of materials such as paint, pens etc. in making the various art and craft items in scheduled activity sessions, risk assessments have been carried out and procedures introduced in order to minimize the risks. There is a satisfactory staff to service user ratio, taking account of the assessed needs of each individual. Two current service users are supported by one to one staffing arrangements.

Coping with identified risks and undertaking planned tasks are important constituents of the programmes in which service users engage. The centre has one large, main room, which has been sub-divided with shelving units or screens to create suitable spaces for service users who need a degree of separation from others as part of their care programmes. Approval has been gained for the installation of purpose designed work stations for people following TEACCH programmes. The centre's record of incidents provided evidence of a small number of occasions on which one service user touched or grabbed another in an unacceptable manner. None of these events had resulted in serious harm requiring treatment or responses other than reassurance. Staff were seen to be vigilant and to intervene quickly to keep service users safe.

Safeguarding procedures were understood by staff members who were interviewed, who confirmed that they would report poor practice, should they identify it. All expressed the view that staffs' practice throughout the centre was safe, that team members worked well together and that they have confidence in the practice of other members of the staff team in their work with service users. Two staff commented that staff are very familiar with each other's practice as they work in close proximity throughout the day. One staff member said that any debate about working methods would not be held when service users were present. There were systems in place to ensure that risks to service users were assessed regularly and managed appropriately and this included inputs by community based professionals, service users and, where appropriate, a carer.

Fire safety training has been provided annually for staff, most recently, in May 2017 as part of a new staff member's induction programme. A comprehensive Fire Risk Assessment was completed on 08 May 2017 and the service provider has responded positively to the recommendations arising from it. Fire alarm systems checks were carried out and recorded on a weekly basis and fire exits were seen to be unobstructed. General risk assessments and specific assessments with regard to transport, mobility and emergency evacuation of the premises, or other areas, specific to an individual, were present in each of the service user's files and each one had been signed as agreed, either by the service user or a representative. Staff presented as being well informed of the needs of service users and of methods of helping to meet these needs safely.

Significant improvement work has been completed on the outdoor area to make it suitable and safe for service users to engage in gardening and other outdoor leisure activities, when the weather is good. The manager pointed out improvements that had made the garden safer and more attractive and practical for everyone to use. Staff members expressed strong commitment to their work with service users and to keeping everyone safe, whilst acknowledging that this can be challenging, given the close attention that some service users require.

During the inspection visit, two service users spoke enthusiastically of their involvement in activities in the centre and confirmed that they enjoyed being there. Service users' rights and feelings, and the methods available to them of raising a concern or making a complaint were set out in the service user guide and information had been provided for service users and relatives to help them understand and use the procedures for making their views known to staff. There was evidence to indicate that a number of service users had limited understanding of the formal complaints process and rely on staff and carers to gauge their feelings and to represent them.

The monitoring officer includes safety checks and audits in each monthly visit, reports of three of which were examined. Staff members were observed interacting sensitively with service users and being attentive to each person's needs. Observation of the delivery of care, throughout the period of the inspection, provided evidence that service users' needs were being met safely by the staff on duty. The evidence presented supports the conclusion that safe care is provided in Aaron House Day Centre, with staff making determined efforts to ensure that identified risks are well managed.

Areas of good practice

Examples of good practice found throughout the inspection included, implementation of safety procedures, activity planning, staff training, adult safeguarding, infection prevention and control, risk management and the maintenance and presentation of the centre'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 centre's Statement of Purpose and the Service User's Guide provide the information required by regulations and minimum standards. Information was provided verbally during the inspection by two service users and one relative, who each gave positive reports of their involvement with Aaron House Day Centre. Feedback from the parent of one service user was particularly complimentary about the manager and staff of the day centre and included comments on the effectiveness of the care provided. Observations of events throughout the day of the inspection noted a good emphasis on both purposeful and fun activities and confirmed staffs' efforts to engage people in a constructive and respectful manner.

Three service users' files were examined during this inspection and each was found to contain detailed referral and assessment information on the individual and on his or her functioning, along with a written agreement on the terms of the individual's attendance. Assessments identified service users' needs and care plans set out the objectives for each person's care and the actions required by staff, in order to meet these objectives. It was good to see a range of specific, achievable and measureable objectives in some care plans, e.g. Service User 'A' "will become competent in washing dishes." The manager discussed approaches to care planning, demonstrating commitment to achieving the most effective methods of identifying and using clear and measureable objectives with each service user. There was evidence that this work is progressing positively.

Each of the files examined contained risk assessments appropriate to the individual service user, making the risk and vulnerability levels clear for staff involved in the work with that person. Written records were kept of each service user's involvement and progress at the centre. Entries were made regularly, exceeding the frequency stipulated by the minimum standards. Records of annual reviews for each person confirmed that an evaluation of the overall suitability of the placement had been discussed in detail and agreed. Well written review records were available in each of the files examined. These were informed by the written progress records and included the service user's and/or a carer's views. Two reviews, which were a little overdue, were scheduled for the week following this inspection. Dates and signatures were present in all of the care records examined.

Two service users spoke about their enjoyment of participating in the centre's activities, with one person recounting his experience of having many art pieces in an exhibition in Lisburn. It was evident that this had been a very fulfilling experience for him. Service users and staff indicated their enjoyment of activities such as art, crafts and celebrations such as 'Desert Island Discs' featuring a different service user on each occasion. There was excellent evidence of staff's creativity in imagining and selecting activities that appealed to and involved service users. One relative commented positively, in discussion, on this and other aspects of the service. Another relative wrote in a questionnaire,

"Day care is a fun, happy place for my daughter every day. I could not hold the day care staff high enough for all they do, over and beyond what they are meant to do."

Evidence from two relatives, from four service users' questionnaires, from written records and from observations of interactions between service users and staff, confirmed that the centre is supportive, focussed and effective in helping people with complex needs to learn new skills and coping methods. The care provided promotes each service user's involvement, enjoyment and wellbeing.

Areas of good practice

Examples of good practice were found throughout the inspection in relation to needs assessments, care plans, communication between service users, staff and other key stakeholders, the organisation and operation of care/activity programmes, involvement of service users in planning and evaluating activities.

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.

Aaron House Day Centre provides services for people who have learning disabilities and, in most cases, complex needs, including physical disabilities and/or health care needs, communication difficulties and some who present behaviours that require the close attention and frequent intervention of staff. On the day of this inspection, the atmosphere in Aaron House Day Centre was welcoming and mainly group-oriented. Observations of interactions throughout the day provided evidence of service users being engaged by staff with respect, warmth and encouragement at all times. Service users related positively to staff and to their guided activities. While most people were involved in specific, individual activities throughout the day, most activities took place around a central table in one main area, creating a group atmosphere. Starting the day together, a service user and a staff member each read a passage of faith related text. Staff were observed attending to two service users in another part of the room, whose needs required a degree of separation. One person's needs were health/treatment related. Two people, who have verbal communication ability, said that they enjoyed being at the day centre and showed examples of the work that they were doing, or had completed.

There is a range of activities, such as art and crafts, music/singing, counting and matching, gardening and outings. Service users take part in those aspects of the day care service that are planned for them and that they find appealing. Their ideas are sought and encouraged. Three service users completed questionnaires, with assistance of staff and returned them to RQIA on the day of the inspection. All three provided positive views on the quality of the service, in relation to safe care, effective care, compassionate care and the leadership and management of the service. In two responses a staff member noted that the person did not know how to make a complaint. Staff demonstrated an understanding of each person's needs as identified within the individual's referral records, assessments and his or her care plan.

Staff provided assistance discretely and skilfully, when it was required, for example with health related or personal care. The provision of compassionate care reflected the caring tone of the written care plans.

The systems in place to ensure that the views and opinions of members were sought and taken into account included regular service users’ meetings, daily discussions with people in groups or individually and an annual quality review report setting out the findings of a questionnaire based survey of service users’ and their carers’ satisfaction with the service. During each monthly monitoring visit the views of a sample of service users were sought and their views were reflected in the monthly monitoring reports that were reviewed. Each person’s file contained progress notes relating to his or her involvement, progress and wellbeing and these reflected the caring nature of the relationships and interactions observed during the inspection. Observations provided good examples of warm and compassionate interactions between staff and service users who were clearly at ease with the staff and with the operations of the centre. Staff members’ comments and actions, along with the views expressed by service users, confirmed that compassionate care is provided consistently in Aaron House Day Centre.

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, demonstrations of caring attitudes in minute by minute practice, facilitating service users’ involvement in the various activities and leisure interests, communicating with relatives and carers and maintaining records of activities and progress.

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.

Discussions with the manager, one service user, one relative and three staff members, and an examination of a range of records, including minutes of staff meetings, staff training schedules, monitoring reports and review reports, provided evidence that, in most areas, effective leadership and management arrangements are in place in Aaron House Day Centre. There was evidence in the most recent annual quality survey to show that service users and their relatives rated the service very positively. Questionnaires have recently been returned for the latest annual survey and the manager explained that the report has not yet been written. Advice was given on the required content of the annual quality review report, taking account of Regulation 17 of The Day Care Setting Regulations (NI) 2007.

Staff training records confirmed that staff had received mandatory training and training specific to the needs of service users in this setting. Additional training topics during 2017 included, ‘TEACCH’ and ‘Swallow Awareness’. Discussions with staff and examination of records

confirmed that team planning meetings were held monthly and that a staff team briefing took place weekly. The manager was advised that, while this frequency and regularity is very satisfactory, he should expand the agenda for the monthly meetings and keep fuller records of these. Staff reported that the manager updated information regularly and was readily available for consultation on any aspect of the service. Some staff commented that the manager's leadership style was supportive and motivated the team to maintain and improve the efficiency and effectiveness of the centre. Some concern was expressed about the arrangements for staff meetings and for formal supervision. The staff meeting issue is discussed above and a recommendation is included in the Quality Improvement Plan with regard to supervision.

Staff who met with the inspector were well informed on all aspects of the centre's operations and proved very able in contributing to the requirements for this inspection. There was evidence from discussions with staff to confirm that creative thinking and ideas for improvement are encouraged. Staff felt they were well supported following any incidents that they found challenging in their work. A relative who met with the inspector provided very positive comments on the support and communication that his family received from the manager and the staff.

Three monthly monitoring reports, for October, November and December 2017, were examined and were found to address all of the matters required by regulation. Each report contained feedback from discussions with one or two service users and with one staff member. A sample of service user records was checked during each visit and a check completed of an aspect of the centre's compliance with a selected standard or area of performance. Any resulting necessary improvements were clearly set out in an action plan.

There are hard copies of policies and procedures in place to guide and inform staff and these are also available on the provider's computer system. The policies on 'Safeguarding Vulnerable Adults' and on 'Challenging Behaviour' were examined and were found to be in keeping with current legislation and guidance. The centre's Certificate of Registration was displayed prominently and was up to date.

Overall, the evidence available at this inspection confirmed that Aaron House Day Care Service is well led.

Areas of good practice

Examples of good practice found throughout the inspection included, staff training, building working relationships, information sharing, governance arrangements including monthly monitoring, liaising with families and carers, management of complaints, management of incidents and accidents, promoting fulfilment for service users.

Areas for improvement

One area for improvement was identified during the inspection regarding the formal supervision of staff. This should be better planned and scheduled and consistently carried out.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr. 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 if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the day care setting. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012

<p>Area for improvement 1</p> <p>Ref: Standard 22.2 and 22.3</p> <p>Stated: First time</p> <p>To be completed by: 09 March 2018</p>	<p>The registered person shall ensure that individual, formal supervision is provided for staff no less than every three months, that the session times are planned in advance and dedicated time is set aside.</p> <p>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Supervisions were held with all staff week beginning 15th January 2018. During this supervision the topic of supervision was discussed; what should be expected from the manager of day care; what the frequency of supervision should be; possible topics we could cover in the future (including NISCC guidelines, relevant topics to service users, regulations and standards); and a supervision schedule has been drawn up. A supervision has been pencilled in for each member of staff for the week beginning 16th April 2018.</p>

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



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)